

**REPORT OF INFANT AND YOUNG CHILD FEEDING:
MIDDLE LEVEL TRAINERS TRAINING FOR
HEALTH PROTECTION AGENCY FUNCTIONARIES
(HPA) AT MALDIVES**

**Conducted by Breastfeeding Promotion Network of India in
collaboration with Health Protection Agency (HPA) and United
Nations International Children's Fund (UNICEF), Maldives**

INFANT AND YOUNG CHILD FEEDING COUNSELLING

A TRAINING COURSE

**(An integrated course on Breastfeeding, Complementary Feeding, infant
feeding & HIV and Growth monitoring Counselling)
The 4 in 1 Course**

REPORT

BACK GROUND

This is a report of a collaborative training programme on Infant and Young Child Feeding (IYCF) Counselling implemented in Maldives by the Health Protection Agency (HPA), United Nations International Children's Fund (UNICEF), Maldives and Breastfeeding Promotion Network of India (BPNI), Delhi. The programme included training of Middle Level Trainers (MLTs) for Staff Nurses, Associate Lecturers, Paediatricians and Community Health Officer. A total of 24 MLTs were trained in this seven days workshop.

Breastfeeding counseling, complementary feeding counseling, HIV and infant feeding counseling and growth monitoring are 4 major component of this training course which makes counseling specialists competent to support infant and young child feeding in various situation. This course is based on counseling. It has demonstration session on various counseling skills followed by clinical practice sessions on them. The cascade training programme has been utilized in India as well as Asian countries like :- Afghanistan, Nepal, Indonesia over a decade. This training course was organized in Maldives keeping in mind that these Middle Level Trainers thus developed will lead training courses further in Maldives independently. The course has 27 sessions covered in 7 days for certifying Middle Level Trainers. The list of 27 session are attached (Annex -1)

The Middle Level Trainer's training was divided into two phases. First phase was taken by the national trainers and the second phase was a practice phase where the trainees were required to take the sessions.

Classrooms

IYCF Training was conducted in CYRYX College, Male, Maldives. All theoretical and practice sessions were conducted in college. There was a big room with a capacity of 50 Participants with audio visual, flipcharts, white boards and required furniture was used for training. There was one more spare room for practice sessions or different room for Lunch & Tea and one room for prayer. All the Teaching rooms had air conditioners. Rooms and chairs were comfortable.

HOSPITAL FOR CLINICAL PRACTICE

We had selected and got permission from 1 hospitals and 1 Health Agency for clinical practice:

1. Indira Gandhi Memorial Hospital (IGMH) Male, Maldives.
2. Dhamana Veshi Health Agency, Male , Maldives.

In Indira Gandhi Memorial Hospital (275 bedded) there were labour rooms, obstetric ward, paediatric ward, paediatric OPD, immunization centre, neonatal intensive care unit and reproductive health clinic (RHC). Paediatric ward was 32 bedded, NICU was 20 bedded. In these clinical practice sessions, all the participants got the chance to work with the mother-

baby dyads. This helped them to understand how they can use their skills and counsel a mother about the real importance of breastfeeding. The participants were also taught how they can help mothers practically to understand the correct attachment and position of a baby which leads to successful breastfeeding. The participants tried using all their Communication skills (Annexure-2), in order to learn how to assess and observe a breastfeed (Annexure-3) and took the child's feeding history from the mother.

In Dhamana veshi health agency, two medical officers and staff nurses were the support. They all were taking care of immunization and Growth Monitoring of the children. They conduct huge programme yearly for adolescent health screening for all schools. In Dhamana veshi participants met with the parents of children more than 6 months and talked about complementary feeding and growth monitoring. Recorded feeding habits of a child using a 24 hour dietary recall form (Annexure -4), and took weight and length (growth measurements) of the child in real situation, plotting them on the growth charts . On the basis of child's age participants counselled the mother about correct consistency, frequency of the food given to the child.

We have four five vehicles to transport the participants to IGMH hospital. Dhamanveshi distance is 10-15minutes by foot from the training centre.

PARTICIPANTS COURSE (26th October to 2nd November 2015)

There were 24 participants (List annexure-5.) with profile of Staff Nurses, Associate Lecturers, Paediatricians and Community Health Officer. The group was very attentive and interactive. The schedule of the participant's training is attached (Annexure-6)

ANALYSIS OF PRE-POST TEST

A standard questionnaire was administered on the trainees to assess their pre and post training knowledge levels so as to reflect on the effectiveness of the training. The increase in knowledge base on the correct responses is a reflection of a successful training.

S.NO.	Questions pertaining to	PRE	POST
		Total N=24	
		Correct Responses	Correct Responses
1	Knowledge about Optimal Infant and Young Child Feeding Practices	20(83.3)	23(95.8)
2	Composition of Breast Milk	11(45.8)	16(66.7)
3	Benefits of Breastfeeding Mother	12(50)	20(83.3)
4	Dangers of Pre Lacteal Feeds	20(83.3)	21(87.5)
5	Duration of Breastfeeding	20(83.3)	24(100)
6	Factors which enhance Prolactin Reflex	21(87.5)	24(100)
7	Functions of Oxytocin Reflex	3(12.5)	17(70.8)
8	Factors which hinder Oxytocin reflex	12(50)	22(91.7)
9	Key for enhancing breast milk production	4(16.7)	19(79.2)

10	Sign of good attachment	5(20.8)	24(100)
11	Causes of sore nipples	17(70.8)	20(83.3)
12	Reliable sign of enough milk being received by baby	8(33.3)	20(83.3)
13	Questions Regarding IMS (Infant Milk Substitute) Act	13.6(58.3)	17.3(72.8)
14	Appropriate age of starting complementary foods	18(75)	22(91.7)
15	How many meals does the 1 year child per day with breastfeeding	1(4.2)	10(41.7)
16	Percentage of transmission in HIV	0(0)	10(41.7)
17	how can transmission of HIV to children be reduced during feeding	0(0)	2(8.3)
18	Number of curves in the growth chart used in NRHM/ ICDS	6(25)	9(37.5)
19	which indices are used for Growth Monitoring	18(75)	19(79.2)
20	A Child who is shorter than expected age	14(58.3)	19(79.2)
21	what can help a lactating mother having an engorged breast	11(45.8)	19(79.2)
22	Methods of feeding Low Birth Weight babies	8(33.3)	23(95.8)
23	Comprehension of the training skills	1(4.2)	5(20.8)

Analysis

The pre and post test analysis revealed that there was a significant increase in the knowledge of the trainees after the training was over. A detailed analysis of the questionnaire and responses is given further.

Participants were asked set of questions regarding their knowledge on breastfeeding. When asked what optimal Infant and Young Child Feeding practices include, 83% of responses were correct, although it increased to 95% after the training was completed. Few participants (45%) knew about the composition of breast milk, which significantly increased to 67%. Half of the participants (50%) knew about the four benefits of breastfeeding mothers already however this knowledge too increased to 83.3% after the training completed. 83.3% of the participants were aware of the dangers pre-lacteal feeds pose to the child however more participants did not showed much improvement and after the post test 87.5% of them could answer correctly. Most of the participants (83.3%) knew correctly about what is the duration of breastfeeding should be. All of the participants showed improvement and after the post test result was 100%.

It is evident from the above table that there has been a marked improvement in the knowledge levels of the participants on the how breast milk is produced. After the training 100% of participants knew the factors that enhance prolactin reflex in mothers whereas (87.5%) of the participants knew it earlier. There was a marked improvement in the knowledge about functions of Oxytocin reflex from mere 50% to 91.7%. Participants were asked a few questions about the Infant Milk Substitute Act. Pre intervention assessment showed that around 58% of the participants knew about the various aspects of the act, which increased to 72.8% post intervention.

Complementary feeding is the second important aspect of the training course and the participants were asked a few questions related to it. 75% participants knew the appropriate age of starting complementary foods before the training, which further increased to 91.7% after the training. Previous to the training only (4.2%) of the participants knew about the number of meal for 1 year child does have with breastfeeding and in post test 41.7% participants answered it correctly which showed not much improvement.

Infant feeding options in HIV is the fourth component of the training course and the participants were asked two questions about HIV. After the training 41.7% of participants knew about the percentage of transmission in HIV whereas not a single participants knew about it earlier. Participants were asked one more question about how can transmission of HIV to children be reduced during feeding pre intervention assessment showed that no one knew about it and result was zero, which increased to 8.3% which is very less. For this we learned trainer has to work hard upon that issue and give more time upon that issue. However, very slightly increase has been observed in participants skills in pre test it was 4.2% and after training it was 20.8%.

It was seen that participants had some knowledge about the aspects of growth monitoring beforehand. Only half of the trainees knew that a child who is shorter than expected age is called as stunted. This increased to 79.2% after the training. 75% of the trainees knew which indices are used for growth monitoring and the response percentage approximately same in post intervention to 79.2%. Some participant answered correctly to the question methods of feeding Low Birth Weight babies(33.3%) here too a jump to 95.8% was seen after the training ended.

COMPETENCY

The evaluation of participant has been done using Clinical Competency Assessment Questionnaire. All 24 participants were able to recognize and help mothers with breast conditions. Out of 24, 11 have experience of helping mothers with flat nipples, sore nipples, inverted nipples and other helping mothers with engorgement. 5 participants didn't found any conditions. All participants were able to mention feeding options in HIV positive mothers except four participants. All were able to counsel and support mothers in safe breastfeeding options. All of them were able to help mothers in positioning and attachment, 7 participants found the chance to help the mothers who complained about the refusal of breastfeeding. Participants (17) have difficulty in seeing babies with refusal to breastfeed. The participant also did not get the chance to see relactation. All participants were able to identify good and poor attachments, and they all were able to use the skill of listening and learning well. They all found that breastfeeding history form or dietary recall forms are very useful tools for counselling. 11 participants have difficulty in counseling babies for complementary feeding. In Maldives, there is no law in practice for breastfeeding protection but they all understood the importance of law and committed to support breastfeeding in future.

PARTICIPANT'S FEEDBACK

All participants found the training course adequate and very useful. As per the participants course content/ presentation, training programme, boarding, catering, lodging everything were excellent and well organised. They were satisfied with trainers knowledge, skills and professional attitude. Few participants suggested that session length is little bit longer but clinical practice sessions were the core part of the training because they got the hands on experience at the same time. All participants said this type of training is totally different for them and they got the opportunity to learn many new things. Most of them found that they need regular practice to recall all the skills and imbibe in to their attitude and behaviour.

PARTICIPANTS COMMITMENTS

Most of the participants have committed to work as a counsellor in Infant and Young Child Feeding and try to allocate a different room for breastfeeding counselling in hospitals. They also want to change hospital practices to baby friendly and to develop IYCF counselling centre in all health facilities. All participants have shown their commitment to work with the mothers and babies in communities in all provinces. Few of the participants want to spread their knowledge further and conduct training for all frontline workers. They also want to conduct health education classes for all mothers. Some of them aspire to prepare study material in local language for mothers. like leaflets and pamphlets.

FUTURE ROAD A HEAD

Infant and Young Child feeding Counselling is needed in Maldives. Because most of the Maldivian woman's are working, they are only able to breastfeed their babies till the time they are with them at home. The Government of Maldives need to organise training courses in all provinces of Maldives for community health workers and nutritionists using middle level trainers team for improving IYCF status of the country. The hospital practices should be baby friendly where mothers can learn breastfeeding. Government and HPA (Health Protection Agency) should also initiate training for doctors and health workers in all hospitals using the trained team to develop hospitals baby friendly. HPA could be considered as an organisation for monitoring the Law and Code in the country.

Glimpses Of the Training

Inauration of the training



Session taken by Course Director



Conducted session by National Trainer



Conducted session by National Trainer



Conducted session by National Trainer



Explain Positioning session by the trainer



Preparation of Milk feeds by the Participants



Preparation of Complementary Feeding by the Participants



Clinical practice sessions



Conduct Role Plays by the participants



Demonstrating cup feeding by the participant



Explain Positioning session by the Participant



MLT Content
Infant and young child feeding counselling:
A TRAINING COURSE

CONTENTS

	Introduction
Session 1	Why Optimal Infant and Young Child Feeding
Session 2	Production and intake of breastmilk
Session 3	Assessing and Observing a Breastfeed
Session 4	Listening and Learning
Session 5	Building Confidence, Giving Support and Checking Understanding
Session 6	Hospital Practices and Baby Friendly Initiative
Session 7	Positioning Baby at the Breast
Session 8	Breast conditions
Session 9	Refusal to breastfeed and crying
Session 10	Expressing breastmilk
Session 11	Not enough milk
Session 12	Breastfeeding Low Birth Weight Babies & Twins
Session 13	Complementary Feeding - Foods to Fill the Nutrient Gap
Session 14	Feeding Techniques and Strategies
Session 15	Institutionalizing Skilled Infant and Young Child Feeding Counseling
Session 16	Nutrition of Lactating Mothers and their Health and Fertility
Session 17	Breastfeeding by Working Mothers
Session 18	Breastfeeding in Special Circumstances Specially HIV & Infant Feeding

Session 19	Clinical Practice 1 <i>Listening and learning, confidence building, giving support</i> <i>Assessing a breastfeed and Positioning a baby at the breast</i>
Session 20	Clinical Practice 2 <i>Listening and Learning, Building confidence, giving support</i> <i>Counselling for Complementary Feeding</i>
Session 21	IMS Act
Session 22	Growth Monitoring and Measuring
Session 23	Growth Monitoring by Growth Charts
Session 24	Measuring Growth: Taking Action
Session 25	Clinical Practice 3: <i>Measuring weight & length, Counseling for infant feeding</i>
Session 26	Practice 1: <i>Preparation of complementary feed</i>
Session 27	Practice 2: <i>Preparation of Replacement feed</i>

Annexure-2 – Skills Checklist

LISTENING AND LEARNING SKILLS

- Use helpful non-verbal communication
- Ask open questions
- Use responses and gestures which show interest
- Reflect back what the mother says
- Empathize - show that you understand how she feels
- Avoid words which sound judging

CONFIDENCE AND SUPPORT SKILLS

- Accept what a mother thinks and feels
- Recognize and praise what a mother and baby are doing right
- Give practical help
- Give a little, relevant information
- Use simple language
- Make one or two suggestions, not commands

CONFIDENCE AND SUPPORT SKILLS

Listening and learning

- Helpful non-verbal communication
- Ask open questions
- Respond showing interest
- Reflect back
- Empathize
- Avoid judging words

Assessing a breastfeed

- Body position
- Responses mother and baby
- Emotional bonding
- Anatomy of breast
- Suckling
- Time spent suckling

Confidence and support

- Accept what mother says
- Praise what is right
- Give practical help
- Give relevant information
- Use simple language
- Make one or two

Taking a history

- Baby's feeding now
- Baby's health, behaviour
- Pregnancy, birth, early feeds
- Mother's condition and FP
- Previous infant feeding
- Family and social situation

Annexure-3 - B-R-E-A-S-T-FEED OBSERVATION FORM

Mother's name: _____ Date: _____

Baby's name: _____ Age of baby: _____

[Signs in brackets refer only to newborn, not to older babies]

Signs that breastfeeding is going well

BODY POSITION

- Mother relaxed and comfortable
- Baby's head and body in straight line
- Baby's face facing breast
- Baby's nose opposite the nipple
- Baby's body close to mother's
- [Baby's back supported]
- Baby reaches breast from below
- Breast well supported (optional)

Signs of possible difficulty

- Shoulders tense, leans over baby
- Baby's head and body in not straight line
- Baby's face not facing breast
- Baby's nose away from nipple
- Baby's body not close to mother's
- [Only shoulder or head supported]
- Baby reaches breast from above
- Breast supported in scissor hold or nipple being pushed in babies mouth

RESPONSES

- Baby reaches for breast if hungry
- [Baby roots for breast]
- Baby explores breast with tongue
- Baby calm and alert at breast
- Baby stays attached to breast
- Signs of milk ejection,
[leaking, after-pains]

- No response to breast
- [No rooting observed]
- Baby not interested in breast
- Baby restless or crying
- Baby slips off breast
- No signs of milk ejection

EMOTIONAL BONDING

- Secure, confident hold
- Face-to-face attention from mother
- Much touching by mother

- Nervous or limp hold
- No mother/baby eye contact
- Little touching or
- Shaking or poking baby

ANATOMY

- Breasts soft after feed
- Nipples average size
- Nipples stand out, protractile
- Skin appears healthy
- No lump in breast
- Breast looks round during feed

- Breasts engorged
- Nipples large/flat/inverted
- Nipples not protractile
- Fissures or redness of skin
- Lump in breast
- Breast looks stretched or pulled

SUCKLING

- Mouth wide open
- Chin touching the breast and nose close to breast
- Lower lip turned outwards
- Tongue cupped around breast
- Cheeks round
- More areola above baby's mouth
- Slow deep sucks, bursts with pauses
- Can see or hear swallowing

- Mouth not wide open, points forward
- Chin and nose away from the breast
- Lower lip turned in
- Baby's tongue not seen
- Cheeks tense or pulled in
- More areola below baby's mouth
- Rapid sucks only
- Can hear smacking or clicking

TIME SPENT SUCKLING

- Baby releases breast
- Baby suckled for ___ minutes

- Mother takes baby off breast

~ Notes:

© Adapted with permission from "B-R-E-A-S-T-Feeding Observation Form" by H C Armstrong, *Training Guide in Lactation Management*, New York, IBFAN and UNICEF 1992.

Annexure-4 - List of Participants

S.No.	Name	Designation	Station	Phone No.	e-mail
1	Ms. Khadeeja Ibrahim	Senior staff Nurse	ADK Hospital	7927842	Khajja80@hotmail.com
2	Ms. Anoosha Shaheem	Registered Nurse	Hulhumale Hospital	9844493	anu.90@hotmail.com
3	Ms. Nafeesa Ahmed	Clinical Nurse	Dhamanaveshi	9900903	nafeessaa@gmail.com
4	Ms. Fathmath Muroona	Enrolled Nurse	Dhamanaveshi	9772556	muroona@gmail.com
5	Ms. Ahlam Ali	Associate Lecturer	Faculty of Health Sciences	7791785	--
6	Ms. Mariyam Ahmed	Associate Lecturer	Faculty of Health Sciences	7902385	--
7	Ms. Aminath Waheeda	Member	Society of Health Education	7783668	eaw@dhinet.net.mv
8	Ms. Aishath Shama	Registered Nurse	Vilimale Hospital	9914442	shama1990.as@gmail.com
9	Dr. Aminath Minha Hussain	Consultant in Pediatrics	Indira Gandhi memorial Hospital	9942612	minntu@hotmail.com
10	Ms. Zadha Zahir	Registered Nurse	Indira Gandhi memorial Hospital	7945121	xadh_27@hotmail.com
11	Ms. Aminath Saniya	Registered Nurse	Indira Gandhi memorial Hospital	9892085	shaan_as@hotmail.com
12	Ms. Fatimath Hassan	Community Health Officer	HDH. Regional Hospital	9990551	fathun_143@hotmail.com
13	Ms. Khadeeja Hassan	A. Community Health Officer	HDH. Regional Hospital	9933440	khajjahasn@live.com
14	Mr. Ahmed Zahid	Community Health Officer	SH. Atoll Hospital	7901080	ahmedzahidhussein@live.com
15	Mr. Ahmed Mahir	A. Community Health Officer	R. Regional Hospital	7902564	mahir2564@gmail.com
16	Ms. Leena Mohamed	Registered Nurse	R. Regional Hospital	7896954	lyna.8962@hotmail.com
17	Ms. Zaeema Mufeed	A. Community Health Officer	M. Regional Hospital	7957560	zaemamufeedh@gmail.com
18	Mr. Ihsan Abdul Wahhab	A. Community Health Officer	M. Regional Hospital	7918707	Ishaan_in@hotmail.com
19	Ms. Aminath Niusha	A. Community Health Officer	L. Regional Hospital	7867783	--
20	Ms. Fatimath Bariyya	Community Health Officer	L. Regional Hospital	7605545	faathun_b@hotmail.com
21	Ms. Aminath Azeena	Registered Nurse	Abdul Samad Memorial Hospital	7491477	amixyna@gmail.com
22	Ms. Safa Abdul Azeez	Registered Nurse	Abdul Samad Memorial Hospital	7851680	safemaqi1680@gmail.com
23	Ms. Fathimath Inthisara	S. Registered Nurse	S. Regional Hospital	9900921	inthisara9@hotmail.com
24	Ms. Aishath Usra	Registered Nurse	S. Regional Hospital	7553912	usra.aistu@gmail.com

**MLT SCHEDULE FOR 4 IN 1 INFANT AND YOUNG CHILD FEEDING:
BREASTFEEDING, COMPLEMENTARY FEEDING, HIV & INFANT FEEDING
AND GROWTH MONITORING**

PRE - LUNCH SESSION

	Imparting Learning Skills			How to Conduct Training of FLW			
Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
9:00 - 9:30	Registration			Refusal to Breastfeed and Crying (S-9 – 45 mins)			Refusal to Breastfeed and Crying (S-9 – 45 mins)
9:30 - 10:00	Introduction of the participants/ Trainers and the Training/ Training Material	Positioning the baby at the Breast (S-7 – 60 mins)	Growth Monitoring and Measuring (S-22 – 50 mins)	IMS Act (S-21 – 30 mins)	Positioning the baby at the Breast (S-7 – 60 mins)	Growth Monitoring and Measuring (S-22 – 50 mins)	IMS Act (S-21 – 30 mins)
10:00 - 10:30	Tea	Tea	Tea	Tea	Tea	Tea	Tea
10:30 - 11:30	Why Optimal Infant and Young Child Feeding (S-1 – 60 mins)	Clinical Practice 1 (Practicing Listening/ Learning, Confidence Building, Giving Support, Taking Feeding History, Assessing and Observing the breastfeed and Positioning the baby at the Breast (S-19 – 120 mins)	Growth Monitoring by Growth Charts and Taking Action (S-23 & 24 - 60 + 60 mins)	Why Optimal Infant and Young Child Feeding (S-1 – 60 mins)	Clinical Practice 3 (Practicing Listening/ Learning, Confidence Building, Giving Support, Taking Feeding History, Assessing and Observing the breastfeed and Positioning the baby at the Breast (S-19 – 120 mins)	Growth Monitoring by Growth Charts and Taking Action (S-23 & 24 – 60 + 60 mins)	Clinical Practice -5; Communication Skills, Taking Measurements, Plotting on the charts, Counselling for Complimentary Feeding (S- 20 – 120 mins)
11:30 - 12:30	Production and Intake of Breastmilk (S-2 – 60 mins)		Clinical Practice -2; Communication Skills, Taking Measurements, Plotting on the charts,	Production and Intake of Breastmilk (S-2 – 60 mins)			
12:30 - 13:00	Assessing and Observing Breasfeeding (S-3 – 60 mins)	Breast Conditions (S-8 – 45 mins)	Counselling for Complimentary Feeding (S- 20 – 120 mins)	Assessing and Observing Breasfeeding (S-3 – 60 mins)	Breast Conditions (S-8 – 45 mins)	Clinical Practice -4; Communication Skills, Taking Measurements, Plotting on the charts, Counselling for Complimentary Feeding (S- 20 – 120 mins)	Breasfeeding by Working Mothers (S-17 – 30 mins)
13:00 - 13:30		Expressing Breastmilk (S-10 – 30 mins)			Expressing Breastmilk (S-10 – 30 mins)		Nurition of Lactating Mothers and their health and fertility (S-16 – 20 mins)

