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Maternal and Child
Survival Program

Addressing Barriers to Exclusive Breastfeeding in Nampula, Mozambique:

Opportunities to Strengthen Counseling & the Use of Provider Job Aids



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Building Healthy Communities at Home and Abroad

Catalyzing the Impact of the U.S. Government's Efforts to Support Breastfeeding Families

August 13, 2019

Slow progress in exclusive breastfeeding (EBF)

Evidence needed on how to strengthen provider competencies

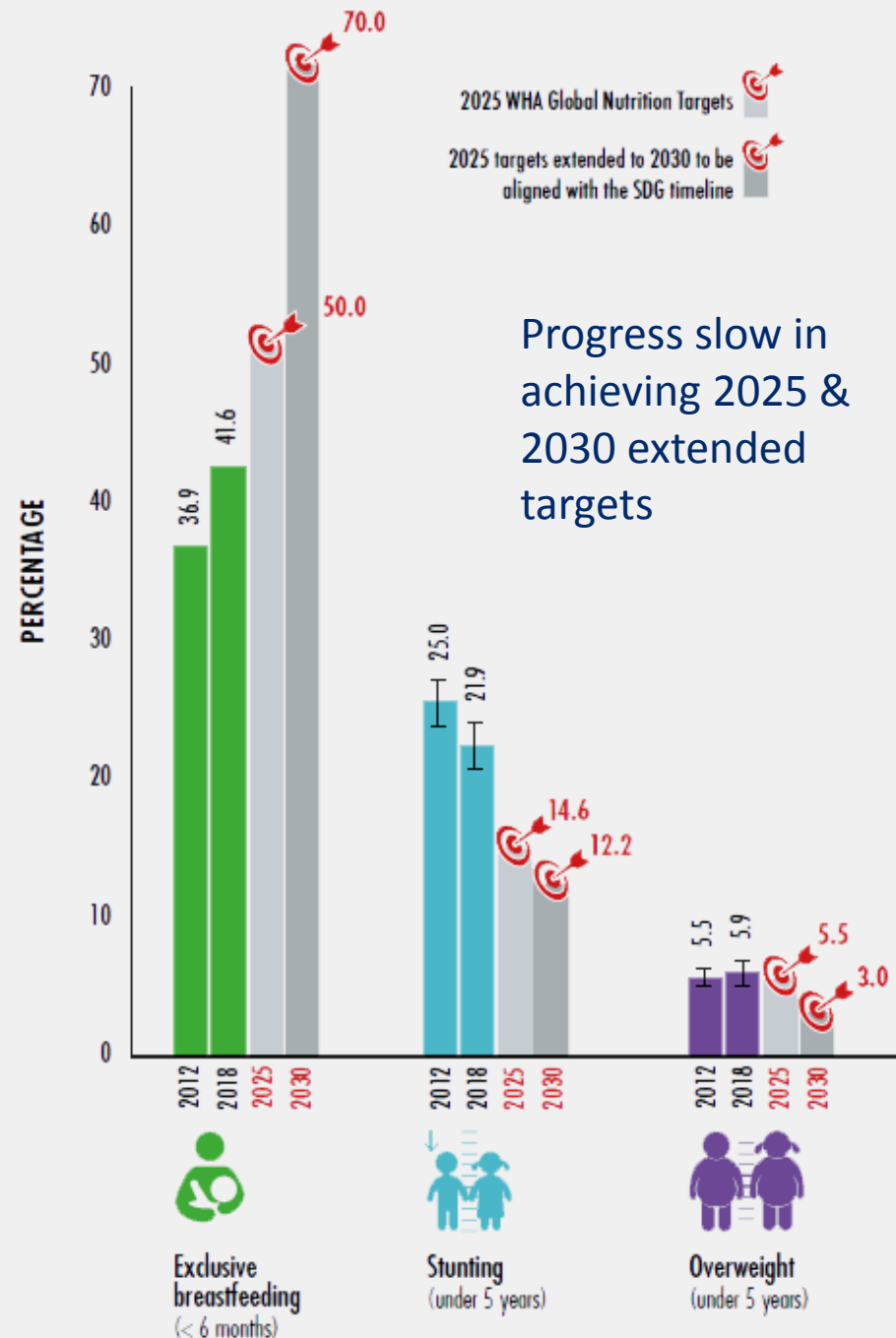
Evidence needed on how to strengthen provider competencies

GUIDELINE:

COUNSELLING OF WOMEN TO IMPROVE BREASTFEEDING PRACTICES



WHO, 2018 & FAO, IFAD, UNICEF, WFP, and WHO. 2019.



Objectives of Implementation Science Study

1. Identify **problems and challenges with EBF** experienced by mothers in Nampula, Mozambique.
2. Better understand **mothers' care-seeking patterns** for addressing breastfeeding problems and challenges.
3. Assess the **quality and type of counseling on breastfeeding problems and challenges** provided by facility and community-based health providers.
4. Assess the **usefulness of job aids** to improve counseling on barriers to EBF.

Phase I Findings: Common problems that impede EBF: insufficient breastmilk

- Mothers and community-based health providers believe that **during the first two days**, some mothers do not produce any breastmilk.

[During the first two days after the baby was born] I breastfed anyway, he sucked and did not find anything until the next day that the milk began to come out. – Mother, Mogovolas

*In the first days, they have been having many difficulties, because some mothers spend two days without breastmilk coming out.
– Community-based provider, Mogovolas*

Phase I Findings: Common problems that impede EBF

In the first days of life:

- **Latching problems** (improper latch, positioning, and sore nipples), & **breast engorgement** were key barriers.

*The majority of mothers have problems in the first days after giving birth at the beginning of breastfeeding (...) there have been mothers who have a **swollen breast** and this causes pain because the baby cannot suck all the milk (...) there are other women who have **cracked nipple** problems.*

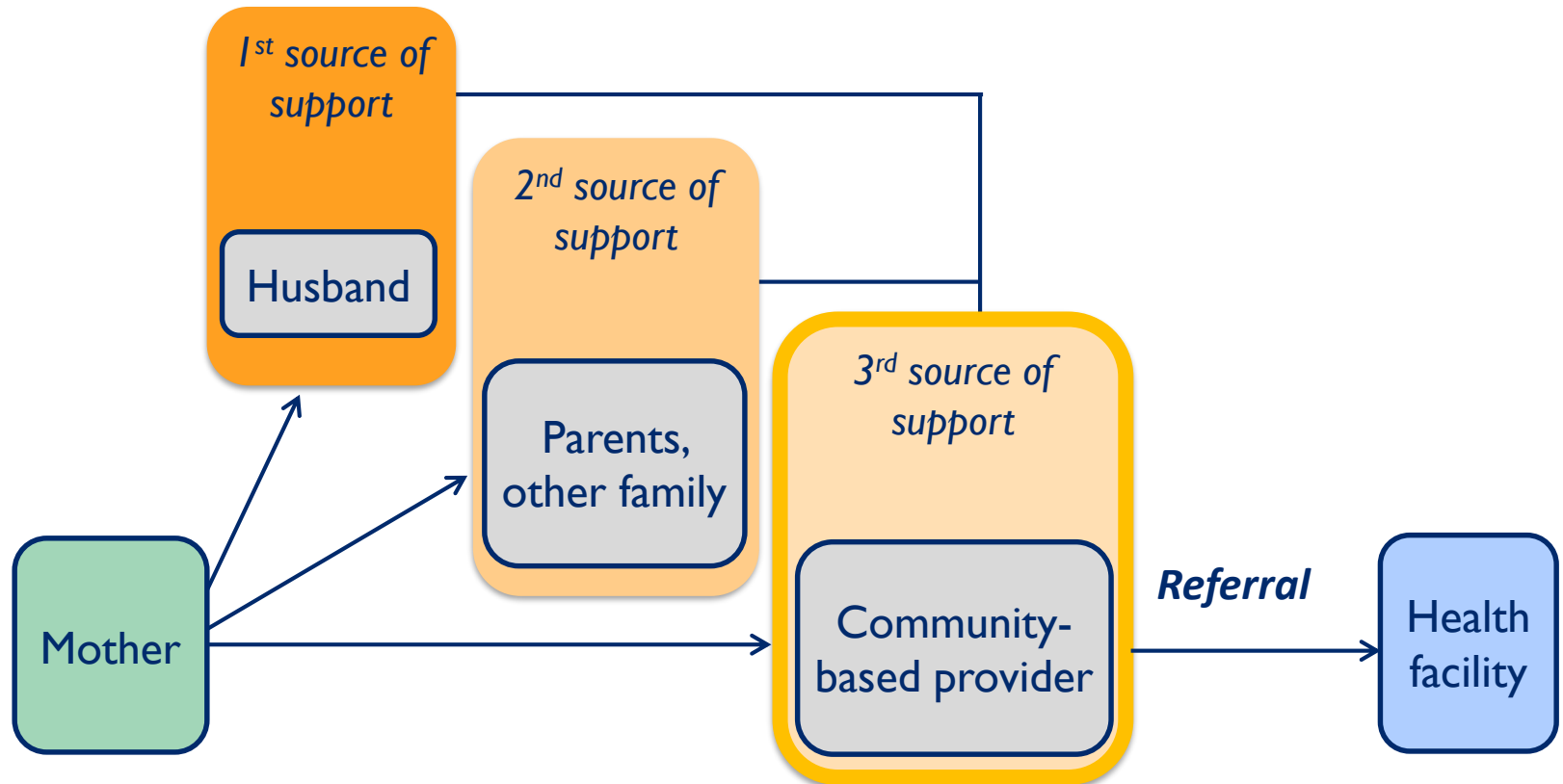
– Community-based health provider, Meconta

Phase I Findings: Common problems that impede EBF: insufficient breastmilk

- Concerns about insufficient milk **until 3-4 months of age** → caregiver perceives infant is *thirsty and hungry* & offers porridge/water.
- Improving maternal diet was the most important strategy for managing insufficient breastmilk, according to health providers and mothers.

Some say, “my baby is nursing a lot, he is hungry, he gets weak, so to avoid it I have to give my son something because then he goes to sleep, he fills up and I can stay an hour or two without the baby waking up.” – Facility-based provider, Mogovolas

Phase I Findings: Mothers' sources of support for breastfeeding



Phase I: EBF counseling & support at routine contacts is limited

Community level:

Little counseling to help prepare women for BF challenges

Facility level: Group talks covered broad topics, seldom BF

Facility level:

- Provider counseling on BF positioning and skin-to-skin
- Lack of self-efficacy in counseling on importance of colostrum and early initiation

Community level: CHWs refer most BF problems to the health facility—lack of self-efficacy & training

Facility level: Group BF promotion talks but individual counseling not provided unless infant weight-gain issues are identified

Pregnancy

Childbirth

Postnatal/child visits



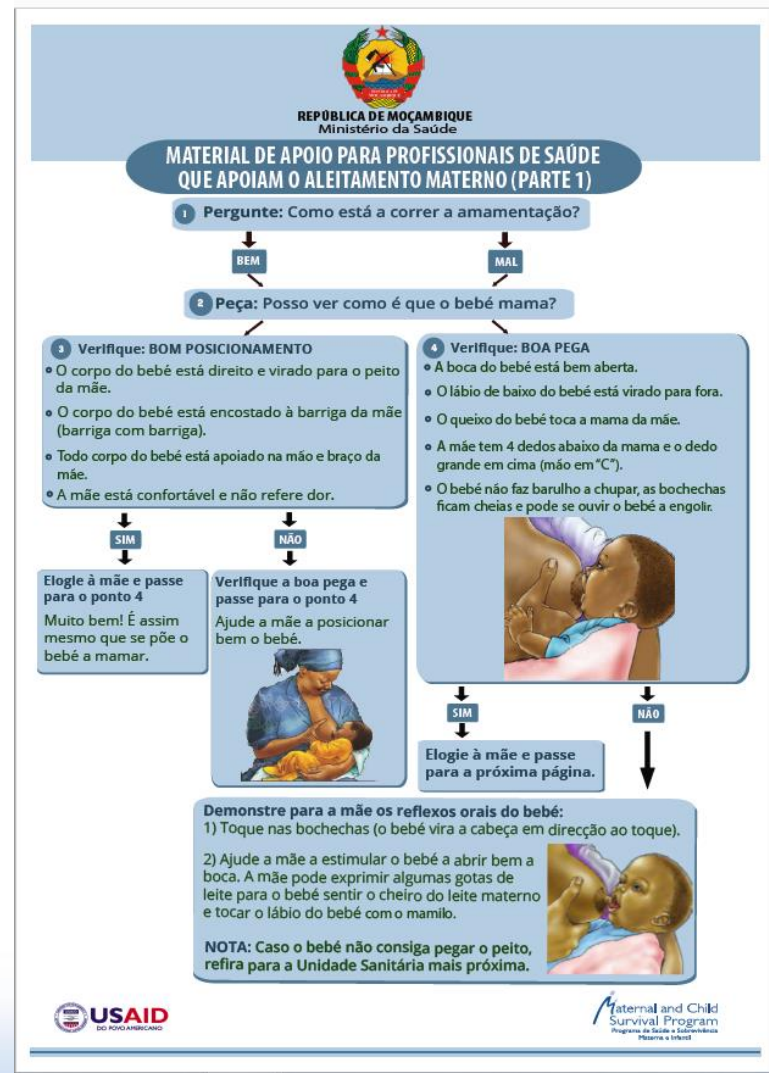
Phase 2: Development of 3 job aids



Provider Job Aids: Maternity, child health visits, and community level

Flowchart format:

1. Observe breastfeeding and ensure good latch and positioning.
2. Discuss responsive feeding and how to maintain milk supply.
3. How to manage a variety of BF problems.
4. How to counsel on BF problems before referring to a health facility (community provider)



Phase 3 Findings: Job aid use

- Facility- and community-based providers incorporated job aids into **individual and group counseling**.
- Providers **showed the job aid images** to the women they counseled, aiding provider explanation and mothers' comprehension.
- Job aids used to **identify, resolve, and prevent** breastfeeding problems

Phase 3 Findings: Job aid impact: provider knowledge

Legend

Demonstration of knowledge/skill/motivation- reported by providers

- ● ● Lacking / Infrequent
- ● ● Somewhat frequent
- ● ● Consistent

F: Facility-based provider | C: Community-based provider

Phase 2 Job aid rollout

Phase 1
Pre-job
aid

Phase 3
Post-job
aid



Provider **knowledge** on
causes/management
of BF problems

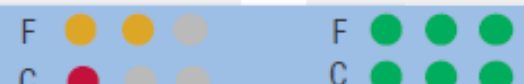
Perceived insufficient breast milk



Engorgement & mastitis



Cracked nipples



Improper latch & positioning



Phase 3 Findings: Job aids facilitated provision of counseling & practical support

Phase 1: Pre-Job Aid

I only know how to give the mother a talk to give breast milk until 6 months, those techniques to get attached to the breast I did not know.

- Facility-based provider,
Mogovolas



Phase 3: Post-Job Aid

To demonstrate the latch... I watch each mother and see how the baby is doing the suction. I say, 'this is correct', if not I say, 'you are breastfeeding, but it does not have to be in this way, it has to be this way.' And also the mothers see those images [in the job aid], because first I have to do the talk with the job aid, then execute what is in the job aid.

- Facility-based provider, Mogovolas

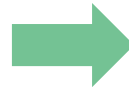
Phase 3 Findings:

Job aids increased provider motivation & self-efficacy

Phase 1: Pre-Job Aid

I did not give much advice I cannot lie, nor explained what to eat and how to breastfeed because we did not learn, I only gave advice to the mother of what I was trained.

– Community-based provider, Meconta



Phase 3: Post-Job Aid

Now that I have this material that is very good, the information that I give is accurate (...) Now with this material, we talk and the mother can see the images that correspond to what we speak. (...) People used to hardly accept [our advice], but not today.

– Community-based provider, Meconta

Programmatic Implications

- Job aids can build providers' skillsets and competencies to provide high-quality lactation support and counseling.
- Integrate clear lactation management guidance into pre- and in-service curricula & supportive supervision.
- Validate/roll out job aids to complement existing infant and young child feeding counseling materials & Baby Friendly Hospital Initiative.
- Task-shift to community-level providers for comprehensive breastfeeding support.



Thank you!
Obrigada!

