

Steps for operationalizing global guidance on nutrition interventions in ANC

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Abstract IMNHC1935

Conflict of Interest Disclosure

The authors declare
no conflict of interest.



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Background

Why Maternal Nutrition

- Maternal, child deaths
- Maternal, child anemia
- Low birthweight
- Neuro-cognition

WHA targets: ↓ 50% anemia, 30% LBW



OBJECTIVE OF THIS PRESENTATION

To share how four countries adapted WHO's 2016 ANC Guidelines and recommendations by...

- Contextualizing protocols and tools for nutrition interventions
- Strengthening health systems and SBC to implement them



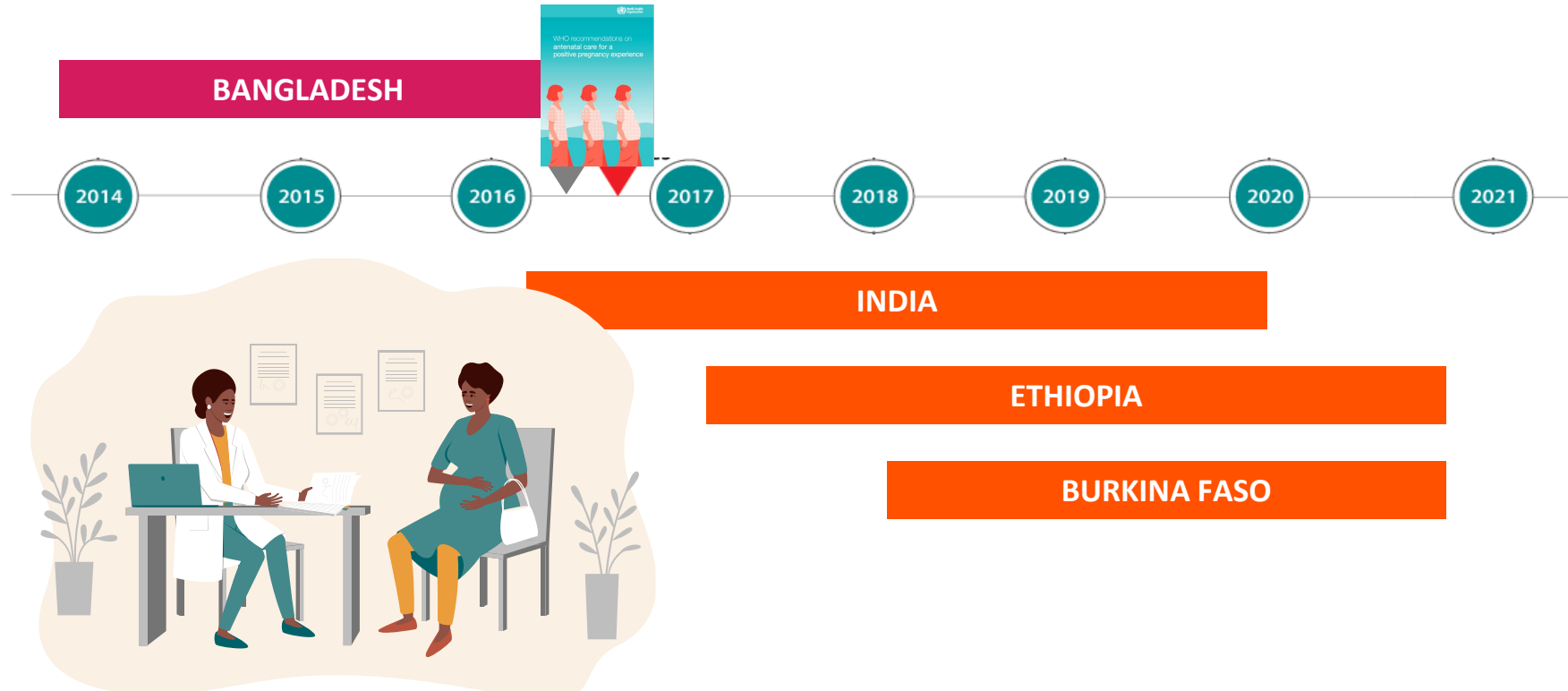
Background

Alive & Thrive's Implementation Research on Maternal Nutrition

...assessed the feasibility of implementing nutrition interventions through existing ANC services and contacts

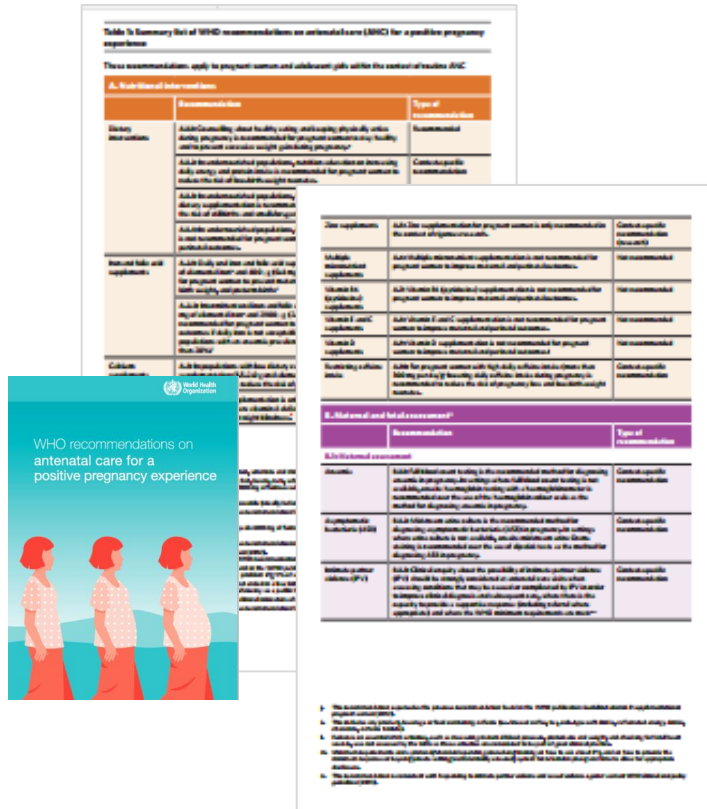
... external RCT evaluations and monitoring data used to capture the experience

TIMELINE OF THE RESEARCH | 2014-2021



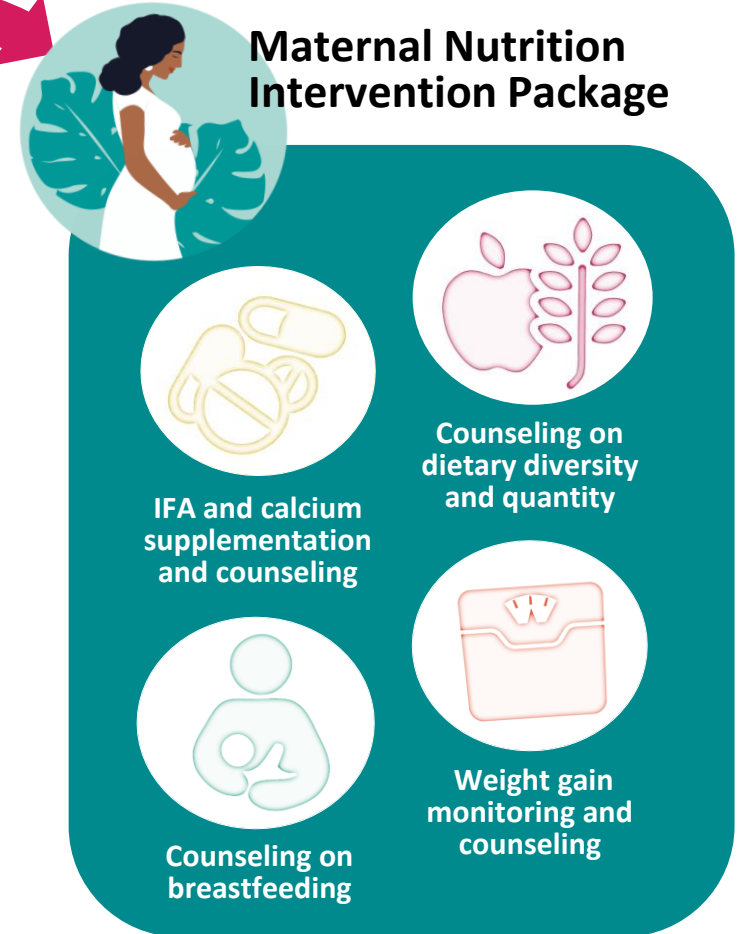
Methods

OPERATIONALIZING 2016 WHO RECOMMENDATIONS



WHO'S RECOMMENDED NUTRITION AND HEALTH SYSTEMS INTERVENTIONS FOR ANC, A&T RESULTS AND PROGRAM APPROACH		
WHO ANC GUIDELINES	A&T RESULTS	A&T APPROACH
NUTRITION INTERVENTIONS		
Counseling on healthy eating (dietary diversity, balanced protein energy intake, and food quantity)	<ul style="list-style-type: none"> Messages on eating five varieties of food increased by 90 percentage points Counseling on increasing weight increased to 60% Counseling on amounts of foods to be consumed increased significantly 	<ul style="list-style-type: none"> Home-based counseling and coaching, with emphasis on practical demonstrations by health workers and volunteers ANC providers given hands-on training on how to conduct the demonstrations Husbands and mothers-in-law included in demonstrations on food varieties and amounts available in the home Unique benefits of each food group emphasized
Daily oral iron and folic acid supplementation	<ul style="list-style-type: none"> Counseling to take iron-folic acid (IFA) increased to 90% Women taking IFA increased to 99% Number of IFA tablets consumed during pregnancy increased to 139 tablets (45 tablets above baseline) 	<ul style="list-style-type: none"> Women counseled on IFA supplementation (benefits, managing side effects, how and when to take) ANC providers offered free IFA during ANC home visits Women reminded to take supplies by husband, family members, and health workers
Daily Calcium supplementation	<ul style="list-style-type: none"> Counseling to take calcium increased by 45 percentage points Women taking calcium increased to 99% Number of calcium tablets consumed during pregnancy increased to 140 tablets (almost 60 tablets above baseline) 	<ul style="list-style-type: none"> Women counseled on calcium supplementation (benefits, how and when to take) Women offered free calcium supplements during ANC home visits Women reminded to take supplies by husband, family members, and health workers
Measuring weight	<ul style="list-style-type: none"> Weight measurement increased 38 percentage points to 98% 	<ul style="list-style-type: none"> Weighting scale maintained in each community Pregnant women weighed at every ANC contact by health worker who recorded the weight in a register An illustrated 'family wall chart' was maintained in the home and weight was graphed on the chart
Breastfeeding promotion and support¹	<ul style="list-style-type: none"> Counseling on early initiation increased to 79% Exclusive breastfeeding practice increased by 30 percentage points over baseline to 78% 	<ul style="list-style-type: none"> ANC providers and volunteers trained in position and attachment skills; incorporated breastfeeding messages into home visits Volunteers received cash incentives for initiating breastfeeding within one hour after delivery
ASSESSMENTS AND HEALTH SYSTEMS INTERVENTIONS		
Adequate number of ANC contacts starting in the first trimester during pregnancy	<ul style="list-style-type: none"> More than 90 % of all pregnant women in the program received four or more ANC visits Almost two-thirds of pregnant women received their first ANC visit in the first trimester The number of ANC contacts increased from 2.4 to 6 visits during pregnancy in program intensive areas, compared with an increase of 2.4 to 3.7 visits in non-intensive areas 	<ul style="list-style-type: none"> Feasible case load allocated per ANC provider Support provided at community and household levels by recruiting volunteers with paid cash incentives (e.g. for each woman enrolled in ANC in the first trimester) Home visits used as the primary strategy to deliver ANC, reducing logistics and transportation needs of pregnant women
Recruitment and retention of staff and task-shifting of components of ANC	<ul style="list-style-type: none"> Drop outs were less than 10% during the program Task shifting was done to reduce the ANC providers' workload, such as follow up home visits in between ANC contacts and maintaining a weighing scale shifted to the community volunteer 	<ul style="list-style-type: none"> Improved timeliness and quality of ANC contact were encouraged through: Feasible case load allocation Building confidence through hands-on training Simplified job aids Frequent supportive supervision visits, and refresher training Monthly meetings to discuss results and troubleshoot challenges
Community-based interventions to improve communication and support	<ul style="list-style-type: none"> Participation of influential family members and community opinion leaders increased at education events Over 60% of husbands attended at least one forum conducted specifically to discuss the importance of maternal nutrition and their role in procuring the right foods Participation of pregnant women in video shows increased; recall of messages ranged from 40% to 58% depending on the video topic 	<ul style="list-style-type: none"> Husbands' forums with video screenings and discussions on topics including support for pregnant women, locally available nutrition foods and the importance of early and exclusive breastfeeding Separate orientations held for local opinion leaders Mass communication through community events and popular theater reinforced counseling messages and expanded scale and reach

¹ Early breastfeeding initiation is already part of WHO recommendations for newborn care (WHO recommendations on postnatal care of the mother and newborn 2013; General World Health Organization). According to the Lancet (2016), early initiation of breastfeeding reduces neonatal and early infant mortality both through increasing rates of exclusive breastfeeding and by additional mechanisms.



Methods

STEPS FOR INTEGRATING THE NUTRITION PACKAGE INTO ANC

- 1) Jointly plan and obtain commitments from **national ANC policymakers** and program managers for priority interventions
- 2) Identify **gaps in service delivery** protocols and tools; assess and address sub-optimal **knowledge, beliefs and practices** among providers and women; build ongoing data loops for adaptive management
- 3) **Co-design and field-test** processes and materials for improving micronutrient supplies and distribution, dietary and IFA adherence counseling, and weight gain monitoring
- 4) **Build capacity** and sustain the motivation of facility- and community-based health workers and managers until integration of service delivery is completed
- 5) Increase the awareness and **support of community and household members** for pregnant women's ANC nutrition and attendance to enable nutrition practices

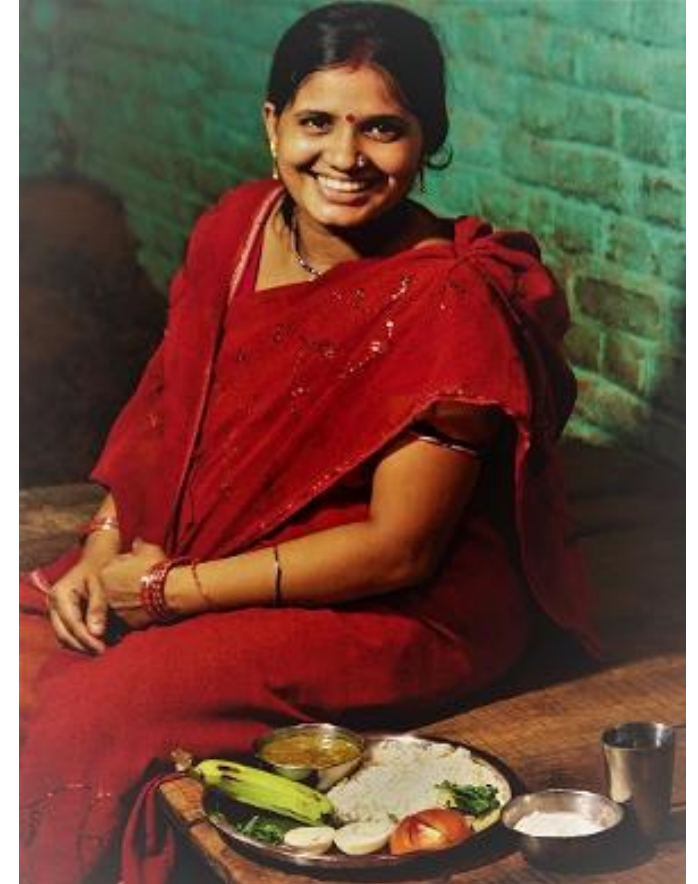


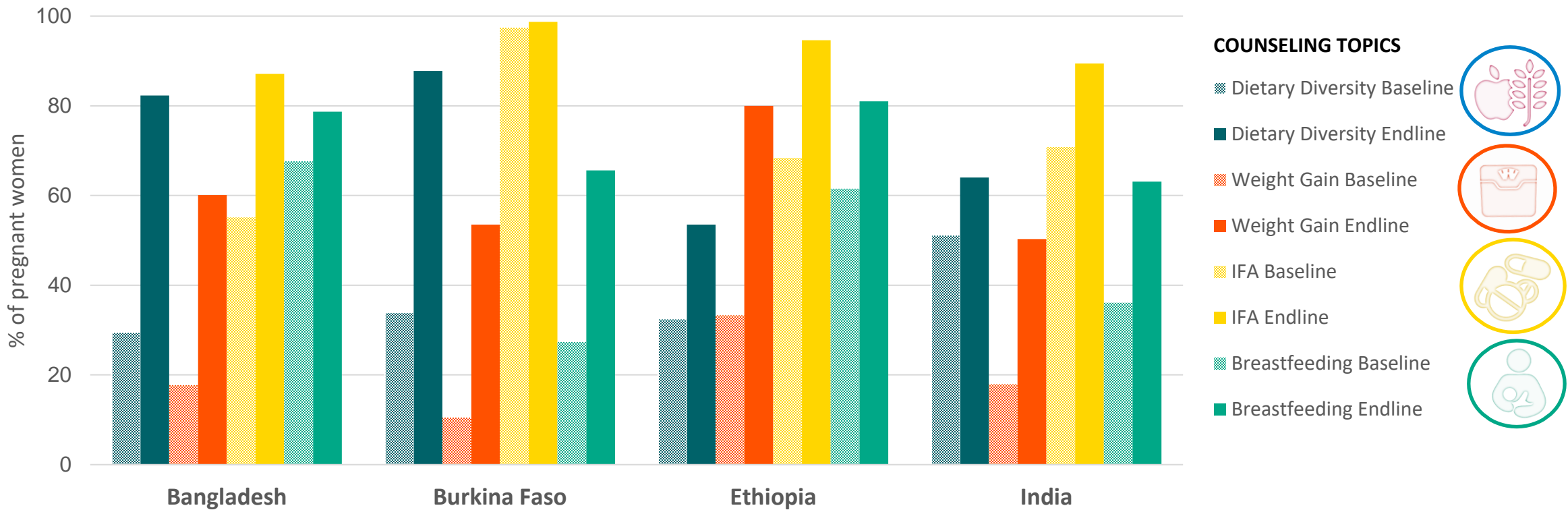
PHOTO CREDIT: ALIVE & THRIVE



Results

SERVICE DELIVERY IMPROVED ACROSS COUNTRIES e.g., NUTRITION COUNSELING

Percentage of pregnant women who received counseling on specific nutrition topics



Source: External RCT evaluations, IFPRI

Conclusion

- Global guidelines require investments in data and testing within existing health systems, community, and socio-ecological contexts
- Impacts at scale associated with diligent adjustments before and during implementation
- It is feasible to integrate a package of nutrition interventions into existing ANC services in diverse settings



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Recommendations for the Field



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A CLOSER LOOK AT EACH STEP...

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- 5) Increase the awareness and support of community and household members for pregnant women's ANC nutrition and attendance to facilitate uptake of practices by pregnant women

Recommendations for the Field



PHOTO CREDIT: BRAC, BANGLADESH

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- 2) Identify gaps in service delivery protocols and tools; knowledge, beliefs and practices of service providers and women; build ongoing data loops for adaptive management
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- 2) Identify gaps in service delivery protocols and tools; assess and address sub-optimal knowledge, beliefs and practices among providers and women; build ongoing data loops for adaptive management
- 3) Co-design and field-test processes and materials for improving micronutrient supplies and distribution, dietary and IFA adherence counseling, weight gain monitoring, and preparation for breastfeeding
- 4) Build capacity and sustain the motivation of facility- and community-based health workers and managers until integration of service delivery is completed
- 5) Increase the awareness and support of community and household members for pregnant women's ANC nutrition and attendance to facilitate uptake of practices by pregnant women

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- 4) Build capacity and sustain the motivation of facility- and community-based health workers and managers until integration of service delivery is completed
- 5) Increase the awareness and support of community and household members for pregnant women's nutrition and timely ANC to enable nutrition practices of pregnant women



Thank you!

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Resources: Attend our Technical Panel to discuss issues in-depth and receive links to our materials.

When and Where: *May 11 at 10:45 am, in Room Protea.* We would like to learn about your experiences also.

