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Increasing Exclusive Breastfeeding: Baby-Friendly Initiatives

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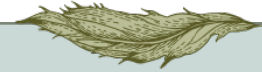
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A circular white frame is centered on a light blue background. The frame is surrounded by a detailed botanical illustration. The illustration includes various plants: a large red leaf, a green leaf with a prominent vein, a fern frond, a cluster of small pink flowers, a large green leaf with a prominent vein, a large red leaf, a cluster of small purple flowers, a large green leaf with a prominent vein, and a fern frond. The text is centered within the white frame.

Increasing Exclusive Breastfeeding: Baby-Friendly Initiatives

Courtney Ragsdell

Introduction



- Recommended diet for newborn-six months of life
- Benefits for baby
- Benefits for mom
- Preventable deaths
- Cost analyses
- Rates are below the national goal
- The Healthy People 2030 national goals
- Current rates

Baby-Friendly Initiatives



BFHI

- The World Health Organization and the United Children's Fund created the Baby-Friendly Hospital Initiative (BFHI) in 1991 to establish supportive environments and educational services that lead to better initial breastfeeding experiences
 - The specific goals of the BFHI include increasing the rates of breastfeeding initiation, exclusivity, and a longer duration of breastfeeding by promoting ideal breastfeeding practices (Pérez-Escamilla, 2020)

BFCI

- The Ministry of Health in Kenya created the Baby Friendly Community Initiative (BFCI) in 2016 as an extension to the tenth step of the BFHI
 - This initiative has not been implemented fully in the United States
 - The specific goals of BFCI related to breastfeeding include protecting, promoting, and supporting breastfeeding and nutrition through Community Mother Support Groups (Ministry of Health, 2016)

Thesis & Research Questions



- Exclusive breastfeeding (EBF) rates must be increased to meet target goals established by the U.S. Government
- The Baby Friendly Community Initiative can be implemented in Arkadelphia, AR to increase rates of exclusive breastfeeding
- What are the existing resources for mothers in Arkadelphia, AR?
- How has the BFCl been implemented elsewhere?
- What are the barriers to implementing the BFCl in Arkadelphia, AR?

Epidemiology



Baby

- Risk of death
- Obesity & type 2 diabetes



Mom

- Preventable deaths
- Potential to save lives



World & Nation

- Current global statistics
- Current United States statistics



Arkansas: A Closer Look



- EBF rate in Arkansas: 24.4%
- Healthy People 2030 national goal: 42.4%
- Breastfeeding support indicators in Arkansas score: 75
- Licensing breastfeeding support score: 70
- Baby-Friendly facilities in Arkansas: 31.9%
- Paid family & medical leave: no legislation enacted

CDC Call to Action

Celebrate families that breastfeed and provide breast milk to their babies
Many infants are still receiving some breast milk at 6 months

Review state ECE licensing regulations to assess if they fully support breastfeeding by including the following stipulations:

Support breastfeeding by parent during child care hours

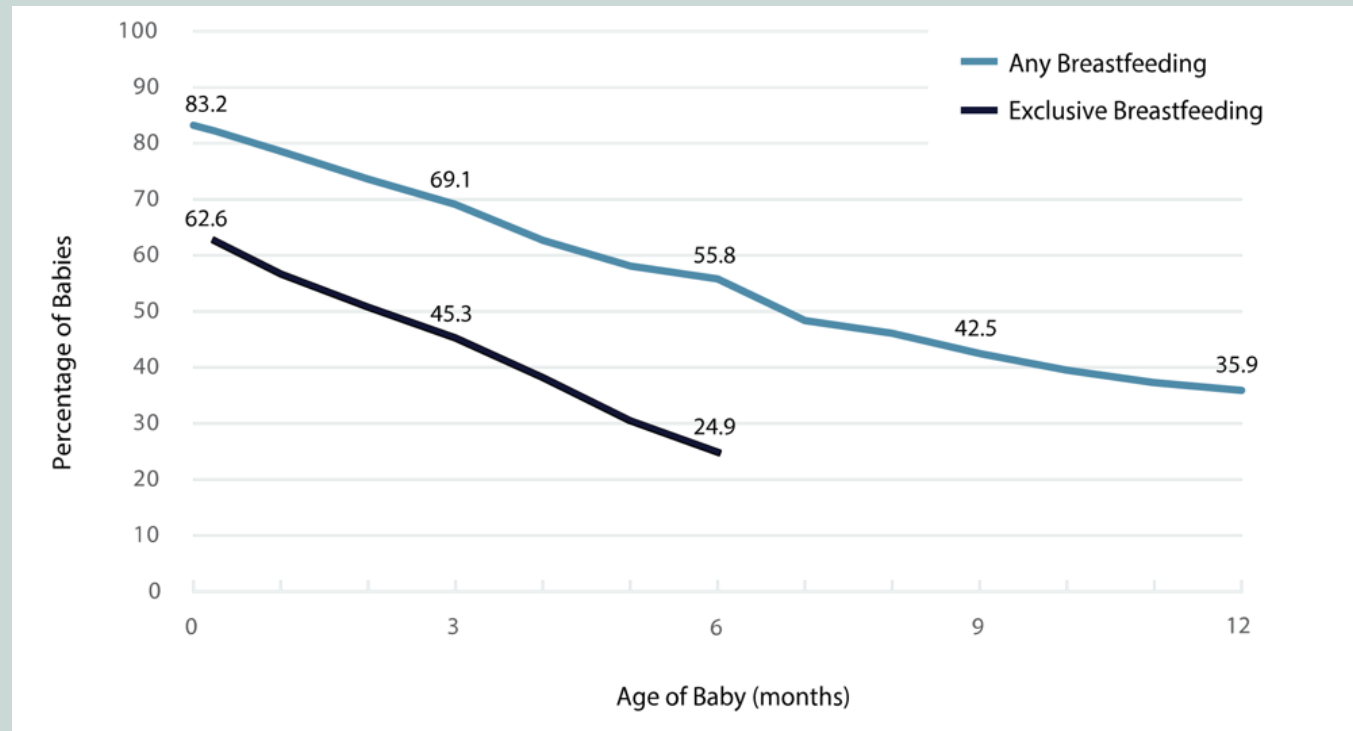
Recommend feeding of breast milk by staff or parent

Require comfortable arrangements for mothers to breastfeed/express milk on-site

Collaborate with hospitals to identify opportunities for improvement in maternity care practices

Help communities develop and implement breastfeeding programs that meet the needs of populations disproportionately impacted by structural barriers that can lead to lower rates of breastfeeding

CDC's Breastfeeding Report Card



Baby Friendly Community Initiative



Nine Steps

1. Orient the policy and decision-makers to the benefits of exclusive breastfeeding in order to gain their support of making changes at the community level
2. Orient local community health management to the benefits of exclusive breastfeeding in order to gain their support of implementing the BFCI package
3. Train individuals to train other individuals on the BFCI package; this will include community health workers and nutritionists
4. Train community health workers and healthcare workers about the necessary knowledge, skills, and competencies for BFCI
5. Orient local health committees and leaders to BFCI
6. Map where the main target audience is located
7. Establish Community Mother Support Groups. There should be a lead mother and nine to eleven members
8. Train individuals for the Community Mother Support Groups
9. Establish Mother-to-Mother Support Groups

Eleven Interventions

1. BFCI training
2. Targeted home visits
3. Community meetings
4. Educational meetings for mothers
5. Monthly Mother-to-Mother Support Group meetings
6. Monthly Community Health Volunteer meetings
7. Bi-monthly Community Mother Support Group meetings
8. Mentorship
9. Establish a Mother and Baby Friendly Resource Center
10. Evaluation of BFCI activities
11. Periodic self and external BFCI assessments

Available Breastfeeding Resources in Arkadelphia

Clark County
Health Unit

Arkadelphia
Walmart
Supercenter

Baptist Health
Medical Center –
Arkadelphia

The Arkansas
Drug Information
Center

National
Breastfeeding
Helpline

Statewide
Breastfeeding
Helpline

Implementation in Rural Kenya

1. Have a written policy summary statement that is routinely communicated to all health providers, community health volunteers, and the community members
2. Train all healthcare providers and community health volunteers, to equip them with the knowledge and skills necessary to implement the Maternal Infant and Young Child Nutrition (MICYN) policy
3. Promote optimal maternal nutrition among women and their families
4. Inform all pregnancy women and lactating women and their families about the benefits of breastfeeding and risks of artificial feeding
5. Support mothers to initiate breastfeeding within 1 hr of birth and establish and maintain exclusive breastfeeding for the first 6 months. Address any breastfeeding problems
6. Encourage sustained breastfeeding beyond 6 months to 2 years or more, alongside the timely introduction of appropriate, adequate, and safe complementary foods while providing holistic care (physical, psychological, spiritual, and social) and stimulation of the child
7. Provide a welcoming and supportive environment for breastfeeding families
8. Promote collaboration between healthcare staff, CMSG, M2MSG, and the local community. Content has been developed for each step to guide the community health volunteers (CHVs) in counseling

Results in Kenya



- Exclusive breastfeeding rates increased from 75.2% to 92.3%
- Under-five child mortality rates have decreased from 105.2 child deaths per 1,000 live births to 53.5 child deaths per 1,000 live births
- Routine contact with mothers, engagement with mothers and the community with support groups, and connecting the community with healthcare facility services were critical to success with BFCI
- Improved maternal nutrition and complementary feeding practices
- “BFCI provides a platform to integrate nutrition-sensitive interventions, such as early childhood development, agriculture initiatives, and water, sanitation, and hygiene” (Kavle et al., 2018)

Implementation Plan: Step 1

- Step 1: Orient the national policy and decision makers
 - Getting the national policy and decision makers on board gains government commitment to promote and sustain the Baby Friendly Community Initiative
 - In Kenya, the Maternal, Infant, and Young Child Nutrition policy makers oversaw the planning, implementation, and follow-up of the BFCI activities
 - In the United States, the Women, Infant, and Children (WIC) program focuses on providing food and support to mothers and their children
 - Support from the WIC program, which is a government program, would need to be gained in implementing the BFCI in Arkadelphia, Arkansas
 - The WIC program could also oversee the planning, implementation, and follow-up of BFCI activities

Implementation Plan: Step 2

- Step 2: Orient the county and sub-county health management facilities together with stakeholders
 - Baptist Health Medical Center – Arkadelphia, the local Women’s Health clinic, the local pediatric clinics, the Walmart baby and nursery services specialists, the Clark County Health Unit, the Pregnancy Resource Center for Southwest Arkansas, and local church leadership should receive a one-day orientation on the BFCI so that they can support the implementation of the interventions in the community

Implementation Plan: Step 3

- Step 3: train the “trainer of trainers” on BFCI
 - A trainer of trainers (TOT) should receive prior training on Mother, Infants, and Young Child Nutrition information for healthcare workers
 - In Arkansas, an ideal trainer of trainers would be a WIC nurse or a nurse at the Clark County Health Unit
 - The TOT training is conducted over five days and should include community health extension workers, nutritionists, the IBCLE at BHMC-Arkadelphia, the WIC nurses at the Clark County Health Unit, workers at the Pregnancy Resource Center for Southwest Arkansas, and nurses at the local Women’s Health and pediatric clinics

Implementation Plan: Step 4

- Step 4: train the community health extension workers and health care workers on BFCI
 - There will be an additional five-day training event for community health extension workers and healthcare workers on the BFCI implementation package
 - This training will be for the same groups as in Step 3
 - This training will focus on necessary skills, knowledge, and competencies
 - The community health extension workers will develop a plan for establishing the community mother support groups

Implementation Plan: Step 5

- Step 5: orient the community health committee, primary healthcare facilities, and other leaders in the community on BFCI
 - There will be an additional one-day orientation for the community health committee, primary health care facility committee, and local political authorities
 - The focus of this orientation is mobilization of resources

Implementation Plan: Step 6

- Step 6: map households and train community health volunteers on mapping
 - The purpose of the mapping of households is to identify a target audience; this exercise will be repeated every six months

Implementation Plan: Step 7

- Step 7: establish community mother support groups
 - The community mother support groups are comprised of community members; the purpose of this group is to execute the community baby friendly meetings and mobilize all community members in BFCI activities
 - This group will be responsible for the following things: supporting the community health volunteers and nutritionists in monitoring and documenting, conducting annual planning and review meetings, and advocating for the allocation of funds

Implementation Plan: Step 8

- Step 8: train community health volunteers and community mother support group leaders on BFCI
 - There will be a five day training that focuses on the eight point plan, creating mother-to-mother support groups, and how to conduct the home visits

Implementation Plan: Step 9

- Step 9: establish mother-to-mother support groups
 - The mother-to-mother support groups are comprised of women in the community
 - These groups discuss problems with breastfeeding and ways to overcome these problems, support each other in exclusively breastfeeding for at least six months, address maternal nutrition, and talk about complementary feedings
 - There should be a lead mother at the head of the group, and the group should be between nine to fifteen people
 - The mother-to-mother support groups should have regular meetings, active participation, monthly reporting, and scheduled activities
 - Creating a mother-to-mother support group at the Pregnancy Resource Center for Southwest would be an ideal starting place as it is already an established part of the community that is committed to helping mothers during and after pregnancy

Barriers

Government buy-in

the government is already committed to increasing exclusive breastfeeding rates, as seen in the Healthy People 2023 goal for breastfeeding

Gathering volunteers and workers

by using things that are already established as the foundation, such as WIC and the Pregnancy Resource Center, it will be easier to find people to fill the necessary spots implementing this program

Conclusion



- Research shows that 60% of mothers stop their breastfeeding journey sooner than they initially planned
- Exclusive breastfeeding rates are lower than the target goal despite the overwhelming health and financial benefits
- More initiative needs to be taken in order to make changes to support mothers in their goals and reach exclusive breastfeeding goal rates
- The Baby Friendly Hospital Initiative is a way to increase exclusive breastfeeding rate, however, it does not do as good of a job in reaching the community

Conclusion: BFCI



- A community-based initiative to protect, promote, and support breastfeeding, optimal complementary feeding, and maternal nutrition
 - Conducted through formation and training of Community Mother Support Groups, mother-to-mother support groups, home visits, and close links to primary health care facilities
 - Feeding of sick children, hygiene, early childhood stimulation, referral to and from Maternal and Child Health (MCH) clinic and elimination of mother to child transmission



Personal Statement





Questions?



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