

# CARE OF THE SMALL AND SICK NEWBORN COMMUNITY OF PRACTICE

## HUMAN RESOURCES FOR CARE OF SMALL AND SICK NEWBORNS:

## THE ROLE OF MIDWIVES AND NURSES IN PROTECTING, PROMOTING, AND SUPPORTING BREASTFEEDING

### Speakers:

- **Dr. Srijana Basnet**, Associate Professor, Institute of Medicine, Kathmandu Nepal and General Secretary of the Nepal Breastfeeding Promotion Forum
- **Umubyeyi Pacifique**, RN, Neonatal Intensive Care Unit Manager, Rwanda Military Hospital

### Moderator:

- Dr. **Carole Kenner**, PhD, RN, FAAN, FNAP, ANEF CEO, Council of International Neonatal Nurses, Inc. (COINN)



Quality, Equity, Dignity  
A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health



# Human Resources for care of Small and Sick Newborns

Advocacy Brief: “The role of  
Midwives and Nurses in  
Protecting, Promoting and  
Supporting Breastfeeding”

Presented by:

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*Founder and CEO COINN*

**Pacifique Umubyeyi**

*Neonatal Nurse/ Unit Manager-Rwanda  
Military Hospital*

**Dr. Srijana Basnet**

*Associate Professor, Institute of Medicine, Kathmandu  
Nepal and General Secretary of the Nepal  
Breastfeeding Promotion Forum*



# Background for Advocacy brief



- A survey was conducted to understand the **health worker experiences and perspectives** (which include doctors, nurses, neonatal nurses and midwives) in the area of breastfeeding.
- The **purpose** was help inform the advocacy brief drafted by the Year of the Nurse and Midwife (YNM) Working Group as part of the Global Breastfeeding Collective.

# Advocacy Brief “The Role of midwives and nurses in protecting, promoting and Supporting Breastfeeding”

## WHY:

- When breastfeeding mothers and newborns are not supported and protected, childhood infections and mortality increase, cognitive development is compromised, rates of obesity, diabetes and maternal and child cancers increase
- **Health care providers must be prepared** to protect, promote and support the breastfeeding dyad and work in multidisciplinary teams

## HOW:

- **All midwives and nurses including neonatal nurses who care for the small and sick newborn** must endorse the importance of breastfeeding, be competent in providing support as well as protect mothers and newborns from barriers to breastfeeding
- **Breastfeeding support is a component of respectful maternal care** as well as quality of care and must be tailored to meet the needs of well and small and sick newborns
- Nurses in all settings must have **specialized training**, neonatal nurses, mental health providers, community nurses to meet the unique needs of mothers and newborns

[Click here to access the brief](#)

# Survey responses ignite the global CALL to ACTION

1. Invest in midwives
2. Fully integrate critical competencies
3. Fund and develop comprehensive specialized training for midwives, neonatal nurses and nurses
4. Fully integrate quality and respectful maternal and newborn care
5. Establish and enforce legislation to protect breastfeeding
6. Allocate adequate staffing levels
7. Strengthen the leadership role of midwives and nurses at the national, local, and facility levels

# Thank You



Genevieve Becker, Frida Viola Berg, Elise Chapin, Leah Greenspan,  
Tracey Jones, Carole Kenner, Ilaria Lanzoni, Fran McConville, Jeanette McCulloch  
Joolan Saroor, Fatmata Fatima Sesay, Theresa Shaver, Linda J. Smith,  
Amanda Stein, Karen Walker, Ann Yates

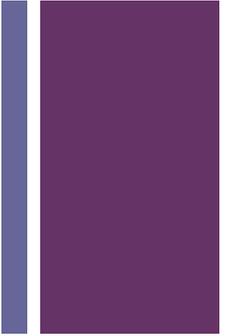


# BREASTFEEDING THE SMALL AND SICK NEWBORN case of RWANDA

**Pacifique UMUBEYI, RN, MSN**  
**Rwanda Military Hospital**



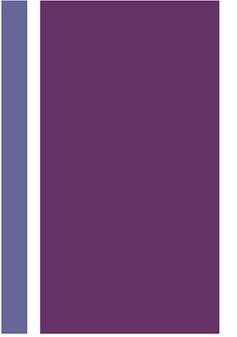
# Introduction



- Rwanda adheres to the globally recommended breastfeeding practices
- 2019 DHS reported the following breastfeeding rates:
  - 86.7% of infants BF in the first month of life
  - 81% of infants less than six months exclusively BF
- **Breastfeeding small and sick newborns is still a global challenge**



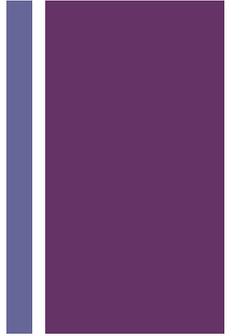
# Breastfeeding is a priority in Rwanda



- Breastfeeding is part of the comprehensive package to be offered at all levels of care.
- At community level:
  - Community health workers (CHW) conduct postnatal visits of mother and newborn at home.
  - CHWs support breastfeeding and newborn care
    - such as-for LBW babies-skin-to-skin contact and adequate feeding



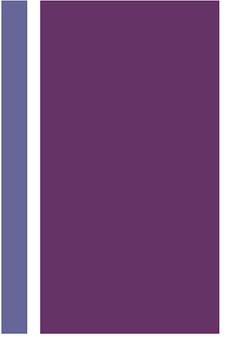
# Rwanda Neonatal care protocol 3<sup>rd</sup> edition(2019)



- **Policies related to feeding the small and sick newborn are integrated in the national neonatal care protocol.**
- Training of nurses, midwives and doctors on the national protocol is being done across the country in all hospitals.
- **Training provides in-depth knowledge of breastfeeding to health care providers including:**
  - Lactation
  - How to support mothers to breastfeed
  - How to feed small and sick newborn
  - Breast milk expression and storage



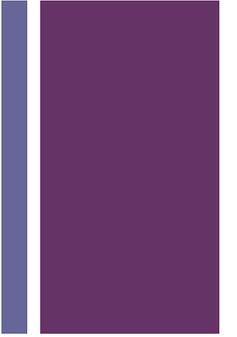
# Kangaroo Mother Care (KMC) to support breastfeeding



- .**KMC promotes and support breastfeeding** of small babies and saves lives (WHO, 2021b).
- .**KMC is integrated in the Neonatal protocol** and all hospitals have a designated KMC unit.
- .**Nurses and midwives** have been trained to support mothers to **be effective at KMC**.



# Working with Infants with Feeding Difficulties (WIFD)

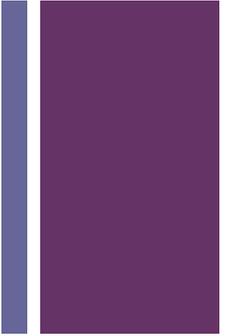


- Specifically addresses feeding-related issues encountered by staff working in neonatal intensive care and special-care baby units.
- This training was conducted in other countries
  - Malawi, Sri Lanka and Uganda.

(MAITS, 2020)



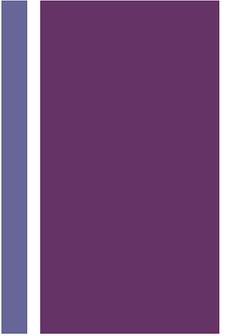
# Working with Infants with Feeding Difficulties (WIFD) training package



- Assessment of infant's feeding behavior and skills prior to feeding
- Includes **lactation and breastfeeding counseling**
- Initiation of **alternative feeding methods**: hand expression of breastmilk directly in baby's mouth and cup feedings
- Establishment of **safe breastfeeding** to reduce feeding related respiratory illness i.e. aspiration pneumonia



## Working with Infants with Feeding Difficulties training in Rwanda



- Training was organized by Partners in Health and the Multi Agency International Training and Support (MAITS).
- This training was initiated in Rwinkwavu District Hospital a public hospital in eastern province of Rwanda.
  - Three master trainers and 21 health care providers (HCPs) were trained.
- 70 HCPs were trained in 10 districts hospitals in the country.



# Training session: Working with Infants with Feeding Difficulties



Retrieved from:

<https://www.enonline.net/fex/61/practicalskillsforbreastfeeding>



# Training session: Working with Infants with Feeding Difficulties

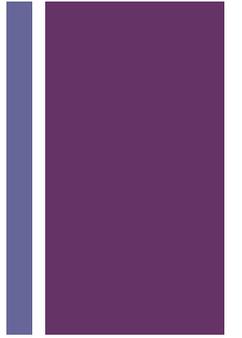
**Practical sessions to move knowledge into practice**



<https://www.ennonline.net/fex/61/practicalskillsforbreastfeeding>



# Outcome of WIFD Training Sessions



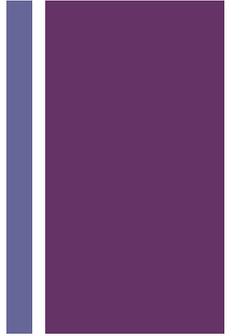
- **Increased confidence, knowledge and practical skills** from 50% to 90%.
- **Decreased delay** of breastfeeding until two days or later after birth from 49.6% to 36.2%.
- **Increased exclusive breastfeeding** from birth to hospital discharge from 63.1% to 75%.

(2019)

de Silva, H.



## Expert Mothers model in Rwanda



- **Staff shortage** lead to lack of lactation support.
- **New hospital based position of Expert Mother** was created and initiated in three hospitals with support of Partners in Health.
- **Expert Mothers** are mothers who previously had infants in neonatal unit and committed to **share their experience.**
- Mothers were chosen and trained on WIFD.



## Expert mothers (peer counsellors) at Rwinkwavu District Hospital

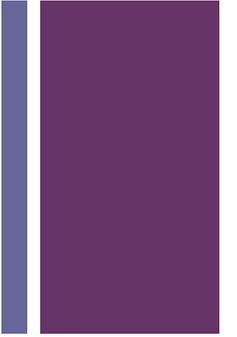
- Expert mother provide: breastfeeding and peer counselling to other mothers through **mentorship, teaching and peer support.**



Photo : by PIH/Inshuti Mu Buzima



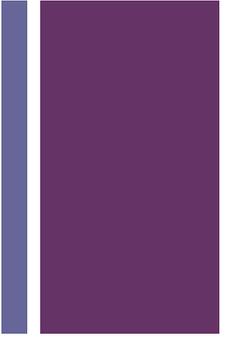
## Going beyond expectations: Breastfeeding small and sick newborn shared experience



- A 29-week preterm male baby at 940 grs transferred in our NICU from a district hospital.
- The mother was in critical condition and admitted to an ICU in other hospital. Three days later the mother died.
- The baby was on mechanical ventilator being treated for respiratory distress syndrome and severe neonatal sepsis.



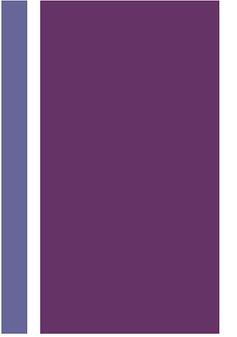
# Challenging situation for health care team



- Delayed Initiation of feeding
- Survival of the baby was uncertain without intake of adequate breast milk
- No breast milk bank available in our country
- The health care team searched for a breast milk donor in the baby's family, but there was no one who could donate breast milk to the baby



# Engagement by Nurses, Midwives and Doctors



- At that time, I used to pump breast milk at work and take it home for my 6-month-old baby.
- I proposed to donate my own breast milk to the baby who was in critical condition in NICU.
- The health care team and family agreed to my proposition, and I was screened for Hepatitis B, C, and HIV.
- I donated breastmilk for three weeks and later we found another breastfeeding mother who donated breastmilk to the baby till the baby was out of danger.
- Today the baby is nine months old in good healthy.

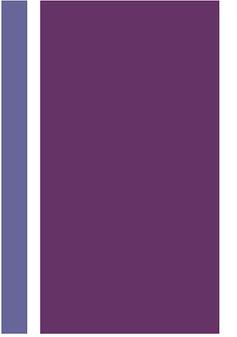
# + Lessons learned

- Even though there is no milk bank, breastfeeding mothers can donate their milk if safety measures are taken.
- **Nurses, midwives and doctors** engagement in protecting promoting and supporting breastfeeding is crucial to saving lives.
- Nothing can stop an infant's right to get breastmilk





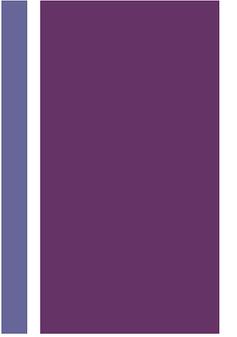
# Improving breastfeeding of small and sick newborn



- Although effort is being made to support and promote breastfeeding there is a **need to change breastfeeding practices in our clinical settings.**
- It is highly recommended to start the 10-step process of a Baby Friendly Hospital initiative:
  - 1. **Develop hospital policy** on breastfeeding.
  - 2. Provide **breastfeeding education to mothers at antenatal visits and continue post birth in the hospital**
- Provide **continuous education to nurses and midwives** on breastfeeding.
- Baby-Friendly Hospital certification



## Improving breastfeeding of SSNB, Cont...



- Improve **infrastructure** to support and promote breastfeeding.
- Hospitals need to avail a **breastfeeding room** for mothers to facilitate safe breast milk expression and storage .
- Availability of **safe water and nutrition support** for breastfeeding mothers.

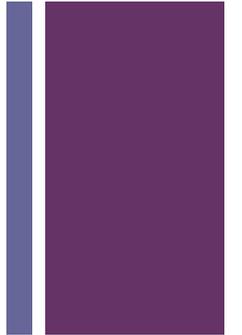


# Conclusion

- **Nurses, midwives and doctors** who promote & support breastfeeding mothers and/or expression of breastmilk for newborns give them a **better chance to survive and thrive.**

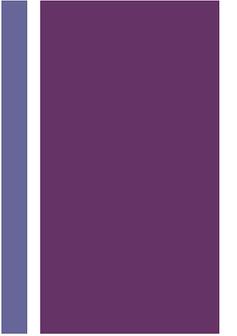


Photo: by Global Health media





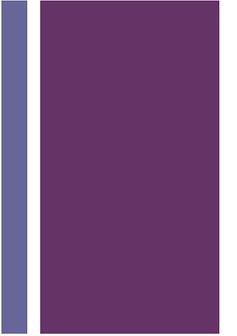
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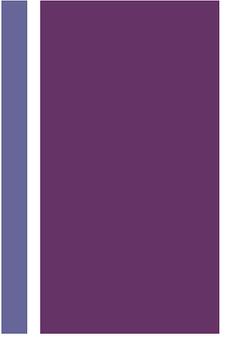
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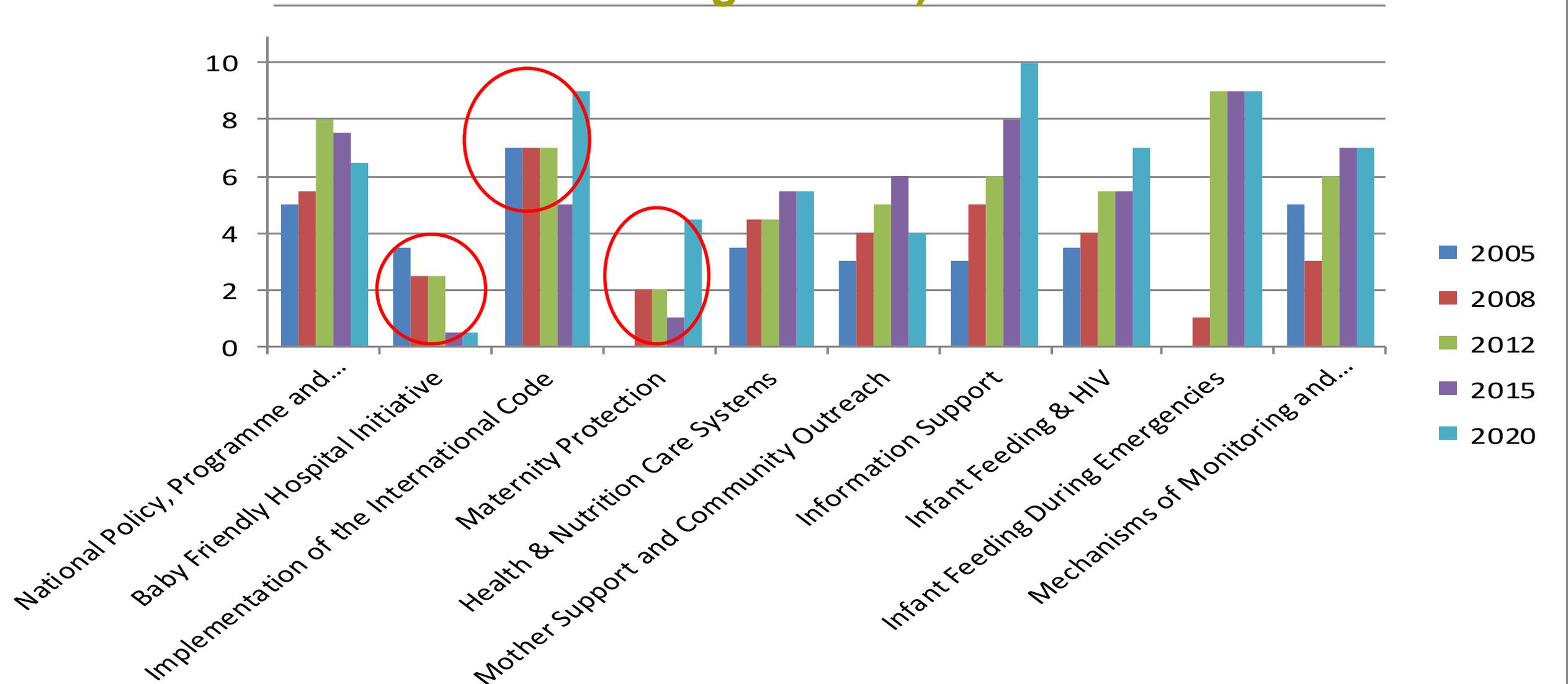
General Secretary  
Nepal Breastfeeding Promotion Forum (NEBPROF)

# Outline of the session

- World Breastfeeding Trend Initiatives (WBTi) Assessment of Nepal
- WBTi indicators
  - Implementation of Breast milk substitute (BMS) Act
  - Baby Friendly hospital Initiatives (BFHI) at TUTH
    - Infant and Young child feeding (IYCF) training
    - Lactation management clinic
- Successful breastfeeding in sick and small newborn – our experience

# World Breast Feeding Trend Initiatives (WBTi ) Assessment of Nepal

## Part I : Comparison of Indicators 1– 10 ( IYCF Policies & Programmes)



# WBTi Assessment of Nepal

## Part II Comparison of Assessment Indicators 11 – 15 (IYCF practices)

	2005	2008	2012	2015	2020
1. Percentage of babies breastfed within one hour of birth	31%	35%	45%	45%	55%
2. Percentage of babies < 6 months of age exclusively breastfed in the last 24 hours	68%	53%	70%	66%	66%
3. Babies are breastfed for a median duration of how many months	30 months	34 months	33.6 months	33.6 months	>35 months
4. Percentage of breastfed babies less than 6 months old receiving other foods or drinks from bottle	3%	4%	6%	6%	12%
5. Percentage of breastfed babies	66%	75%	70%	70%	84%

# National Advocacy for strengthening IYCF policies and practices

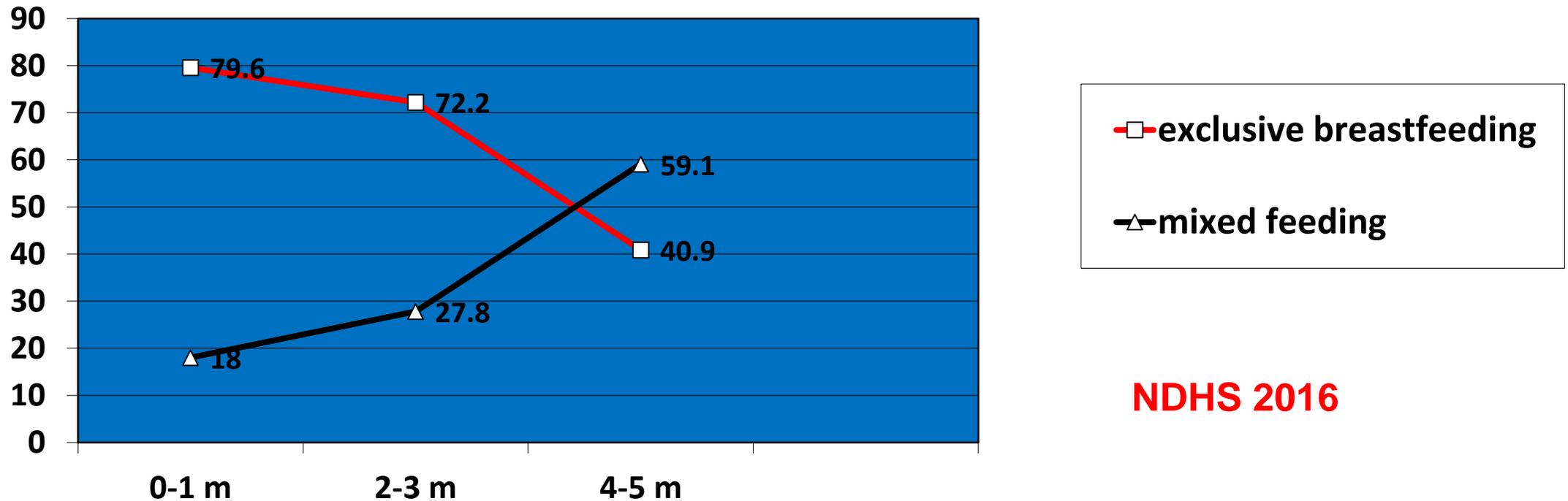


2013

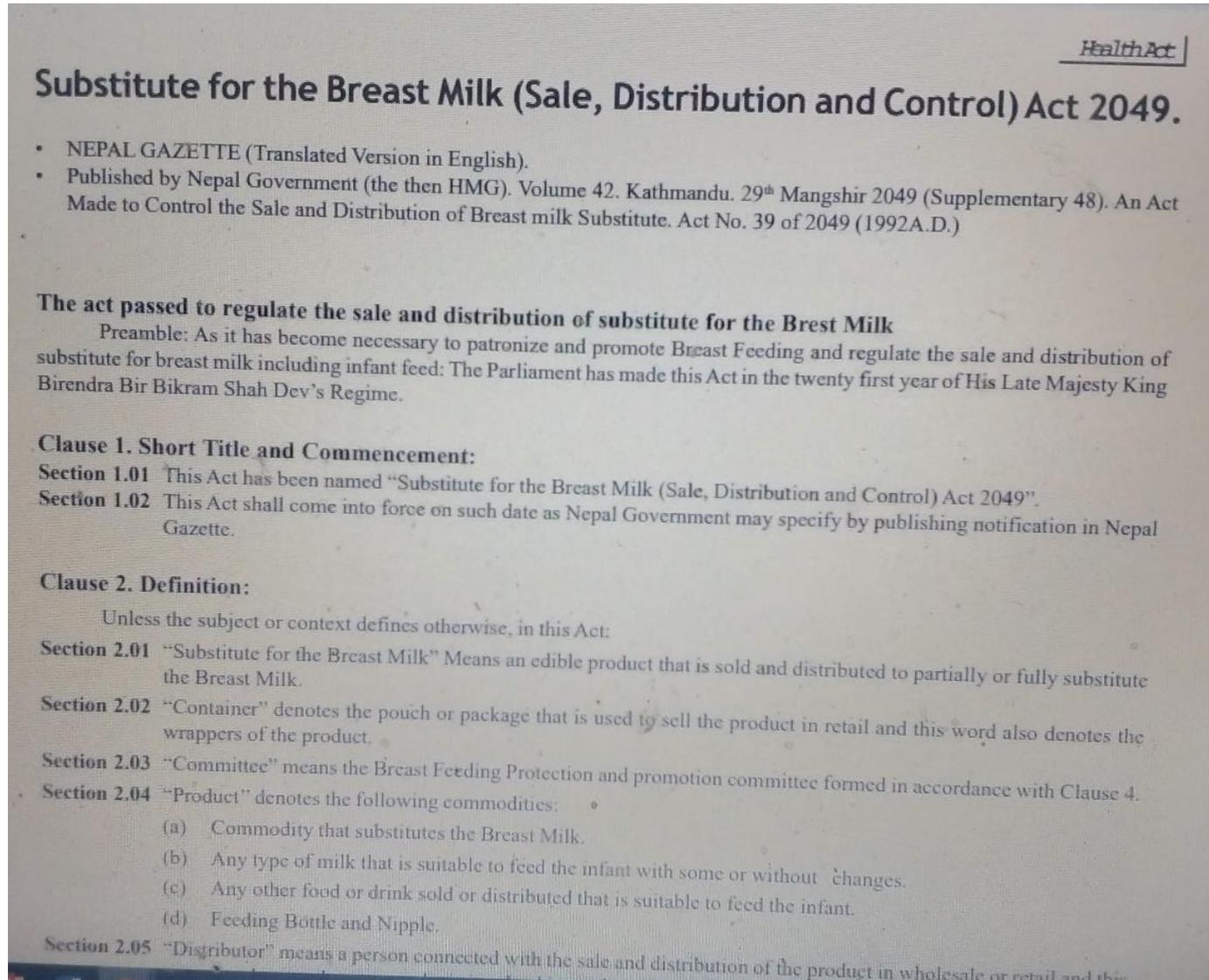
2017

# Why to Protect Breastfeeding?

- ❖ Breastfeeding is **vulnerable** - Inappropriate promotion is a major factor



# Breastmilk substitute (BMS) Act 2049 (1992 A.D) passed by Government of Nepal



**आमाको दूधलाई प्रतिस्थापन गर्ने वस्तु (बिक्री वितरण नियन्त्रण) ऐन, २०४९  
 लाई संशोधन गर्न बनेको विधेयकको तीन महले विवरण**

क्र.सं.	दफा	हालको व्यवस्था	संशोधन हुनुपर्ने व्यवस्था	संशोधन गर्नुपर्ने कारण
१	प्रस्तावना	प्रस्तावना - स्तनपानको संरक्षण र सम्वर्द्धन तथा आमाको दूधलाई प्रतिस्थापन गर्न बस्तुमाघत बाल आहारको बिक्री वितरणलाई नियमित गरी बच्चाहरूको लागि सुरक्षित एवं पर्वान पोषणको व्यवस्था गर्न बाञ्छनीय भएकोले,	स्तनपानको संरक्षण र सम्वर्द्धन तथा आमाको दूधलाई प्रतिस्थापन गर्ने बस्तुमाघत बाल आहारको बिक्री वितरणलाई नियमित गरी बच्चाहरूको लागि सुरक्षित एवं पर्वान पोषणको व्यवस्था गर्न बाञ्छनीय भएकोले,	ऐनको आवश्यकता, महत्त्व, प्राविधिक पक्ष र उद्देश्यलाई स्पष्ट बनाउन आवश्यक भएकोले ।
२	२ (घ)	बच्चालाई खुवाउन अनुकूल हुने गरी बिक्री वितरण गरिएको अन्य कुनै खाद्य वा पेय पदार्थ	बच्चालाई खुवाउन अनुकूल हुने गरी बिक्री वितरण गरिएको परक खाद्य पदार्थ बाहेकका अन्य कुनै खाद्य वा पेय पदार्थ	परक खाद्य पदार्थसम्मको प्राक्खानलाई छुट्टै विशिष्टीकृत व्यवस्था गर्नुपर्ने भएकोले ।
३	२ (घ)	"स्वास्थ्य हेरचाह गर्ने निकाय" भन्नाले स्वास्थ्य हेरचाह गर्ने कार्यमा प्रयत्न वा	"स्वास्थ्य हेरचाह गर्ने निकाय" भन्नाले स्वास्थ्य हेरचाह गर्ने कार्यमा प्रयत्न वा अपत्यक्ष रूपमा	स्वास्थ्य हेरचाह गर्ने निकायको परिभाषामा अस्पताल वा नर्सिङ होम, पोषाणिक बच्चा

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# TRANSCRIPT OF CERTIFICATE

Dr. [REDACTED]

has successfully fulfilled the requirements for completion of the **Post Graduate Program in PEDIATRIC NUTRITION** and has been awarded the following scores:

Level	Module	Title of the Module	Score Obtained
I	1	Importance of Early Nutrition and Health Outcomes	90%
	2	Role of Nutrition in Optimal Growth and Immunity	90%
	3	Understanding Dietary Requirements and Nutritional Assessment in Children	100%
	4	Prevention and Nutritional Management of Undernutrition and Micronutrient Deficiencies	90%
II	1	Nutritional Management of Diarrhea in Children	100%
	2	Enteral Nutrition for Preterm Infants	80%
III	1	Appropriate Complementary Feeding: An Opportunity to Prevent Malnutrition	100%

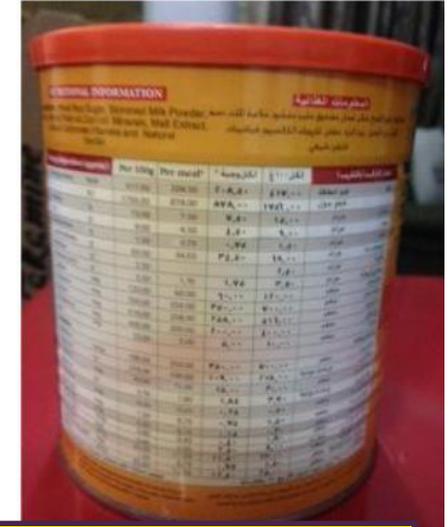
Year of Issue - 2016

An educational initiative, supported by **Nestlé Nutrition Institute**  
Science for Better Nutrition

Sponsorship in scientific training

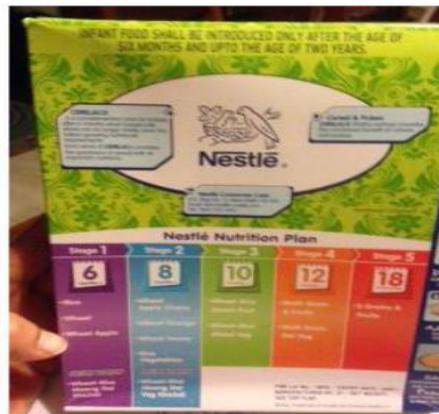
Brand promotion

# Monitoring of International Code of Marketing of Breastmilk Substitutes and the National Law in Nepal 2018



Imported product and information not in local Nepali language

Company Name: Not Clear



Depicts indicates wholesome and complete food



Claim being similar to mother's milk (Probiotics, Whey protein)

# Activities and challenges for implementation of BMS Act

- Formation of Breastfeeding Protection and Promotion (BPP) sub-committee
- Breast Milk Substitute (BMS) Act Orientation and Sensitization
- Establishment of the Act monitoring system
- Designation and Training of BMS Act Monitors

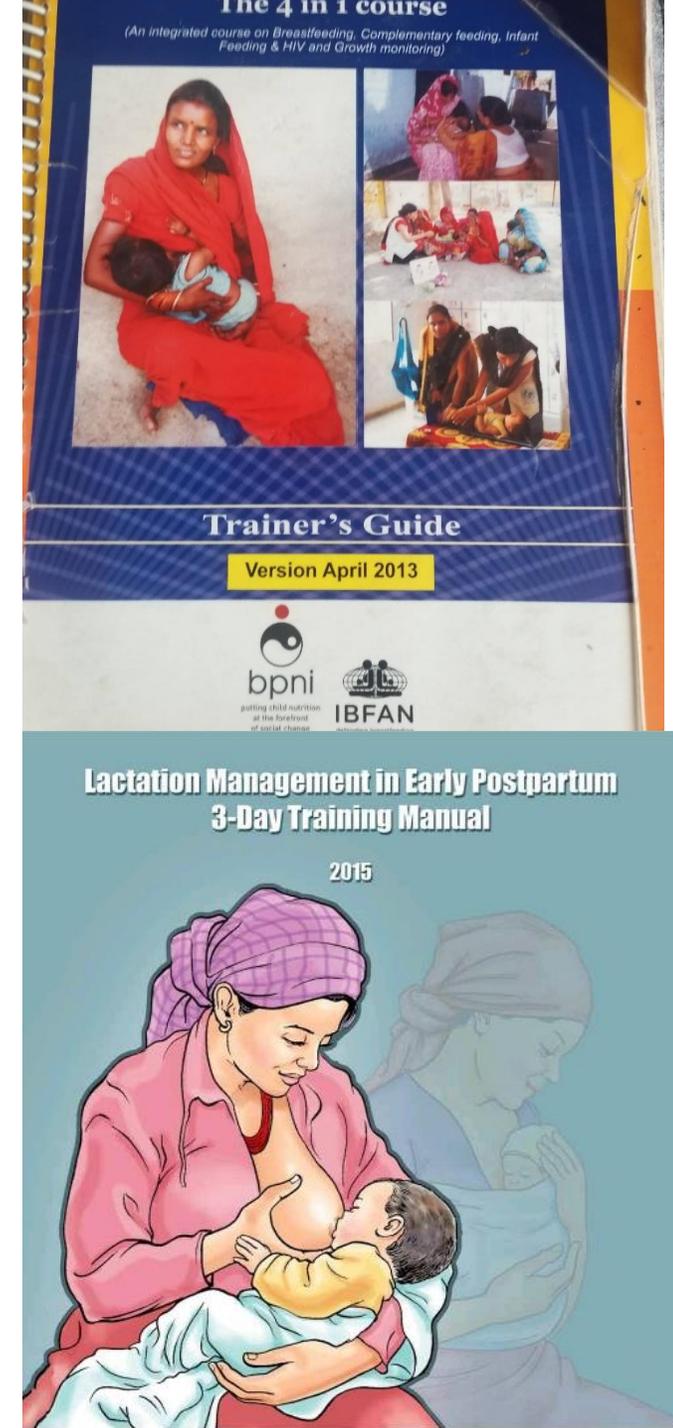


Workshop on implementation of BMS Act of Nepal

Baby Friendly hospital Initiative (BFHI)



Master training on IYCF UCMS Delhi on June July 2014



# IYCF counselling training TU



# Breastfeeding counselling

Volunteered by Nurses

Group counselling

- Explain benefits of breastfeeding
- Give simple information on how to breastfeed
- Discuss mothers' questions

With mother individually

- Ask if any questions or worries
- Examine breasts if she is worried
- Build her confidence



**Lactation management clinic**



**Breastfeeding counselling in ward**



**Exhibition and drama organized by nurses**

# Exploring gaps for failures of Baby Friendly Hospital Initiative (BFHI) in Kathmandu valley 2019 - study

Challenges faced in implementation of BFHI	Way forward
From hospital administration Not able to appoint a single person to monitor Breastfeeding	To appoint focal person designated to establish breastfeeding
Human resources: Rapid turnover of staffs Lack of Training and Refresher Training on BF Lack of trained staffs to help CS mothers for BF	Frequent Breastfeeding counselling training
Busy hospital wards	Group counselling
Influence from visitors formula and even influence mothers to feed formula	Strict monitoring of BMS code

# Breastfeeding in sick and small



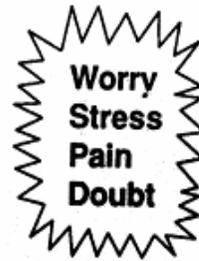
Early skin to skin



# Breastfeeding in SSNB



**These HELP reflex**



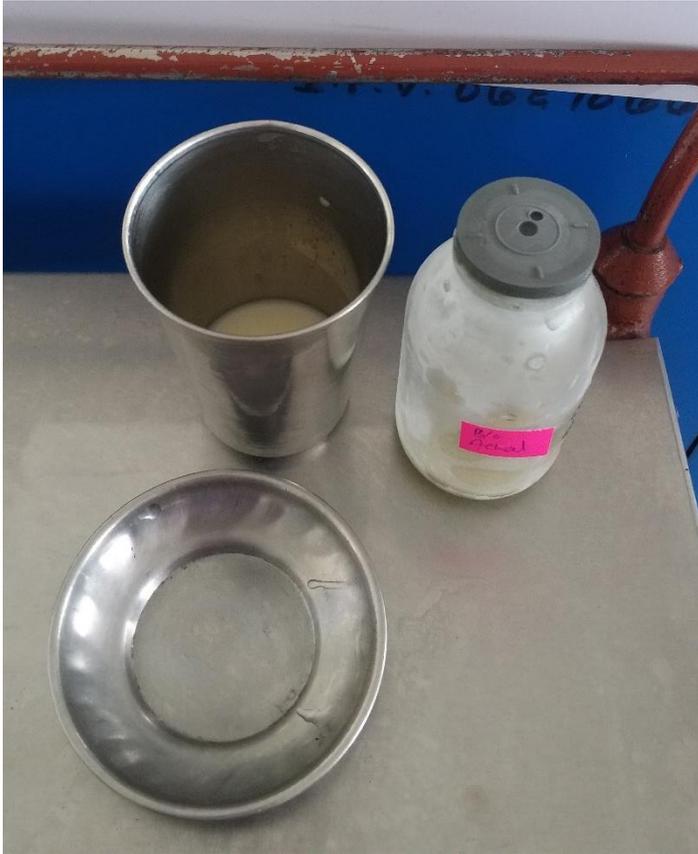
**These HINDER reflex**





Breast massage before expression Back massage before breast milk expression

# Breastmilk storage



Storage bottle and glass



Autoclave for sterilisation



Stored in refrigerator



**Non nutritive**



Involve family members in early breastfeeding and care of b

Thank you



# Questions and Answers