Addressing Barriers to Exclusive Breastfeeding in Nampula, Mozambique:
Opportunities to Strengthen Counseling & the Use of Provider Job Aids

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Building Healthy Communities at Home and Abroad
Catalyzing the Impact of the U.S. Government’s Efforts to Support Breastfeeding Families
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Slow progress in exclusive breastfeeding (EBF)
Evidence needed on how to strengthen provider competencies

GUIDELINE:
Counselling of women to improve breastfeeding practices

Objectives of Implementation Science Study

1. Identify **problems and challenges with EBF** experienced by mothers in Nampula, Mozambique.

2. Better understand **mothers’ care-seeking patterns** for addressing breastfeeding problems and challenges.

3. Assess the **quality and type of counseling on breastfeeding problems and challenges** provided by facility and community-based health providers.

4. Assess the **usefulness of job aids** to improve counseling on barriers to EBF.
Phase 1 Findings: Common problems that impede EBF: insufficient breastmilk

- Mothers and community-based health providers believe that during the first two days, some mothers do not produce any breastmilk.

[During the first two days after the baby was born] I breastfed anyway, he sucked and did not find anything until the next day that the milk began to come out. – Mother, Mogovolas

In the first days, they have been having many difficulties, because some mothers spend two days without breastmilk coming out. – Community-based provider, Mogovolas
Phase 1 Findings: Common problems that impede EBF

In the first days of life:

- **Latching problems** (improper latch, positioning, and sore nipples), & **breast engorgement** were key barriers.

The majority of mothers have problems in the first days after giving birth at the beginning of breastfeeding (...) there have been mothers who have a **swollen breast** and this causes pain because the baby cannot suck all the milk (...) there are other women who have **cracked nipple** problems.

– Community-based health provider, Meconta
Phase 1 Findings: Common problems that impede EBF: insufficient breastmilk

- Concerns about insufficient milk **until 3-4 months of age** → caregiver perceives infant is *thirsty and hungry* & offers porridge/water.

- Improving maternal diet was the most important strategy for managing insufficient breastmilk, according to health providers and mothers.

*Some say, “my baby is nursing a lot, he is hungry, he gets weak, so to avoid it I have to give my son something because then he goes to sleep, he fills up and I can stay an hour or two without the baby waking up.”* – Facility-based provider, Mogovolas
Phase 1 Findings: Mothers’ sources of support for breastfeeding

1st source of support
Husband

2nd source of support
Parents, other family

3rd source of support
Community-based provider

Referral
Health facility

Mother
Phase 1: EBF counseling & support at routine contacts is limited

**Community level:** Little counseling to help prepare women for BF challenges

**Facility level:**
- Group talks covered broad topics, seldom BF
- Provider counseling on BF positioning and skin-to-skin
- Lack of self-efficacy in counseling on importance of colostrum and early initiation

**Community level:** CHWs refer most BF problems to the health facility—lack of self-efficacy & training

**Facility level:** Group BF promotion talks but individual counseling not provided unless infant weight-gain issues are identified

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**Pregnancy**

**Childbirth**

**Postnatal/child visits**
Phase 2: Development of 3 job aids
Flowchart format:

1. Observe breastfeeding and ensure good latch and positioning.

2. Discuss responsive feeding and how to maintain milk supply.

3. How to manage a variety of BF problems.

4. How to counsel on BF problems before referring to a health facility (community provider)
Phase 3 Findings: Job aid use

- Facility- and community-based providers incorporated job aids into *individual and group counseling*.
- Providers *showed the job aid images* to the women they counseled, aiding provider explanation and mothers’ comprehension.
- Job aids used to *identify, resolve, and prevent* breastfeeding problems.
Phase 3 Findings:
Job aid impact: provider knowledge

Legend:
Demonstration of knowledge/skill/motivation - reported by providers
- Lacking / Infrequent
- Somewhat frequent
- Consistent
F: Facility-based provider | C: Community-based provider

Provider knowledge on causes/management of BF problems:
- Perceived insufficient breast milk
- Engorgement & mastitis
- Cracked nipples
- Improper latch & positioning

Phase 2: Job aid rollout
Phase 1: Pre-job aid
Phase 3: Post-job aid
Phase 3 Findings:
Job aids facilitated provision of counseling & practical support

Phase 1: Pre-Job Aid

I only know how to give the mother a talk to give breast milk until 6 months, those techniques to get attached to the breast I did not know.

- Facility-based provider, Mogovolas

Phase 3: Post-Job Aid

To demonstrate the latch... I watch each mother and see how the baby is doing the suction. I say, ‘this is correct’, if not I say, ‘you are breastfeeding, but it does not have to be in this way, it has to be this way.’ And also the mothers see those images [in the job aid], because first I have to do the talk with the job aid, then execute what is in the job aid.

– Facility-based provider, Mogovolas
Phase 3 Findings:
Job aids increased provider motivation & self-efficacy

Phase 1: Pre-Job Aid

I did not give much advice I cannot lie, nor explained what to eat and how to breastfeed because we did not learn, I only gave advice to the mother of what I was trained.
– Community-based provider, Meconta

Phase 3: Post-Job Aid

Now that I have this material that is very good, the information that I give is accurate (...) Now with this material, we talk and the mother can see the images that correspond to what we speak. (...) People used to hardly accept [our advice], but not today.
– Community-based provider, Meconta
Programmatic Implications

- Job aids can build providers’ skillsets and competencies to provide high-quality lactation support and counseling.
- Integrate clear lactation management guidance into pre- and in-service curricula & supportive supervision.
- Validate/roll out job aids to complement existing infant and young child feeding counseling materials & Baby Friendly Hospital Initiative.
- Task-shift to community-level providers for comprehensive breastfeeding support.
Thank you!

Obrigada!