



World Breastfeeding Trends Initiative (WBTi)

# Assessment Tool



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## **WBTi UK Working Group**

<http://www.lcgb.org/wbti/>

### ***Coordinators***

Clare Meynell RM (rtd) IBCLC

01243512327

07584 160892

[claremeynell@gmail.com](mailto:claremeynell@gmail.com)

Helen Gray MPhil IBCLC

[helengray123@yahoo.co.uk](mailto:helengray123@yahoo.co.uk)

07973 262659

88 Drakefield Road

London SW17 8RR

## Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

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**Key question:** *Do care providers in these systems undergo skills training, and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place? (See Annex 5.1, 5.2)*

### Backgrounds:

It has been documented that many of the health and nutrition workers lack adequate skills in counseling for infant and young child feeding which is essential for the success of breastfeeding.

Ideally, new graduates of health provider programmes should be able to support optimal infant and young child feeding practices from the outset of their careers. All providers who interact with mothers and their young children should attain the basic attitudes, knowledge and skills necessary to integrate breastfeeding counseling, lactation management, and infant and young child feeding into their care. The topics can be integrated at various levels during education and employment. Therefore the total programme should be reviewed to assess this.

### Possible Sources of Information:

- Information can be procured from educational institutions, Ministry of Health and Nutrition or other relevant sectors, human resource personnel, trainers in counseling on infant and young child feeding, UNICEF, WHO, donors or other projects involved in curriculum review and reform, administrators and graduates.
- Review curricula or session plans for medical, nursing and nutrition courses. **See *Education Checklist*** for a list, which can be used to judge if infant and young child feeding learning objectives and content are adequate.)

<b>Guidelines for scoring</b>			
<b>Criteria</b>	<b>Scoring</b> √ <i>Check that apply</i>		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country <sup>7</sup> indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. <i>(See Annex 5b Example of criteria for mother-friendly care)</i>	2	1	0
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. <sup>8</sup>	2	1	0
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0
5.5) Infant feeding and young child feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)	1	0.5	0
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. <sup>9</sup>	1	0.5	0
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0

7 Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

8 The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

9 Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

<b>Total Score:</b>	<b>-----/10</b>
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**Information Sources Used (Please list):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Conclusions:** (Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis.)

**Gaps:** (*List gaps identified in the implementation of this indicator*) :

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Recommendations:** (*List action recommended to bridge the gaps*):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Education checklist Infant and young child feeding topics

<p style="text-align: center;"><i>Objectives</i></p> <p style="text-align: center;"><i>(to be achieved by all health students and trainees who will care for infants, young children and mothers)</i></p>	<p style="text-align: center;"><i>Content/skills</i></p> <p style="text-align: center;"><i>(to achieve objectives)</i></p>
<p><i>f</i> Identify factors that influence breastfeeding and complementary feeding.</p>	<p>National/local breastfeeding and complementary feeding rates and demographic trends; cultural and psychosocial influences; common barriers and concerns; local influences.</p>
<p><i>f</i> Provide care and support during the antenatal period.</p>	<p>Breastfeeding history (previous experience), breast examination, information targeted to mother's needs and support.</p>
<p><i>f</i> Provide intra-partum and immediate postpartum care that supports and promotes successful lactation.</p>	<p>The Baby-friendly Hospital Initiative (BFHI), <i>Ten steps to successful breastfeeding</i>; supportive practices for mother and baby; potentially negative practices.</p>
<p><i>f</i> Assess the diets and nutritional needs of pregnant and lactating women and provide counselling, as necessary.</p>	<p>Nutritional needs of pregnant and lactating women, dietary recommendations (foods and liquids) taking account of local availability and costs; micronutrient supplementation; routine intervention and counselling.</p>
<p><i>f</i> Describe the process of milk production and removal.</p>	<p>Breast anatomy; lactation and breastfeeding physiology</p>
<p><i>f</i> Inform women about the benefits of optimal infant feeding.</p>	<p>Benefits of breastfeeding for infant, mother, family, and community; benefits of exclusive breastfeeding for 0–6 months; options and risks when unable to breastfeed.</p>
<p><i>f</i> Provide mothers with the guidance needed to successfully breastfeed.</p>	<p>Positioning/ attachment; assessing effective milk removal; signs of adequate intake; practise observing and assessing breastfeeding and suggesting improvements.</p>
<p><i>f</i> Help mothers prevent and manage common breastfeeding problems. Manage uncomplicated feeding difficulties in the infant and mother.</p>	<p>Normal physical, behavioural and developmental changes in mother and child (prenatal through lactation stages); feeding history; observation of breastfeeding; suckling difficulties; causes and management of common infant feeding difficulties; causes and management of common maternal feeding difficulties.</p>

<p style="text-align: center;"><b>Objectives</b> (to be achieved by all health students and trainees who will care for infants, young children and mothers)</p>	<p style="text-align: center;"><b>Content/skills</b> (to achieve objectives)</p>
<p><i>f</i> Facilitate breastfeeding for infants with special health needs, including premature infants.</p>	<p>Risk/benefit of breastfeeding/breast milk; needs of premature infants; modifications; counselling mothers.</p>
<p><i>f</i> Facilitate successful lactation in the event of maternal medical conditions or treatments.</p>	<p>Risk/benefit; modifications; pharmacological choices; treatment choices.</p>
<p><i>f</i> Inform lactating women about contraceptive options.</p>	<p>Advantages and disadvantages of various child spacing methods during lactation; counselling about LAM; cultural considerations for counselling.</p>
<p><i>f</i> Prescribe/recommend medications, contraceptives and treatment options compatible with lactation.</p>	<p>Compatibility of drugs with lactation; effects of various contraceptives during lactation.</p>
<p><i>f</i> Assist mothers to sustain lactation during separation from their infants, including during hospitalization or illness of mother or child and when returning to work or school.</p>	<p>Milk expression, handling and storage; alternative feeding methods; cup-feeding; cause, prevention and management of common associated difficulties such as low milk supply; coordinating out-of-home activities with breastfeeding; workplace support.</p>
<p><i>f</i> Explain the <i>International Code of Marketing of Breast-milk Substitutes</i> and World Health Assembly resolutions, current violations, and health worker responsibilities under the <i>Code</i>.</p>	<p>Main provisions of the <i>Code</i> and WHA resolutions, including responsibilities of health workers and the breast-milk substitute, bottles and teats industries; violations by infant food companies; monitoring and enforcement of the <i>Code</i>.</p>
<p><i>f</i> Describe what foods are appropriate to introduce to children at various ages and which foods are available and affordable to the general population.</p>	<p>Developmental approach to introduce complementary foods; foods appropriate at various ages; available foods and their costs; incomes of local families and how income levels affect their abilities to afford various foods.</p>
<p><i>f</i> Ask appropriate questions of mothers and other caregivers to identify sub-optimal feeding practices with young children between 6 and 24 months of age.</p>	<p>Growth patterns of breastfed infants; complementary foods: when, what, how, how much; micronutrient deficiencies/supplements; young child feeding history; typical problems.</p>
<p><i>f</i> Provide mothers and other caregivers with information on how to initiate complementary feeding, using the local staple.</p>	<p>Local staples and nutritious recipes for first foods; practise counselling mothers; common difficulties and solutions.</p>
<p><i>f</i> Counsel mothers and other caregivers on how to gradually increase consistency, quantity, and frequency of foods, using locally available foods.</p>	<p>Guidelines for feeding young children at various ages and stages of development; potential difficulties and solutions regarding feeding and weaning; Essential Nutrition Actions.</p>

<p style="text-align: center;"><b>Objectives</b> (to be achieved by all health students and trainees who will care for infants, young children and mothers)</p>	<p style="text-align: center;"><b>Content/skills</b> (to achieve objectives)</p>
<p><i>f</i> Help mothers and other caregivers to continue feeding during illness and assure adequate recuperative feeding after illness.</p>	<p>Energy and nutrient needs; appropriate foods and liquids during and after illness; strategies for encouraging child to eat and drink; local beliefs about feeding during illness; appropriate feeding support during hospitalization; relactation.</p>
<p><i>f</i> Help mothers of malnourished children to increase appropriate food intake to regain correct weight and growth pattern.</p>	<p>Feeding recommendations for malnourished children; micronutrient supplements for malnourished children.</p>
<p><i>f</i> Inform mothers of the micronutrient needs of infants and young children and how to meet them through food and, when necessary, supplementation.</p>	<p>Micronutrient needs of infants and young children (iron, vitamin A, iodine, others); meeting these needs with food (breastfeeding and complementary foods); supplementation needs.</p>
<p><i>f</i> Demonstrate good interpersonal communication and counselling skills.</p>	<p>Listening and counselling skills, use of simple language, providing praise and support, considering mother's viewpoint, trials of new practices.</p>
<p><i>f</i> Facilitate group education sessions related to infant and young child nutrition and maternal nutrition.</p>	<p>Adult education methods; strategies for preparing and facilitating competency-based, participatory sessions.</p>
<p><i>f</i> Counsel mothers about prevention and reduction of mother-to-child-transmission of HIV/AIDS; options and risks of various feeding methods to consider when HIV-positive.</p>	<p>Modes of mother-to-child-transmission of HIV and how to prevent or reduce them; counselling confirmed HIV-positive mothers about feeding options and risks.</p>
<p><i>f</i> Provide guidance on feeding of infants and young children in emergencies and appropriate protection, promotion and support in these circumstances.</p>	<p>Policies and guidelines on feeding in emergencies; appropriate promotion and support; compliance with the <i>International Code of Marketing of Breast-milk Substitutes</i> and WHA resolutions.</p>

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## Example of criteria for mother-friendly care<sup>10</sup>

### *A woman in labour, regardless of birth setting, should have:*

- Access to care that is sensitive and responsive to the specific beliefs, values, and customs of the mother's culture, ethnicity and religion.
- Access to birth companions of her choice who provide emotional and physical support throughout labour and delivery.
- Freedom to walk, move about, and assume the positions of her choice during labour and birth (unless restriction is specifically required to correct a complication). The use of the lithotomy position (flat on back with legs elevated) is discouraged.
- Care that minimizes routine practices and procedures that are not supported by scientific evidence (e.g. withholding nourishment; early rupture of membranes; IVs (intravenous drip); routine electronic fetal monitoring; enemas; shaving).
- Care that minimizes invasive procedures (such as rupture of membranes or episiotomies) and involves no unnecessary acceleration or induction of labour, and no medically unnecessary caesarean sections or instrumental deliveries.
- Care by staff trained in non-drug methods of pain relief and who do not promote the use of analgesic or anaesthetic drugs unless required by a medical condition.

### *A health facility that provides delivery services should have:*

- Supportive policies that encourage mothers and families, including those with sick or premature newborns or infants with congenital problems, to touch, hold, breastfeed, and care for their babies to the extent compatible with their conditions.
- Clearly-defined policies and procedures for collaborating and consulting throughout the perinatal period with other maternity services, including communicating with the original caregiver when transfer from one birth site to another is necessary; and linking the mother and baby to appropriate community resources, including prenatal and post-discharge followup and breastfeeding support.
- A policy on mother-baby-friendly services (as outlined above) and staff who are trained to understand that the health and well-being of the mother, her fetus, her newborn, and the successful initiation of breastfeeding, are all part of a continuum of care.

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<sup>10</sup> WHO's "Infant and Young Child Feeding-A tool for assessing national practices, policies and programmes". Available at <http://whqlibdoc.who.int/publications/2003/9241562544.pdf>

