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BARENTS BREASTFEEDING PROMOTION PROJECT

Progress Report
January–December 1997

EUROPEAN HEALTH21 TARGET 3

HEALTHY START IN LIFE

By the year 2020, all newborn babies, infants and pre-school children in the Region should have better health, ensuring a healthy start in life

(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)

EUROPEAN HEALTH21 TARGET 11

HEALTHIER LIVING

By the year 2015, people across society should have adopted healthier patterns of living

(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)

ABSTRACT

The Barents Breastfeeding Promotion Project is part of the Barents Euro-Arctic Region Initiative, by which it is funded. It comprises a series of activities designed to promote breastfeeding and encourage the spread of the WHO/UNICEF Baby-Friendly Hospital Initiative in the Barents Region of the Russian Federation and in Karelia. This report describes the activities carried out by WHO in 1996–1997 under the project, and outlines plans for the future.

Keywords

BREAST FEEDING
INFANT NUTRITION
HEALTH EDUCATION
COUNSELING
HOSPITALS
TEACHER TRAINING
RUSSIAN FEDERATION

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CONTENTS

	<i>Page</i>
Introduction	1
Activities, 1997.....	1
Petrozavodsk, January 1997, BFHI introductory course.....	2
Arkhangelsk, September 1997, Breastfeeding counselling course	3
Murmansk, December 1997, Course on assessment of maternity facilities and Assessment of Maternity Home No. 3.....	4
Extending the scope of the BFHI.....	5
Future plans	6
Annex 1 Baby-Friendly Hospital Initiative: training modules	7
Annex 2 Lists of facilitators and participants in the BFHI courses.....	8
Annex 3 Cost of feeding with breastmilk substitutes in the Russian Federation, autumn 1997.....	14
Annex 4 Arkhangelsk regional programme of protecting, promoting and supporting breastfeeding	15

INTRODUCTION

In line with the wish of its Member States as expressed in 10 resolutions at the World Health Assembly over the last 17 years, the World Health Organization Regional Office for Europe has made the promotion of breastfeeding one of the three areas of its programme on Nutrition Policy, Infant Feeding and Food Security (NIF).

Within this programme, and as part of the Barents Breastfeeding Promotion Project, the Regional Office has, since 1994, been conducting introductory courses to the WHO/UNICEF Baby-Friendly Hospital Initiative (BFHI) and on the implementation of the *Ten steps to successful breastfeeding* in the Barents region of the north-western part of the Russian Federation. The Project forms part of, and is funded by, the Barents Euro-Arctic Region Initiative. It comprises a series of activities designed to promote breastfeeding and encourage the introduction of the BFHI in the three Russian regions covered by the Initiative: Arkhangelsk, Karelia and Murmansk (Annex 1).

In the first year of the project, WHO in conjunction with the local health authorities sought to arouse interest in the BFHI among policy-makers and relevant health professionals in the Barents region. This resulted in a notable increase in the number of health workers interested in and committed to the BFHI in these regions, as well as considerable changes in feeding practices in many maternity homes.

Although the Russian Federation is still a "breastfeeding-friendly" country, there remains some resistance. Health workers who may be either committed to the old way of doing things or possibly convinced that breastfeeding is a thing of the past and that artificial feeding has its advantages. The central piece of regulatory legislation in this respect, Edict No. 55 of 1986 *About organization of maternity hospitals' work*, does not appear to have been amended in the light of evidence that breast is best. As the fines meted out for breaches of this edict are collected (and presumably kept) by the Sanitary and Epidemiological Inspectorate, this also militates against the introduction of simpler, more flexible regulations in maternity homes.

Further activities were therefore planned to continue the Project in Arkhangelsk and Murmansk and to extend it into Karelia in 1996-1997. This report describes those activities and outlines plans for the next stage of the Project.

ACTIVITIES, 1997

Three courses were organized in 1997. In January an introductory workshop (module 1) was organized in Petrozavodsk as the first stage of the extension of the project into Karelia. In September a breastfeeding counselling (module 3) course was held in Arkhangelsk and in December a training course on the assessment of maternity facilities according to the BFHI criteria (module 4) was held in Murmansk. The Murmansk course was followed by assessment and subsequent designation of Murmansk Maternity Home No. 3 as a baby-friendly hospital. The facilitators of and participants in each course are listed in Annex 2.

Work has also continued on the translation and printing of BFHI teaching tools in Russian.

The Breastfeeding Counselling course (module 3) planned to take place in Murmansk in October 1997 was postponed until March 1998, and the workshop on advances in neonatal intensive care

scheduled for all three cities in November 1997 is now planned for October 1998. It had also been planned to conduct a Breastfeeding Counselling course (module 3) in August and hospital assessment (module 4) in November in Petrozavodsk. These plans have, however, been postponed to allow health professionals in the district to gain more familiarity with the concepts of the BFHI.

Petrozavodsk, January 1997, BFHI introductory course

The purpose of this course was to introduce the BFHI to Karelia. Forty-six participants from seven districts attended. Only two midwives and seven nurses were present, however, despite WHO's request that midwives and nurses should be included. The majority of the participants came from children's polyclinics, where they faced the problem of how to maintain breastfeeding rather than how to initiate it.

The Regional Minister for Health endorsed the initiative by delivering a short speech to open the workshop and presiding over the closing dinner. At the final session he asked participants for suggestions for follow-up to the course. Many expressed interest in visiting Arkhangelsk or Murmansk.

The presence of Professor Kondakova from Arkhangelsk and Dr Dinekina from Murmansk as facilitators was of great value at this workshop. Both had already attended all the courses arranged by WHO that were available to them; they had implemented the changes discussed on these courses in their maternity facilities and are doing their utmost to spread their knowledge more widely. Despite their lack of English, the language barrier did not present an insuperable problem thanks to the two interpreters who have now worked several times with WHO and whose professionalism was important for the success of the course.

During the course a visit was paid to Maternity Home No. 1 where half the births in the city had taken place in 1996. This maternity home considered itself quite advanced and was hoping to be the first to be designated baby-friendly in the region. Positive aspects included individual delivery rooms and permission for fathers to stay with mothers during labour and birth. Babies were only swaddled from the waist down. There was rooming-in and demand-feeding, but although no bottles or teats were seen it proved difficult to find out if breastmilk substitutes were being used. On the other hand, about two thirds of the births were classified as pathological on the grounds (in 1996) of pre-eclampsia, anaemia, oedema, nephropathies and cardiovascular conditions. The birthing beds were very narrow, making it difficult for mothers to rest with their babies after birth, and babies delivered by caesarian section were not usually brought to their mothers for three days.

The outcome of the course showed that there was clearly a great will to promote breastfeeding, although delivery procedures and routines will have to be re-examined before much progress can be made. The discussions resulted in clear and practical proposals for what should be done, presented in a manner that gave the impression that participants were planning to introduce their ideas as soon as possible.

Recommendations

Participants made the following recommendations.

1. Health care management of pregnancy and birth needs to be improved. As this is a general problem, future courses should continue to include discussions of this topic, and the BFHI should be extended to cover the birthing situation.
2. Delivery procedures and routines should be looked into with the aim of helping mothers to begin early breastfeeding. Narrow birthing beds and hovering paediatricians and obstetricians militate against this at present.
3. More information is needed on family planning to avoid the problem of unwanted children.
4. More training is needed.
5. A second workshop could be held along the same lines a year after the first, to allow for further clarification of issues and more in-depth discussion and problem-solving.
6. Those participants who were interested in visiting Arkhangelsk or Murmansk could be helped to do so. Some could be invited to joint the second part of the course planned for Arkhangelsk later in the year.
7. Contact should be maintained with the staff at Maternity No. 1 and they should be encouraged to improve conditions so that they can become BFHI-designated. This could either be done on the occasion of a second course or through a consultant's visit.
8. WHO should investigate the need for a short course for hospital administrators.

Arkhangelsk, September 1997, Breastfeeding counselling course

The Breastfeeding Counselling Course (module 3) was in two parts of five days each. The first part was devoted to training seven trainers, and the second to supervising these trainers as they ran the course for 27 participants. The majority of the participants were in senior positions and thus well placed to pass on the contents of the course to colleagues.

Sessions ran from 0830 to 1830, which made for a highly intensive schedule. Even so, five days was not long enough to get through either part of the entire course content. It is for consideration whether the two parts should be extended by a day each or whether there should be a more limited selection of sessions on another occasion.

Objective

The course promotes evidence-based, mother-baby-friendly practices whose success in enabling mothers to breastfeed has been reinforced by recent research and global experience. In addition to introducing new feeding routines, the course aims to change attitudes and practices surrounding communication between mothers and health workers towards a more egalitarian, listening and friendly style than has been common in the past. This aspect of the course greatly impressed both trainers and participants, although they found it challenging and difficult.

Clinical sessions

For the clinical sessions the three maternity homes in Arkhangelsk allowed participants access to their premises and unrestricted interaction with mothers and babies. These sessions were invaluable in that they obliged participants to translate between their own everyday situations and the new ideas brought up at the course. The last clinical session of the second week involved

visits to three polyclinics, where mothers tend to be more interested in their own diet and health and in complementary feeding of their babies and less in technical questions surrounding breastfeeding. These visits were valuable in pointing out the need for more information for health workers to enable them to assist and support mothers properly. Participants found that they needed quite different technical knowledge in the polyclinic setting; directors of future courses should, therefore, consider additional preparation when visits to polyclinics are to be included.

Marketing of breastmilk substitutes

The organizers of the course found that breastmilk substitutes were being marketed in Arkhangelsk. One polyclinic had a display from a large Swiss multinational firm, in contravention of an agreement said to exist between the firms and the Department of Health. In view of this, the organizers made slight changes to the role-play in the trainers' manual to reflect the challenge posed by this situation to the local health workers attending the course.

In response to a suggestion made during the course, the organizers also calculated the cost of artificial feeding in the Russian Federation as at autumn 1997. At Rbl 230 000 a month, this worked out at considerably more than the Rbl 180 000 monthly salary of, for example, a secretary in an academic institution (Annex 3).

Evaluation

The course was highly successful. Russian participants who had been critical at the outset of each part seemed to have been convinced by the inherent logic of the new procedures by the end: indeed, they were interested to observe their own change of mind as the course progressed. At the end of the two weeks, the organizers considered that the three Russians running the second week (Dr Dinekina from Murmansk, Professor Kondakova from Arkhangelsk and Dr Vartapetova from Moscow) were fully capable of training further trainers anywhere where the Russian language is spoken.

Future cooperation

Dr Emmanuelov, Chief Medical Officer in the Arkhangelsk region, told the course organizers that he was interested in keeping in touch with WHO and would also welcome further contact with Norway. There is already considerable cooperation between the Regional Hospital in Tromsø, Norway, and the Arkhangelsk Department of Health. Dr Emmanuelov presented to the course organizers a regional programme to protect, promote and support breastfeeding which he had already approved (Annex 4).

Murmansk, December 1997, Course on assessment of maternity facilities and Assessment of Maternity Home No. 3

The training course on the assessment of maternity facilities according to the BFHI criteria (module 4) was organized by the Regional Office in cooperation with local organizers, with most of the funding provided by UNICEF Geneva. There were four participants from the Russian Federation and one from Denmark, chosen because of their experience in lactation management practice, familiarity with the BFHI and in-depth knowledge of hospital feeding practices. Three represented hospitals that had already been designated baby-friendly and two were leading breastfeeding specialists in their regions.

The course lasted one and a half days over 15-16 December, which is adequate for participants who are knowledgeable about and have practical experience of the BFHI and breastfeeding management. Training should be very intensive with the minimum amount of interruptions.

Immediately after the course, and with the prior agreement of UNICEF, WHO, the Murmansk Health Care Department and Murmansk Maternity Home No. 3, the newly-trained assessors formed part of the BFHI team assessing this maternity home for designation as baby-friendly. (Dr Dinekina, Chief Obstetrician at this maternity home, did not of course take part in the assessment.) They unanimously agreed that the maternity home had successfully introduced the ten steps towards successful breastfeeding, that it did not allow the use of or disseminate free or low-cost infant formula, and that it fully met the criteria for designation as a baby-friendly hospital.

The team used external assessors' manuals, questionnaires and summary sheets prepared in advance in Moscow. However, differences between the Russian and English versions led to some problems in assessment and interpretation of results and pointed to the need to review the Russian version before the documents are used again.

The team members were interested in the Murmansk experience in organizing mother-to-mother support groups. This is the first successful such experience in this field in the Russian Federation. It should be thoroughly investigated and recommended for further use in the country.

Before the training course began, a meeting was held with health care authorities in Murmansk to discuss:

- the situation regarding breastfeeding and the BFHI in Murmansk city and region and cooperation with the Barents Initiative;
- the dissemination of information and knowledge about breastfeeding and the BFHI through 1-2-day meetings and training courses;
- the use of Maternity Home No. 3 as a demonstration and training model for the city and region; and
- plans for 1998.

A meeting was also held with senior staff of Murmansk Maternity Home No. 1 to tell them about the procedure for designation as a baby-friendly hospital. Finally, three press conferences were given to representatives of the local television, radio and newspaper about the aims of the visit and of the assessment of Maternity Home No. 3, the BFHI and breastfeeding issues.

EXTENDING THE SCOPE OF THE BFHI

In the Barents area overall, the BFHI appears to be an accepted, if not yet widely adopted, concept. The contrast between the ideas of the BFHI and the oppressive routines governing childbirth are becoming ever more striking to Russians as well as to foreign visitors. The success of the BFHI has led to consideration of whether to include a mother-friendly element reaching into the obstetric routines surrounding birth and ante- and postnatal care (the latter particularly in view of the increasingly short stays in maternity wards in many countries). Presentations by facilitators which explored the possibility of expanding the BFHI in this way (which were additional to the courses and thus not obligatory) were received with great interest by the participants.

FUTURE PLANS

The following courses are planned for 1997–1998:

- Arkhangelsk: June 1998, Assessment course (module 4), assessment of Maternity Home No. 7
- Murmansk: December 1997, Assessment course (module 4), assessment of maternity home
March 1998, Breastfeeding counselling course (module 3)
- Petrozavodsk: May 1998, Introductory course (module 2)
June 1998, Assessment course (module 4), assessment of maternity home
Autumn 1998, Breastfeeding counselling course (module 3)
- Joint activity: Summer 1998, visit to Svendborg Baby-Friendly Hospital in Denmark for two persons from each town (in the case of Petrozavodsk, appropriate individuals will need to be identified during the introductory course in May 1998).

In addition, the NIF programme may support the IBFAN course on the *Code of marketing of breastmilk substitutes* in Moscow in March 1998.

Work will continue on the translation and printing of BFHI documentation in Russian.

Dr Vartapetova (Moscow) is planning, together with like-minded people, to set up an association to implement the Innocenti Declaration in the Russian Federation. A training centre might be attached to such an association; if this happens, it could facilitate international as well as national collaboration between colleagues interested in promoting breastfeeding in the country.

Annex 1

BABY-FRIENDLY HOSPITAL INITIATIVE: TRAINING MODULES

Purpose	Target audience	Expected outcome	Duration
<p>Module 1 Participants learn about the BFHI concept and the <i>Ten steps to successful breastfeeding</i></p>	<p>Policy-makers, health care administrators and people responsible for maternity facilities (50–100 participants)</p>	<p>Interest in joining the BFHI at local level</p>	<p>Half a day</p>
<p>Module 2 BFHI – from theory to practice. Participants learn how to translate the BFHI theories and the <i>Ten steps to successful breastfeeding</i> into practice in the local maternity facilities and/or polyclinics. The topics presented include modern lactation management, breastfeeding counselling and birth practices</p>	<p>Health professionals responsible for maternity facilities and polyclinics (max. 50 participants)</p>	<p>Local plan of action</p>	<p>Four-day workshop</p>
<p>Module 3 Breastfeeding Counselling Course: a training the trainers course consisting of two parts: Part I: Participants learn about breastfeeding counselling and how to teach the subject Part II: Participants themselves conduct a five-day course for about 25 health professionals</p>	<p>Selected health professionals (max. 10 participants)</p>	<p>Participants will be qualified to conduct training courses on breastfeeding counselling for health professionals and courses to train other trainers</p>	<p>Two-week course</p>
<p>Module 4 Participants learn how to assess maternity facilities to determine their eligibility for designation as Baby-Friendly under the criteria set out by WHO/UNICEF for designation</p>	<p>Selected health professionals with experience in research and/or work in maternity care environments (max. 25 participants)</p>	<p>Participants will be qualified to conduct an assessment</p>	<p>Three-day workshop</p>
<p>Module 5 WHO/UNICEF selected assessors, or persons trained under module 4, carry out a two-day assessment of maternity facilities to determine their eligibility for designation as Baby-Friendly</p>			<p>Two-day assessment</p>

Annex 2

LIST OF FACILITATORS AND PARTICIPANTS IN THE BFHI COURSES

Murmansk

Meeting with Murmansk health care authorities and mass media, 15 December 1998

Visiting team

Dr Natalia Vartapetova (Moscow)
Dr Ludmila Romanchuk (Electrostal)
Dr Tatjana Dinekina (Murmansk)
Dr Svetlana Kedrova (Electrostal)
Dr Nina Kondakova (Arkhangelsk)
Dr Ludmila Schmarova (Electrostal)
Ms Anne Hoejmark Jensen (Denmark)

Murmansk health care authorities

Dr Arkadiy Rubin (Deputy Head, Regional Health Care Department)
Dr Ludmila Kovalenko (Head Obstetrician, Regional Health Care Department)
Dr Valeriy Peretrukhin (Deputy Head, City Health Care Department)
Dr Sergey Sidorenko (Head Physician, Maternity House No. 3)

Training course on the assessment of maternity wards according to criteria of the WHO/UNICEF Baby-Friendly Hospital Initiative, 15–16 December 1998

Trainers

Dr N.V. Vartapetova, Moscow, Russian Federation
Dr L.I. Romanchuk, Electrostal, Russian Federation

Participants

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Dr Svetlana Kedrova, Electrostal, Russian Federation
Dr Nina Kondakova, Arkhangelsk, Russian Federation
Dr Ludmila Schmarova, Electrostal, Russian Federation
Ms Anne Hoejmark Jensen, Svendborg, Denmark

BFHI Assessment of Murmansk Maternity House No. 3, 17–18 December 1998

External assessors team

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Dr Svetlana Kedrova (Electrostal)
Dr Nina Kondakova (Arkhangelsk)
Dr Ludmila Romanchuk (Electrostal)
Dr Ludmila Schmarova (Electrostal)
Dr Natalia Vartapetova (Moscow) – senior assessor

Head staff of Maternity No. 3

Dr S.A. Sidorenko, Head Physician.
Ms G.V. Vorobey, Senior Nurse of the Maternity House
Ms L.P. Sholudjko, Senior Nurse of the Maternity Unit
Ms T.N. Salomatina, Senior Nurse of the Antenatal Unit

Petrozavodsk

Introductory workshop on the Baby-Friendly Hospital Initiative, 21-24 January 1997

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Children's polyclinic No.3, Petrozavodsk

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Children's polyclinic No. 4, Petrozavodsk

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Children's railway polyclinic, Petrozavodsk

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City children's hospital, Petrozavodsk

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Breastfeeding Counselling Course, 23 September – 3 October 1997

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Annex 3

**COST OF FEEDING WITH BREASTMILK SUBSTITUTES IN THE RUSSIAN FEDERATION,
AUTUMN 1997**

The following calculation was made on the basis of the price of a 450 g tin of NAN infant formula (manufactured in the Netherlands by Nestlé in November 1996, expiry date November 1998) in Arkhangelsk in September 1997.

A 3-month-old baby needs 6 scoops each of 4.4 g of infant formula 5 times a day, i.e. 132 g of formula.

A 450 g (net weight) tin of formula would last 3–4 days.

About 10 tins of formula would be needed per month @ Rbl 230 000 each.

The monthly salary of a young paediatrician starting her career in the Moscow area is Rbl 290 000.
The monthly salary of a secretary at an academic institution is Rbl 180 000.

Annex 4

ARKHANGELSK REGIONAL PROGRAMME OF PROTECTING
PROMOTING AND SUPPORTING BREASTFEEDING

Background

Breastfeeding is second to none in providing babies with the ideal food needed for their effective growth and development. It produces a unique biological and emotional effect on both the mother's and the baby's health. The anti-infection properties of breastmilk help to protect babies against various diseases.

The rate and duration of breastfeeding have been decreasing in the Arkhangelsk region, as elsewhere in the Russian Federation, for a variety of social, economic and cultural reasons.

Only one third of women in the Arkhangelsk region breastfeed their babies until the age of three months; by the sixth month the rate declines to 28%.

To initiate and sustain successful breastfeeding, mothers need active support during the pregnancy and the postnatal period both from their families and from the entire health care system. All health workers who come into contact with future and young mothers should advocate breastfeeding, be capable of providing the necessary information and demonstrate a profound knowledge of the practical aspects of breastfeeding.

Objective

The regional programme aims to change attitudes towards issues connected with breastfeeding.

Tasks

1. To build up regional and city services to provide for policy-making and implement practices related to breastfeeding.
2. To create an information system to provide the general public with information about breastfeeding.
3. To train health care providers to encourage and support breastfeeding.
4. To increase the breastfeeding rate of babies aged 0–3 months to 50% and 3–6 months to 35%.

	Action	Time	Implementing agency
1.1	To set up a coordination council for breastfeeding at the Health Department (HD)	3 rd quarter of 1996	HD
1.2	To set up an office of experts in charge of breastfeeding at regional and city levels	1996	Regional, city, district HDs
2.1	To introduce in all districts and cities of the region a special newspaper column or radio or television programme on breastfeeding	1996–1997	Regional, city, district HDs
2.2	To initiate the circulation of literature on breastfeeding for a mass readership	1996–1998	HD (regional?)
3.1	To train doctors and experts in breastfeeding counselling	1996–1997	HD, WHO collaborating centre
3.2	To develop a programme and organize training of doctors, midwives and nurses in breastfeeding management at the post-diploma department of the Arkhangelsk Medical Academy and the Postgraduate School	1996–1998	HD, Arkhangelsk Medical Academy, Postgraduate School
3.3	To prepare and conduct workshops in the cities (Kolas, Severodvinsk, Novodvinsk) and districts (Velsk, Kholmogory) of the region	1996–1997	HD, Academy, Medical College
3.4	To introduce breastfeeding courses into the curricula of the Academy and of secondary medical education establishments	1996–1997	HD, Academy
3.5	To acquire the following equipment so as to improve the quality of training and of local workshops: <ul style="list-style-type: none"> – an overhead projector – a copying machine – a screen (180 × 180) – a video set – a slide projector – videos – a video camera 	1996–1998	HD, WHO collaborating centre
	To run a "Baby and Mother – Friendliness" competition	Total cost: Rbl 500 million	HD, WHO collaborating centre