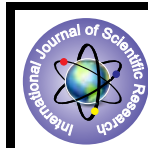


Training of Health Professionals in Breast Feeding, Complementary Feeding (IYCF)- Infant Young Child Feeding



Medical Science

KEYWORDS :

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Introduction

More than 60 million children under 5 are stunted in India, comprising almost half the children in this age group. They represent an estimated one third of stunted children worldwide (1). Even in Maharashtra, the wealthiest state in India, 39 per cent of children under age 2 were stunted in 2005–2006. But by 2012, according to a statewide nutrition survey, the prevalence of stunting had dropped to 23 per cent (2). Globally, an estimated 1.4 million child deaths and 10% of disease burden could be prevented each year with improved BF practices (3). Sub-optimal infant and young child feeding (IYCF) practices is the important cause of high under nutrition rates. Exclusive breastfeeding for the first six months is low (8-17%) in many countries. Evidence based on complementary feeding needs to be strengthened. We need to reinforce that program and policy actions to improve IYCF (4). We have recognized both the short and long term benefits of improved infant and young child feeding (IYCF) practices for last 20 years but still our breastfeeding practices are not improved and stunting remains at 40%. The global rate of exclusive breastfeeding remains low and is not improving in India. With complementary feeding and maternal nutrition is given less importance. With other priorities in technologies, good IYCF policy is often under estimated. To improve child survival, growth and development we need quality and appropriate IYCF practices.

Our improved understanding of first 1000 days, most critical period of development during the in early life is making us to change IYCF policy to focus on first 2 years. Evidence from 54 low- and middle-income countries indicates that growth faltering on average begins during pregnancy and continues to about 24 months of age which is irreversible (5). We must have a life-cycle approach which includes first 1,000 days, most crucial time for children to meet nutritional requirements including the period of pregnancy and ending with the child's second birthday. Now we have more evidence that emphasis on policies and programmes that support action before the age of 2 years, especially on maternal nutrition and health and appropriate infant and young child feeding and care practices are needed. Hence IYCF policy is the need of hour. The objectives included to increase awareness of the importance of IYCF, share experiences, challenges and lessons-learned in IYCF, to disseminate IYCF policies and capacity development tools to prevent SAM and assist in the development of action plans. The aim of the workshop was to update on the latest developments in IYCF to prevent SAM, to understand some of the practical aspects of delivering IYCF interventions in different contexts and to develop action plans for IYCF capacity strengthening

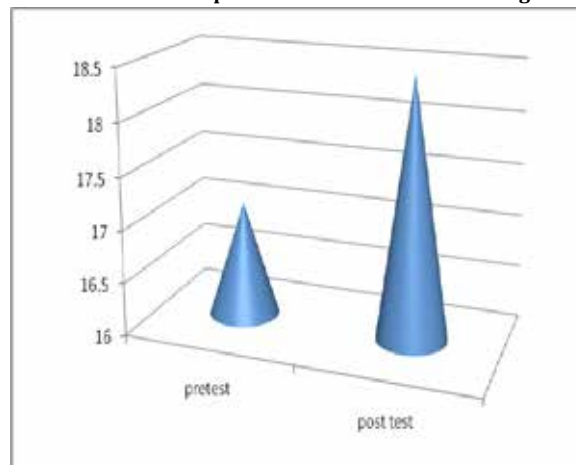
Methods and material:

The three days workshop on IYCF (Infant and Young Child Feeding) started with pretest (Annexure enclosed). This was organized by Department of GIBN, MUHS Regional Centre Pune, on 1st, 2nd and 3rd February 2013 at Pune. The faculty included members from BPNI Maharashtra, namely Dr. Prashant S. Gangal, Dr. Sarita S. Bhagwat, Mrs. Madhavi Gokhale and Dr. Pramila G. Menon, GIBN, MUHS Pune. The workshop was attended by 28 Participants from different government medical colleges and Nutritionists from Maharashtra. The participants profile was 12 from Community Medicine, 12 from Pediatrics and 4 Nutritionists. The session started with discussion on existing statistics on child mortality, its causes and relation to malnutrition and data on Preventive intervention to reduce deaths in under 5 age group in Maharashtra and the world was discussed. An exercise

was carried out by the participants to know what they thought that were their current IYCF policy in terms of programming, organizational infrastructure and most significant gaps. This was followed by a participatory gap analysis on IYCF training and practices in their respective organization. The results of this exercise were then used throughout discussions. The scenario in Maharashtra was discussed in detail with respect to initiation of breast feed within 1 hour, exclusive breast feeding for first 6 months, appropriate complimentary feeds between 6 to 9 months and malnutrition in zero to 3 age groups in Maharashtra since 1998. This was followed by detailed discussion by all faculty on the recommended IYCF practices with emphasis on advantages of breast feeding for the baby and the mother, breast-feeding initiation, positioning, exclusive breastfeeding for first 6 months, working mothers and breast feeding problems and solutions, myths related to BF and bottle feeding, complementary feeding. They were also given information on HIV positive mother and breast feeding, feeding of low birth weight babies and problems of working mothers. A role play was also carried out to explain practices for social advocacy and dummy practice was done as pre-delivery counseling. The session helped in clearing a number of myths related to breast feeding and complementary feeding practices. Counseling skills were taught through role play, anganwadi and hospital visits. The whole activity proved to be fairly enjoyable and satisfying. Practical experience helped in understanding the skills. There was healthy and fruitful discussions and an extremely interactive session

Results : Participants agreed that still we need to do a lot in IYCF. Many participants wanted to contribute as trainers while some wanted to start this type of training for their students. Workshop Outputs were in the form of the participants' action plans. The participants felt IYCF curriculum is differently realistic (82%) as it brings the live situation to the force and imparts problem based learning with skills building with hands on training. They felt sufficient time (75%) There was suggestions to include audio visual aids and to include IYCF in the curriculum. They like counseling sessions (75%). They were satisfied with trainers and liked interactive method of teaching.

Table 1 : Pretest and post test results of IYCF Training



Discussion : Globally, the rate of exclusive breastfeeding has improved very little since 1990 and remains below 40% in many developing countries. Percentages of health workers

trained in IYCF remain inadequate. We need to focus on behaviour and social change if we want to make a dent on infant mortality. Improper IYCF practices is very important cause of severe acute malnutrition below 2 years. It frequently correlates with high stunting rates. Results of this Comprehensive Nutrition Survey in Maharashtra indicated that prevalence of stunting in children under 2 was 23 per cent in 2012 – a decrease of 16 percentage points over a seven-year period (6). Progress was associated with improvements in how children were fed, the care they and their mothers received, and the environments in which they lived. The 2009 Tracking Progress on Child and Maternal Nutrition report summarized the evidence based nutrition-specific interventions which include a life-cycle approach, Maternal nutrition and prevention of low birthweight, Infant and young child feeding (IYCF) Breastfeeding, with early initiation (within one hour of birth) and continued exclusive breastfeeding for the first six months followed by continued breastfeeding up to 2 years. Safe, timely, adequate and appropriate complementary feeding from 6 months onwards, Prevention and treatment of severe acute malnutrition. IYCF is one of the important interventions to prevent SAM.

Several studies have demonstrated that early initiation of breastfeeding reduces the risk of neonatal mortality (7). Fewer than half of newborns globally are put to the breast within the first hour of birth though early initiation of breastfeeding is higher in least-developed countries (52 per cent in 2011) (8).

Key components and interventions of an infant and young child feeding strategy Skilled support by the health system, IYCF counseling and other support services, Capacity development for health providers. Globally, less than 40 per cent of infants are exclusively breastfed. Studies have shown that feeding with appropriate, adequate and safe complementary foods from the age of 6 months onwards leads to better health and growth outcomes (9). Breastmilk remains an important source of nutrients, and it is recommended that breastfeeding continue until children reach 2 years of age. In vulnerable populations especially, good complementary feeding practices have been shown to reduce stunting markedly and rapidly. (10)

Future directions :

Although 70 per cent of infants 0–5 months are exclusively breastfed, appropriate infant and young child feeding remains a challenge. For sustained ownership of IYCF programming capacity Building is very much important and integrating IYCF in the pre-service curricula and in-service education programmes of educational institutions is one of the recommendations given by WHO/UNICEF in Infant and Young Child feeding Programme review Consolidated report of Six-Country review of Breastfeeding Programmes by UNICEF. It is necessary to build the capacity of the NGOs, IYCF advocacy groups, consumer associations, professional societies and other organizations in a country. Lessons learnt from the experience on IYCF in the six countries, the common theme is the need to improve the interpersonal counseling and problem-solving skills of health providers and community workers. This was focused in this training which is expected to percolate down to medical students. This will also foster trial and adoption of improved breast feeding practices. For quality training we must have a diverse set of partners. Hence medical colleges teachers, nutritionists were involved in this training. This training is an effort of faculty development with the aim of pre-service education. It is important to Integrate IYCF into all existing health services for mothers and children, at appropriate contact points during pregnancy and throughout the first two years of a child's life. We must also need to take this ahead which will lead to widespread dissemination of policies and strategies. Nepal has now developed a comprehensive national IYCF strategy to accelerate improvements in optimal infant and young child feeding and care. India must take lead. This will orient health personnel and medical students to interpersonal counseling, performance-based training methodologies and problem-solving skills. These points were taken very seriously and stressed in this training. This training with focus on community based education which has to become important part of medical education.

Conclusion : This type of interdisciplinary training in IYCF will improve quality of training and will help to bring about changes in curriculum of medical education.

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