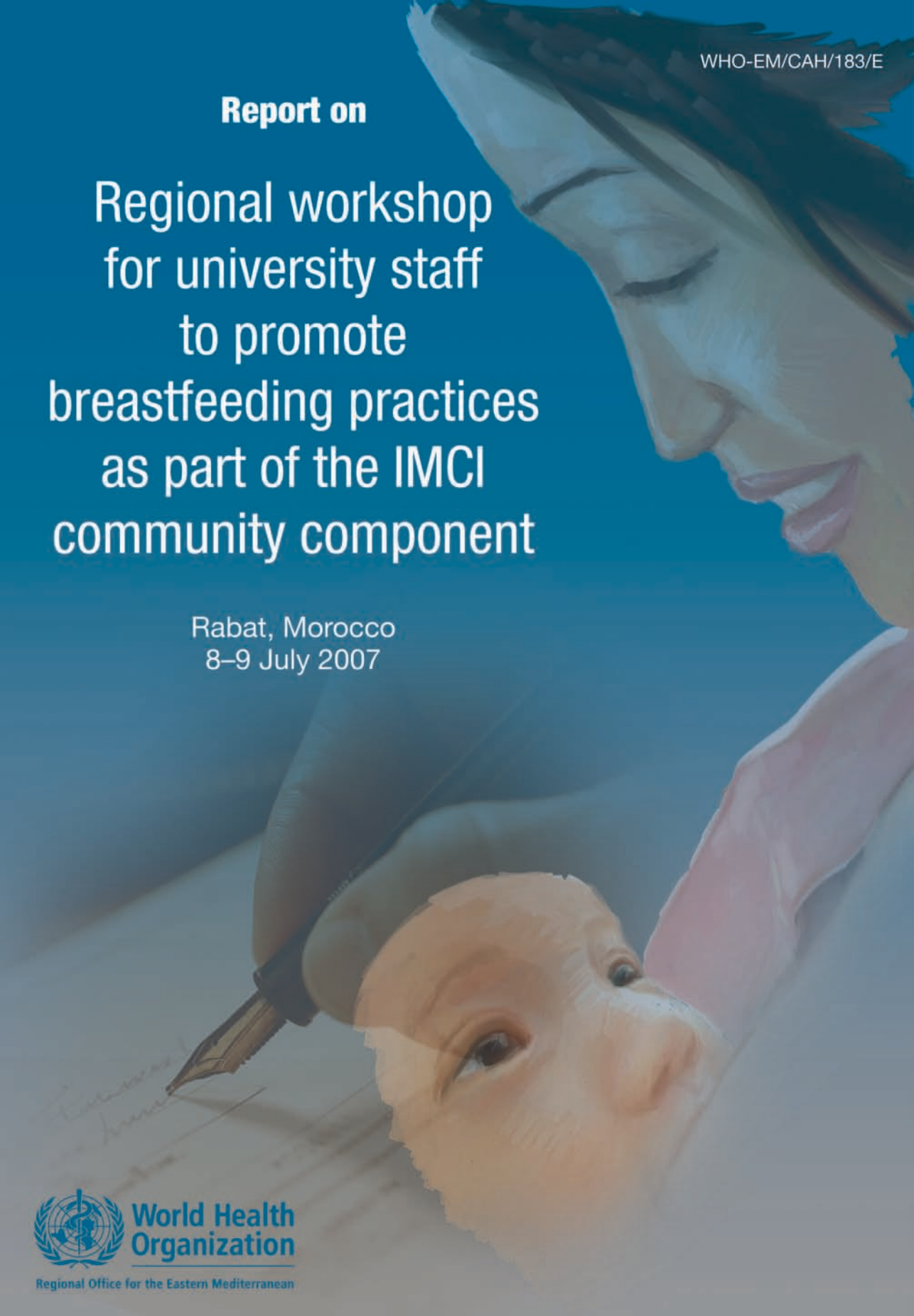
WHO-EM/CAH/183/E

Report on

Regional workshop for university staff to promote breastfeeding practices as part of the IMCI community component

Rabat, Morocco
8–9 July 2007



World Health Organization
Regional Office for the Eastern Mediterranean

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1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean (EMRO) held a regional workshop for university staff to promote good breastfeeding practices as part of the IMCI community component in Rabat, Morocco, from 8 to 9 July 2007.

The objectives of the workshop were to:

- discuss approaches to breastfeeding promotion with representatives of universities from the Eastern Mediterranean Region, namely Egypt, Islamic Republic of Iran, Jordan, Morocco, Oman, Palestine, Pakistan, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia and Yemen;
- agree on the role of university staff in breastfeeding promotion; and
- develop plans for the contribution of university staff to breastfeeding promotion at regional and country levels.

The workshop brought together teaching staff from 21 universities and national child health programme managers from 10 countries in the Region, UNICEF staff from the host country and staff from WHO Regional Office for the Eastern Mediterranean and country level. The programme and list of participants are included as Annexes 1 and 2, respectively.

This workshop was part of a series of regional and national activities supported by the Regional Office to involve influential actors in improving infant and young child feeding practices and, thus, child health. It followed another workshop on breastfeeding promotion held in June for religious leaders and other Regional Office-led initiatives on IMCI pre-service education.

As stressed by Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, in his address, university staff enjoy people's trust and respect and occupy a special place in society, with responsibilities that go beyond teaching. Through teaching, they inspire and shape the behaviour and attitudes of tomorrow's physicians and, through them, community child care practices. Health professionals should have the knowledge, skills and attitudes required to advise and counsel families on breastfeeding. They should also provide a good model in their wards and outpatient clinics, promoting breastfeeding and actively and strongly discouraging bottle-feeding.

2. Re-emphasizing breastfeeding

Feeding practices, especially breastfeeding, are among the main determinants of child health and development. Of the estimated 1.5 million deaths which occur among children under 5 years of age in the Region annually, 13% could be prevented through exclusive breastfeeding,[1] representing one of the most cost-effective interventions to reduce neonatal and child mortality. Yet, breastfeeding indicators in the Region remain low, both in countries with high and low socioeconomic development.

There is overwhelming epidemiological evidence that, even in developed countries, breastfeeding protects against gastrointestinal and, to a lesser extent, respiratory infections. Infants under 6 months of age who are not breastfed are estimated to have a greater than 5-fold increased risk of morbidity and mortality from diarrhoea and pneumonia compared to infants who are exclusively breastfed. But the benefits of breastfeeding go beyond reducing rates of illness and death. Research has suggested a positive association between breastfeeding and psychological development of children, and the achievement of higher scores for cognitive development and performance in intelligence tests among children who have been breastfed compared with those who have not. Finally, breastfeeding also lays the foundation for future health; systematic reviews and meta-analysis of studies have provided evidence of the long-term effects of breastfeeding, extending into adult life, by reducing the risk of the development of such conditions as overweight and obesity, type-2 diabetes, hypertension and other cardiovascular problems.

Key breastfeeding-related practices include early skin-to-skin contact, early initiation of breastfeeding, early rooming-in, exclusive breastfeeding for 6 months and continuing breastfeeding up to 2 years of age or beyond in addition to appropriate complementary feeding, as supported by WHO resolutions (e.g. EM/RC47/R.10, October 2000; WHA54.2, May 2001; and WHA58.32, May 2005). These resolutions represent the agreement of Member States on the recommendations on breastfeeding.

Breastfeeding promotion strategies require regulatory, educational and informational interventions. There is wide variation between countries in the Region on the existence and enforcement of legislation and other regulatory measures to support breastfeeding, including national codes of marketing of breast milk substitutes, maternity leave, unpaid leave and time off allowed during working hours for breastfeeding. The Child and Adolescent Health and Development Unit in the Regional Office has taken the lead in: developing training materials on counselling on infant and young child feeding and building country capacity in their use; ensuring that policies on breastfeeding are included in national child health policy documents—as part of the regional Child Health Policy Initiative—; ensuring that breastfeeding is included in teaching programmes of medical schools when introducing Integrated Management of Child Health (IMCI) in the curriculum as part of the IMCI pre-service education initiative; recommending that feeding practices for young children are routinely assessed during consultations at health facilities, whether

[1] At a coverage level of 90% of children exclusively breastfed.

children are healthy or ill, as part of the IMCI guidelines; encouraging sharing of information with opinion-leaders as part of advocacy efforts for breastfeeding.

Breastfeeding is being re-emphasized as, despite the body of scientific evidence on its benefits and many piecemeal initiatives in the past, there has been little progress in the Region. This underlines the fact that breastfeeding promotion is all but «simple»—this perception being linked to the belief that breastfeeding is a «natural» thing and needs no further intervention—and requires comprehensive, collaborative and sustainable approaches.

3. Breastfeeding: an evidence-based science

Breastfeeding has a significant impact on the health of a child, his/her future adulthood, mothers and the community. Breast milk provides optimal nutrition to the child, promotes psychosocial development and helps establish an emotional bond between the baby and the mother. It also reduces the risk of infection and allergy (e.g. atopic dermatitis). An introductory overview on breastfeeding during the workshop highlighted the following:

- Breast milk is the best food source for an infant, providing all the nutrients needed for the first 6 months of life.
- Being species-specific, breast milk has many advantages over cow's milk, formulas or other milks.
- Breast milk is «dynamic» in nature, its composition varying during the same feed, the time of the day and the age of the baby.
- Breast milk has anti-infective properties, thanks to its effects on the intestinal flora and the humoral factors and cellular immunity conferred by macrophages and lymphocytes it contains. The reduced risk of breastfed children of developing diarrhoea, pneumonia and other infections (e.g. otitis media) compared with those who are not breastfed is well documented.
- Breastfeeding promotes psychosocial and motor development, improving the cognitive development of the child.
- Breastfeeding has long-term effects on the health of an individual, reducing the risk of obesity, type-2 diabetes and some cardiovascular conditions.
- Breastfeeding is associated also with benefits to women's health, as it favours child spacing among breastfeeding mothers (providing that certain conditions are met) and reduces the risk of breast and ovarian cancer.

Breastfeeding has also an economic benefit. The breastfed infant is the reference against which all alternative feeding methods should be compared for both short-term and long-term outcomes. It is also the reference for healthy growth.

4.1 Current teaching: facilitating and hindering factors

Workshop participants reported that breastfeeding, as a subject, is included in the teaching programmes of both medical and nursing schools. It is usually placed in basic sciences and paediatrics, while in some cases it is taught also in community health and resident training programmes. Its deficiency in obstetrics and gynaecology teaching was noted. The subject is usually fragmented over the various years of teaching and there is a lack of coordination on what is taught in different teaching programmes between different departments and within the same department. There is usually no standardized and systematic approach to ensuring complementarity and consistency in what is taught. This reflects the lack of a standard process for curriculum development and review. Sometimes to a small extent, questions on breastfeeding are included in paediatrics examinations.

The total amount of teaching time allocated to breastfeeding varies from between one and four hours and is usually considered inadequate. However, there exists some flexibility in redistributing the time between subjects within a department's teaching programme. Teaching is in most cases theoretical and is provided mostly through lectures, with a lack of emphasis on the community aspects of breastfeeding promotion and on counselling and practice to develop related skills. One notable exception was when breastfeeding was included as part of IMCI pre-service training, which had a counselling component and encouraged skills' acquisition through practice. Furthermore, in the case of Sudan, IMCI had prompted teaching staff to develop learning and reference resources on breastfeeding. The availability of such resources to standardize teaching was a need strongly felt in other countries.

In most of the countries represented in the workshop, university staff were unaware of the policies of the ministry of health (MOH) on breastfeeding and there was little dissemination of information on it by the MOH to universities. Participants also felt that breastfeeding as a science had been paid inadequate attention and lacked appeal in national and international events involving professional associations.

4.2 Current practices at teaching hospitals

Despite the fact that the first step of the Baby-Friendly Hospital Initiative (BFHI)—an initiative widely promoted in all countries represented in the workshop—stipulates that «Each facility providing maternity services and care for newborn infants should have a written breastfeeding policy that is routinely communicated to all health care staff», in most cases there was either no policy on breastfeeding in teaching hospitals or university staff were unaware of it. While participants from three countries, namely the

Islamic Republic of Iran, Pakistan and Sudan, reported that rooming-in was traditionally practised and infant formula was not promoted in government hospitals, in the majority of other countries this appeared not to be the case: rooming-in was not practised; mothers and their babies were kept separated; pre-lacteal feeds and supplements were often given; infant formula was promoted by companies; bottle-feeding was common and there was a lack of knowledge and negative attitudes of health personnel towards breastfeeding. A positive but rare experience was the establishment of breastfeeding support clinics in a few teaching institutions (e.g. Alexandria University). In a few cases, assessment of breastfeeding practices was an important and integral requirement for hospital accreditation. All participants acknowledged the existence of strong commercial pressure to prescribe infant formula, especially in private clinics.

5. Promoting breastfeeding: the role of university staff

There was general consensus that university staff, such as those involved in the workshop, could play an important role in promoting breastfeeding, despite the challenges described above. They are able to depend on a supportive environment, represented by: religious and social values; a large and ever-increasing body of evidence supporting the practice and benefits of breastfeeding; some teaching is already devoted to it in the curriculum; the lessons learnt from previous experiences such as BFHI; existing national coordinating structures on child health (e.g. those set up for IMCI, including IMCI pre-service education), facilitating interaction between the MOH and academe; and WHO technical support in building capacity, including training and reference materials.

Many areas were identified through which participants could directly or indirectly contribute to support breastfeeding:

- *Teaching curriculum:* advocating for and assisting in revising teaching curriculum of medical and nursing schools at national, institutional and department level, ensuring consistency within and between departments; setting learning objectives and coordinating with other departments to achieve them; strengthening the breastfeeding component of student formative and summative assessment;
- *Breastfeeding-support clinic:* establishing or strengthening these facilities to be used also as a practice training site for students;
- *Collaboration with the MOH:* developing policies and guidelines, sharing information between the MOH, teaching institutions and professional associations and strengthening links by facilitating in training events and in their evaluation;
- *Accreditation:* promoting the assessment of hospital breastfeeding practices as a key item for accreditation;
- *Organization of conferences and research:* including state-of-the-art presentations on breastfeeding and reviews of experiences of medical and health science schools in this area in national and department scientific events and in promoting quality research on breastfeeding;
- *Building capacity:* assisting in building the capacity of teaching staff in breastfeeding;
- *Teaching:* efficiently organizing students' shifts in the units teaching breastfeeding in order to expose all of them more effectively to this teaching;
- *Teaching and learning resources:* assisting in the development of a package of teaching and learning aids on breastfeeding;
- *Milk code:* ensuring that formulas and other milks are used only when medically indicated within the teaching facility department;
- *Advocacy:* positively influencing MOH and university decisions to allocate more resources to breastfeeding.

After identifying the current and potential role that they could actively play in breastfeeding promotion, participants developed plans of action with their MOH counterparts by country.

6. Conclusions

Breastfeeding is an evidence-based science that is at the core of child health and development. It is a cost-effective intervention not only to save children's lives and reduce morbidity, but also to promote child health and development. The following conclusions were made:

- University staff are opinion-leaders and a highly-respected group in the community who can influence policies and practices.
- Insufficient commitment to breastfeeding teaching of some university staff is mostly due to inadequate knowledge and skills, attitudes and misperceptions about breastfeeding, often considered a natural practice requiring no further emphasis in teaching.
- The current teaching of breastfeeding is fragmented over the different years of medical education, with no coordination within and between departments and even lacking consistency in some cases, and there is limited contribution of obstetrics and gynaecology to the teaching of breastfeeding.
- Current breastfeeding teaching is mainly theoretical and does not address skills' acquisition. It is often not organized to enable the exposure of all students to it and does not rely on standardized teaching methods.
- The IMCI strategy has created excellent opportunities in countries to bring together MOH and teaching staff and help create coordinating structures for collaborative efforts. The IMCI pre-service training initiative has offered a good opportunity to strengthen also the teaching of breastfeeding.
- Commercial pressure by infant formula manufacturers is a major force that adversely affects breastfeeding practices and promotion.
- Although there have been some initiatives in the past such as the Baby-Friendly Hospital Initiative (BFHI) to improve hospital breastfeeding practices, these initiatives were often not sustained over time.
- Many teaching hospitals lack effective policies on breastfeeding and implementation of optimal feeding practices, which represent an unsupportive environment for teaching breastfeeding.

To Member States

1. Medical schools should consider adopting a systematic review of the undergraduate curriculum as an approach to ensure that breastfeeding is taught in a comprehensive way throughout the years of teaching, is consistent, includes adequate related skills acquisition and is given adequate time and place in student assessment.

2. Existing coordination mechanisms on child health between medical schools and the MOH, e.g. within the context of the IMCI pre-service education initiative, should be utilized to promote breastfeeding and improve breastfeeding practices in teaching sites.

3. Effective coordination mechanisms with the related allied health professional schools (nursing, pharmacy, dentistry, midwifery, etc.) should be established to ensure adequacy of the breastfeeding teaching content.

4. Optimal breastfeeding practices at different teaching sites, whether teaching hospitals or primary health care facilities, should be applied and supported by effective policies, also through the establishment of breastfeeding support clinics, implementation of BFHI, etc.

5. Capacity for teaching breastfeeding at the teaching institution level should be strengthened through school and MOH skilled staff, ensuring the involvement of all faculties of the concerned department.

6. University teaching staff should—as respected opinion-leaders—sensitize, guide and influence the MOH, policy-makers, regulatory bodies and scientific societies on breastfeeding promotion.

7. Mechanisms of hospital accreditation should be used to ensure that optimal breastfeeding practices are included as standards.

8. Public information on baby foods by mass media and other sources should be regulated, according to the breast milk code, and include advice on breastfeeding as the optimal feeding practice for infants and young children.

To WHO

9. WHO should consider advocating breastfeeding promotion at the highest possible decision-making level, such as organizing a regional event for parliamentarians and including it in the agenda of next year's WHO Regional Committee Meeting.

10. WHO should periodically develop and disseminate an update on breastfeeding, including country experiences, provided that countries timely share the required information.

11. WHO should make available learning resources and teaching aids for breastfeeding.

12. WHO should provide technical support for capacity–building in the area of breastfeeding and promote breastfeeding-related research.

General recommendation

13. All workshop participants should ensure that the above recommendations and the plans of action developed during the workshop are implemented.

Annex 1

Programme

Sunday, 8 July 2007

08:30–09:00	Registration
09:00–09.15	Address by the WHO Regional Director for the Eastern Mediterranean, Dr Hussein A. Gezairy
09.15–09.30	Address by Dr Mohamed Cheikh Biadillah, Minister of Health, Morocco
09.30–09.45	«Current breastfeeding situation in the Eastern Mediterranean - Why?», Dr Suzanne Farhoud, RA/CAH/EMRO
09.45–10.30	Introduction of participants
10:30–11:00	«University staff: an influential category to promote breastfeeding», Dr M. H. Khayat, Special Policy Adviser to the Regional Director, EMRO
11:00–12:00	«Why promote breastfeeding? Impact on neonatal and child health and development and maternal health», Professor Mohamed Naguib Massoud, WHO Temporary Adviser
12.00–16.30	Group work I: «Placement of breastfeeding in teaching, current teaching hospital practices and university staff private practices»
16:30–17:30	Plenary session: Group presentations

Monday, 9 July 2007

08:30–11:00	Group work II: «Are we all on track? What are the facilitating factors and barriers to the promotion of breastfeeding in university settings?»
11:00–12:00	Plenary session: Group presentations
12:00–13:30	Group work III: «What is your responsibility in breastfeeding promotion and protection?»
13:30–15:30	Plenary session: Group presentations
15:30–16:30	Group work IV: «Development of plans of action»
16:30–17:30	Closing session: Conclusions and recommendations

Annex 2

List of participants

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