July, 2020

A Digital Antenatal Platform

Preparing Pregnant Women to Demand Breastfeeding Counselling and Support Services

A BPNI’s Initiative
Concept Note

A Digital Antenatal Platform: Preparing Pregnant Women to Demand Breastfeeding Counselling and Support Services: A BPNI’s Initiative

INTRODUCTION
This note outlines about an initiative to provide breastfeeding counseling services ‘for pregnant women to be fully informed for successful in breastfeeding their babies. It explains in detail how will it work to achieve its objectives. Self- learning to make a feeding decision, a stepwise approach if there are questions, and includes a process to demand breastfeeding/lactation counseling and support from the health facility. The initiative only deals with breastfeeding counseling during antenatal period.

AIM
To facilitate an enabling environment for women to ensure early breastfeeding within an hour of birth, skin-to-skin contact, and reduce the consumption of infant formula at the time of birth.

OBJECTIVES
- To set up a Web-platform for digital antenatal services.
- To reach out to about 1 million pregnant women (between 2nd -3rd trimester) by 2030.
- To enable women to demand breastfeeding counselling and support services.

TARGET GROUP
Pregnant Women between 2nd -3rd trimester (and family members)

RATIONALE
Optimal feeding practices include early breastfeeding within an hour of birth, and exclusive breastfeeding during first six months, continued breastfeeding for two years and beyond along with adequate and appropriate complementary feeding after six months. Optimal feeding is crucial to health, growth and development of babies and health of women. However, feeding practices are not optimal in almost all parts of India because mothers are not fully supported either during pregnancy or after birth. While majority of mothers deliver in health facilities only 1 in 2 are able to begin breastfeeding within an hour of birth.

The MOHFW, Government of India in 2016 launched MAA programme to promote breastfeeding in the health facilities. It also launched a quality labour room programme called ‘LaQshya’. Both these programmes address services to assist women to have skin-
to skin contact with their babies at time of birth and begin breastfeeding within an hour of birth.

Recent World Bank Study in South Asia revealed that most pregnant women missed any discussions about feeding their babies during pregnancy. According to the World bank study and several other anecdotal observations, babies are separated from mothers especially in cesarean section births, more so in the private sector. Inadequately trained health staff, unnecessary use of infant formula due to commercial influence of baby food industry on health facilities, and inadequate counselling and support to mothers during antenatal and postnatal periods contribute to lack of awareness and poor feeding practices. (low rates of breastfeeding during first hour of birth and skin-to-skin contact between the mother and the baby.

If pregnant women received information and counseling support by dedicated skilled counsellors during antenatal period, recent research in India has shown doubling up early breastfeeding rates at birth.

The W.H.O. has recommended that counselling on breastfeeding is an important step during pregnancy. The WHO’s Ten Steps to Successful Breastfeeding and Indian Law (IMS Act) to protect breastfeeding emphasises a discussion on the importance and management of breastfeeding with pregnant women and their families. It guides that breastmilk substitutes should not be used unless there is a medical indication.

Therefore, all pregnant women should be counselled, by a trusted source of information of benefits of breastfeeding, technique of breastfeeding including correct latching, risks associated with breastmilk substitutes, and the services she requires to be successful. These are the rights of both women and children. However, if situation so arises that she has to give mixed feeding or only formula feeding after birth, she should know how prepare and feed it safely, its costs, and implications for returning to breastfeeding and hazards of improper use of formula etc.

WHEN AND WHY DURING PREGNANCY?

It is strongly believed that 2nd or 3rd trimester of pregnancy is most suitable and opportune time for women to prepare about feeding their babies. Communication comes closer to the behavior. They can think, gain appropriate knowledge, understand what services are needed and act accordingly to demand these to stick to the feeding decisions.

WHAT SERVICES ARE REQUIRED?

If a woman chooses to breastfeed, she must be aware of the services required for success. She can check with and demand these from the Health facility where she plans to deliver. (Administration, obstetrician, pediatrician or nurses).
**For Breastfeeding:**

1. ANC package includes breastfeeding counseling
2. Hospital policy of no separation without medical reasons
3. Hospital policy of initiating breastfeeding immediately after birth
4. Hospital policy of avoiding prelacteal feeds
5. Support for skin to skin contact
6. A trusted person by her side
7. Services of a lactation counsellor etc.
8. Physical support if there is cesarean section

If by any chance she decided *formula feeding, or mixed feeding, she requires*

1. Services for safe preparation, storage and how to feed the formula
2. Cup feeding or feeding by other local methods.

**DECISION TREE**

1. **Registration**
2. **Consent Form**
3. **Access to Level 1 Knowledge Material**
   - Knowledge quiz/test to check understanding
4. **Decision Making**
   - Breastfeeding
   - No Breastfeeding -- prompt for video call here to discuss further
   - I need help to decide -- offer her video call help
5. **Access Level 2 Knowledge Material**
6. **Video Calling/Email/Chat Option (First Call is Free)**
   - Later consultation will be charged may it be any medium will be charged
LEARNING CONTENT ON Digital Platorm

- **Access to Level 1 Knowledge**
  - Module A: Why to choose breastfeeding, barriers to breastfeeding, risks of formula feeding.
  - Module B: Feeling of not enough milk, role of hormones.

*If she already decided to breastfeeding:*

- **Access Level 2 Knowledge:**
  - Modules C: on Skin to skin, NVD or Cesarean delivery, Expression of breastmilk, positioning and attachment and breastfeeding friendly hospital practices.
    - *If she chooses formula feeding:*
  - Module D: Safe preparation and storage of infant formula, cup feeding and local methods.

**REGISTRATION FEE**

- Decision Taken and Recorded
- Decision Declaration and Conveyed to Gynae/Hospital
  - Can be a downloadable document
- Enrollment for future counselling and practical help after birth
- Follow up with all women after within a month of their baby's birth and practical help and counselling at birth for enrolled for it.
  - Two kind sof follow ups
  - One for whether decisions taken were implemented and review if not.
  - Second with mothers who enrolled for practical help at birth around the time of their birth. This service could be charged separately
First 200 registrations will be free. After that a one time registration fee of INR 100 will be charged.

**Option for a Video Call or a visit:** It will be charged at INR 599 for a 30- minute call or a physical visit.

**BPNI STRATEGY**
1. BPNI will develop this digital platform with the help of an IT team.
2. BPNI will seek services of a communication agency to help develop communication collaterals to promote the platform.
3. BPNI will engage with marketing professionals to increase the reach of the digital platform through social media.
4. BPNI will partner with professional health workers such as FOGSI, TNAI targeting pregnant women. We will approach nurses and obstetrics associations/ individuals for reaching out to pregnant women to try this knowledge platform to prepare themselves. We may do advertisement in their journal.
5. BPNI will constitute a National expert group for advice and help develop the Modules A to D.
6. BPNI will register and authorize “BPNI Certified lactation counsellors” and others with required knowledge and skill set. They can provide one on one counselling through digital discussions or audio/video call in different languages.
7. BPNI will also introduce a “physical face to face meeting” with certified counsellors at its North Delhi office for those who may like to avail.
8. BPNI will appoint “State Ambassadors” preferable mothers to promote the platform.
9. BPNI will review the strategies annually.

**ELIGIBILITY AND QUALITY ASSURANCE**

- Proficient in English and Hindi or any other local language
- Proficient in use of digital platform, MS word
- B.Sc. Nursing /Dietician/Nutritionist/Doctor/Nutrition Officers, Medical officers, Paramedics, MSW.
- Trained in lactation counseling and support from a credible agency/organization.
- Must hold experience in directly working with mothers and babies for breastfeeding counseling and support.
- Ability to have an understanding on how to cater to different needs of a pregnant/lactating mother at different times during her pregnancy and lactation.
- The counselor must abide by the principles of integrity, confidentiality, reliability, must anchor and implement the provisions of IMS Act and follow BPNI’s ethical policy of conflict of interest.
**COMPLAINTS AND APPEALS**
The BPNI will evaluates and reviews complaints, concerns, and inquiries related to authorized counselors, which may be received from any related sources like patients, families, and healthcare practitioners, by governmental agencies, or through information from the media. And if the authorized counselors is found guilty of violating the IMS Act provisions and BPNI’s ethical policy of Conflict of Interest, BPNI’s programme advisory group would review the complaint in 2 weeks time and seek explanation from the alleged personnel. In case the complaint is found true based on evidence, the authorization of counselor will be cancelled.

**ADVISORY GROUP**
The advisory group will have:
- 5 members
- Chaired by BPNI’s Central Coordinator
- 5 members may include: pediatrician, gynecologist, members of medical/professional associations, lactation counselor and a mother.
- Valid for 3 years
- Would meet every six months

Role:
- To provide programmatic advice
- To provide quality assurance advice
- Review complaints

**ETHICAL FUNDING POLICY**
This initiative will be administered following the ethical and funding policy of BPNI. Its authorized counsellors will be expected to respect and follow this ethical stance. “BPNI does not accept funds or any support from the companies manufacturing baby foods, feeding bottles or infant feeding related equipment. BPNI does not associate with organizations having conflicts of Interest.”

**ABOUT BPNI**
BPNI is a 28-year-old civil society organization that you can trust for accurate information. BPNI is a pioneer agency recognized by the MOH Government of India as its technical partner for promoting breastfeeding in health facilities and empowered by the Gazette of India to monitor a law that protects women and children from commercial practices of baby food companies, i.e. *Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003*. BPNI follows a clear ethical and funding policy. BPNI does not receive funds /assistance from baby food companies or organizations having conflicts of interest. BPNI is notified in the Gazette of India as a child welfare NGO to initiate action under section 21(1) of the IMS Act for officially monitoring and implementing IMS Act since 1995.