

International Maternal Newborn Health Conference

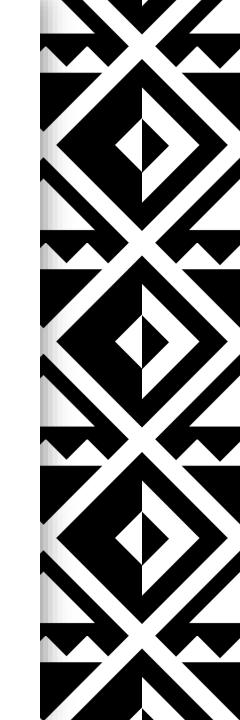




Steps for operationalizing global guidance on nutrition interventions in ANC

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Abstract IMNHC1935



Conflict of Interest Disclosure

The authors declare no conflict of interest.





PHOTO CREDIT: ALIVE & THRIVE

Background

Why Maternal Nutrition

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

WHO recommendations on antenatal care for a positive pregnancy experience

(World Health Organization

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



WHA targets: **\$** 50% anemia, 30% LBW



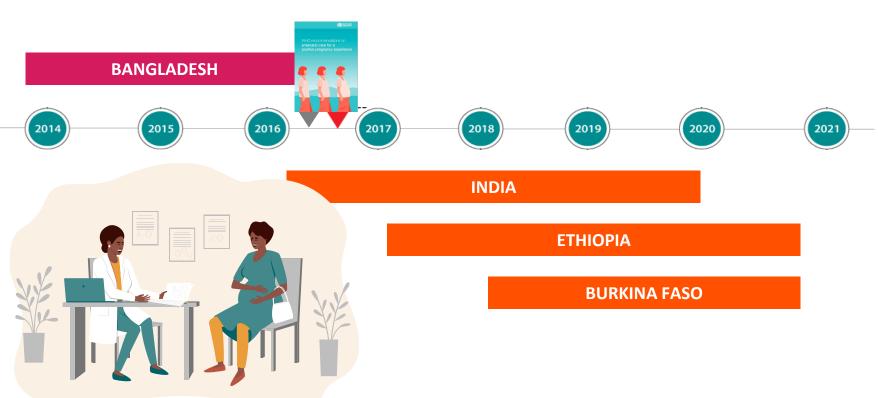
REFERENCES: The Lancet 2008, 2013, 2021; 2016 WHO ANC Guidelines; Sanghvi et al 2022 (Gaps and Design papers, cited on the last slide)

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

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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 INTERV	ENTIONS			
Counseling on healthy eating (dietary diversity, balanced protein energy intake, and food quantity)	Messages on eating five varieties of food increased by SD percentage points Counseling on measuring weight increased to 60% Counseling on amounts of foods to be consumed increased significantly	 Heme-based counseling and coaching, with emphasis on practical demonstrations by health werkers and volunteers. AMC previders given hands-con training on health we conduct the demonstrations. Husbands and mothers-in-law included in demonstrations on food varieties and amounts available in the hame. Unique benefits of each food group emphasized. 			
Daily oral iron and folic acid supplementation	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).	Women counseled on IFA supplementation (benefits, managing side effects, how and when to take) Women offered free iFA during AIC hone vsists Women reminded to take supplies by husband, family members, and health workers			
Daily Calcium supplementation	Counseling to take calcium increased by 45 percentage points Women taking calcium increased to 99% Number of calcium tablets consumed during pregnary, increased to 140 tablets (almost 60 tablets above baseline)	Women counseled on calcium supplementation (benefits, how and when to take) Women affected free calcium supplements during ANC home visits Women reminded to take supplies by husband, family members, and health workers			
Measuring weight	Weight measurement increased 38 percentage points to 98%	Weighing scale maintained in each community Pregnant women weighed at every ANC contact by health worker who recorded the weight in a register An illustrated Yamily valid-nater was maintained in the home and weight was graphed on the chart			
Breastfeeding promotion and support ¹	Counseling on early initiation increased to 79% Exclusive breastfeeding practice increased by 30 percentage points over baseline to 78%	 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 SYS	TEMS INTERVENTIONS			
Adequate number of ANC contacts starting in the first trimester during pregnancy	 More than 50 % of all pregnant women in the program received four or more ANC visits Amost two-fixed 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 37 visits in non-intensive areas 	 Fassible case Lead allocated par ANC provider Support provider al community and number levels to remaining valuates and a community and number levels valuates and the part case of the second second and ANC in the Fast timester) Home visits used as the primary strategy to deliver ANC, reducing legistics and transportation needs of pregnant women 			
Recruitment and retention of staff and task-shifting of components of ANC	Drop outs were less than 10% during the program Task shifting was done to reduce the ANC provider's workload, such as follow up home visits in between ANC contacts and maintaining a weighing scale shifted to the community volunteer	Improved timeliness and quality of ANC contact were encouraged through. Feasible case load allocation Building confidence through hands on training. Simplified just auto-quantization writis, and refreshed training. Monthly meetings to discuss results and traubleshoat challinges.			
Community-based interventions to improve communication and support	 Participation of influential family members and community opinion feaders increased of community opinion feaders increased Over 60x includes and the set one forum conducted specifically to discuss the importance of maternal native includes in arccurring the right foods Participation of oreganst women in video shows increased, recall of messager ranged form 40x to Se depending on two loss to the form 40x to Se depending on the wideo task 	Hubbands' forums with video screenings and discussions on topics including support for prepared summers (in cludy available breastfeeding) in protocols of only and exclusive breastfeeding. How hubble and the states of the summary of the screening of the states of the states of the states that are reinforced counseling messages and expanded scale and reach.			

Early becastleeding initiation is already part of WHO recommendations for newborn care (WHO recommendations on postratal care of the mother and newborn 2013. General World health Organization). According to the Cancer (2016), early initiation of breastleeding reduces neonatal and early infant mortality both through increasing rates of exclusive toward technic and the definition interactions.

ALIVE & THRVE IT HOW TO SCALE UP MATERNAL MUTRITION INTERVENT

	al Nutrition ntion Package
FA and calcium supplementation and counseling	<image/>

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 suboptimal 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

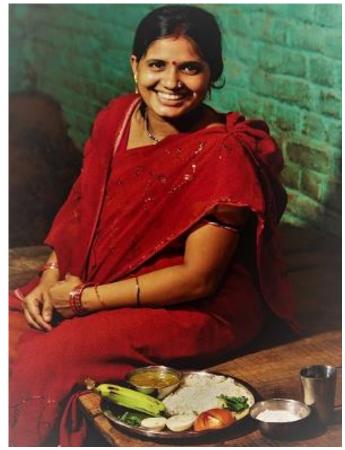
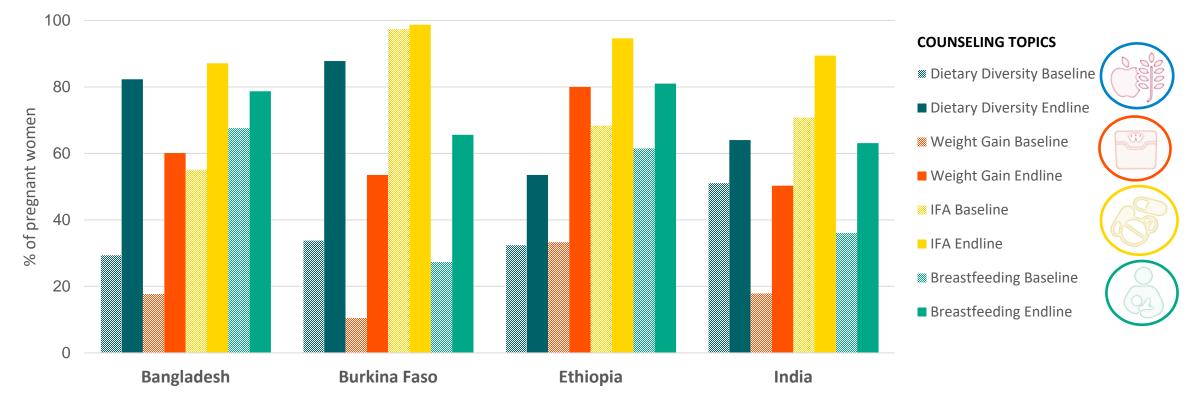


PHOTO CREDIT: ALIVE & THRIVE

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 socioecological 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







PHOTO CREDIT: ALIVE & THRIVE

A CLOSER LOOK AT EACH STEP...

1) Jointly plan and obtain commitments from national ANC policymakers and program managers for priority interventions

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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
- 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





PHOTO CREDIT: BRAC, BANGLADESH

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- 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
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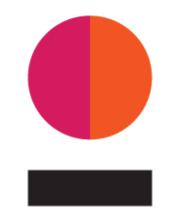




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- Co-design and field-test processes and materials for improving micronutrient supplies and distribution, dietary and IFA adherence counseling, and weight gain monitoring
- Build capacity and sustain the motivation of facility- and community-based 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!

Acknowledgements: Alive & Thrive's funding by the Bill & Melinda Gates Foundation and Govt. of Canada. We are grateful to the Ministries of Health and their maternal health, ANC and nutrition departments for partnering with us; and to IFPRI and their national collaborating institutions for the external evaluations. **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.

