

Strengthening Quality of Breastfeeding Counselling at Private Healthcare Facilities in Urban Nigeria

LESSONS FROM LAGOS STATE

In Nigeria, women in urban areas are increasingly turning to private hospitals and clinics for delivery and routine health and nutrition services. Supporting private healthcare providers with best practices in breastfeeding counselling is essential to ensuring the optimal health and nutrition of women and children. From 2018 to 2020, Alive & Thrive partnered with private health facilities in Lagos State to strengthen the quality of breastfeeding counselling, including integration of the Baby-Friendly Hospital Initiative.

Background

In Nigeria, around one third of births in urban areas and a quarter of births in rural areas take place in private facilities (NBS & UNICEF, 2022). This is far higher in Lagos State, where 53% of women delivered in a private health facility (NBS & UNICEF, 2022). In Lagos State, families are also more likely to consult private providers for antenatal care (ANC) and counselling and immediate postnatal care (PNC). Thus, private healthcare providers play an important role in delivering key nutrition services and need to be supported with applying best practice in breastfeeding counselling during their routine services.

From 2019 to 2020, Alive & Thrive (A&T) focused on engaging and strengthening the capacity of 10 private health facilities in Lagos State to provide high-quality breastfeeding and infant and young child feeding (IYCF) support services. In partnership with the local government accreditation agency and the Equitable Health Access Initiative, A&T trained participating health facilities on the Baby-Friendly Hospital Initiative (BFHI), which aims to provide health workers with the skills and confidence to support mothers with breastfeeding (WHO, 2018). A&T also promoted breastfeeding among mothers, fathers, and influential family members through a range of social and behaviour change interventions. This brief describes A&T's approach to strengthen the capacity of private healthcare providers with supporting breastfeeding, summarizes the results of the evaluation conducted by RTI International, and offers key learnings for future programs and interventions.



What We Did

The 10 participating private health facilities were selected based on criteria developed in collaboration with the Lagos State Ministry of Health and the Association of General and Private Medical Practitioners of Nigeria. Selected health facilities were registered private health facilities; offered maternity and paediatric services such as ANC, PNC, and immunization; and served at least 70 ANC clients per month, among other criteria.

In collaboration with key government partners and other stakeholders, A&T ensured high-quality breastfeeding support services were integrated into existing routine services and provided training to health facility managers on BFHI's 10 steps to successful breastfeeding. A&T also reached mothers, fathers, and influential family members through several channels, including mobile phone messaging campaigns, mass media (radio, TV, social media), and creation of breastfeeding champion groups through WhatsApp. Figure 1 illustrates the variety of approaches undertaken to reach pregnant women and mothers of children under 2 years, with more details provided below.

FIGURE 1: A&T REACHED PREGNANT WOMEN AND MOTHERS OF CHILDREN UNDER TWO WITH BREASTFEEDING SUPPORT SERVICES THROUGH A VARIETY OF CHANNELS



Strengthen capacity of private facilities to provide high-quality breastfeeding counselling support

- Conducted refresher trainings using the A&T IYCF Practical Skills Orientation Manual for more than 150 health providers on improved interpersonal communication and breastfeeding counselling support techniques. Providers were also supported by breastfeeding coaches, who were not facility personnel but program staff who coached, supervised, and mentored the providers.
- Developed job aids to support healthcare providers with counselling support, including posters, reminder cards, a summary of the International Code of Marketing of Breast-milk Substitutes, and take-home materials for mothers.
- Integrated breastfeeding and IYCF counselling into the facilities' supervisory checklists. The clinic observation checklist was used by breastfeeding coaches to assess how health workers counsel and demonstrate breastfeeding practices to new mothers.
- Supporting improved data quality and monitoring for IYCF counselling data in facility registers.

Support private facilities with institutionalization of the Baby-Friendly Hospital Initiative

- Provided initial training to health facility managers and staff on BFHI and the 10 steps to successful breastfeeding followed by quarterly refresher trainings.
- Supported facilities with implementing the 10 Steps (table 1 below summarizes steps taken to achieve each step).
- Included breastfeeding/IYCF counselling performance improvement in the facilities' quality improvement plans. The "10 Steps Compliance Rate Dashboard" was used to document progress and referred to during staff meetings.
- Ensured facilities displayed the 10 Steps posters throughout the facility, including the outpatient department, ANC, labour, and delivery wards.

Engage mothers, fathers, and influential family members through social and behaviour change interventions

- Contacted pregnant women, mothers, and fathers of children aged 0 to 23 months, and influential family members (mothers and mothers-in-law) through SMS and WhatsApp with key breastfeeding messages. Topics included: dispelling breastfeeding myths; importance of good maternal nutrition during pregnancy and after delivery; benefits of early initiation of breastfeeding to baby; appropriate positioning and attachment for breastfeeding; how to manage inverted and flat nipples; how to manage pain during breastfeeding; tips to improve lactation; and tips to ensure breastmilk intake by newborns.
- Starting in early 2020, SMS and WhatsApp were also used to share information and visuals on COVID-19 prevention tips for pregnant women and new mothers, and factors concerning COVID-19 and pregnancy.
- Connected mothers with breastfeeding champions through WhatsApp platforms, providing an opportunity to discuss breastfeeding challenges. Breastfeeding champions were identified by health facility staff and had practiced exclusive breastfeeding for at least five months. Healthcare providers also participated in the WhatsApp groups, answering women's questions and providing virtual group counselling.
- Organized a baby shower event at one participating health facility to engage and encourage husbands to support their wives with breastfeeding. The baby shower event also included a short presentation on the 10 Steps to successful breastfeeding and some fathers brought gifts for their wives.
- Developed and broadcast IYCF messages through mass media (radio, TV, and social media) as part of A&T's Start Strong campaign.



TABLE 1: SUPPORT FOR THE 10 STEPS TO SUCCESSFUL BREASTFEEDING IN PARTICIPATING PRIVATE HEALTHCARE FACILITIES

	Ten Steps¹	Support offered and action taken
Step 1	<p>a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.</p> <p>b. Have a written infant feeding policy that is routinely communicated to staff and parents.</p> <p>c. Establish ongoing monitoring and data-management systems.</p>	<ul style="list-style-type: none"> • Facilities developed site-specific breastfeeding policies and displayed them in strategic and conspicuous locations. • Three counselling manuals were available in all the facilities, used daily and strategically placed at the ANC, labour ward, and immunization clinics. • Breastfeeding and IYCF counselling were integrated into the facilities' supervisory checklists.
Step 2	<p>Ensure that staff have sufficient knowledge, competence, and skills to support breastfeeding.</p>	<ul style="list-style-type: none"> • Orientation and trainings were conducted for all relevant staff and a training plan established. • Breastfeeding coaches conducted weekly mentoring and coaching of staff in ANC, labour wards, and immunization clinics. • An observation checklist was used to mentor healthcare providers on how to assist mothers on proper positioning and attachment.
Step 3	<p>Discuss the importance and management of breastfeeding with pregnant women and their families.</p>	<ul style="list-style-type: none"> • Midwives and other health care providers adopted and discussed the benefits and provided breastfeeding counselling support in the antenatal period during one-on-one and group counselling sessions across the facilities. • The WhatsApp group was also used to communicate the importance and benefits of breastfeeding.
Step 4	<p>Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.</p>	<ul style="list-style-type: none"> • Facility staff were mentored to ensure skin-to-skin contact by putting the baby on the mother immediately after delivery before the placenta is cut, as well as supporting mothers with breastfeeding attachment and positioning.

Step 5	Support mothers to initiate and maintain breastfeeding and manage common difficulties.	<ul style="list-style-type: none"> • A contact schedule was utilized to ensure all mothers have a plan to continue exclusive breastfeeding when they return to work. • Mothers of preterm and jaundiced babies were taught to manually express breast milk. Facility staff and the breastfeeding coaches supported mothers of sick infants to practice manual expression of breast milk, safe storage, and use of cup and spoon at the facilities. • Some facilities with uninterrupted power supply to their refrigerators helped mothers store their labelled breast milk with restricted access. • Facilities without refrigerators ensured expressed breast milk was maintained at room temperature for at most 8 hours. Facilities with no capacity for neonatal intensive care referred infants who needed specialized care.
Step 6	Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.	<ul style="list-style-type: none"> • Breastfeeding counselling support emphasized the importance of not giving infants any food or fluids other than breastmilk. • The participating facilities did not include breastmilk substitutes in their delivery lists.
Step 7	Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.	<ul style="list-style-type: none"> • Facility managers supported the benefits of the 24-hour rooming-in policy for all mothers. Only infants with clinical conditions (e.g., jaundice) were separated from their mothers for a period of time, as their treatment indicated.
Step 8	Support mothers to recognize and respond to their infants' cues for feeding.	<ul style="list-style-type: none"> • Mothers were encouraged to breastfeed on demand through one-on-one and group counselling sessions at ANC, labour ward, and immunization clinics. • The WhatsApp group was also used to communicate the need to breastfeed on demand and the importance to new mothers post-discharge.
Step 9	Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers.	<ul style="list-style-type: none"> • Mothers were counselled on the risks of feeding bottles, teats, and pacifiers. • Facilities discouraged mothers from bottle feeding and the use of pacifiers.
Step 10	Coordinate discharge so that parents and their infants have timely access to ongoing support and care.	<ul style="list-style-type: none"> • Phones were deployed to facilities and utilized to support mothers in their breastfeeding journey post-discharge from the facilities. • A generic schedule for the SMS messaging was utilized for sending scripted messages and a WhatsApp platform was established for mothers to discuss breastfeeding challenges virtually with healthcare providers.

Key Learnings

Private health facilities have extraordinary potential and strengthening breastfeeding counselling support in routine services can improve breastfeeding practices.

- A&T trained more than 150 health care providers in the antenatal, delivery, immunization, and paediatric outpatient departments at the participating private healthcare facilities. The training focused on practical skills rather than traditional didactic approaches, and consisted of modules that can be revisited regularly.
- An evaluation of this approach revealed that exclusive breastfeeding practices at 6 weeks was significantly higher in the participating private facilities (83%) than in comparison facilities not receiving the interventions (76%) (Flax et al., 2022). The evaluation also found that exclusive breastfeeding at 24 weeks was 66% in intervention facilities and at 52% in comparison facilities (Flax et al., 2022). However, there was no statistically significant impact on early initiation of breastfeeding practices in the intervention facilities.
- For the detailed evaluation findings, consult the published article, [“Breastfeeding Interpersonal Communication, Mobile Phone Support, and Mass Media Messaging Increase Exclusive Breastfeeding at 6 and 24 Weeks Among Clients of Private Health Facilities in Lagos, Nigeria.”](#) (Flax et al., 2022).

FIGURE 2. MASS MEDIA MATERIALS FROM A&T START STRONG CAMPAIGN.



Collaboration with government partners and key stakeholders was essential to ensuring success and could facilitate future scale-up.

- Working with the Lagos State Ministry of Health, the Association of General and Private Medical Practitioners of Nigeria, and the Lagos State Health Facility Monitoring and Accreditation Agency was crucial to gaining buy-in from participating private healthcare facilities. Their support was necessary for training and monitoring healthcare providers and working with health facilities to integrate breastfeeding support into routine services.
- Engaging these stakeholders may facilitate scale-up of this approach across all private health facilities in Lagos. Using evidence and data from this experience could also generate buy-in for other health facility managers.

Breastfeeding counselling support incorporated two-way communication wherever possible, providing mothers ample opportunities to discuss breastfeeding challenges.

- Mothers were connected with breastfeeding champions via WhatsApp, providing them an opportunity to discuss breastfeeding skills and practice outside of the health facility. Mothers could also share challenges and difficulties in real time rather than waiting for their next visit to the health facility.
- The WhatsApp platform also included a Frequently Asked Questions section on early initiation of breastfeeding and exclusive breastfeeding. This led to improved interactions with clients especially for problem solving and counselling.
- Facility staff also used SMS to reach mothers by phone with reminders about appointments and to share key messages. Engaging mothers in the development of the messaging schedules ensured messages were sent at a time mothers were likely to read them. However, there were some challenges reaching mothers by phone. Some phone numbers were found to be invalid or had unknown senders blocked. Additionally, mothers were first enrolled for SMS campaigns during their ANC or PNC session, when health workers had many other competing tasks, and as a result some mothers were not enrolled.

References

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