

Maternal “grouped health education packages”: A field experience from Hambantota

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Abstract- Mention the abstract for the article. An abstract is a brief summary of a research article, thesis, review, conference proceeding or any in-depth analysis of a particular subject or discipline, and is often used to help the reader quickly ascertain the paper's purpose. When used, an abstract always appears at the beginning of a manuscript, acting as the point-of-entry for any given scientific paper or patent application.

Index Terms- breast feeding, grouped health education, community participation

Abbreviations: PHM: Public health midwife, MOH: Medical officer of Health

I. INTRODUCTION

Hambantota district has recently seen a rapid increase in development. The new port, new road networks, Mattala international airport are among a few of them. With this backdrop of rapid infrastructure development, the need to improve the healthcare delivery to the people of the district needs to be improved continuously especially since the changing social fabric shall invariably change the disease patterns observed. A major cause of the emerging burden of non-communicable diseases is believed to be found in malpractices of child rearing. Childhood malnutrition (under-nutrition as well as over childhood obesity) is directly believed to cause adulthood disease burden patterns.

Hambantota district public health staff caters for approximately a 650,000 population, divided amongst 12 Medical Officer of Health (MOH) Divisions. The maternal and child health services are provided by the public health staff with the assistance of the curative staff for specific illnesses. Breast feeding and lactation management problems had been found with numerous mothers with young children. Inability to establish proper breast feeding practices and early complimentary feeding practices have made the mothers resort to malpractices such as formula feeding and early weaning.

Justification

It had been noted that the knowledge gained by the Public Health Midwives (PHM) was poorly translated to the mothers as most PHMs did not possess adequate time to teach all aspects of nutrition individually to the mothers. The mothers who had encountered problems in establishing feeding had started formula feeds for the babies without consulting any healthcare worker. It was also noted that this practice was widespread among young and inexperienced mothers and an increasingly higher number of

mothers were using formula as a part of the feeding needs of the baby. The problem was exaggerated by the fact that teaching and training these mothers could not be carried out during the routine clinic days due to lack of time. Therefore it was imperative that a program was initiated to train these mothers who needed help to continue exclusive breast feeding up to six months.

Objectives:

General objective:

To design and implement a low cost grass root level program improve knowledge and skills of under-care pregnant mothers in the district prior to their child birth.

Specific objectives:

1. To increase the knowledge of under care mother on Breast Feeding.
2. To increase the breast feeding skills of under care mothers prior to childbirth.
3. To achieve on increase in exclusive breast feeding rates in the Hambantota district in the short term.
4. To empower and mobilize the community to protect and support breast feeding.

Methodology

A program was planned to cater for the needs of the mothers, dependent on four elements of childhood care. Antenatal education for expecting couples, two day lactation training program for expecting mothers (quarterly), Early childhood care and development training program for expecting mothers, Complimentary feeding training programs conducted for mothers with babies of 05 months of age were planned. All the programs together consist of the group health education package. The selected target group was mothers under the care of the PHM. A coverage target of 95% was established. Fixed dates were planned across 77 centers throughout the district. Uniformity of the program was established by preparing a calendar and sustainability of the program was assessed by not using externally generated funds.

Staff Training

All field health staff including MOH, SPHM, PHNS, were trained on a 5 day lactation management course. Information, education and counseling material was prepared prior to the program. Breast feeding flip charts were also prepared. Guidelines for field health staff and development of a program calendar were carried out prior to the program. The guideline and calendar ensured the uniformity of implementation of the program across the district which was provided by the MCH unit, Hambantota.

Implementation

A quarterly (3 monthly) 2 day lactation management program was implemented. The program was conducted on fixed dates (Last weekend of each quarter) covering 2nd, 3rd trimester under care mothers in all MOH divisions.

Combining Resources

3-4 PHMM of neighboring PHM divisions were grouped together on the days of the program to conduct the program as one program. To facilitate supervision the program, it was conducted in all MOH areas on the same day. A program calendar was prepared showing exact dates of all the programs planned for the year and circulated to all MOH's. Fixed dates were selected for all the planned programs. The planned programs were named as Complimentary feeding and lactation Management program. The program consisted of live demonstrations, practical sessions and lectures. Each PHM was equipped with a doll with a turning head, a structure of a breast, flash cards on breast feeding and family planning, booklets on breast feeding, flip chart on breast feeding, two sterile cups to demonstrate cup feeding and most importantly mothers who are having neonates and were cooperative to assist with the demonstrations of positioning, attachment, milk expression and cup feeding.

The Program

All the lectures were delivered by PHMM. Each program was started at 8.30 am and concluded at 12.00pm. As external funds were not provided the PHM was responsible to organize refreshments using local welfare organization and community mobilization. Printed guidelines had been provided by the MOH unit for the PHM. The lectures consists of the importance of breast milk, ill-effects of improper formula feeding, risks associated with bottle feeding, the process of breast milk production, secretion of milk within the body and how to increase the milk production. Simple language was always used to make understanding easy.

Lectures were also conducted on initiation of breast feeding following delivery, importance of colostrum, exclusive breast feeding, positioning of mother and baby (with live demonstrations and practical's with doll and breast), attachment to the breast and most importantly features of improper attachment to the breast. The program continued with lectures on causes and results of improper attachment to breast, steps to position baby at the breast with live demonstration, a live demonstration of expression of breast milk cup feeding, advices to mothers on cup feeding and the effects of inadequate milk were explained to these mothers.

Mothers were taught on how to identify breast conditions and possible treatments, the importance of breast feeding, feeding of sick babies, nutrition during lactation and family planning. The closing session was conducted on mothers' questions and feedback by mothers. Creative events such as breast feeding songs or poems about the value of breast feeding were carried

out. A seal was entered on the mother's card for identification for later supervision.

Supervision of the program

The supervisory staff consisted of the regional public health administrative structure. Supervision was carried out on every program and attendance of mothers and PHMM, quality and the contents of the lectures, quality of demonstrations and the quality of the facilities available.

II. CONCLUSION

Following the implementation of this program in 2008 in the Hambantota district a rapid reduction in underweight children of all age groups have been noted. As a program based on community participation this program has shown that even in the absence of external funding effective outreach programs can be implemented successfully. The program has shown that within short period upon implementation knowledge and skills on breast feeding has been improved. More than 90% of the mothers under care within the district have been educated within a very short period of time which could not be achieved using all the other methods of maternal health education. Following this program reported post-partum complications due to breast conditions have been found to be very low. Also the use of formula and bottle feeding was found to be very low in the district. As a by-product of this program PHMM have developed their confidence as leaders in the community. This program is recognized by the Ministry of health as an early behavior change program which will support to prevent and reduce non-communicable diseases in future.

This program has shown to have short term as well as long term benefits for the community. The low cost of implementation of the program, time saving due to grouping preventing the risk of malnutrition of the under care children and most importantly the technical knowledge and know-how gained by the mothers would be carried forward through generations in future.

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