



alive&thrive
nourish. nurture. grow.

World Vision



PROMOTION OF BABY FRIENDLY HEALTH CENTRES (BFHC)

Mixed Methods, Prospective Pilot Study
Summary Report, May 2024

Contents

Background **04**

Timeline of this Pilot Study **08**

Methodology **10**

Key findings of this study **12**

Scope for enhancing the breastfeeding practices at the HC level **26**

Recommendations to strengthen the implementation of BFHC **28**

Way Forward **30**

Acknowledgements **30**

Background



Breastfeeding is proven to be an effective way to boost a child's immunity and promote growth in their early years^{1,2}. Despite the progress made by Cambodia in the 90s and early 2000s in breastfeeding, the country has been recording declining trends in breastfeeding over the past decade, both in terms of early initiation of breastfeeding within one hour of birth from 65.8% in 2010 to 54% in 2022; and exclusive breastfeeding from 73.5% in 2010 to 50% in 2022 (CDHS, 2014 and CDHS 2021-2022)^{3,4}. Of the 98.7% live births assisted by skilled birth attendants in 2021-2022 (77.9% at public health facilities and 19.9% at private health facilities), only 54% of the newborns were breastfed within one hour of birth⁴.

Sharp declines in breastfeeding in Cambodia have been attributed to several factors, including aggressive marketing campaigns led by the commercial milk formula companies, weak implementation of the national legislation to regulate the marketing of breastmilk substitutes, limited maternity benefits which force the mothers to return to their workplace within 3 months of delivery, poor knowledge on the benefits of breastfeeding⁵. On the other hand, there has

been an exponential rise in the use of digital marketing strategies to promote commercial milk formula products, which can erode supportive breastfeeding norms, beliefs and practices⁶.

The staff in the health facilities, especially midwives, play a critical role in the promotion of breastfeeding practices among pregnant women and post-partum mothers. World Vision International in Cambodia (WVI-C) works with more than 80 Health Centers (HCs) across 10 provinces of the country through its Integrated Nutrition Programme and is exploring sustainable solutions to improve breastfeeding practices. Alive and Thrive (A&T)/FHI360 is one of the stakeholders that works with two national hospitals and 17 provincial hospitals to promote Infant and Young Child Feeding (IYCF) practices since it is a key intervention of the Early Essential Newborn Care (EENC) – Quality Improvement Guideline.

Baby-Friendly Hospital initiatives are effective at the hospital level to protect, promote and support breastfeeding⁷. However, there is limited evidence of its potential effectiveness

¹ Quigley MA, Hockley C, Carson C, Kelly Y, Renfrew MJ, Sacker A. Breastfeeding is associated with improved child cognitive development: population-based cohort study. *J Pediatr.* 2012;160(1):25–32 Google ScholarCrossref

² World Health Organization. *Global Strategy for Infant and Young Child Feeding.* Geneva, Switzerland: World Health Organization; 2003

³ Cambodia Demographic and Health Survey, 2014, <https://dhsprogram.com/pubs/pdf/FR312/FR312.pdf>

⁴ Cambodia Demographic and Health Survey, 2022, <https://dhsprogram.com/pubs/pdf/FR377/FR377.pdf>

⁵ Action needed to address the worrying decline in breastfeeding <https://www.unicef.org/cambodia/stories/action-needed-address-worrying-decline-breastfeeding>

⁶ Gnanaraj. GPS, Kroeun. H, Chin.S and Negash. S., (2023). The threat posed by social media to exclusive breastfeeding in Cambodia. *FEX 69 Digest*, November 2023. www.enonline.net/fexdigest/69/threat-by-social-media-to-breastfeeding

⁷ Saadeh R. The Baby-friendly Hospital Initiative 20 years on facts, progress and the way forward. *Journal of Human Lactation.* 2012; 28:272-5



at the Health Center level in improving breastfeeding practices. Building on the extensive engagement of WVI-C with HCs in its operational areas, WVI-C drafted operational guidelines to implement Baby Friendly Health Centres (BFHCs) in September 2022 based on a feasibility assessment conducted in 10 HCs. These 10 steps of the BFHC model and guidelines align with the National Guidelines for the Implementation of Baby Friendly Hospital Initiatives in Cambodia (2022) and the Guidelines for Improving the Quality of Early Essential New-born Care (EENC) in the Health Facility (2022).

Cambodia has 102 referral hospitals, including 9 National hospitals, 25 Provincial Health departments 68 district-based hospitals,

1141 health centres and 107 health posts in the country⁸. With the declining rates of breastfeeding in the country, building the capacity of the HC will be an effective solution to promote early and sustained breastfeeding practices in the country.

The National Maternal Child Health Center (NMCHC) is a government institution under the Ministry of Health. In October 2022 WVI-C partnered with A&T and coordinated with the NMCHC to initiate the concept of BFHC and implemented the operational guidelines through a “Mixed Methods, Prospective Pilot Study”. This was implemented in 8 HCs in Varin and Puok districts of Siem Reap in close coordination with the Siem Reap Provincial Health Department (PHD).

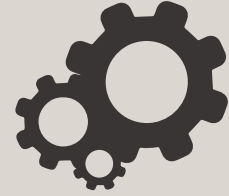


@ photo by alive&thrive

⁸ Health strategic Plan 2016-2020, https://data.opendevdevelopmentcambodia.net/en/laws_record/health-strategic-plan-2016-2020/resource/9f127e66-e6fc-424e-b7e2-a69b2159827d



▶ **The 10 steps of Baby Friendly Health Centre in line with the Baby Friendly Hospital Initiative**



01

Display of breastfeeding policy.

02

Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

03

Discuss the importance and management of breastfeeding with pregnant women and their families.

04

Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.

05

Support mothers to initiate and maintain breastfeeding and manage common breastfeeding difficulties.

06

Newborns are only provided with breastmilk, none of the other foods or fluids were provided.

07

Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.

08

Support mothers to recognize and respond to their infants' cues for feeding.

09

Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.

10

Coordinate discharge so that parents and their infants have timely access to ongoing support and care for continued breastfeeding.



▶ Key facts about this study:

No. of HCs



08

Project lifetime



March 2023 –
February 2024

No. of midwives trained



42

No. of nurses and other
HC staff trained



30

No. of mothers/
newborns reached



1,045

Location: Varin and Puok Districts



Average operational cost (based on an estimate of 130 deliveries conducted annually in each of the HCs)

Year 1

USD 3,615

based on actuals

with **USD 28** per post-partum women per HC per year.

Year 2

USD 2,409

based on estimates

with **USD 18.5** per post-partum women per HC per year.

Year 3

USD 1,206

based on estimates

with **USD 9** per post-partum women per HC per year.



▶ The objectives of the pilot study



- 01** Promote the capacity of the HC to be upgraded as BFHC in terms of staff capacity and infrastructure requirements.
- 02** Improve the breastfeeding practices of mothers who delivered in these selected 8 HCs.

▶ Timeline of the pilot study



01 Preparatory phase

- **Feasibility assessment of HCs:**
June 2022
- **Drafted the operational guidelines for BFHCs:**
September 2022
- **Launch of the Mixed Methods, Prospective Pilot Study:**
November 2022

02 Baseline Assessment

- **HC assessment:**
March 2023
- **Competency assessment of the midwives:**
March 2023
- **Survey among the post-partum mothers:**
March 2023



03

Implementation Phase

- **Training to HC staff:**
March 2023

- **Training the Village Health Support Groups (VHSGs):**
September 2022

- **1st Supervision visit:**
June 2023

- **2nd Supervision visit:**
September 2023

- **Mid-term review:**
October 2023

04

Endline Assessment

- **HC assessment:**
February 2024

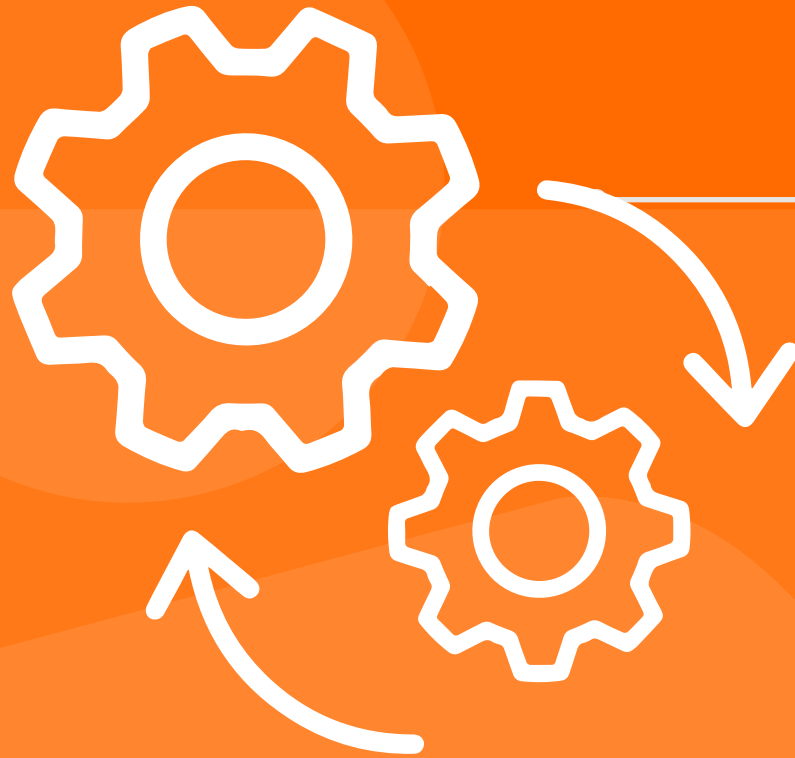
- **Survey among the post-partum mothers:**
February 2024

- **Self-Assessment by the Midwife or HC chief on the 10 steps of BFHC:**
February 2024

- **Review by the external assessment team:**
February 2024

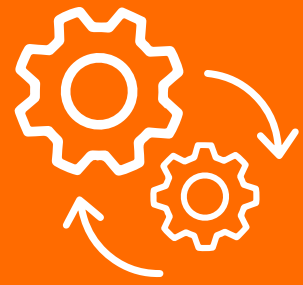
- **Competency assessment of the midwives:**
February 2024

- **Qualitative assessment of the BFHCs:**
March 2024



Methodology





▶ **Baseline Assessment**

WVI-C assessed 8 HCs using a standard tool administered by its staff. The competency of 21 randomly selected midwives was assessed among 42 midwives by the officials of NMCHC. The competency tools used in the Cambodia Nutrition Project, Ministry of Health, that are relevant to the promotion of breastfeeding were chosen, namely 'early initiation of breastfeeding and exclusive breastfeeding' and 'breast condition and expression of breastmilk, storage and cup-feeding'. In addition, a survey was conducted among the 48 post-partum mothers who had their deliveries in these 8 HCs within the past 30 days based on the availability of the respondents over the phone or face-to-face based on their availability.



@ photo by alive&thrive

▶ **Implementation phase**

As many as 42 midwives, 30 nurses and HC staff and 134 VHSG members were trained (from 67 villages) in coordination with A&T, NMCHC and the PHD officials. Post training, these 8 HCs were followed up by the PHD staff through 2 supervision visits, reflection meetings and a mid-term review by the NMCHC staff.

▶ **Endline Assessment**

In February 2024, 17 randomly selected midwives among 34 midwives from 8 HCs were assessed based on the competency tools used in the baseline assessment. The post-partum survey was conducted among 51 mothers who delivered in these 8 HCs using the same set of tools administered at the baseline assessment with mild changes. In addition, a qualitative assessment was conducted with the post-partum mothers, VHSG, HC staff, midwives, HC Chief and PHD officials.



Key Findings of this Study





▶ **Step 1: Breastfeeding policy displayed in Health Centres**

The HCs should display the 10 steps of successful breastfeeding and Sub-decree 133, which prevents violations in the marketing of breastmilk substitutes. At the start of the study, the HCs were assessed in terms of supplies, consumables, water, sanitation and hygiene infrastructure to facilitate institutional deliveries and the promotion of breastfeeding.

In both the baseline and endline assessments, necessary supplies and consumables met expectations, except for the limited space in 4 HCs with less than 1.5 meters of inter-bed space. Almost all the HCs had functional handwashing stations and toilets, except for the absence of soap in the handwashing area in one HC at the baseline, but later fulfilled in all the HCs. The newborn resuscitation areas were available and well maintained, both at the start and at the end of the study period. None of the HCs displayed or promoted the products from the commercial breastmilk companies/brands both at the baseline and endline.

▶ **Step 2: Enhancing staff capacity on breastfeeding**

The capacity of the HC staff was assessed before the start of this study. The midwives received 2.5 days of training on early essential newborn care and breastfeeding promotion including practical training at the provincial hospital on skin-to-skin contact and breastfeeding position. There was a significant difference between baseline and endline assessment scores among these two competencies. The contributing factors were quality training at the start of the study and quarterly on-site supervision of the HC services and coaching the staff at the HC level. These competencies were assessed based on knowledge checks administered by the reviewers, but due to resource constraints, these were not assessed during live counselling sessions given by the midwives to the ante-natal women or post-partum mothers.

Competency Test	Baseline average score	Endline average score
Early Initiation of Breastfeeding and Exclusive Breastfeeding	55.5%	82.5%
Breast condition and expression of breast milk, storage and cup-feeding	39.1%	80.2%



▶ **Step 3: Promotion of breastfeeding during the ante-natal care check ups**

Through this study, HC staff were trained on the necessity to provide breastfeeding awareness sessions in ante-natal care visits. At the baseline 85.4% of the respondents reported receiving breastfeeding information during pregnancy, while at the endline, 100% of the post-partum mothers reported that they received this information during their ANC visits. The self-assessment tool administered by the midwives also supported the finding that all HCs promote breastfeeding during the ante-natal care check ups.

There was an increase in the percentage of respondents who reported receiving information on the importance of early initiation of breastfeeding (54.8% at baseline vs 92.2% at the endline) and frequent feeding helps to ensure optimal milk production (59.5% at baseline to 70.6% at endline). However, some topics less mentioned, i.e. the need for early skin to skin contact (26.2% at baseline vs 11.8% at endline), the need of rooming in on a 24 hour basis (19% at baseline vs 3.9% at endline), the importance of early initiation of breastfeeding (66.7% at baseline vs 64.7% at endline), feeding on demand (59.5% at baseline vs 45.1% at endline), and continued breastfeeding up to 2 years of life (59.5% at baseline vs 11.8% at endline). One of the reasons specified by the HC staff during the qualitative assessment is that multiple messages need to be emphasised during the ante-natal care visits, it will be good

A Post-partum mother at Sarsodom Health Center

When my baby was born they dried him off and then put him straight to the breast for skin-to-skin contact. The baby stayed skin-to-skin for 2 hours.

The proportion of post-partum mothers who received counseling on breastfeeding during the ante-natal care check ups

Baseline	85.4%
Endline	100%



to have clear messaging material that can help them to communicate all the important messages.

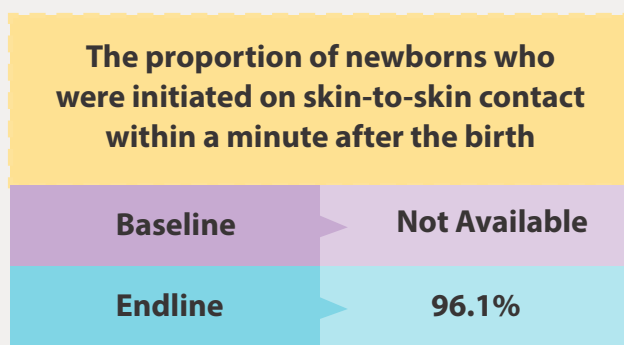


▶ Step 4: Care right after birth

Care right after birth is important to promote positive breastfeeding behaviours among post-partum mothers. This is made possible through the initiation of skin-to-skin contact soon after birth and enabling breastfeeding within one hour after birth and retaining skin-to-skin contact for a minimum duration of 90 minutes soon after delivery.

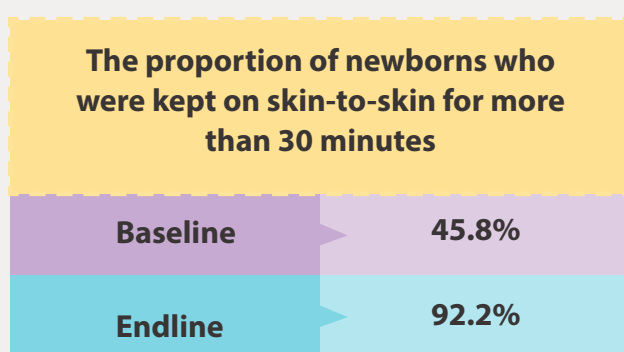
4a. Initiation of skin-to-skin contact

The newborns are recommended to be put on the breast for skin-to-skin contact within 1 minute after delivery. The initiation of skin-to-skin contact within one minute after birth was not checked at baseline. But at the endline, 96.1% of the respondents self-reported that they kept their newborns on skin-to-skin contact within 1 minute after delivery.



4b. Duration of the skin-to-skin contact

According to the WHO recommendations, newborns should be kept on skin-to-skin contact for at least 90 minutes after birth according to WHO. However, during baseline and endline, the duration of skin-to-skin contact was questioned within a limited duration of 30 minutes or more. The comparison showed that a significantly higher number of newborns were kept on skin-to-skin contact for more than 30 minutes. At the endline 86.3% of the post-partum mothers self-reported that they kept their newborns on skin-to-skin contact for 60 minutes or more.

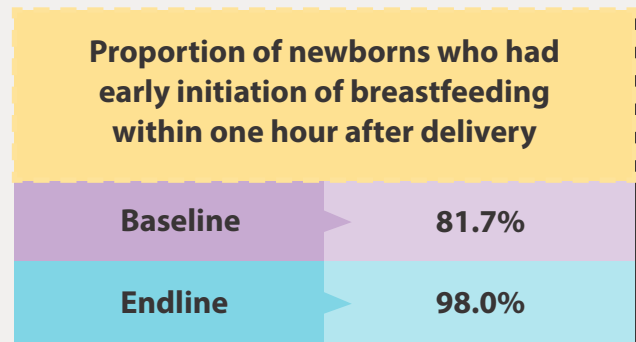




4c. Early initiation of breastfeeding

The proportion of newborns who were reported to be initiated on breastfeeding within one hour of birth significantly increased from 81.7% at the baseline to 98% at the endline.

The self-assessment tool administered by the midwives also supported the findings that all 08 HCs adhered to early initiation of skin-to-skin contact within 1 minute of delivery, with more than 90 minutes of skin-skin contact and early initiation of breastfeeding within one hour of birth. Even though this information was not collected appropriately in the baseline and endline, the qualitative assessments with

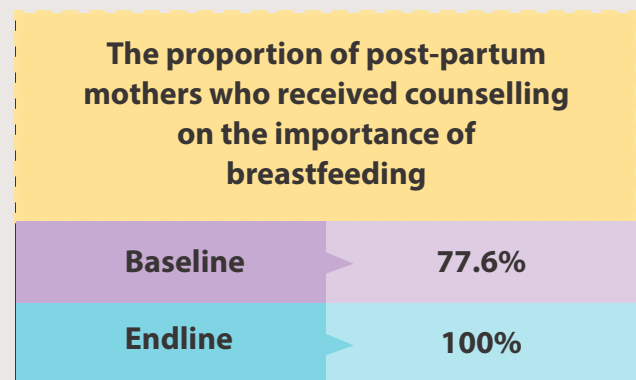


the HC staff and the post-partum mothers confirmed that there was uninterrupted skin-to-skin contact for more than 90 minutes.

► Step 5: Support with breastfeeding

5a. Post-partum mothers who received counseling on the importance of breastfeeding

At the baseline, 77.6% of the post-partum mothers reported receiving counselling on breastfeeding, while at the endline, 100% of respondents reported that they received information on the importance of breastfeeding post-delivery. However, the quality of the counselling that was provided to the post-partum mothers was not assessed in this study.





A post-partum mother at Sarsodom Health Center

I feel it is important to have this kind of hands-on guidance including holding, positioning, good latching and attachment. I am interested to share my positive experience with other mothers and help them in breastfeeding.

I remember the signs on good attachment. I am happy to see how beautiful my baby looks when I breastfeed and helps me to have a good bonding with the child.

5b. Assistance for breastfeeding within 6 hours of birth

In line with the draft operational guidelines developed for BFHC, post-partum mothers were recommended to be supported with breastfeeding within 6 hours of delivery to promote breastfeeding. Through the post-partum survey among the mothers, 100% self-reported receiving support in breastfeeding within 6 hours of birth compared to only 56.3% at the baseline. Postpartum mothers reported receiving support to hold the baby (69.4% at baseline vs 74.5% at the endline), positioning the baby (63.3% at the baseline vs 96.1% at the endline) and attaching the baby to the nipple for breastfeeding (57.4% at the baseline and 96.1% at the endline).



Proportion of post-partum mothers who received assistance in breastfeeding within 6 hours of birth

Baseline	56.3%
Endline	100%

Midwife from Chachuk Health Center

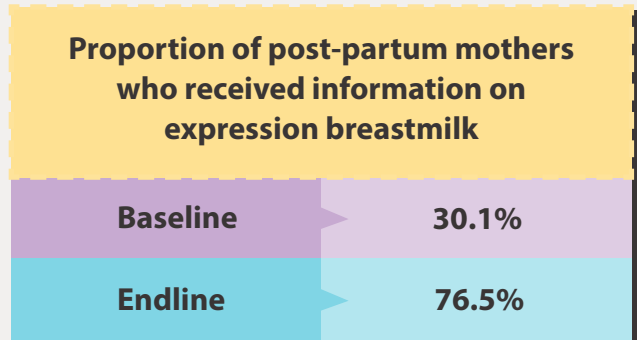
If the mothers experience that they do not have enough milk they will ask questions. We advise her to feed the baby more often, since the drops of milk that she has is important to sustain breastmilk secretion. We explain to the mother how small the stomach size of the baby is and that it fits when there are few drops of milk at a time.



5c. Expression of Breastmilk

To promote exclusive breastfeeding during the first six months of a baby’s life, and continued breastfeeding for up to two years or more, it is important to educate post-partum mothers on the expression of breastmilk, storage and cup feeding. This becomes crucial considering the need for the mothers to resume work post-delivery. There is an increase in knowledge sharing by HC staff on the expression of breastmilk due to the implementation of this project from 30.1% at baseline to 76.5% at the endline. Considering the benefits of expressing breastmilk, there is a need to build the capacity of the midwives on the expression of breastmilk and ensure that post-partum mothers receive this information before discharge.

The self-assessment tool administered by midwives also endorsed that all the HCs



promote the importance of breastfeeding and assistance for breastfeeding within 6 hours of birth. However, only 5 out of 8 HCs mentioned dissemination of information on expression of breastmilk among the post-partum mothers. Since this is comparatively a new message to be delivered, there is a need to have specific communication materials to promote the expression of breastmilk.

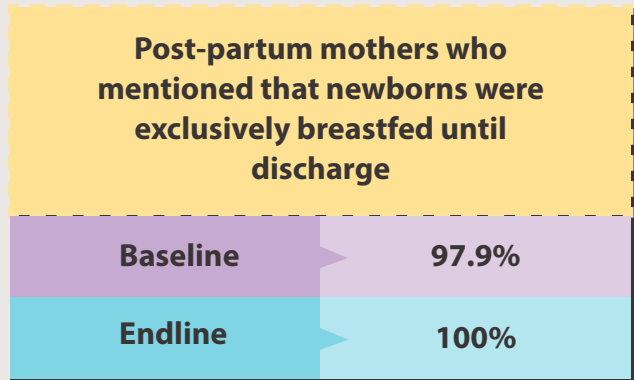
▶ Step 6: Newborns are only provided breastmilk, none of the other foods or fluids were provided

Infants up to 6 months are recommended to be exclusively breastfed. At the baseline, there was one newborn who was reported to be fed with water and formula by a post-partum mother. At the endline, 100% of post-partum respondents mentioned that they did not provide any other food apart from breastmilk.





The self-assessment tool administered by the midwives in all 8 HCs showed that Midwives endorsed that all the newborns received only breastmilk. None of the infants were fed with breastmilk substitutes. HC staff do not accept free supplies of breastmilk substitutes or food supplements. The observation tool administered by the NMCHC also mentioned that none of the health centers had leaflets, formula feeds, nipples, pacifiers or breastmilk substitutes available during the assessment.



Cha Chuk Health Center chief

The midwives working in this HC used to feed their infants with breastmilk substitutes before. Since this HC was covered in this study, they too have changed their practice. When staff change their attitude and behaviours it is helpful to change the post-partum mothers' behaviours who deliver in this HC. The HC staff breastfeed their infants at the HC or express breastmilk in the HC and they continue to breastfeed or feed the expressed breastmilk when they return home.

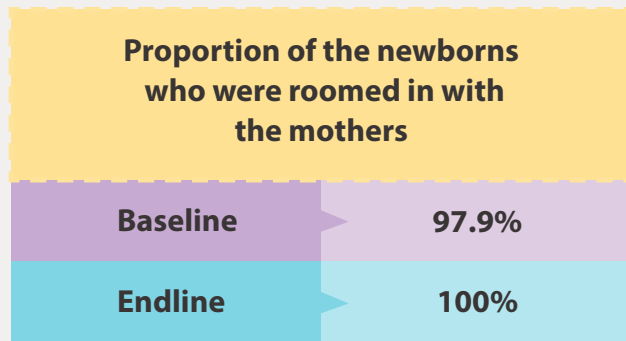


@ photo by alive&thrive



▶ Step 7: Rooming in

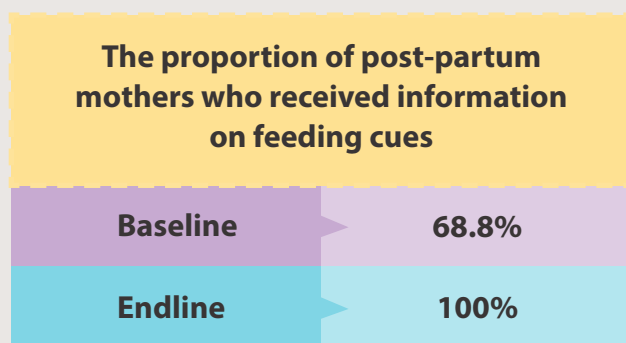
To facilitate breastfeeding on demand based on feeding cues, the mother and her newborn are recommended to be roomed in together. The post-partum survey at both baseline and endline showed that there is good rooming in practice. At baseline, one of the mothers who was not confident about keeping the baby beside her allowed her caregivers to have the baby within and outside the room. The self-assessment tool administered by the midwives in all 8 HCs stated that newborns are roomed in with the post-partum mothers.



@ photo by alive&thrive

▶ Step 8: Responsive feeding

Feeding cues are important for post-partum mothers to breastfeed the newborns on demand. At baseline, only 68.8% of the respondents mentioned receiving guidance on feeding cues, while at the endline, 100% of the post-partum survey respondents mentioned receiving guidance on feeding cues. The respondents who informed about the size of the baby's stomach has increased from 16.7% at the baseline to 58.8% at the endline. In addition, the guidance on the frequency of breastfeeding reduced from 79.2% at baseline to 62.7% at the end line, with an average



number of 10 times of breastfeeding per day, which is in line with the recommendation given by the Ministry of Health. There is a need to



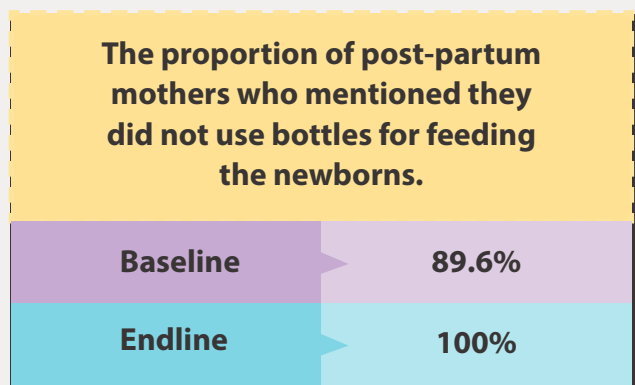
emphasize select messages that can convince the mothers towards optimal breastfeeding practices. This needs to be designed for the BFHC approach.

The self-assessment tool administered by midwives in all 08 HCs mentioned that all the newborns were recommended to be fed on demand, except one HC which did not mention the frequency and duration of breastfeeding.

▶ **Step 9: Counsel mothers on the use and risks of feeding bottles, teats and pacifiers**

Between baseline to endline, post-partum mothers who did not use bottles for feeding increased from 89.6% to 100% respectively. At baseline, five mothers used feeding bottles while they were in the HCs. These mothers were later counselled by the HC staff on the negative effects of using feeding bottles, teats or pacifiers for newborns and recommended to use a cup to feed the baby with expressed breastmilk.

The post-partum mothers were questioned whether they were informed about the negative effects of pacifiers. At baseline, the following 3 responses were most frequently mentioned: 1) pacifiers can reduce maternal milk production (72.1%), 2) pacifiers prevent mothers from observing the infant’s smacking lips or rooting towards the breast (60.5%) and 3) pacifiers replace sucking (58.1%). While at endline, the following 3 responses were most frequently mentioned 1) pacifiers prevent mothers from observing the infant’s smacking the lips or rooting towards the breast (94.1%),



2) pacifiers replace suckling (70.6%) and 3) pacifiers reduce the number of times an infant stimulates the mother’s breast physiologically (52.9%). As mentioned earlier, clear messaging is needed for the HC staff to re-iterate the messages.

The self-assessment tool administered by the midwives in all 08 HCs mentioned that none of the newborns were given bottle feeds, pacifiers and teats and that all the mothers who delivered in those HCs were aware of it.



▶ **Step 10: Support after discharge**

As a part of this study, HC staff were recommended to provide information on contacting the HC staff and connect with the VHSG members for follow up and support with breastfeeding after discharge. At baseline, 45.8% of the post-partum respondents received information on follow-up, while at endline, 100% of respondents mentioned connecting with the HC staff for further support with breastfeeding. While the VHSGs were also recommended to be connected for follow-up and support, none of the respondents mentioned connecting with the VHSG for support with breastfeeding. The reasons were further explored through the qualitative data collection with the VHSG and post-partum mothers. Since the post-partum mothers were not aware of the roles of the VHSG, they were not able to recollect it. During the qualitative assessment of the VHSG and the mothers, it was found that they knew the VHSGs by their names and not by their roles, they are well-known for their voluntary support in their community, the post-partum mothers were not aware of their role as VHSG. This could be one of the reasons for not mentioning the VHSGs as a source of information and support post-discharge.

The self-assessment tool administered by the midwives in all the 08 HCs mentioned that family members should support mothers in breastfeeding and that all the post-partum mothers who were discharged from the health center can connect with the HC for any support.

A Midwife from Sarsodom Health Center

The HC conducts field visits and also teaches the VHSG members about the promotion of breastfeeding at the household level. The VHSG members connect with the HC staff on any challenges they faced in the promotion and follow up of breastfeeding. If a breastfeeding mother experiences problems with breastfeeding the VHSG member will refer them to the HC for more help.

The proportion of post-partum mothers who received information on follow-up post-discharge

Baseline	45.8%
Endline	100%





Case Study



► Experience shared by Mrs. Srein Leim about her delivery at Cha Chuk Health Center which was part of the Baby Friendly Health Center study

Srein Leim (24 years old), her baby was just 7 days old when she was interviewed by the data collection team to gather her experience about the delivery. She underwent delivery at Cha Chuk Health Center, Siem Reap Province.



Srien remembered that as soon as her baby was delivered, the HC staff dried the child instantly and put him immediately on her for skin-to-skin contact. The newborn was kept on her breast for 90 minutes and breastfeeding was initiated. Since the mother of Srein Leim accompanied her as a birth companion, she was also able to confirm that the skin-to-skin contact was immediate.

Srein was very pleased with the support she received from the midwives at the health center, since they counselled her on how to look for feeding cues of the newborn baby and guided her on how to hold the baby and feed him safely, by avoiding the nose to be too tight preventing suffocation of the baby. At birth, Srein was very concerned whether she had enough milk at the start of breastfeeding, but now she is convinced that the breastmilk secreted is enough for her baby. She also said that the HC staff recommended her to breastfeed her baby at least 10 times per day.

Srein also mentioned that she received training on the expression of breastmilk. The midwife at the health center taught and encouraged her to express milk when required. Srein also expressed breastmilk when required. When the baby was vaccinated, he had fever. The midwife counselled her to express milk and mix the paracetamol in it and gave it to her son to manage the fever. She followed the advice and gave it to the child for every 8 hours until the child recovered from fever.

Both Srein and her mother were very pleased with the health center staff at Cha Chuk Health Center. They mentioned that the staff were very



attentive towards the mother and baby and their needs. She also mentioned that she has not used pacifiers, teats and or bottles, both in the health center and after she came home.

Srein noted that the Village Health Support Group member visited her post-discharge to follow up on breastfeeding practices. Srein's mother expressed that she will be

recommending appropriate breastfeeding practices to their family and friends and will share with them what she has learned from the health center. She also mentioned that it is a good thing that she does not have to spend money to buy breastmilk substitutes. She will also recommend continued breastfeeding to her daughter and others in the community.



@ photo by alive&thrive

Scope for enhancing the breastfeeding practices at the HC level



1. Develop clear messaging for BFHC and counsel the pregnant women and post-partum

Enhance the knowledge on breastfeeding during the ante-natal check-ups

During ANC counselling, the pregnant women could be further counselled on early skin-to-skin contact, the importance of rooming-in on a 24-hour basis, the importance of early initiation of breastfeeding, feeding on demand and most importantly the need to breastfeed for 2 years and above. There was a decline in the promotion of these messages during this study period based on the survey with post-partum mothers. There is a need to have clear messages on the promotion of breastfeeding during ante-natal check-ups.

Build the skills of the midwives and nurses on expression of breastmilk

Even though all the post-partum mothers at the endline assessment mentioned breastfeeding support, there is scope to educate the mothers on the hand expression of breastmilk so that the post-partum mothers have hands-on training to express breast milk and are aware of how to store it and cup-feed it for the infants. Handouts, posters and IEC materials on the expression of breastmilk should be made available at the HC and extensively promoted so that mothers can practice it when required.

Promotion of Responsive Feeding

Even though all the post-partum mothers have received guidance on the signs of feeding cues, however, only half of the post-partum mothers was able to recollect the size of the baby's stomach within the neo-natal period and feeding on demand. This may jeopardize mothers' confidence that their breastmilk is enough for the newborn period and the first 6 months. Doubt whether her breastmilk is enough or not is one of the most prevalent reasons for the early introduction of breastmilk substitutes or other foods in the first 6 months.



Education the post-partum mothers on the use of bottles, teats and pacifiers

There is a need for clear communication messages on the effect of bottles, teats and pacifiers. Since there is uptake of few messages over the other, it is important to have a clear description with the pictures to remind the mothers not to use the bottles, teats and pacifiers.

2. Engaging the VHSGs in follow-up and counselling of post-partum mothers:

The 10th step of the BFHC is to support the post-partum mothers after discharge. Even though all the post-partum mothers mentioned the follow-up with the HCs, the VHSGs did not come up as an option to receive breastfeeding support. There is a need for a good network between the HCs and the VHSGs who represent the given community to ensure that postpartum mothers receive the counselling and support they require with breastfeeding. The engagement between VHSG and the HC staff needs to be reviewed by the HC Chiefs during the Health Center Management Committee meetings to follow the at-risk deliveries and critical newborns to promote breastfeeding as the best choice. Through the qualitative assessment, it was noticed that the VHSGs made regular visits to the households with pregnant women and post-partum mothers.

Recommendations to strengthen the implementation of BFHC



Accreditation of the HCs

Rather than accrediting the health facilities, both HCs and Hospitals as 'Baby Friendly Health facilities', it is recommended to have a Logo for accreditation called as "Center of Excellence-Breastfeeding". The accreditation tools piloted by this study and A&T at the hospital level should be endorsed by NMCHC and those facilities implementing the Baby Friendly approach should be assessed, followed up regularly and accredited by the PHD and NMCHC to increase the number of HCs that are accredited as "Center of Excellence-Breastfeeding".

Standardise the training material for the HC staff

In line with the WHO and NMCHC training requirements, the training materials need to be standardized and the HC staff should have a copy of the participant material on completion of training. This could be used as reference material for the HC staff after the training. This material needs to be endorsed by the Ministry of Health (MoH) to be used across the HCs.

Develop the package of materials for the Center of Excellence for Breastfeeding at the HC level

The current study managed to distribute the package of materials which includes the participant's manual, posters for display at the HC, flip charts to be used in the counselling sessions and handouts for distribution within 3-6 months of this study implementation. Learning from these delays it is recommended that this package of materials should be made available at the training itself. This would speed up the promotion of breastfeeding practices among pregnant women and post-partum mothers as soon as the training is complete.



Dedication of staff at each level of implementation is critical for success

There has been good support and engagement at each level, especially at the NMCHC, Siem Reap PHD, 08 HC chiefs and the HC staff. To maintain the momentum, it is important to keep up the motivation of the HC staff through awards and recognition at the provincial level and national levels and recognize the potential HC staff as master trainers.

Develop an inbuilt review system to monitor and track the progress of critical indicators

There is a need to have a regular reflection meeting at the PHD level and at the HC level to review the progress of critical indicators, namely initiation of skin-to-skin contact, duration of skin-to-skin contact, early initiation of breastfeeding within one hour of birth, ensure that the newborn receives only breastmilk during their stay in the HC and ensure that none of the infants receive pre-lacteal feeds, use bottles, teats and pacifiers during their stay at the hospital and how are the mothers followed up post-discharge in coordination with the VHSG.

Building the supportive supervision system within the routine of the PHD staff

It is important to incorporate the supervision tools for the Center of Excellence – Breastfeeding within the routine supervision of the PHD to ensure regular supervision of the HC and the relevant indicators. On completion of supervision, it is important to discuss the progress, gaps, and challenges with the HC chiefs and the relevant staff to improve them.

► Way Forward

01

WVI-C along with the A&T and other stakeholders will be consulted to develop the logo for the accreditation of HCs and hospitals that will be termed as Center of Excellence for breastfeeding.

02

WVI-C has drafted the training materials for midwives and HC staff, including the monitoring and supervision tools. The training materials will be submitted to MoH for endorsement and could be used extensively by the PHD and NMCHC to train the HC staff.

03

WVI-C will submit the draft Operational Guidelines for the implementation of the Center of Excellence for Breastfeeding (CoE) in the HCs in line with the CoE for Hospitals. Upon endorsement of these operational guidelines, the PHDs need to be guided to cost it at the PHD level and at the HC level to be adopted extensively across the country and make it integral within the functions of HC, Provincial Hospital and referral hospital level.

04

WVI-C has been co-ordinating with the PHD in Siem Reap and Preah Vihear to create 34 Center of Excellence for Breastfeeding.

► Acknowledgements

WVI-C acknowledges the guidance provided by the National Maternal Child Health Center (NMCHC), Siem Reap Provincial authorities, HC chiefs from the 08 HCs and the staff in those HCs.

WVI-C is grateful for the support of Ministry of Health, and Alive&Thrive (A&T) for providing the technical guidance, partial funding of this study and for enabling the qualitative field assessment among the HC staff, post-partum mothers PHD officials and the VHSGs.



World Vision is an international partnership of Christians whose mission is to follow our Lord and Saviour Jesus Christ in working with the poor and oppressed to promote human transformation, seek justice, and bear witness to the good news of the Kingdom of God.

CONTACT

PO Box 479, Phnom Penh, Cambodia

Phone (+855) 23 216 052
Fax (+855) 23 216 220

contact_cambodia@wvi.org
www.wvi.org/cambodia



facebook.com/WorldVisionCambodia



[@WorldVisionKH](https://twitter.com/WorldVisionKH)



youtube.com/wvcambodia