

Breastfeeding in South Africa: Challenges and Successes

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People to People Ambassador Program – LC Delegation

- USA peace initiative developed by Dwight Eisenhower to enhance understanding and collaboration between nations
- Professional group tours with meetings with professional counterparts all over the world
- LCs have previously gone to Russia and China
- LLLI went to South Africa in 1998
- 2004 - first LC tour facilitated through ILCA and IBLCE

ILCA conference in Sydney 2003

- Dr. Roger Short, from South Africa, as a plenary speaker, he challenged the audience to bring ILCA to South Africa
- Maureen was ILCA President
- Ironically, within a week, I received an invitation to lead an LC Delegation to South Africa, in my capacity as the immediate ILCA Past President!!

Lactation Consultant Delegation

- 23 delegates & 6 guests
- Canada, Australia and the USA
- Mostly IBCLCs some also LLL Leaders
- University nursing professor
- 4th year nursing student
- Half in hospital, half in community

Challenges in South Africa

- Health care system – public & private
- Limited resources – health care professionals
- Access to printed materials limited
- Limited opportunities for prenatal teaching
- 11 official languages
- Varied education levels – literacy issues
- Women & children in poverty, oppressed
- HIV and number of orphans
- Confusion around breastfeeding and HIV status

Informed decision making

- Emphasis from Government Dept of Nutrition Johannesburg
- Focus on needs of HIV mothers
- Whole arena around infant feeding

BFHI

- National mandate
- Goal for 2004 to have 15% of hospitals designated
 - ***141 hospitals achieved this = 29% !!!***
- Focus on education and implementation of all 10 steps
- Both public and private facilities working hard on the BFI process

Chris Hani Baragwanath Hospital

Soweto

- Largest hospital in southern hemisphere > 3,000 beds
20,000 births per year; 3,000 NICU admissions per year
- Huge teaching centre
One of six centres doing research on AIDs
- Has 14 community based clinics – total birth rate of > 60,000 per year in Soweto
- accepts referrals of high risk mothers
- Implementation and research on KMC

KMC is commenced when babies reach 1.1 kg. and no longer require respiratory support. KMC is introduced on an intermittent basis for two hours at a time and progresses to twenty four hours a day. The babies are discharged at 1450 gms to the home ambulatory KMC program until they reach the weight of 1650gms. At any one time there can be one hundred babies in this program. From 1650-2500g. these babies are followed up by the normal child health clinics and then are monitored until one year of age. Grandparents and fathers are encouraged to do KMC; grandparents do KMC before fathers for cultural reasons. Family visiting is monitored and documented; if families are not visiting they are contacted and encouraged to become involved.

Prior to discharge, the mother and her family are educated about prenatal resuscitation, apnea and how to recognize anemia. Anemia is treated with kiddevite and iron.

Mothers are taught to use massage and music to stimulate and relax their babies in conjunction with KMC.

According to Sister Lydia Mokgosi, KMC at Chris Hani Hospital has reduced the incidence of abandoned babies at their institution from a moderate percentage to a rare occurrence.

Park Lane Clinic – Johannesburg

- Private maternity hospital
- Cesarean rate 70-90%
- All mothers leave the OR with baby skin to skin – breastfeeding begins within an hour of birth
- Role of IBCLC valued – a large group of exam candidates
- Designated BFHI in 2003 – staff very proud of this achievement

Park Lane Clinic has an average of 300 births per month. The caesarean birth rate is about 60-70% and most labouring patients receive an epidural and have episiotomies.

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About 1% of births are 'natural'; while they employ midwives, most deliveries are done by physicians.

A Lactation Consultant is available twenty four hours per day. There is usually a care nurse for every 6 mother baby dyads. The average length of stay is two nights and three nights for mothers who have had a caesarean delivery or 'cesars' as the sisters termed it!

Cotlands Baby Sanctuary

- Orphans
- Care from birth to 9 yrs
- Nursery school
- Hospice
- Community outreach services

Cotlands is a not for profit organization with four facilities throughout the country caring for up to one thousand children. This facility does not maintain a waiting list and keeps several beds open for emergency situations. Cotlands relies on corporate and private funding. Last year they received a large donation from Daemler Chrysler. Corporate funding must be applied for on an on-going basis. Local school children as well as other small organizations also have fund raising projects that help support the children at Cotlands.

Cotlands Baby Sanctuary provides:

- A sanctuary for normal healthy children (42 children)
- A hospice for children with AIDS (20 children)
- A nursery school (40 children)
- A home based program which provides medical and practical relief for families who are fostering or caring for their young orphaned relatives
- A partnership with Chris Hani Baragwanath Hospital to train counselors to counsel mothers who are HIV positive not to abandon their babies

The hospice care was at a more intensive care level than might be expected. Medical care included the use of oxygen and intravenous infusions. Since immune status is very low in these very young children there is constant need for antibiotics, anti-infectives and anti-viral medications. Thrush is rampant in many of these children; nystatin is the treatment of choice.

Midwifery Obstetrical Units

Community Health Services

- Visited 2 centres in shanty town areas in Cape Town

- Khayelitsha MOU

Staffed solely by midwives, patients who are high risk are transferred via ambulance to Mowbray Hospital. (ie caesareans, < 36 wks,). It may take two hours for the 'flying squad' to transfer, so they must handle the birth. Patients remain in the MOU for six hours postnatally; if they deliver after 4pm they do stay overnight. Mothers return every second day to the unit until the baby's cord falls off. They average 8-10 deliveries per

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day. A doctor visits the clinic on Thursdays. Babies weighing < 2.5 gms stay twelve hours.

■ Mitchell Plain MOU

Located in Cape Town, South Africa, Mitchell Plain Hospital's Maternal Obstetric Unit [MOU] is a low risk holistic midwifery bed care unit that is staffed by eleven full time staff, all of whom are midwives. When necessary, this unit relies on volunteers and agency staff to compliment the hospital employees. The staff offers holistic and antenatal care, newborn deliveries, postnatal clinics and follow ups. From Monday to Thursday the antenatal bookings are 30 patients per day, and monthly the clinic has over 300 patient bookings.

In total there are 4 staff peer counselors. Peer counseling was introduced in 1991 in KwaZulu Natal (Durban) as a 'pilot project'. Since then 500 peer counselors have been trained. Sister Adams informed us that the Department of Health has just recognized and is now funding the Peer Counseling Program in the past two years.

HIV positive mothers are encouraged to breastfeed exclusively for the first four months and are provided with a baby formula for the next two months. If the mothers decide to formula feed , the cost of the formula is R50 per week.

HIV in South Africa

- In 2004, 37.2 million adults test + for HIV, almost ½ are woman
- Africa is the region most highly affected
- Over 3.2 million children, under 15 yrs. of age test positive for HIV
- Approx. 10% of South Africans consent to testing

Informed Choice vs Informed Decision Making

- Key Messages
 - Mother's informed choice
 - Benefits, risk and demands of exclusive breastfeeding
 - Benefits, risk and demands of exclusive artificial feeding
 - Risks of mixed feeding

Breastfeeding and HIV Transmission

- What is MTCT?

- How does HIV transmission occur?

- Factors increasing the risk of transmission through Breastfeeding

Barriers to Breastfeeding

- Politics
- Culture
- Poverty
- Literacy
- Languages

Peer Support Models

■ M2M2B

- Innovative & powerful prevention and treatment support projects
- Located in all clinics that offer medical treatment
- Unique approach – ‘Mentor Mothers’

The “Mothers’ Programmes” use education and empowerment as tools to:

- Prevent mother to child transmission of HIV,
- Support a mother’s adherence to medical treatment, and
- Reduce the likelihood of AIDS orphans.

The “Mothers’ Programmes” provide the support and education that are needed for treatment efforts to succeed by empowering women living with HIV/AIDS to look after themselves, their newborns and each other. Peer counselors or ‘mentor mothers’ are women who have successfully learned to fight this battle in their own lives. They are then trained to educate and empower others who share their situation, providing them with access to information and support for treatment and health regimes.

The First Step: helping a woman who is often poorly informed, terrified and facing enormous social hurdles to keep herself healthy and seek out and maintain treatment:

She needs to be tested

She needs education

She needs treatment and encouragement to stick with it

And for all this to happen she needs support, both emotional and medical.

Although information on breastfeeding is provided, bottle feeding formula is the mother’s choice, the norm. The professionals who spoke with us presented the barriers to exclusive breastfeeding – mothers return to work early, mothers do not know anyone who has exclusively breastfed while being HIV positive, exclusive breastfeeding is not the cultural norm for this community, and the government provides free formula for the first six months for babies whose mothers are HIV positive and the mothers now expect this. They did not know anyone who was breastfeeding who was HIV positive.

Mothers Creations (MC) supports prevention and treatment adherence programs through economic empowerment. New mothers with HIV are trained in income generating skills offering them new hope for their futures.

Pretoria Pasteurization

- Evidence based
- J Tropical Pediatrics
- Used in Mowbray Maternity Hospital – Cape Town - for premature babies of HIV+ mothers
- Mothers manually express their milk into a peanut butter jar – community collect and these are sterilized
- The jar of EBM is set into a 1- L aluminum pot – the mother boils the kettle and then pours the boiling water into the pot as high as possible
- Leave this to sit for 30 minutes and then feed their baby immediately

Mowbray Hospital Cape Town

Kangaroo Mother Care – www.kangaroomothercare.com

Dr. Nils Bergman – conference June 20 & 21, 2005, Calgary

Role of IBCLC – “Value Added Posts”

Successes in South Africa

- Multi-disciplinary collaboration and co-operation at all levels
- Use of lower level trained workers to specifically meet needs of families and support role of nurses & midwives
- Evidence based practices
- Work in partnership with university professionals – research
- Will to find a way!!
- BFHI – being implemented
- All professionals feel valued, even with incredible shortages of staff
- Role of IBCLC supported
- Role of LLL Leaders supported
- Peer counsellors and doulas employed
- Code is a foundation for care and will be legislated soon

What can we take back?

- Informed decision making
- Use of visuals for education
- Implementation of BFHI
- Implementation of the Code
- Home pasteurization for human milk
- Kangaroo mother care
- Success with limited resources

How can we all help?

- ILCA memberships to support role of ILCA Liaisons, WHO, UNICEF, WABA internationally
- Sister programs with ILCA
 - Individual donations
 - CBMG – ear mark donations for this role
- Conference scholarships through ILCA
 - Donations above membership