

“Providing Breastfeeding Counselling During Emergencies: How Can We Do That?”

18 October 2022

1-2:30 pm UK time

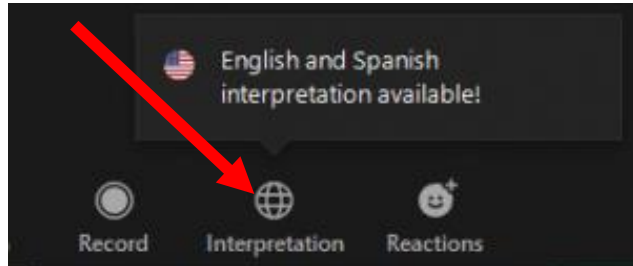
Welcome! In your own words, please share with us (in the chatbox) **your understanding of breastfeeding counselling. What is counselling? What is it not?**

“Providing Breastfeeding Counselling During Emergencies: How Can We Do That?”

Translation is accessible by clicking the globe icon on the bottom of your screen.

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يمكن الاستفادة من الترجمة الفورية عن طريق النقر فوق رمز الكرة الأرضية أسفل الشاشة.

Members of the IFE Core Group Webinar Working Group



Objectives

- ★ To disseminate the [Operational Guidance on Breastfeeding Counselling in Emergencies](#) OG-BFC/E and relevant tools
- ★ To showcase best practices on how to provide skilled Infant and Young Child Feeding counselling to women and children affected by emergencies and highlight the requirements and conditions to be put in place to be able to provide quality Infant and Young Child Feeding counselling
- ★ To document concerns, questions, issues that field workers have on breastfeeding counselling during emergencies

Webinar Agenda

- Introduction
- Poll: 2 questions
- Main presentation
- Case study #1 from GOAL Ethiopia
- Case study #2 from Arugaan Philippines
- Q&A
- Closing
 - Announcements
 - Evaluation form

**Today's
Presenters,
Panel
members
and
Facilitators**



Isabelle Modigell
IYCF-E Specialist
Lead author: Breastfeeding
Counselling in Emergencies
Operational Guidance (ENN
Consultant)



Fatmata Fatima Sesay
Nutrition Specialist, Infant
Feeding
UNICEF



Alemayhu Beri
Title
Senior program officer,
GOAL Ethiopia



Ma. Innes Fernandez
Founder of Arugaan, a
mother support group
Philippines

Jodine Chase
IFE Core Group Facilitator
Emergency Nutrition Network
(ENN)



Alessandro Iellamo
Senior Emergency Nutrition
Advisor
FHI 360



Deborah Joy Wilson
Maternal, Infant and Young Child
Nutrition Advisor
WFP HQ

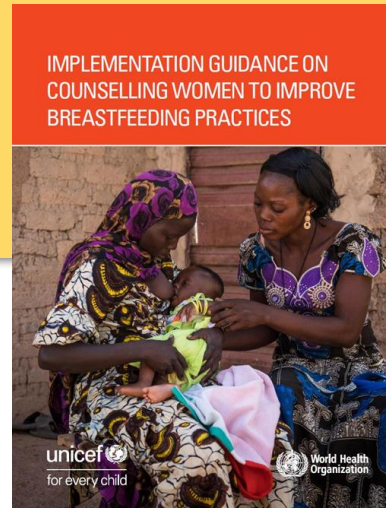
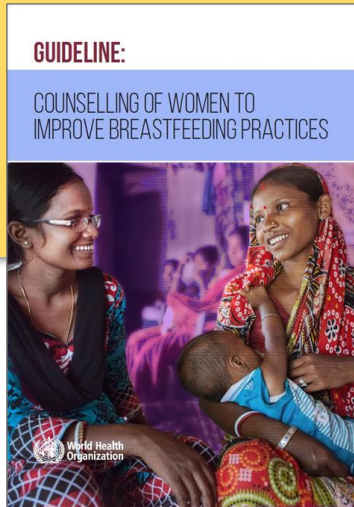


Brooke Bauer
MIYCN-E and Gender Advisor
Technical Support Team
GNC Technical Alliance

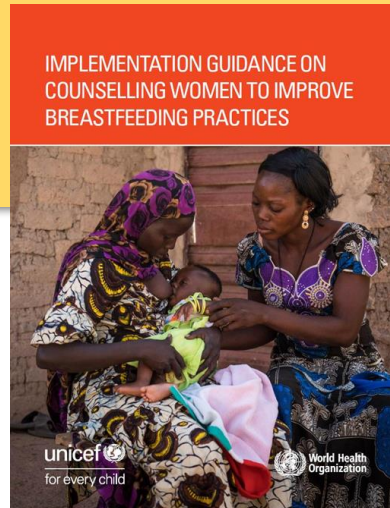


Linda Shaker Berbari
Nutrition Specialist
UNICEF

Poll Question 1:



Poll Question 2:



Background: Breastfeeding Counselling Guidance

Presented By:

Fatmata Fatima Sesay

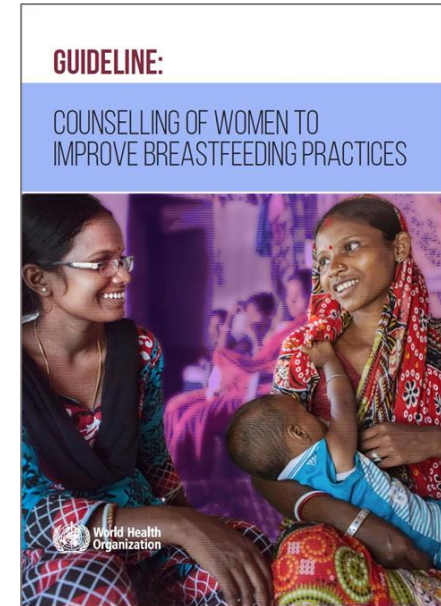
Nutrition Specialist, Infant Feeding
UNICEF

Background

Global guidance for implementing **recommendations** of the WHO guideline: Counselling of Women to Improve Breastfeeding Practices

Key recommendations:

- **all** pregnant women and mothers of young children
- **antenatal and postnatal** period
- at least **six contacts**
- **face-to-face** counselling
- **trained** breastfeeding counsellors
- anticipate and address **important challenges**



Scope and purpose

Implementation Guidance:

- **Expands** on how to **implement** recommendations
- **Describes stages** of breastfeeding counselling programme implementation
- **Case Studies**



Prepare for breastfeeding counselling in emergencies

- **Human resources**
- **M & E** systems
- **Financial resources**
- **Advocacy**
- Integrate breastfeeding counselling into **emergency response plans**

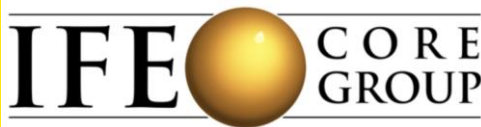




OPERATIONAL
GUIDANCE:

JULY 2021

BREASTFEEDING COUNSELLING IN EMERGENCIES



Global collaboration of agencies and individuals committed to the protection, promotion and support of appropriate infant and young child feeding in emergencies.

Pragmatic guidance on how to apply the WHO (2018) *Counselling of Women to Improve Breastfeeding Practices* guidelines into practice in emergency settings.

Presented by: Isabelle Modigell

With special thanks to Linda Shaker Barbari (co-author), expert peer review group members, the practitioners and experts interviewed to inform this guidance and UNICEF colleagues who collaborated to ensure alignment with the Implementation Guidance.

What is counselling?

- A two-way interaction between a trained counsellor and one or more pregnant women, mothers or other caregivers of children under two years of age.
- Listening to concerns, discussing questions, teaching about breastfeeding and observing and assisting.
- Includes support for relactation, cup feeding, increasing milk supply and artificial feeding.
- Aim: empower women to breastfeed and to strengthen responsive caregiving practices while respecting their personal situations and wishes
- At *minimum*, IYCF Counselling includes counselling on 1. Breastfeeding 2. Complementary Feeding 3. Artificial Feeding



Why was this guidance developed?



Operational Guidance - Table 5:
Possible challenges faced by caregivers during emergencies and their potential implications for breastfeeding

Why was this guidance developed?

Breastfeeding saves lives during emergencies.

Counselling supports women to overcome challenges and to breastfeed successfully in emergencies.

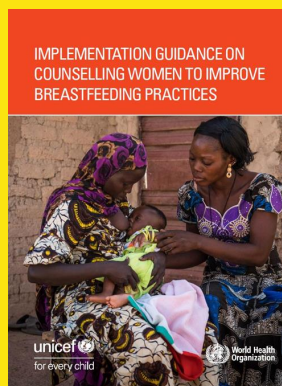
International standards of care require skilled breastfeeding counselling to be provided during emergencies.

However, emergencies present **unique challenges** in regard to delivering counselling as per WHO guideline recommendations.



WHY was the operational guidance developed?

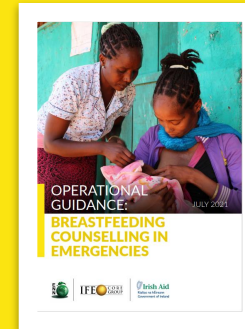
Recipients	Timing	Frequency	Mode	Provider	Qualities
Key recommendations for counselling women to improve breastfeeding practicesⁱⁱ					
ALL pregnant women and mothers with infants and young children	<p>Pregnancy</p> <p>Directly after birth and up to 2-3 days after birth</p> <p>Up to 28 days after birth (neonatal period)</p> <p>First 3-4 months of age</p> <p>At 6 months of age (start of complementary feeding)</p> <p>After 6 months (late infancy and early childhood)</p> <p>Any age, as needed</p>	At least six contacts and additional contacts as needed	<p>In-person counselling</p> <p>Individual counselling is preferred</p> <p>Group counselling is useful as a complement to individual counselling</p> <p>Remote counselling may complement but not replace individual face-to-face counselling</p>	<p>Healthcare professionals</p> <ul style="list-style-type: none"> Physicians Nurses Midwives Lactation consultants <p>Paraprofessionals</p> <ul style="list-style-type: none"> Peer counsellors Community-based health workers 	<p>Person-centred</p> <ul style="list-style-type: none"> Sensitive Culturally appropriate Trauma-informed Participatory Anticipatory <p>Quality-focused</p> <ul style="list-style-type: none"> Timely Efficient Equitable



HOW to deliver counselling in emergencies - Section 2 (Adaptations)

Recipients	Timing	Frequency	Mode	Provider	Qualities
Adaptations of key recommendations for breastfeeding counselling in emergencies					
<p>Prioritisation of those requiring immediate help (Priority Group 1 e.g., mothers with breastfeeding difficulties, all newborns, BMS-dependent infants, sick or premature infants) and those at increased risk of developing breastfeeding problems (Priority Group 2 e.g., adolescents, first-time mothers, pregnant women with risk-factors)</p>	<p>The priority is to provide timely counselling to groups requiring immediate help and high-risk groups (any age, as needed)</p> <p>For all other pregnant and breastfeeding women, the same timing as non-emergencies with priority given to the time around birth (before and after)</p>	<p>The priority is to provide counselling for groups requiring immediate help and high-risk groups as often as needed and the emergency context allows</p> <p>For all other pregnant and breastfeeding women, the same as non-emergencies, if possible</p> <p>Programmes should proceed and provide counselling as often as possible when it is not feasible to achieve six contacts</p>	<p>Group counselling may be appropriate to address high needs but individual counselling should also be available</p> <p>Remote counselling may fully or partially replace face-to-face counselling</p>	<p>Similar to routine providers</p> <p>Surge capacity and dedicated counsellors may be needed</p> <p>Providers require additional counselling competencies (refer to Chapter 5 – Table 6)</p>	<p>Same as above</p> <p>Anticipatory counselling also involves anticipating breastfeeding challenges related to the emergency context</p>

Adaptations



HOW to deliver counselling in emergencies - Section 3 (Capacity)



A health worker supports a mother to breastfeed her malnourished child
WORLD VISION/CHRISTOPHER LETE

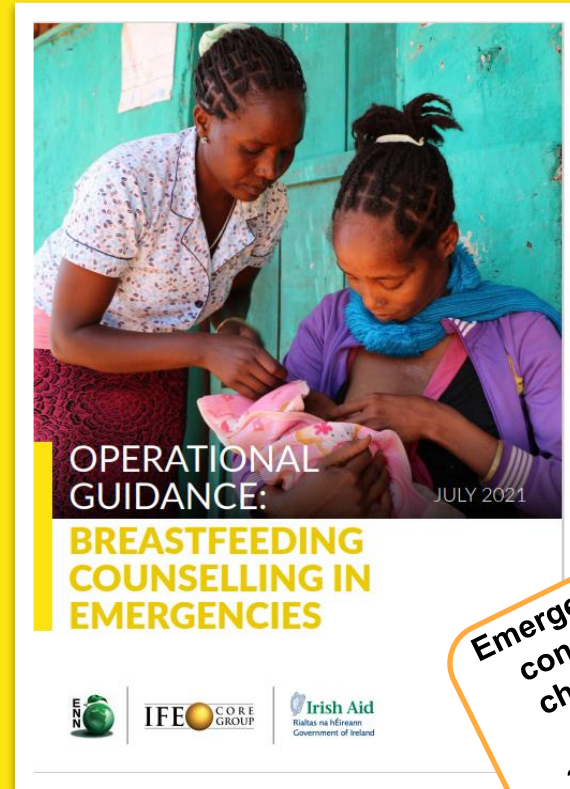
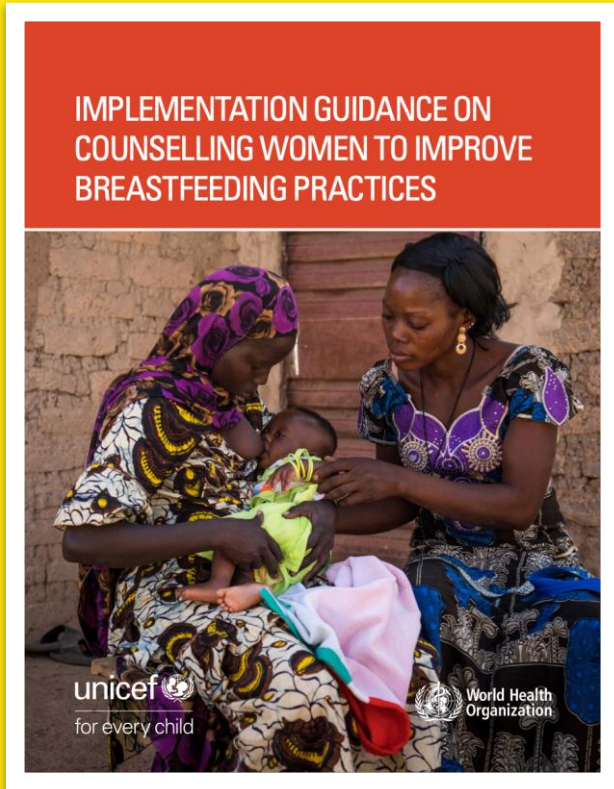
Healthcare professionals, paraprofessionals and other breastfeeding supporters all have an important role to play

Consensus driven set of core competencies

- Simple, effective, low-cost, low-technology interventions
- Focus on most common suboptimal practices that carry the greatest risk, most widespread problems and caregiver concerns and prevalent myths and misconceptions
- Additional competencies and adaptation of usual practices may be needed

Capacity assessment + mapping → capacity building planning + delivery

HOW to use the guidance



Emergency-specific
considerations,
challenges and
solutions,
adaptations and
compromises.



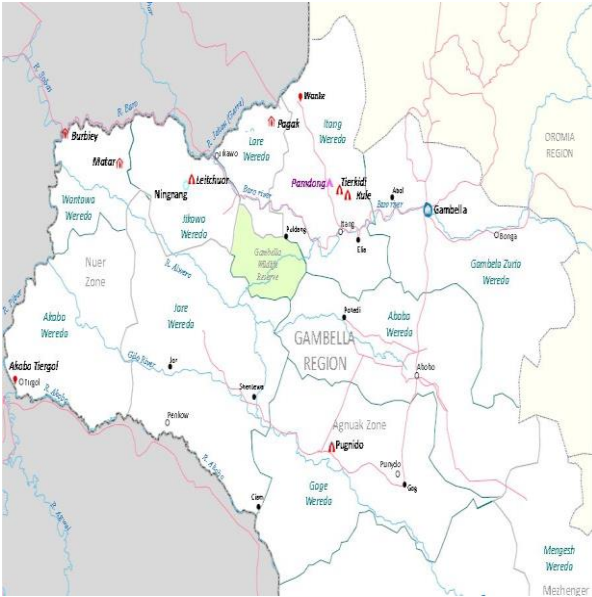
GOAL ETHIOPIA

**USE OF DIFFERENT MODES OF ENGAGEMENT TO SUPPORT
IMPROVED
MATERNAL BREASTFEEDING KNOWLEDGE AND PRACTICES
EDUCATIONAL VIDEOS IN GAMBELLA REFUGEE CAMPS,
ETHIOPIA**

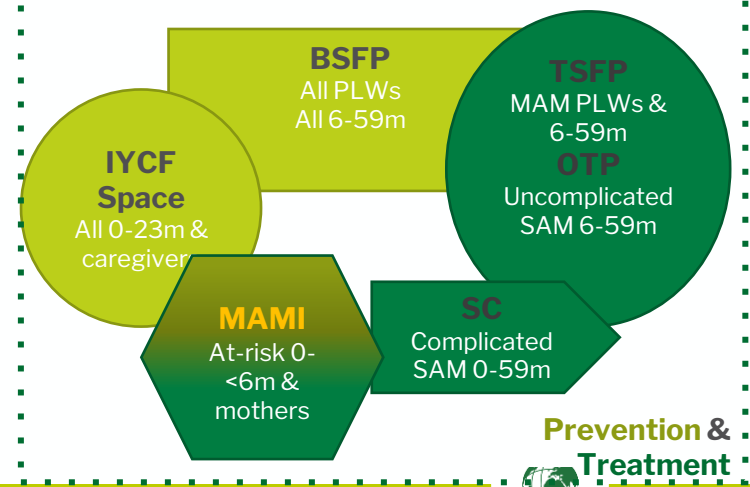
GOAL's vision:

GOAL believes in a world where poverty no longer exists, where vulnerable communities are resilient, where barriers to wellbeing are removed and where everyone has equal rights and opportunities.





- ★ Ethiopia is the third largest refugee-hosting country in Africa
- ★ There are 7 refugee camps in the region where 5 of them hosts the largest number of refugees in Ethiopia
- ★ At the end of August 2021, Gambella was hosting 377,792 south Sudanese refugees



- ★ Individual MIYCF counselling provided 1-1 for any carers enrolled in MAMI, SC, OTP service programs
- ★ Community Outreach Agents provide group and individual MIYCF counselling through active case finding of families either with a MN'ed family member or at risk of MN
- ★ Mother-to-Mother and Father-to-Father support groups established to support the uptake of optimal MIYCF practices.
- ★ Group MIYCF counselling provided for all women with children under 5 years + any pregnant / lactating women
- ★ Global Health Media translated breastfeeding videos are used as part of the MAMI program





Operational Research: Global Health Media breastfeeding videos



Breastfeeding in the First Hours



Positions for Breastfeeding



Attaching Your Baby at the Breast



Is Your Baby Getting Enough Milk



Increasing Your Milk Supply



How to Express Breastmilk



Storing Breastmilk Safely



What To Do About Breast Pain



What To Do About Nipple Pain



Study flow

Programme

MAMI and MIYCF

Pre assessment

Mothers with infants aged 0-4 months [Aug-Oct 2020]

Intervention

Educational videos + standard care

Post assessment

Follow-up after 2 months [Oct-Dec 2020]

Quant'

Primary outcomes

- i. exclusive breastfeeding,
- i) bottle feeding,
- ii) cup feeding,
- iii) knowledge of early initiation
- iv) knowledge of complementary feeding

Secondary outcomes

- i) advantages of early initiation of breastfeeding
- ii) attachment and positions
- iii) signs that baby is hungry

Qual'

- i. Utility
- ii. Appropriateness
- iii. Acceptability
- iv. Effectiveness
- v. Challenges
- vi. Suggestions

Summary and way forward

Summary

- ☞ Both mothers and health workers, found the videos acceptable, useful and effective.
- ☞ We found, after watching the videos, exclusive breastfeeding was sustained but crucially there were considerable improvements in more detailed maternal breastfeeding understanding and knowledge.
- ☞ Videos enabled mothers to physically practice positive practices whilst watching (not usually achieved through didactic counselling), mothers had improved engagement and most importantly of all, improved memory retention
- ☞ Videos resulted in reduced workload for health care workers

Future plans

- ☞ Implement this video-assisted counselling in both MIYCF and MAMI programs
- ☞ Consider - ☐ Frequency, screen size (bigger), invite other family members for viewing ☑



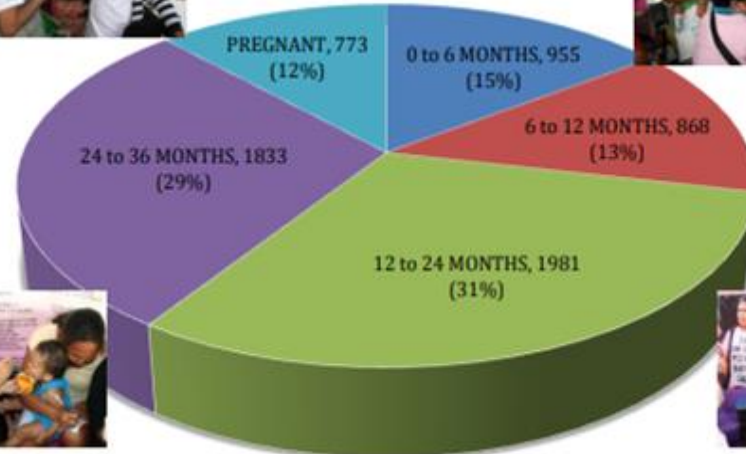
Thank
You

“Breastfeeding Counselling in Emergency: What we can Do”

By: Ma Ines Av. Fernandez, Arugaan Philippines
 IBFAN SEA – Southeast Asia Oct. 18, 2022



First & Second Journey: Distribution of mothers-babies	0 to 6 MONTHS	6 to 12 MONTHS	12 TO 24 MONTHS	24 to 36 MONTHS	PREGNANT	TOTAL
December.2013 (First Journey/Visits)	570	514	942	989	381	3396
January.2014 (Second Journey/Visits)	385	354	1039	844	392	3014
Total	955	868	1981	1833	773	6410





ARUGAAN BREASTFEEDING EMERGENCY RESPONSE



**Community-
based
Health Workers**

**Lactation
Management:
Donor's breastmilk
& cross nursing**



“Cross Nursing” Mother to Mother Support

The “**Bayanihan**” spirit- community collectiveness: five moms helping a determined bottle feeding mom to be transformed as breastfeeding mom/ factory worker. Intervention: cross nursing and donor’s breastmilk drip-drop



Arugaan Relactation Management
From
Bottle to Breastfeeding

Indigenous Food that heals and Nourishes and Food Contra Covid



**ARUGAAN's Complementary Feeding
for Babies (6 mos above) and Toddlers
"Karagdagang Pagkain sa Bata"
Mother, Infant and Young Child Nutrition**



Traditional Food Literacy in Community Cooking



Breastfeeding Preparedness: Training on the Power of Lactation Massage - Skills Transfer

Sept. 21-23, 2022
Camarines Sur, Philippines





**Age does not
matter in
Lactation
Power**

**Formula
feeding Mom &
Grandma can
Breastfeed, too**



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Q&A



IFE Core Group Infographics

SUPPORTING INFANTS DEPENDENT ON ARTIFICIAL FEEDING DURING EMERGENCIES

EARLY INITIATION OF BREASTFEEDING DURING EMERGENCIES

Guidelines for health workers and caregivers

How can you support early initiation of breastfeeding?

Essential tips

Warning

During pregnancy

Immediately after birth

In the first hour

Special care

Check

On day one

At discharge

Part of the Infant Feeding in Emergencies Core Group infographic series. Find out more at www.emonline.net/ife

Save the Children Online Course



IYCF REMOTE COUNSELING:
How to support caregivers during infectious disease outbreaks and other settings



A CALL TO ACTION
BREASTFEEDING COUNSELLING IN EMERGENCIES

This is a call to action for policy makers and other decision makers, donors, humanitarian responders, community leaders and emergency-affected communities to ensure that breastfeeding counselling is provided in emergency settings, as is

en-net
 ENN moderated forum for Q&A

IYCFHub

Infant and Young Child Feeding in Emergencies Hub

Discover the IYCF-E Hub – a global portal to the most relevant resources related to infant and young child nutrition in humanitarian contexts!

Looking for support in Nutrition in Emergencies?

	Type of supported needed	Provider
1	I want remote or in-country technical support	Technical Advisors, SMART, or others through the GNC Technical Alliance
2	I want to hire a consultant directly	GNC Technical Alliance Consultant Rosters
3	I want quick technical advice	GNC HelpDesk
4	I want peer support	www.en-net.org

Visit: <https://ta.nutritioncluster.net/> and click "Request Support"

Supporting Donors



Note: *This webinar is made possible by the generous support of all of our donors, however, the contents are the responsibility of the IFE Core Group and the GNC Technical Alliance and the individual presenters and do not necessarily reflect the views of these donors.*

Development of the Operational Guidance on Breastfeeding Counselling in Emergencies was made possible thanks to funding from WHO and Irish Aid, through ENN.

Stay tuned for our next webinar in November, 2022

Please fill out the brief webinar evaluation
it will take less than 5 minutes
(it will pop up when you close the webinar)