



BFHI/ BFCI Breastfeeding Training and Education Requirements

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Prepared by the New Zealand Breastfeeding Authority for the Ministry of Health

Disclaimer:

This report was prepared by the New Zealand Breastfeeding Authority for the Ministry of Health. The views presented in the report are those of the authors and do not necessarily represent the views of the Ministry of Health.

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Introduction

The Ministry of Health has identified the need to establish breastfeeding education requirements for health practitioners and health workers to meet the criteria for Baby Friendly Hospital Initiative (BFHI) and the Baby Friendly Community Initiative (BFCI) accreditation as a result of scoping work carried out in July 2007 to inform the design of a national breastfeeding promotion campaign.

This paper is in response to the Ministry of Health's contract with the NZ Breastfeeding Authority to develop training standards in consultation with the sector and key stakeholders and to develop training requirements and provide recommendations for a range of methods of delivery.

The initial standards developed have been redrafted following consultation as outlined later in this paper. Further information has been provided by NZBA attendance at the WHO/UNICEF training programme, Infant and Young Child Feeding Counselling: An Integrated Course, in January 2008. As a result of the consultation and feedback from the Ministry, the following terms have been adopted: training and education rather than training and requirements rather than standards.

The guiding principles underpinning the WHO/UNICEF Baby Friendly Hospital Initiative are those formed by the Innocenti Declaration, 2005, on Infant and Young Child Feeding. The Call to Action for all governments pertaining to training states:

“Ensure that appropriate guidelines and skill acquisition regarding infant and young child feeding are included in both pre-service and in-service training of all health care staff, to enable them to implement infant and young child feeding policies and to provide a high standard of breast feeding management and counselling to support mothers to practice optimal breastfeeding and complementary feeding.”

Research carried out by the World Health Organization in 1998 to provide evidence for the Ten Steps of Breastfeeding stated “It is self-evident that training is necessary for the implementation of a breastfeeding policy. Health workers who have not been trained in breastfeeding management cannot be expected to give mothers effective guidance and provide skilled counselling, yet the subject is frequently omitted from curricula in the basic training of doctors, nurses and midwives.”

Step 2 of the BFHI Ten Steps to Successful Breastfeeding states:

“Train all health care staff in skills necessary to implement this policy.”

All health care staff who has any contact with mothers, infants and/or children must receive instruction on the implementation of the breastfeeding policy. Training in breastfeeding and lactation management should be given to various types of staff including new employees; it should be at least 18 hours in total with a minimum of 3 hours of supervised clinical experience and cover at least 8 steps. (The Global Criteria for the WHO/UNICEF Baby Friendly Hospital Initiative, 1992).

Step 2 of the BFCI Seven Point Plan states:

“Train all health care providers in the knowledge and skills necessary to implement the breastfeeding policy. This requires a programme which provides information about basic breastfeeding from pregnancy through the post partum period and includes the introduction of complimentary foods. Additionally, participant demonstration of clinical competence to support breastfeeding is necessary for professional staff working clinically with the mother baby dyad.”

The main purpose of the training and education requirements is to improve the consistency and effectiveness of breastfeeding services in New Zealand by raising the quality of knowledge and skill of those involved with breastfeeding mothers and their infants within BFHI and BFCI organisations. It is vital that those who provide information, advice and support in breastfeeding have accurate and up-to-date knowledge on the support and management of breastfeeding and the skills to implement that knowledge. However the literature shows it is just as important that there be training and education in concepts, philosophies and the behaviour required to ensure women feel fully supported and have the confidence to decide what is best for them.

The requirements are written to support the achievement of the following strategic outcomes:

- Women are provided with breastfeeding clinical support by health practitioners and health workers who have the necessary education and expertise to do so
- Women are treated with dignity and respect and empowered to make decisions through an understanding of the benefits and management of breastfeeding
- Women are treated with dignity, respect and are supported irrespective of their feeding method
- Women are provided with support and advice by a person who demonstrates effective interpersonal skills
- Women are provided with support and advice which reflects and acknowledges differing cultural needs.

Definitions

Pre-service

Pre-service in this context relates to the base level of knowledge required for BFHI or BFCI. Ideally this occurs within a tertiary qualification education process as preparation for employment; most likely in this context to be an undergraduate degree or diploma related to a health profession. Where this is not available or required in a tertiary education setting, it will need to be accessed during employment. Many health workers currently in the workforce have not covered this topic area in their training.

In-service

In-service means the on-going training and education accessed during employment and most likely to be provided by the employer as opposed to the professional development provided by a registration body or college.

The breastfeeding education requirements for health practitioners and health workers to meet the criteria for Baby Friendly Hospital Initiative (BFHI) and the Baby Friendly Community Initiative (BFCI) accreditation are for in-service training. See page 18 for a discussion of pre-service education requirements.

Training

Training refers to specific learning activities that aim to improve employee performance based on job related knowledge, skills and abilities (KSAs).

Education

Education refers to the imparting and acquiring of knowledge, skills and abilities through teaching and learning, especially through an academic institution.

Competency

The human attributes needed for performance. This is a broader concept than KSAs including attitudes and values and describes a pattern or repertoire of behaviours that makes a person capable of successfully performing to a standard required in a specific context.

Level One health worker * – awareness

Health workers who are in regular contact with the mother baby dyad but have no clinical role. For example, receptionist, cleaner, ward aid in a maternity facility or health workers who are in regular contact with the mother baby dyad, but have a limited clinical role such as health promoters, Plunket volunteers, physiotherapists, specialist mental health nurses/workers.

Level Two health worker – generalist

Health workers who have contact with the mother baby dyad, but for whom this is not their primary role, for example, general practitioners, paediatricians, obstetricians, a paediatric or practice nurse, dietitians.

Level Three health worker - specialist

Health workers who work directly with the mother baby dyad such as midwives, Plunket nurses/Well Child providers, practice nurses, child birth educators, expert GPs.

In-service training and education courses currently available

There is acknowledgement of the work already available in breastfeeding education as highlighted in the NZBA Literature Review document. There is a substantial body of material provided internationally which could be used and/or customised to provide education appropriate for the NZ context.

The training and education courses currently available internationally and nationally include but are not limited to:

- Baby Friendly Initiative teaching resource package for student midwives, health visitors and public health nurses, UNICEF UK
- Baby Friendly Initiative teaching resource: Delivering In-house Breastfeeding Education, UNICEF UK
- Baby-Friendly Hospital Initiative Section 2: BFHI Strengthening and Sustaining the Baby Friendly Hospital Initiative: A course for decision-makers, UNICEF/WHO, (2006)
- Baby-Friendly Hospital Initiative Section 3: Breastfeeding Promotion and Support in a Baby-Friendly Hospital, WHO/UNICEF (2006)

* These levels of health worker relate to the required knowledge, skills and abilities as per Table 1

- Behaviour Change Communication for Improved Infant Feeding: Training of Trainers for Negotiating Sustainable Behaviour Change, LINKAGES, Academy of Educational Development, Washington (2004)
- BFCI Education Course, NZBA, (2007) (*Pilot under development*)
- BreastEd Online Lactation Studies Programme
- Breastfeeding and you: A handbook for antenatal educators, Centre for Family Health and Midwifery, Australia, (2000)
- Breastfeeding Counselling: a training course, UNICEF/WHO, (1993)
- Breastfeeding Management for child health nurses, Massachusetts Department of Public Health, (1999)
- Breastfeeding teaching packs for Doctors, UNICEF UK
- Breastfeeding works. How to meet the needs of Breastfed Babies in Childcare, Massachusetts Department of Public Health (2004)
- Breastfeeding: Fundamental concepts Based on RN Association of Ontario: Breastfeeding Best Practice Guidelines for Nurses
- Breastfeeding: how to support success. A practical guide for health workers, WHO, (1997)
- Clinical Management of Breastfeeding. Florida State University College of Medicine, USA
- Community Based Strategies for Breastfeeding Promotion and Support in Developing Countries. WHO Publication (2003)
- Complementary Feeding Course, WHO
- Continuous Home Evaluation of Clinical Knowledge, The Royal Australian College of GPs, (1999)
- Education standards programme: assessment and accreditation, UNICEF
- Expanded Baby-Friendly Hospital Initiative, Ukraine vision, Child development, UNICEF Ukraine
- Health e-learning Hospital and Health groups, (2007)
- HIV and Infant Feeding Counselling course, WHO
- Infant and Young Child Feeding Counselling: An Integrated Course, WHO/UNICEF(2006)
- Lactation Management Curriculum: A Faculty Guide for Schools of Medicine, Nursing and Nutrition, Fourth Edition, Wellstart International, (1999)
- Lactation Management, Wellstart International, (2004)
- LINKAGES, Academy of Educational Development, Washington.(2003)
- Pre-Service Education, Dr Audrey Naylor, WHO/UNICEF, (2007)
- The UNICEF UK Baby Friendly Initiative Orientation to Breastfeeding for General Practitioners, (2006)
- Training Methodologies and Principles of Adult Learning. Application for training in infant and young child nutrition and related topics, AED/LINKAGES, Academy of Educational Development, Washington, (2005).

Please refer to Literature Review, NZBA December 2007 for details on the above courses.

In-service training and education requirements

The training and education requirements are for health practitioners and health workers who are working in the health system and especially for in-service education. They cover the:

- required knowledge, skills and abilities;
- level of knowledge, skills and abilities required for particular health practitioners;
- time required for training and education.

The following training and education requirements have been developed using the BFHI and the BFCI requirements as a base but with further enhancements to provide a broader and more comprehensive level of skill and knowledge on which to build workforce capability.

Table One gives the topic areas and level of knowledge, skills and abilities required for particular health practitioners and health workers. Table Two provides examples of the content to facilitate the required knowledge, skills and abilities (A-H in Table One).

The requirements are not intended to prescribe competency or performance criteria; rather to give a minimum level of required knowledge and skills for the different levels of service provision involved. The requirements are written to guide the educator rather than the participant. Therefore the content is not written as demonstrable behavioural competencies, rather the likely content which would need to be included in a training and education package to meet the requirements.

Therefore, whilst we recommend that a generic education framework be developed, there will be a need to generate more detailed learning outcomes and consider the mode and methods of delivery for the individual, professional and cultural context by education providers.

The training and education requirements for health practitioners and health workers will fulfill the minimum NZBA criteria for Baby Friendly Hospital designation in New Zealand which have been modified from the WHO/UNICEF BFHI criteria (see Table Three). These requirements have recently been adopted by NZBA following a revision of the BFHI documents to align them with international standards which were released by UNICEF/WHO in 2006.

Currently the requirements for training and education for those working within the community are under review by NZBA. At this time the NZBA has piloted the Baby Friendly Community Initiative implementation and the document states the requirements used for the pilot (see Table Four). It is expected that the hours of education will be aligned to the BFHI requirements for New Zealand.

Table 1: Topic area and level of knowledge, skills and abilities required for particular health practitioners			
Level	Level One – Awareness*	Level Two - Generalist *	Level Three - Specialist *
Required knowledge skills and abilities	Learning objectives will promote information giving and key messages.	Learning objectives will promote knowledge, understanding and application.	Learning objectives will provide a deeper level of understanding, application, and analysis.
A	Knowledge and understanding of the importance of breastfeeding in order to protect promote and support breastfeeding.	●—————→	—————→
B	Knowledge and understanding about BFHI and BFCI in the New Zealand context and in relation to the WHO code.	●—————→	—————→
C	The ability to effectively communicate the benefits of breast feeding with all women and their family/whanau.	●—————→	—————→
D	Understanding the significance of the personal, social, cultural and political context of breastfeeding in New Zealand.	●—————→	—————→
E		Understanding maternal, fetal and infant anatomy and physiology in relation to breastfeeding.	●—————→
F		The practical skills necessary to assist and support mothers to initiate and maintain successful breastfeeding.	●—————→
G		Knowledge and provision of quality infant and young child nutrition information including the appropriate and safe use of breastmilk substitutes and complementary food.	●—————→
H		Recognising problems and issues pertaining to breastfeeding, lactation and complementary feeding and having the necessary skills and knowledge to resolve or refer.	●—————→

* For definitions of these roles see page six

The depth of content for each of the following will be dependent on the target group.

Table Two: Required knowledge, skills and abilities
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A: Knowledge and understanding of the importance of breastfeeding in order to protect, promote and support breastfeeding

The required knowledge and skills include:

- a) Recognising the evidence of the importance of breastfeeding and the risks of artificial feeding
- b) Protecting, promoting, and supporting breastfeeding in ways that are culturally safe for all women and their whanau/families
- c) Communicating effectively with other members of the health care team and other groups or individuals
- d) Understanding how to act as an advocate for breastfeeding families, mothers, infants and children in the community and healthcare system
- e) Understanding the boundaries of individual knowledge and scope of practice
- f) Recognising that improving breastfeeding rates is a Ministry and sector wide goal including for primary health care
- g) Knowledge of breastfeeding and lactation and how it can be applied antenatally, at birth, post partum and beyond.

B: Knowledge and understanding about BFHI and BFCI in the New Zealand context and in relation to the WHO Code
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The required knowledge and skills include:

- a) Knowledge and understanding of the basis of the WHO/UNICEF Baby Friendly Initiatives; Ten Steps to Successful Breastfeeding (BFHI) and the Seven Point Plan (BFCI)
- b) Knowledge of the International Code of Marketing of Breastmilk Substitutes (WHO) and how it is implemented and monitored in New Zealand
- c) History and application of BFI in New Zealand
- d) The implications of the Treaty of Waitangi as it relates to breastfeeding
- e) Understanding of the relevant legislation underpinning this standard, including the Privacy Act and Health and Disability Code of Consumer Rights.

C: The ability to effectively communicate the benefits of breastfeeding with all women and their family/whanau

The required knowledge and skills include:

- a) Active listening and effective communication skills to maintain collaborative and supportive relationships
- b) The ability to discuss breastfeeding in a way which puts women and their family/whanau at ease
- c) Providing breastfeeding information with an emphasis on the mother and family/whanau and informed decision making
- d) Knowledge of and sensitivity to cultural diversity
- e) Ability to work effectively with Maori in ways which reflect input from Iwi or other relevant Maori groups / community organisations
- f) Ability to work effectively with Pacific women, Asian women, refugee and migrant women and other cultural groups in ways which reflect input from relevant groups / community organisations.

D: Understanding the significance of the personal, social, cultural and political context of breastfeeding in New Zealand.

The required knowledge and skills include:

- a) Knowledge of national/local infant feeding rates and demographic trends
- b) Awareness and encouragement of factors that enhance breastfeeding
- c) Understanding the historical influences and identifying future directions for breastfeeding
- d) Acknowledgement and understanding of the barriers to breastfeeding
- e) Knowledge of positive breastfeeding language and messages
- f) Integrating breastfeeding into a Whanau Ora framework and other frameworks and models which are appropriate for other cultures
- g) Influencing local and national policy development, to increase environmental support for breastfeeding
- h) Understanding of the methods of working within communities to protect, promote and support breastfeeding.

E: Understanding maternal, fetal and infant anatomy and physiology in relation to breastfeeding.

The required knowledge and skills include:

- a) The anatomy of the normal breast and physiology of lactation and the relevance of this knowledge for the management and support of breastfeeding
- b) The effect of breastfeeding on maternal health
- c) The properties of human milk
- d) The anatomy and physiology of the normal neonate relevant to breastfeeding
- e) Clinical issues relevant to breastfeeding in the newborn period.

F: The practical skills necessary to assist and support mothers to initiate and maintain successful breastfeeding

The required knowledge and skills include:

- a) Effective antenatal, labour, birth and postnatal practices fundamental to successful breastfeeding
- b) All practical aspects of supporting a woman to position, and latch her baby for breastfeeding including the assessment of effective milk transfer
- c) Identifying the natural course of breastfeeding and recognising normal variations
- d) Up-to-date knowledge of devices used in breastfeeding, their appropriate use and an understanding of their potential disadvantages or risks
- e) Providing information and advice on expressing, storage and the use of expressed breastmilk.

G: Knowledge and provision of quality infant and young child nutrition information including the appropriate and safe use of breastmilk substitutes and complementary food.

The required knowledge and skills include:

- a) Understanding and interpreting infant and young child growth charts
- b) Providing information on nutritional needs and growth patterns of infants and young children
- c) Taking a feeding history and developing a feeding plan
- d) Defining and reporting breastfeeding status using the standard Ministry of Health definitions
- e) The safe use of equipment, safe preparation and feeding of breastmilk substitutes
- f) Providing advice and assistance on the range of appropriate breastmilk substitutes available
- g) Providing information and advice on the introduction of complementary foods including cultural practices.

H: Recognising problems and issues pertaining to breastfeeding, lactation and complementary feeding and having the necessary skills and knowledge to resolve or refer.

The required knowledge and skills include:

- a) Able to identify problems with feeding and assess contributing factors and causes
- b) Knowledge of clinical expertise and support networks to enable appropriate referrals to other health care professionals and community organisations
- c) Able to recognise normal variations in feeding and identify issues outside the normal range
- d) Recognise, assist or refer the mother with challenges and common complications of breastfeeding such as mastitis
- e) Recognition of the effect of drugs and medications on the mother and infant
- f) Understands the importance of mother-to-mother peer support and is able to refer appropriately.

Training and education criteria for BFHI or BFCI accreditation

Note: The following Tables (Three and Four) express the criteria for each level of health practitioner/worker to be used as a guide to assist trainers and educators to prepare consistent curricula and programmes to meet the criteria of BFHI and BFCI accreditation. They should be seen as a minimum requirement for each level and will reflect the depth of knowledge and skills required relevant to the level and depth of contact between the individual health professional or health worker with the mother/baby dyad. We acknowledge that there are variations as to which level people from a profession or groups may be. We also acknowledge that there is another level of highly specialised clinicians e.g. Lactation Consultants, where post graduate and specialty training may surpass BFHI and BFCI education requirements.

The NZBA Criteria for the BFHI serve as the standard measuring adherence to each of the Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions.

Table Three: Baby Friendly Hospital Criteria				
Level	Level One – Awareness no clinical role or a limited clinical role		Level Two - Generalist	Level Three - Specialist
Definition	Health workers who are in regular contact with the mother baby dyad but have no clinical role.	Health workers who are in regular contact with the mother baby dyad but have a limited clinical role.	Health workers who have contact with the mother baby dyad but for whom this is not their primary role.	Health workers who work directly with the mother baby dyad
Examples	Receptionist, cleaner, ward aid in a maternity facility.	Health promoters, Plunket volunteers, physiotherapists, specialist mental health nurses/workers.	General practitioners, paediatricians, obstetrician, a paediatric or practice nurse, dietitians.	Midwives, Plunket nurses/Well Child provider, practice nurses, child birth educator, expert GPs.
Initial education time required	At least 80% of these staff must have completed at least three hours of breastfeeding education in the past three years.		At least 80% of these staff must complete at least four hours of breastfeeding education over two years.	At least 80% of midwives and nursing staff, working in the maternity facility, are required to have completed 18 hours of education and three hours of supervised clinical tuition within the last 5 years.

Level	Level One – Awareness no clinical role or a limited clinical role	Level Two - Generalist	Level Three - Specialist
Ongoing education time required	A minimum of one hour annually.	A minimum of two hours annually.	Staff who have completed the initial education as described above, receive an average of at least 3 hours of breastfeeding/infant feeding education and one hour of clinical assessment, annually over a five year period. The ongoing education programme must equate to the five yearly tuition requirements, of twenty hours.
The initial education for BFHI must include	<ul style="list-style-type: none"> ▪ The Ten Steps to Successful Breastfeeding. ▪ The protection of breastfeeding which includes the International Code of Marketing of Breast milk Substitutes and subsequent relevant WHA resolutions. 	<ul style="list-style-type: none"> ▪ The Ten Steps to Successful Breastfeeding. ▪ The protection of breastfeeding which includes the International Code of Marketing of Breast milk Substitutes and the subsequent relevant WHA resolutions. 	<ul style="list-style-type: none"> ▪ The Ten Steps to Successful Breastfeeding. ▪ The protection of breastfeeding including the International Code of Marketing of Breast-milk substitutes and the subsequent relevant WHA resolutions. ▪ Breastfeeding for Maori women, which reflects input from Iwi or other relevant Maori groups / community organisations. ▪ The effect of medications given during labour and birth, on the newborn and the initiation of breastfeeding training on how to provide support for non-breastfeeding mothers. <p><i>The clinical tuition must include:</i></p> <ul style="list-style-type: none"> ▪ All practical aspects of positioning, aligning and latching of baby for breastfeeding. ▪ The teaching of hand expressing breast milk. ▪ Cup feeding technique.
Ongoing education for BFHI must include	<ul style="list-style-type: none"> ▪ Refresher of above. 	<ul style="list-style-type: none"> ▪ Refresher of above. 	At least one hour must focus on breastfeeding for Maori women during this timeframe within the 5 year period.

Table Four: Baby Friendly Community Criteria				
Level	Level One – Awareness no clinical role or a limited clinical role		Level Two - Generalist	Level Three - Specialist
Definition	Health workers who have brief contact with the mother baby dyad and have no clinical role.	Health workers who are in contact with the mother baby dyad but have a limited clinical role.	Health workers who have contact with the mother baby dyad but for whom this is not their primary role. For example: This category would apply to a general practitioner or obstetrician who decides to share care with a professional breastfeeding specialist who can be accessed as necessary.	Health workers who work directly with the mother baby dyad.
Examples	Managers and receptionists.	Health promoters, Plunket volunteers, physiotherapists, specialist mental health nurses/workers.	General practitioners, paediatricians, obstetricians, a paediatric or practice nurse, dietitians.	Staff requiring this level of education includes childbirth educators, Plunket nurses, Tamariki ora nurses, Well child providers, Parents as First Teachers (PAFT workers) midwives, practice nurses, some general practitioners, obstetricians, Maori health workers, Pacific health workers.
Initial education time required	A minimum of 3 hours of education within the last three years.		A minimum of four hours education within the last two years.	A minimum of fifteen hours of training and education within the last five years, (under review).
Ongoing education time required	A minimum of one hour annually.		A minimum of two hours annually.	An average of at least 3 hours of breastfeeding/infant feeding education and one hour of clinical assessment, annually over a five year period. The ongoing education programme must equate to the five yearly tuition requirements, of twenty hours, (under review).

Level	Level One – Awareness no clinical role or a limited clinical role	Level Two - Generalist	Level Three - Specialist
The initial education for BFCI must include	<ul style="list-style-type: none"> ▪ The Ten Steps to Successful Breastfeeding and the Seven Point Plan. ▪ The protection of breastfeeding which includes the International Code of Marketing of Breast milk Substitutes and subsequent relevant WHA resolutions. 	<ul style="list-style-type: none"> ▪ The Ten Steps to Successful Breastfeeding and the Seven Point Plan. ▪ The protection of breastfeeding which includes the International Code of Marketing of Breast milk Substitutes and subsequent relevant WHA resolutions. 	<ul style="list-style-type: none"> ▪ The Ten Steps to Successful Breastfeeding. ▪ The protection of breastfeeding which includes the International Code of Marketing of Breast milk Substitutes and subsequent relevant WHA resolutions. ▪ Guiding principles of The Seven Point Plan. ▪ Content of The Seven Point Plan. ▪ Basic information on breastfeeding support and management. ▪ Skill development related to breastfeeding support and management. ▪ Attitudes and barriers to breastfeeding. ▪ Community resources for breastfeeding.
Ongoing education for BFCI must include	Refresher of above.	Refresher of above.	Refresher of above.

Pre-service training

There are ongoing continual demands and contractual requirements for health sector employers to provide time and access to training and education for its employees. Therefore it is preferable that the health workforce have basic skills and knowledge in the required subject prior to their employment commencing, thereby requiring ongoing up-dating rather than core education. From that perspective ensuring relevant curricula includes a basic level of knowledge on breastfeeding and lactation, is important.

Feedback suggests however that in the case of medical schools, unless a practical application can be shown there will be little chance of inclusion in the curriculum. Rather, the training should be incorporated where it is relevant, e.g. in GP, Paediatrics, and Obstetric post graduate training when the subject is of practical value.

The following table is a summary of current education in New Zealand health professions. Refer to Appendix One and Three of the Literature Review for more detailed information.

Midwifery	Undergraduate training. Otago and Waikato Polytechnics examples: Lactation and infant feeding paper – Stage 2, 80 hours. The Midwifery Council is currently reviewing the competencies pertaining to Breastfeeding through the Recertification Programme 2006. Currently a minimum of ½ day refresher training in breastfeeding within a 3 year timeframe is required, however it is expected that the review will consider an acceptance of the international BFH standards.
Nursing	CPIT Bachelor of Nursing example: study contains 1.5 hours of training and education on Lactation with a Lactation Consultant. Students who choose an Obstetric elective are involved in additional practical clinical experience. Post Graduate Certificate in Primary Health Care Specialty Nursing. Two papers in Well Child and Family Health include Breastfeeding and the WHO Baby Friendly Initiative.
Medical	Auckland Medical School provides a 45 minute lecture to 5 th year students on Lactation. Otago Medical School – Not included in under graduate training. A tutorial on breastfeeding is included in postgraduate qualifications (Postgraduate Certificate in Women's Health, and Postgraduate Diploma in Obstetrics and Medical Gynecology). This one hour lecture is taught by Lactation Consultants from Christchurch Women's Hospital.
Dietetics	Dietetics, Otago University, Post Graduate Diploma in Dietetics contains a one hour lecture provided by NZBA. Optional clinical experience and research opportunities in lactation is provided within Paediatrics and Women's Health where individual interest is pursued.
Pharmacists	Unknown
Allied Health professions e.g. Physios, Social Workers, Speech Language Therapists	No mandatory content in pre-service education. Within a BFHI facility are required to complete three hours of breastfeeding training within three years and thereafter one hour annually.

Identified Gaps in Breastfeeding Training and Education

- **Training and education within the tertiary training and education sector in breastfeeding for tomorrow's health practitioners and health workers.**

There is little formal pre-service training and education being provided within the health professions of New Zealand. Training requirements are inconsistent, non mandatory or unknown. Midwifery is the only professional group where there are clear competencies and hours of training for breastfeeding defined by the profession at under graduate level. The topic area is currently under review by the Midwifery Council with consideration being given to aligning this requirement to the BFHI standard. The academic training of Nurses has a reduced obstetric component with subsequent diminished clinical experience in areas related to breastfeeding.

- **Training and education in breastfeeding for current health practitioners within professional development and competency assessment programmes.**

Midwifery is the only profession including breastfeeding related competency as part of a professional development assessment programme.

There is little Post Graduate education leading to qualifications being provided within the health professions of New Zealand. An exception is the Post Graduate Certificate in Primary Health Care Specialty Nursing which offers 2 papers in Well Child and Family Health Including Breastfeeding and the UNICEF/WHO Baby Friendly Initiative. Also, there are numerous post graduate papers and short courses available through tertiary education institutions.

Another exception is the qualification of International Board Certified Lactation Consultant. An International Board Certified Lactation Consultant (IBCLC) working independently and/or within a service such as maternity services or Well Child contract must have met the requirements of the International Board Certified Lactation Consultants (IBCLCs), and must practice in accordance with the IBCLC's standards of practice¹. IBCLCs are required to recertify at 5 years, and to gain their recertification they must gain 75 continuing education recognition points. At 10 years IBCLCs are required to re-sit the exams in order to regain their certification.

Lactation Consultants with teaching skills, and who access breastfeeding education that meets the NZBA Standard, are well positioned to become key educators nationwide, supporting a standardised approach to educating a full range of providers. Unfortunately the services of Lactation Consultants, whilst available nationwide, are not necessarily accessible and free to women requiring specialist support in the community in the majority of DHB's due to cost and availability.

At this point in time, of the Well Child providers, the Plunket policy is the closest to meeting the BFCI education standards. Plunket provides a minimum of 3 hours breastfeeding education for their staff annually. All the other community providers do not have specific breastfeeding policies and are either finding it difficult to access breastfeeding education or are accessing a variety of education options. It should be noted that some Māori and Pacific providers have been able to access DHB or Plunket in-service education, and may be accessing an online programme.

¹ Standards of practice for International Board Certified Lactation Consultants, www.nzlcz.org.nz

- **Consistent training and packages for in-service training and education within maternity facilities.**

Where a facility is an accredited Baby Friendly Hospital, the training requirements are in line with those standards. The NZBA audits to international standards for BFHI in New Zealand using the UNICEF/WHO Global Criteria and Hospital Self-Appraisal Tool. However, education and training provision as part of BFHI is reliant on each health facility to achieve accreditation. Topic areas needed to be covered are specified but no structured content or time allocation is defined. Some facilities are purchasing licenses for an on-line learning package (health e-learning) which provides basic knowledge to meet BFHI criteria, but additional topics and clinical experience must also be completed.

Not all maternity facilities are BFHI accredited. To date 63 of the 79 facilities have achieved accreditation, and there remains one tertiary facility, and 15 primary facilities in 10 DHBs still to reach BFHI status. This assumes that the corresponding training requirements to achieve accreditation are not occurring in every DBH facility.

- **Consistent training and education packages for community services which provide care for women and their babies.**

There is no consistent level or standard of training for those being trained in the community at this time. Currently there is a training package for the BFCI pilot which is under review. There are no international training programmes available appropriate for use in the community to our knowledge.

Most community providers do not have a specific breastfeeding policy and find it difficult to access regular evidence-based breastfeeding education. Providers who have a specific breastfeeding policy are undoubtedly well on the way to consistently promoting and supporting breastfeeding within their client groups. Plunket and a few Māori providers do have a specific breastfeeding policy.

For the remaining providers' policy development and access to regular evidence-based breastfeeding education is a high priority. This is particularly so for Māori and Pacific providers (including those that deliver Family Start) whose client groups tend to have the lowest breastfeeding statistics.

Whilst Parents Centre has general policies and standards which include elements on breastfeeding and require their workers to undertake regular updating at intervals between 3-5 years, these workers are required to identify and then access appropriate breastfeeding education themselves.

Recommended Training Methods

A fundamental concept of these requirements is the need for integration of cultural aspects and the coaching/counselling of mothers with the theoretical knowledge and practical skills application pertaining to infant feeding. To assure the best possible access to this learning is available and that the methods reflect the need for variation of style we recommend that:

- Workshop materials customised for New Zealand and based on the UNICEF training programmes are used as a framework for in-house trainers and professional educators.
- The development of a modular programme will allow for the creation of specific components for Maori and Pacific and other cultures. This will not only need to reflect the requirements of the 22 Pacific nations with communities in New Zealand but also acknowledge a preference of Maori and Pacific Island women for face to face delivery. We believe this is achievable through training the trainers, consistent material and the involvement of key stakeholders in the initial development phase rather than entire programmes being created for different ethnic groups.
- Up-to-date, accessible and robust online resources covering information on concurrent illness/ medication in the breastfeeding mother/ baby are available.
- Robust and interactive knowledge based distance/ e-learning options are made available.
- Self paced learning packages are available.
- Professional undergraduate and post graduate education providers use the requirements as a framework on which to base their curricula.
- Education provided is aligned with and recognise existing professional competency requirements. (e.g. midwifery)

Training and Education Provider Accreditation

An approval process of the course and provider to ensure the required standard of product is delivered within the community should be considered. This is particularly appropriate for community providers and in areas where there may not be a strong health professional presence. Accreditation to BFCI will require evidence of the achievement of learning outcomes, which will ensure a level of quality of delivery.

Recognition of Prior Learning

As staff move throughout the NZ health sector there needs to be the ability to recognise prior learning. This means there is a need to be able to prove knowledge and skill through an accredited programme. Because BFHI focuses on the initiation of breastfeeding only and BFCI covers additional information relevant to the practitioners practice and the relationship between the health worker and the mother baby dyad, there will be a need to recognise prior learning to prevent a double up of training required.

Key recommendations

As a result of the work done to date and the feedback received through the consultation process NZBA offers the following recommendations.

Note that workforce issues pertaining to a current and potential shortage of some health practitioners such as midwives, nurses and General Practitioners will require the need to push this knowledge and skill level down as far as practical to those health workers without tertiary training. It is therefore imperative that there be access to a variety of levels of training and education to ensure a consistent and high standard of skills and knowledge in this area throughout the health sector.

Note that the health practitioners and health workers providing community services which provide care for women and their babies require urgent support and guidance to access appropriate evidence-based pre-service and in-service education for their workforce.

Agree the training and education requirements are considered the minimum required in breastfeeding for health practitioners and health workers in New Zealand and that the Ministry of Health establishes the requirements as a guideline to assist Baby Friendly Hospital and Baby Friendly Community accreditation with the goal of consistency and best practice in breastfeeding advice and support.

Agree that health practitioners and health workers require a level of training and education relevant to their involvement and influence with the mother/baby dyad rather than training based purely on their profession.

Note the work already available in breastfeeding education as highlighted in the NZBA Literature Review document. There is a substantial body of material provided internationally which could be used and/or customised to provide education appropriate for the NZ context.

Note that it is assumed that the providers of this education will be working with current adult learning principles.

Agree it is important that there be a variety of methods of delivery to increase accessibility.

Agree that programme development should have an approval process to ensure quality and consistency of the training product.

Agree that work should be done to create competencies within an adult learning framework with the cooperation and input of tertiary educators, NZQA and in line with key professions such as the Midwifery Council.

References

BFCI Education Plan, NZBA, 2007

Breastfeeding Training Standards Literature Review, NZBA, 2007

Implementing and Monitoring the International Code of Marketing of Breast-milk Substitutes in New Zealand: The Code in New Zealand, Ministry of Health 2007

Infant and Young Child Feeding Counselling: An Integrated Course. Director's Manual WHO/UNICEF 2006

Infant and Young Child Feeding Counselling: An Integrated Course Guideline for Follow-up after Training WHO/UNICEF 2006

Infant and Young Child Feeding Counselling: An Integrated Course Participant's Manual WHO/UNICEF 2006

Infant and Young Child Feeding Counselling: An Integrated Course. Trainer's Manual WHO/UNICEF 2006

Innocenti Declaration on Infant and Young Child Feeding – Adopted by participants at Celebrating Innocenti 1990-2005: Achievements, Challenges and Future Imperatives, Florence, Italy, 22 November 2005

Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding – Adopted by the WHO/UNICEF policymakers' meeting on *Breastfeeding in the 1990s: A Global Initiative*, at Spedale degli Innocenti, Florence, Italy, 30 July-1 August 1990

International Code of Marketing of Breastmilk Substitutes – Adopted at the 34th World Health Assembly, Geneva, Switzerland, 21 May 1981, and subsequent relevant World Health Assembly resolutions

International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions, IBFAN-ICDC

Ministry of Health Comprehensive plan to inform the design of a national breastfeeding promotion campaign, Quigley and Watts Ltd, 2007

New Zealand Breast Feeding Authority Documents for Aotearoa New Zealand, 2007

The Global Strategy for Infant and Young Child Feeding, WHO/UNICEF, 2003

The principles of protection, promotion and participation enshrined in the *Treaty of Waitangi*, 6 February 1840

Appendices

Appendix I

The Process

The training and education standards developed for this document are as a result of the following activity:

- a broadly specified literature review of breastfeeding training standards and training requirements currently in place which was delivered in December 2007
- draft training and education standards signed off for consultation by the Ministry of Health in January 2008
- consultation on the draft standards with the sector and key stakeholders
- NZBA attendance at the WHO/UNICEF Infant and Young Child Feeding Training programme in January 2008.

Objectives of this consultation

The overarching objective of the consultation process is to enable the development of standards and ensure relevant, consistent and appropriate levels of training and education for breastfeeding and young child feeding in the New Zealand context.

This will be achieved by:

- Identifying minimum training standards for breastfeeding education
- Engaging with key stakeholders in relation to the development of breastfeeding training standards
- Ensuring Maori and Pacific health practitioners and providers input into breastfeeding training and education.
- Identifying the needs of Maori and Pacific health practitioners/health workers
- Ensuring maternity health provider workforce and community provider workforce input into the setting of generic and sector specific standards.

Consultation participants

The consultation list was developed from the list of key stakeholders identified in the scoping report by Quigley and Watts Ltd, July 2007², and the comprehensive list identified in the NZBA National Stocktake summary report, 2007.³ It includes health providers and professional bodies and colleges of health occupational groups most closely associated with women and infants. (*Appendix 1*)

Key Maori organisations and individuals to be consulted include Maori health practitioners and health services with a specific focus on Whanau Ora.⁴ Maori prefer kanohi ki te kanohi (face-to-face) consultation however this has been limited due to timeframes (and other commitments of the Baby Friendly Educator Maori). Discussions, both face-to-face and via telephone have taken

² Comprehensive Plan to Inform the Design of a National Breastfeeding Promotion Campaign

³ Breastfeeding Stocktake and BFCI Baseline Study (Draft).

⁴ Whanau Ora : A holistic strategy of support for Maori families to achieve their maximum health and wellbeing.

place with a limited number of health practitioners which include Tamariki Ora Nurses, Maori midwives, Maori lactation specialist, Maori Women’s Welfare League members, Maori Health Provider Managers. The general consensus was the preference for a hui so the overarching aims of the project could be better understood for any meaningful feedback to be obtained however the majority were supportive of the integration of cultural components throughout the standards and the need for specialist level for Maori health practitioners with a particular focus on breastfeeding e.g. Maori midwives, Lactation Consultants, Tamariki Ora Nurses.

Pacific peoples are one of the priority groups for the national breastfeeding promotion campaign and therefore the consultation framework should ensure appropriate opportunities for feedback as part of the consultation process. Opportunities to carry out face to face consultation were limited by consultation timeframes, however representation from Pacific providers, such as the Pacific Trust, Christchurch, and West Fono, Auckland were met for feedback. The NZBA does not currently have a Pacific representative on their Board, or a current Pacific staff member. Advice has been sought from Pacific providers regarding advisory group members and to ensure the Pacific community has been engaged in the training standards.

Activity timeframe

Date	Milestone
4 February 2008	Submission papers distributed
29 February	Submissions close with late acceptance till 6 March
7 March	Collation and analysis of submissions complete
10 March	Redraft standards
10 March	Delivery of redrafted standards to MoH
31 March	Feedback from MoH
7 April	Evaluation of consultation process

Methods

- A consultation document and submission form was developed and sent by email to as many of the identified contributors as possible and included a covering information sheet/letter with a clearly identified closing date. Where email was not available, the documents were posted.
- The consultation document and submission form was attached to the NZBA website.
- A select group of key stakeholders was established and met on 11 February for a one day workshop. This group included Maori and Pacific peoples’ representatives. (*Appendix IV*). The forum membership was defined by those who were available to attend at short notice. Organisations or specialty groups invited but unable to attend included midwifery educators, polytechnic nursing educators and a Maori maternity manager.
- Discussion with specific individuals occurred as a means of obtaining feedback from stakeholders, for example the NZ College of Midwives and Pacific Trust Canterbury were visited and networking opportunities were taken at conferences and meetings such as The New Zealand Lactation Consultants Conference held in the first week of March.
- Other forums such as hui and fono were considered but unable to be acted upon based on the timeframe for consultation.

Appendix II

Submissions

NZBA received 21 submissions to Friday 8 March 2008. They represented:

Academic/research	0
Maori	2
Pacific	1
Education/training	6
Non-government agency	6
Health sector (personal)	3
Health sector (public)	9
Professional Body	3
Other	2

Analysis of submissions

Submissions are predominantly positive and supportive of the setting of a national framework of education standards to form the basis of training and education for those organisations who aim to become BFHI or BFCI accredited. Overall the draft standard documents are considered to be clear and comprehensive.

A thematic analysis of all submissions highlights the following key themes.

- The aspect most commented on in the draft documents was the need for clarification around levels of training and education given, particularly the need for a receptionist, for example, to receive training in breastfeeding. This aspect has been refined in the current document. It was also a matter of concern for some that some professional groups were described at a lower level than they are likely to belong; hence dietitians are now suggested to be at level 2 and lactation consultants most likely to be at the highly specialised level not included in these examples.
- There was a lack of clarity around the purpose of the standards and their link to the Baby Friendly Initiative.
- There was comment on the length of consultation time being too short thereby compromising the quality of feedback. It has been suggested that another round of consultation is required to confirm this document. One submission is strongly opposed to the consultation surrounding the development of the training standards and the speed with which they are advancing.

“Given the great importance of breastfeeding standards and education programmes to optimise infant and young child nutrition it can only be hoped this and other submissions received will influence NZBA and result in Training Standards for Breastfeeding in New Zealand that are not only robust but also appropriate.”

- Confusion of language and the documents intent was commented on. As a consequence the word “competency” has been removed and replaced by required knowledge and skills.
- There is a view that the standards should be education rather than training standards. It is considered that what we want to see within NZ is not training but rather education of health practitioners in order that they understand the necessity to support women to breastfeed their baby. A submission considered that NZ should be moving toward education rather than training standards. As an example it is not possible to ‘train’ individuals in relation to “concepts, philosophies and the behaviour required to ensure women feel fully supported and have the confidence to decide what is best for them” as stated in the introduction of the document but it is possible to educate health practitioners in relation to these.
- Wording changes were suggested and have been made throughout the document to enhance understanding and clarity of meaning.
- Some submissions requested the inclusion of the advocacy of breastfeeding in the workplace. However NZBA saw this as outside the scope of this project and not supported at this time by legislation.
- Comment on the scientific basis of the Ten Steps was seen as an issue and has been removed.
- Clarity was sought on the Best Practice standards including the Code and Strategies pertaining to breastfeeding as per Standard 2. (Now B)
- Comment was made that standards pre-suppose cultural training/ knowledge.
- The term psycho-social was seen as problematic, and the wording has been changed to clarify the concept.
- The wording around the cultural requirements of the standards was questioned especially the meaning of the concept of a Whanau Ora framework and other frameworks and models. Also, one submission suggested that there is an implication of a single or dominant cultural framework within which other cultures must fit.
- The appropriateness of the inclusion of a standard on artificial feeding in this initiative was raised. There were also several requests to change the word “products” in Standard 5 (now Standard G) and this has been addressed.
- Maternal nutrition was not included in the original document and requests were made to address this.
- There was a call for pregnancy and parenting educators to be included within the parameters of this education with the idea that many decisions are made about a range of child health issues prior to the birth of the baby and it is important that breastfeeding is promoted positively at these sessions. This group was represented in the consultation process. There were also requests for inclusion of Plunket volunteers. The NZBA sees these comments as reflecting the confusion over the examples given in the original document on levels of

training and education, as these groups are included in BFHI and BFCI.

- The Royal NZ College of General Practitioners, while strongly supportive of breastfeeding and the importance of training for health practitioners in supporting breastfeeding, considers some of the recommendations made in this document require further consideration. Provision for two hours of annual updates is seen as problematic as:
 - 1) Currently resuscitation training is the only compulsory component of the continuing professional development that the New Zealand Medical Council requires of general practitioners. Otherwise continuing professional development needs are individualised by each practitioner.
 - 2) The work of general practitioners covers a broad range of issues. Allocating two hours every year to an update on breastfeeding was seen as excessive when considered in the context of all the other areas for which GPs need to keep up with recent developments.
- A submission suggested the need to consider the inclusion of standards on the NZQA framework. This would ensure consistency at a health worker level where tertiary qualifications are not expected.

Appendix III

Consultation List

Health Practitioners and Organisations

DHB Hospital Maternity Managers
Family Planning Association
HEHA DHB Co-ordinators
Home Birth Association
Immunisation Advisory Centre
Independent Nurse Practitioners
Infant Feeding Association of New Zealand
La Leche League NZ
Maternity Services Consumer Council
Medical Council
National Breastfeeding Committee
Natural Fertility Association
New Zealand Dietetic Association
Nursing Council
NZ College of General Practitioners
NZ College of Midwives
NZ College of Obstetricians and Gynaecologists NZ Medical Association
NZ Lactation Consultants Association
NZ Midwifery Council
NZ Neonatal Nurses Association
NZ Nursing Organisations
Paediatric Society of New Zealand
Paediatric Units in NZ
Perinatal Society of Australia and New Zealand (PSANZ)
PHO's
Practice Nurse Organisation
Public Health Nurses
Royal NZ Plunket Society
Speech Language Therapists
Well Child Providers
Women's Health Action

Maori Health Provider/Practitioners

Clinical Training Agency e.g. Mauri Ora Associates
Iwi Providers
Maori Development Organisations

Maori Health Providers
Maori SIDS
Maori Women's Welfare League
Matawhanui – DHB Maori Board Members Group
Nga Maia o Aotearoa me Te Wai Pounamu
Ngangaru – Maori Community Health Workers Assn
Plunket – Maori Caucus
Tamariki Ora Providers
Te Hotu Manawa Maori
Te Kaunihera o Nga Neehi Maori – Maori Nurses Association
Te Ohu Rata o Aotearoa – Maori Doctors
Te Tumu Whakarae – DHB Maori Managers Group

Pacific Providers and Organisations

Pacific Health Providers
Pacific Trusts
Pacific Women's Organisation
Samoan Nurse Association

Training Institutions

Aoraki Polytechnic Childbirth Educators Course Co-ordinators
CENZ
Medical Schools
Midwifery Schools
Nursing Schools
Parents Centre NZ

Appendix IV

Forum members

Julie Stufkens Raeleen de Joux Dawn Hunter Sian Burgess Sue Chapman	NZBA Executive Officer, Dietitian NZBA Maori Educator NZBA Educator, Lactation Consultant NZBA Baby Friendly Community Coordinator Consultant/Facilitator
Ngaronoa Kimura Auckland	Maori Lactation Consultant, Coordinator of BFCI pilot, Turuki Health
Sharron Cole Wellington	Midwifery council, Family Commissioner, Parent Centre, Childbirth Educator, Hutt Valley DHB Board member, & BFHI assessor
Lina Gatu Auckland	Practice Nurse and Pacific Health Provider, BFCI pilot participant
Linda Polaschek Wellington	Royal Plunket Society National Training Coordinator
Joyce Croft Whangarei	Nga Maia, Lactation Consultant, BFHI Assessor National Breastfeeding Advisory Committee
Jenny Humphries Invercargill	Maternity Service Manager, Midwife, BFHI Assessor NZBA Board Chair
Linda Collier Christchurch	Practice Nurse Educator, Partnership Health Canterbury PHO
Tania Hodges Hamilton	Mauri Ora Associates, Maori Clinical Training Agency
Terehia Kipa Christchurch	Kuia, Hauora Matauraka. Canterbury DHB

Appendix V

Written Submission Respondents

No.	Name	Organisation
1.	David Knight	Auckland DHB
2.	Jane Waite	Christchurch Women's Hospital
3.	Kate Sladden & Kathy Pritchard	Auckland DHB
4.	Allison Wallace	West Coast Breastfeeding Interest Group
5.	Sue Pace	Lakes DHB
6.	Barbara Churcher	Dunedin Breastfeeding Network
7.	Sandra Walsh	BFHI Project Group Tairāwhiti DHB
8.	Dr Alison Vogel	Paediatric Society of New Zealand
9.	Mary Grant	
10.	Angela Baldwin, Trinie Moore & Allison Jamieson	RNZ Plunket Society
11.	Debra Fenton	Counties Manukau DHB
12.	Noreen Roche	NZ Lactation Consultants Association
13.	Bev Pownall & Susan Cluitt	Child Woman & Family Service - Waitemata DHB
14.	Rachael Bayliss	Ministry of Health
15.	Jennie Valgre	Parents Centre New Zealand
16.	Brylin Highton & Barbara Sturmfels	La Leche League New Zealand Incorporated
17.	Marcia Annandale	Infant Feeding Association of New Zealand
18.	Lynda Williams	Maternity Services Consumer Council
19.	Louise James	Women's Health Action
20.	Andrew Stenson	Royal NZ College of General Practitioners
21.	Norma Campbell	New Zealand College of Midwives

Appendix VI

Programme attendance feedback on the WHO/UNICEF Infant and Young Child Feeding (IYCF) Counselling: An Integrated Course

1. Introduction



The WHO/UNICEF Baby Hospital Initiative (BFHI) and Baby Friendly Community Initiative (BFCl) have been adopted in New Zealand and the New Zealand Breastfeeding Authority has developed documents for New Zealand ensuring the Global Standards have been maintained. The International BFHI documents and a 20-hour BFHI training course for maternity have recently been revised in 2006.

BFHI in New Zealand has not had an official or recommended training programme other than the requirements set out in Part Two Step 2. Trainers in maternity facilities have developed or found courses which have covered the guidelines. The BFHI Coordinators in maternity units have been very keen for NZBA to develop a training course.

With the development of the Baby Friendly Community Initiative in New Zealand and the five pilot group's trialing the initiative education programmes were developed for each level of participants. The course content was developed through consultation both nationally and internationally. As part of the evaluation of the BFCl pilots the education sessions were also evaluated.

NZBA wanted to formalise the education standards and programmes for both BFHI and BFCl so assessment of other courses was important. Those courses of interest were those which have a similar focus as BFHI and BFCl. As Baby Friendly is a WHO/UNICEF initiative the WHO/UNICEF courses are ideally suited to adaptation.

The WHO/UNICEF Infant and Young Child Feeding Counselling course in Turkey was held in response to a request from the BFHI coordinators at the BFHI network meeting held in Berlin in 2006. The course was run to train the participants to be able to deliver it in their own countries and can be modified to meet the needs of each country.

The funding for the NZBA staff to attend this course was part of the NZBA's Education Standards Contract with the Ministry of Health. Two NZBA staff attended this WHO/UNICEF Infant and Young Child Feeding Counselling 40 hour course and were trained to be able to deliver the course. The course was held in Istanbul, Turkey 14th to 18th January 2008.

Analysis of the information provided was to help inform the development of the education standards for Health Practitioners and health workers for the Baby Friendly Hospital Initiative (BFHI) and the Baby Friendly Community Initiative (BFCl) courses.

The materials are comprehensive and provide clear outlines for the set of competencies that will be learned during the training. The director's and trainers manuals outline all of the guidelines for

planning, setting up, delivery and follow-up for a course. They are designed to cover all aspects of what to do, and how to do it. There are checklists for planning, course materials, items for demonstrations, etc. Nothing appears to have been forgotten or left to chance.

The IYCF course materials are provided in four manuals:

- Director's Guide
- Trainer's Guide
- Participant's Manual
- Guidelines for Follow-up After Training.

'Counselling' is an extremely important component of this course. It is based on a set of competencies which participants are expected to learn during training and follow-up. To become competent at something you need the necessary knowledge and the necessary skills. Both of these aspects are key elements of the course.

The IYCF report covers the background to the course, selection of trainers and participants, discussion on attendance at the course, conclusions and recommendations.

Background

2. Infant and Young Child Feeding Counselling: An integrated course

2.1 Why this course is needed

The WHO and UNICEF developed The Global Strategy for Infant and Young Child Feeding in 2002 to revitalise world attention to the impact that feeding practices have on the nutritional status, growth, development, health, and survival of infants and young children. This strategy is based on the conclusions and recommendations of expert consultations, which resulted in the global public health recommendation to protect, promote and support exclusive breastfeeding for six months, and to provide safe and appropriate complementary foods with continued breastfeeding for up to two years of age or beyond.

However, many children are not fed in the recommended way. Many mothers, who initiate breastfeeding satisfactorily, often start complementary feeds or stop breastfeeding within a few weeks of delivery. In addition, many children, even those who have grown well for the first six months of life, do not receive adequate complementary feeds.

Information on how to feed young children comes from family beliefs, community practices and information from health workers. Advertising and commercial promotion by food manufacturers is sometimes the source of information for many people, both families and health workers. It has often been difficult for health workers to discuss with families how best to feed their young children due to the confusing, and often conflicting, information available. Inadequate knowledge about how to breastfeed, the appropriate complementary foods to give, and good feeding practices are often a greater determinant of malnutrition than the availability of food.

Hence, there is an urgent need to train all those involved in infant feeding counselling, in all countries, in the skills needed to support and protect breastfeeding and good complementary feeding practices.

Messages about infant feeding have become confused over recent years with the HIV pandemic. In some countries, HIV infection amongst children is now one of the main causes of childhood death. In 90% of cases, children acquire the infection from their mothers, before or during delivery, or through breastfeeding. In 1997, WHO, UNICEF and UNAIDS issued a joint policy statement, indicating that HIV-positive women should be enabled to make a fully informed decision about feeding their infants, and supported to carry out the method of their choice. Guidelines developed in 1998 set out several feeding options to suggest to HIV-positive women. These guidelines also emphasised the need to protect, promote and support breastfeeding for those who are HIV negative or untested, and to prevent any spillover of artificial feeding to infants of uninfected mothers. There is an urgent need to train those who work in areas where HIV is a problem to counsel women about infant feeding, according to these guidelines.

There are three existing courses available from WHO/UNICEF:

- Breastfeeding Counselling: A Training Course (5 days)
- HIV and Infant Feeding Counselling: A Training Course (3 days) [with UNAIDS]
- Complementary Feeding Counselling: A Training Course (3 days).

This 5-day Infant and Young Child Feeding Counselling: An Integrated Course does not set out to replace these courses. In fact, most of the material in this integrated course is taken from the three existing courses. However, it is recognised that in many situations there is simply not enough time available to allow health workers to attend all of the above courses. Given the urgency of training large numbers of health workers and counsellors, this integrated course has been developed to train those who care for mothers and young children in the basics of good infant and young child feeding.

‘Counselling’ is an extremely important component of this course, as it is in the three existing courses. The concept of ‘counselling’ is new to many people and can be difficult to translate. Some languages use the same word as ‘advising’. However, counselling means more than simple advising. Often, when you advise people, you tell them what you think they should do. When you counsel, you listen to the person and help the person decide what is best for them from various options or suggestions, and you help them to have the confidence to carry out their decision. You listen to them and try to understand how they feel. This course aims to give health workers basic counselling skills so that they can help mothers and caregivers more effectively.

This course is based on a set of competencies which participants are expected to learn during training and follow-up. ‘Competencies’ may be a concept that is new to trainers and participants so it is important to make sure that everyone understands what this means (See Section 1.4).

This course can be used to complement existing courses such as Integrated Management of Childhood Illness (IMCI). This course could also be used as part of the pre-service training of health workers.

This course does NOT prepare people to have responsibility for the nutritional care of young children with severe malnutrition or nutrition-related diseases such as diabetes or metabolic problems. Participants are encouraged to refer young children for further services and care as necessary. In addition this course does not prepare people to conduct full voluntary confidential counselling and HIV testing – which includes pre-test and post-test counselling for HIV, and

follow-up support for those living with HIV. This course covers only aspects specifically related to infant feeding.

2.2 Target Audience

This course is aimed at the following groups of people:

- Lay counsellors
- Community health workers
- PMTCT counsellors (first level counsellors at district level)
- Primary Health Care nurses and doctors – especially if supervising and/or a referral level for lay counsellors, community health workers or PMTCT counsellors
- Clinicians at first referral level.

Course participants are not expected to have any prior knowledge of infant feeding. People who are expected to have a more specialised knowledge of infant feeding should participate in the individual, as opposed to integrated, infant and young child feeding courses:

- Breastfeeding Counselling: a Training course
- HIV and Infant Feeding Counselling: a Training Course
- Complementary Feeding Counselling: a Training Course.

One trainer is required for every three to four participants on the course. This is essential for the practical work and counselling sessions so that each participant has the chance to practise as much as possible (See Appendix V for details on the selection of trainers).

2.3 Course Objectives

After completing this course, participants will be able to counsel and support mothers to carry out WHO/UNICEF recommended feeding practices for their infants and young children from birth up to 24 months of age, and to counsel and support HIV-infected mothers to choose and carry out an appropriate feeding method for the first two years of life.

2.4 Competencies participants are expected to learn during training and follow-up

This course is based on a set of competencies which participants are expected to learn during training and follow-up. Competencies may be a concept that is new to trainers and participants. It is important to explain this clearly to the trainers on the training-of-trainers course and to the participants during the opening session and Session 39 of the participant's course. To become competent at something you need the necessary knowledge and the necessary skills. The knowledge required to be competent at a task is to know 'what to do and when to do it.' The table of competencies listed on the following pages (and also in the Introduction to the Trainer's Guide and Session 39 of the Participant's Manual) reflects the content of this course and the knowledge and skills on which the participants will be assessed. You will see that the table is divided into three columns: the competency, the knowledge required and the skills required.

Most people find that they acquire the 'knowledge' part of the competency more quickly than the 'skills' part. During a course like this, participants will gain a lot of knowledge, but knowledge on its own does not make someone competent at carrying out a task. For example, you may be able to list the steps of how to teach a mother to cup-feed her baby but have never practiced this skill yourself, and so you may not be competent at carrying this out practically. Whilst participants on a course like this may not learn all the skills listed, they should all have a chance to practice these skills at least once during the course. Then they will understand how to continue to practice these skills when they return to their place of work. If a participant has had the chance to successfully teach a mother to position and attach her baby to the breast, she will feel more confident in continuing to improve on this skill when she returns to work after the course. It is essential that the trainers are competent at the counseling and technical skills required and that the groups are small enough (1 trainer per 3-4 participants) to ensure that the participants get as much practice as possible. It is also crucial that adequate planning is given to where the practical sessions will take place so that there are enough mothers and children for all the participants to practice their skills (see Section 2). If time is short, it is tempting to cut down on the time allocated to the practical sessions. However, remember that these slots are the only time that participants will have to practice their skills, so this would not be a wise decision to make.

The table of competencies is arranged in a certain order. The competencies at the beginning of the table are those which are most commonly used, and on which later competencies depend. For example, to be able to help a mother who has flat or inverted nipples you need to have the basic competency to help a mother to position and attach her baby. You will also see that the counselling skills ('Listening and learning' and 'Confidence and support') are applied in many different situations.

All the theory ('knowledge') required is covered in the lecture sessions of the participant's course. The skills are practiced in the classroom practical sessions, the exercises and the practical sessions in wards and clinical facilities. The follow-up assessment of participants at their facilities is based on these competencies.

Competency	Knowledge	Skills
1. Use Listening and Learning skills to counsel a mother	<ul style="list-style-type: none"> ▪ List the 6 Listening and Learning skills ▪ Give an example of each skill 	<ul style="list-style-type: none"> ▪ Use the Listening and Learning skills appropriately when counseling a mother on feeding her infant or young child
2. Use Confidence and Support skills to counsel a mother	<ul style="list-style-type: none"> ▪ List the 6 Confidence and Support skills ▪ Give an example of each skill 	<ul style="list-style-type: none"> ▪ Use the Confidence and Support skills appropriately when counseling a mother on feeding her infant or young child
3. Assess a breastfeed	<ul style="list-style-type: none"> ▪ Explain the contents and arrangement of the BREASTFEED OBSERVATION JOB AID 	<ul style="list-style-type: none"> ▪ Assess a breastfeed using the BREASTFEED OBSERVATION JOB AID ▪ Recognise a mother who needs help using the BREASTFEED OBSERVATION JOB AID
4. Help a mother to position a baby at the breast	<ul style="list-style-type: none"> ▪ Explain the 4 key points of positioning ▪ Describe how a mother should support her breast for feeding ▪ Explain the main positions – sitting, lying, underarm and across 	<ul style="list-style-type: none"> ▪ Recognise good and poor positioning according to the 4 key points ▪ Help a mother to position her baby using the 4 key points, in different positions
5. Help a mother to attach her baby to the breast	<ul style="list-style-type: none"> ▪ Describe the relevant anatomy and physiology of the breast and suckling action of the baby ▪ Explain the 4 key points of attachment 	<ul style="list-style-type: none"> ▪ Recognise signs of good and poor attachment and effective suckling according to the BREASTFEED OBSERVATION JOB AID ▪ Help a mother to get her baby to attach to the breast once he is well positioned
6. Explain to a mother about the optimal pattern of breastfeeding	<ul style="list-style-type: none"> ▪ Describe the physiology of breast milk production and flow ▪ Describe unrestricted (or demand) feeding, and implications for frequency and duration of breastfeeds and using both breasts alternatively 	<ul style="list-style-type: none"> ▪ Explain to a mother about the optimal pattern of breastfeeding and demand feeding

Competency	Knowledge	Skills
7. Help a mother to express her breast milk by hand	<ul style="list-style-type: none"> ▪ List the situations when expressing breast milk is useful ▪ Describe the relevant anatomy of the breast and physiology of lactation ▪ Explain how to stimulate the oxytocin reflex ▪ Describe how to select and prepare a container for expressed breast milk ▪ Describe how to store breast milk ▪ List the situations when expressing breast milk is useful ▪ Describe the relevant anatomy of the breast and physiology of lactation ▪ Explain how to stimulate the oxytocin reflex ▪ Describe how to select and prepare a container for expressed breast milk ▪ Describe how to store breast milk 	<ul style="list-style-type: none"> ▪ Explain to a mother how to stimulate her oxytocin reflex ▪ Rub a mother's back to stimulate her oxytocin reflex ▪ Help a mother to learn how to prepare a container for expressed breast milk ▪ Explain to a mother the steps of expressing breast milk by hand ▪ Observe a mother expressing breast milk by hand and help her if necessary
8. Help a mother to cup feed her baby	<ul style="list-style-type: none"> ▪ List the advantages of cup-feeding ▪ Estimate the volume of milk to give a baby according to weight ▪ Describe how to prepare a cup hygienically for feeding a baby 	<ul style="list-style-type: none"> ▪ Demonstrate to a mother how to prepare a cup hygienically for feeding ▪ Practice with a mother how to cup feed her baby safely ▪ Explain to a mother the volume of milk to offer her baby and the number of feeds in 24 hours
9. Plot and interpret a growth chart	<ul style="list-style-type: none"> ▪ Explain the meaning of the standard curves ▪ Describe where to find the age and the weight of a child on a growth chart 	<ul style="list-style-type: none"> ▪ Plot the weights of a child on a growth chart ▪ Interpret a child's individual growth curve
10. Take a feeding history for an infant 0-6 months	<ul style="list-style-type: none"> ▪ Describe the contents and arrangement of the FEEDING HISTORY JOB AID, 0-6 MONTHS 	<ul style="list-style-type: none"> ▪ Take a feeding history using the job aid and appropriate counselling skills according to the age of the child

Competency	Knowledge	Skills
11. Teach a mother the 10 Key Messages for complementary feeding	<ul style="list-style-type: none"> ▪ List and explain the 6 Key Messages about what to feed to an infant or young child to fill the nutrition gaps (Key Messages 1-6) ▪ Explain when to use the food consistency pictures, and what each picture shows ▪ List and explain the 2 Key Messages about quantities of food to give to an infant or young child (Key Messages 7-8) ▪ List and explain the Key Message about how to feed an infant or young child (Key Message 9) ▪ List and explain the Key Message about how to feed an infant or young child during illness (Key Message 10) 	<ul style="list-style-type: none"> ▪ Explain to a mother the 6 Key Messages about what to feed to an infant or young child to fill the nutrition gaps (Key Messages 1-6) ▪ Use the food consistency pictures appropriately during counseling ▪ Explain to a mother the 2 Key Messages about quantities of food to give to an infant or young child (Key Messages 7-8) ▪ Explain to a mother the Key Message about how to feed an infant or young child (Key Message 9) ▪ Explain to a mother the Key Message about how to feed an infant or young child during illness (Key Message 10)
12. Counsel a pregnant woman about breastfeeding	<ul style="list-style-type: none"> ▪ List the Ten Steps to Successful Breastfeeding ▪ Describe how the International Code of Marketing of Breast-milk Substitutes helps to protect breastfeeding ▪ Discuss why exclusive breastfeeding is important for the first six months ▪ List the special properties of colostrum and reasons why it is important 	<ul style="list-style-type: none"> ▪ Use counseling skills appropriately with a pregnant woman to discuss the advantages of exclusive breastfeeding ▪ Explain to a pregnant woman how to initiate and establish breastfeeding after delivery, and the optimal breastfeeding pattern ▪ Apply competencies 1, 2 and 6
13. Help a mother to initiate breastfeeding	<ul style="list-style-type: none"> ▪ Discuss the importance of early contact after delivery and of the baby receiving colostrum ▪ Describe how health care practices affect initiation of exclusive breastfeeding 	<ul style="list-style-type: none"> ▪ Help a mother to initiate skin-to-skin contact immediately after delivery and to introduce her baby to the breast ▪ Apply competencies 1, 2, 4 and 5
14. Support exclusive breastfeeding for the first six months of life	<ul style="list-style-type: none"> ▪ Describe why exclusive breastfeeding is important ▪ Describe the support that a mother needs to sustain exclusive breastfeeding 	<ul style="list-style-type: none"> ▪ Apply competencies 1 to 10 appropriately
15. Help a mother to sustain breastfeeding up to 2 years of age or beyond	<ul style="list-style-type: none"> ▪ Describe the importance of breast milk in the 2nd year of life 	<ul style="list-style-type: none"> ▪ Apply competencies 1, 2, 9 and 10, including explaining the value of breastfeeding up to 2 years and beyond

Competency	Knowledge	Skills
16. Help a mother with 'not enough milk'	<ul style="list-style-type: none"> ▪ Describe the common reasons why a baby may have a low breast milk intake ▪ Describe the common reasons for apparent insufficiency of milk ▪ List the reliable signs that a baby is not getting enough milk 	<ul style="list-style-type: none"> ▪ Apply competencies 1, 3, 9 and 10 to decide the cause ▪ Apply competencies 2, 4, 5, 6, 7 and 8 to overcome the difficulty, including explaining the cause of the difficulty to the mother
17. Help a mother with a baby who cries frequently	<ul style="list-style-type: none"> ▪ List the causes of frequent crying ▪ Describe the management of a crying baby 	<ul style="list-style-type: none"> ▪ Apply competencies 1, 3, 9 and 10 to decide the cause ▪ Apply competencies 2, 4, 5 and 6 to overcome the difficulty, including explaining the cause of the difficulty to the mother ▪ Demonstrate to a mother the positions to hold and carry a colicky baby
18. Help a mother whose baby is refusing to breastfeed	<ul style="list-style-type: none"> ▪ List the causes of breast refusal ▪ Describe the management of breast refusal 	<ul style="list-style-type: none"> ▪ Apply competencies 1, 3, 9 and 10 to decide the cause ▪ Apply competencies 2, 4 and 5 to overcome the difficulty, including explaining the cause of the difficulty to the mother ▪ Help a mother to use skin-to-skin contact to help her baby accept the breast again ▪ Apply competencies 7 and 8 to maintain breast milk production and to feed the baby meanwhile
19. Help a mother who has flat or inverted nipples	<ul style="list-style-type: none"> ▪ Explain the difference between flat and inverted nipples and about protractility ▪ Explain how to manage flat and inverted nipples 	<ul style="list-style-type: none"> ▪ Recognise flat and inverted nipples ▪ Apply competencies 2, 4, 5, 7 and 8 to overcome the difficulty ▪ Show a mother how to use the syringe method for the treatment of inverted nipples
20. Help a mother with engorged breasts	<ul style="list-style-type: none"> ▪ Explain the differences between full and engorged breasts ▪ Explain the reasons why breasts may become engorged ▪ Explain how to manage breast engorgement 	<ul style="list-style-type: none"> ▪ Recognise the difference between full and engorged breasts ▪ Apply competencies 2, 4, 5, 6 and 7 to manage the difficulty
21. Help a mother with sore or cracked nipples	<ul style="list-style-type: none"> ▪ List the causes of sore or cracked nipples ▪ Describe the relevant anatomy and physiology of the breast ▪ Explain how to treat candida infection of the breast 	<ul style="list-style-type: none"> ▪ Recognise sore and cracked nipples ▪ Recognise candida infection of the breast ▪ Apply competencies 2, 3, 4, 5, 7 and 8 to manage these conditions

Competency	Knowledge	Skills
22. Help a mother with mastitis	<ul style="list-style-type: none"> ▪ Describe the difference between engorgement and mastitis ▪ List the causes of a blocked milk duct ▪ Explain how to treat a blocked milk duct ▪ List the causes of mastitis ▪ Explain how to manage mastitis, including indications for antibiotic treatment and referral ▪ List the antibiotics to use for infective mastitis ▪ Explain the difference between treating mastitis in an HIV-negative and HIV-positive mother 	<ul style="list-style-type: none"> ▪ Recognise mastitis and refer if necessary ▪ Recognise a blocked milk duct ▪ Manage blocked duct appropriately ▪ Manage mastitis appropriately using competencies 1, 2, 3, 4, 5, 6, 7, 8 and rest, analgesics and antibiotics if indicated. Refer to the appropriate level of care. ▪ Refer mastitis in an HIV-positive mother to the appropriate level of care
23. Help a mother to breastfeed a low birth- eight baby or sick baby	<ul style="list-style-type: none"> ▪ Explain why breast milk is important for a low-birth-weight baby or sick baby ▪ Describe the different ways to feed breast milk to a low-birth-weight baby ▪ Estimate the volume of milk to offer a low-birth-weight baby per feed and per 24 hours 	<ul style="list-style-type: none"> ▪ Help a mother to feed her LBW baby appropriately ▪ Apply competencies, especially 7, 8 and 9, to manage these infants appropriately ▪ Explain to a mother the importance of breastfeeding during illness and recovery
24. Counsel an HIV positive woman antenatally about feeding choices	<ul style="list-style-type: none"> ▪ Explain the risk of mother-to-child transmission of HIV ▪ Outline approaches that can prevent MTCT through safer infant feeding practices ▪ State infant feeding recommendations for women who are HIV+ve and for women who are HIV-ve or do not know their status ▪ List advantages and disadvantages of these feeding options 	<ul style="list-style-type: none"> ▪ Apply competencies 1 and 2 to counsel an HIV-positive woman ▪ Use the Flow Chart and the Counseling Cards to help an HIV positive woman to come to her own decision about how to feed her baby

Competency	Knowledge	Skills
<p>25. Support an HIV positive mother in her feeding choice</p>	<ul style="list-style-type: none"> ▪ List the different types of replacement milks available locally and how much they cost ▪ Explain how to prepare the milks ▪ Describe hygienic preparation of feeds and utensils ▪ Explain the volumes of milk to offer a baby according to weight ▪ Explain exclusive breastfeeding and stopping early ▪ Explain how to heat-treat and store breast milk ▪ Describe the criteria for selection of a wet-nurse 	<ul style="list-style-type: none"> ▪ Help a mother to prepare the type of replacement milk she has chosen Apply competency 8 ▪ Show a mother how to prepare replacement feeds hygienically ▪ Practice with a mother how to prepare replacement feeds hygienically ▪ Show a mother how to measure milk and other ingredients to prepare feeds ▪ Practice with a mother how to measure milk and other ingredients to prepare feeds ▪ Explain to a mother the volume of milk to offer her baby and the number of feeds per 24 hours ▪ Apply competencies 1, 2, 3, 4, 5, and 6 to support a mother to breastfeed exclusively and optimally ▪ Show a mother how to heat-treat breast milk and apply competencies 7 and 8 ▪ Apply competencies 1, 2, 3, 4, 5 and 6 to support the wet-nurse ▪ Use the Counselling Cards and Flyers appropriately
<p>26. Follow-up the infant of an HIV-positive mother 0-6 months who is receiving replacement milk</p>	<ul style="list-style-type: none"> ▪ Describe hygienic preparation of feeds ▪ Explain the volumes of milk to give to a baby according to weight ▪ Explain when to arrange follow-up or when to refer ▪ Explain about feeding during illness and recovery 	<ul style="list-style-type: none"> ▪ Show a mother how to prepare replacement feeds hygienically ▪ Practise with a mother how to prepare replacement feeds hygienically ▪ Apply competency 8 ▪ Recognise when a child needs follow-up and when a child needs to be referred ▪ Explain to a mother how to feed her baby during illness or recovery ▪ Use the Counselling Cards and Flyers appropriately

Competency	Knowledge	Skills
27. Help an HIV-positive mother to cease breastfeeding early and make a safe transition to replacement feeds	<ul style="list-style-type: none"> ▪ Describe the difficulties a mother may encounter when she tries to stop breastfeeding over a short period of time ▪ Explain how to manage engorgement and mastitis in a mother who stops breastfeeding over a short period of time ▪ Show the ways to comfort a baby who is no longer breastfeeding ▪ List what replacement feeds are available and how to prepare them ▪ Explain when to arrange follow-up or when to refer 	<ul style="list-style-type: none"> ▪ Explain to a mother how she should prepare to stop breastfeeding early ▪ Practise with a mother how to prepare replacement feeds hygienically ▪ Apply competencies 7 and 8 ▪ Manage breast engorgement and mastitis in an HIV-infected woman who is stopping breastfeeding (competencies 20 and 22) ▪ Explain to a mother ways to comfort a baby who is no longer breastfeeding
28. Help mothers whose babies are over six months of age to give complementary feeds	<ul style="list-style-type: none"> ▪ List the gaps which occur after six months when a child can no longer get enough nutrients from breast milk alone ▪ List the foods that can fill the gaps ▪ Describe how to prepare feeds hygienically ▪ List recommendations for feeding a non-breastfed child, including quantity, quality, consistency, ▪ Frequency and method of feeding at different ages 	<ul style="list-style-type: none"> ▪ Apply competencies 1, 2, 9 and 10 ▪ Use the FOOD INTAKE JOB AID, 6-23 MONTHS to learn how a mother is feeding her infant or young child ▪ Identify the gaps in the diet using the FOOD INTAKE JOB AID, 6-23 MONTHS and the FOOD INTAKE REFERENCE TOOL, 6-23 MONTHS ▪ Explain to a mother what foods to feed her child to fill the gaps, applying competency 11 ▪ Demonstrate preparation of a meal for an infant or young child at different ages (8, 10, 15 months) ▪ Practise with a mother how to prepare meals for her infant or young child ▪ Show a mother how to prepare feeds hygienically ▪ Explain to a mother how to feed a non-breastfed child
29. Help a mother with a breastfed child over six months of age who is not growing well	<ul style="list-style-type: none"> ▪ Explain feeding during illness and recovery ▪ Describe how to prepare feeds hygienically 	<ul style="list-style-type: none"> ▪ Apply competency 15 to help a mother to sustain breastfeeding up to 2 years of age or beyond ▪ Apply competencies 1, 2, 9, 10 and 11 ▪ Explain to a mother how to feed during illness and recovery ▪ Demonstrate to a mother how to prepare feeds hygienically ▪ Recognise when a child needs follow-up and when a child needs referral

Competency	Knowledge	Skills
30. Help a mother with a non-breastfed child over six months of age who is not growing well	<ul style="list-style-type: none"> ▪ Explain about the special attention to give to children who are not receiving breast milk ▪ List the recommendations for feeding a non-breastfed child, including quantity, quality, consistency, frequency and method of feeding ▪ Explain feeding during illness and recovery ▪ Describe how to prepare feeds hygienically 	<ul style="list-style-type: none"> ▪ Apply competencies 1, 2, 9, 10 and 11 ▪ Explain to a mother how to feed a non-breastfed child ▪ Explain to a mother how to feed during illness and recovery ▪ Demonstrate to a mother how to prepare feeds hygienically ▪ Recognise when a child needs follow-up and when a child needs referral

2.5 Course structure

The *Infant and Young Child Feeding Counselling: An Integrated Course* training is for 16-24 participants, and 4-6 trainers, in groups of three to four participants each with one trainer plus a course director. The course takes approximately 35 hours not including meal breaks or the opening and closing ceremonies.

It can be conducted intensively over five days or it can be spread out less intensively over a longer period of time, for example one day a week for five weeks, or half of every day for two weeks. If trainers or participants come from outside the area, it is usually necessary to hold an intensive course. If trainers and participants all come from within the same district or institution, it may be easier to hold a part-time course over a longer period.

There are 39 sessions which use a variety of teaching methods, including lectures, demonstrations, and work in smaller groups of three to four participants with one trainer, with role-play, practical work and exercises. The sessions are structured around four 2-hour practical sessions, during which participants practise counselling and technical skills with mothers or caregivers and young children.

2.6 Materials, Content, Method, Selecting Trainers and Participants

2.6.1 Course materials

Director's Guide

The *Director's Guide* contains all the information that the Course Director needs to plan and prepare for a course, and to select trainers and participants, starting several months before the actual training. It contains lists of the materials and equipment needed, examples of timetables, and copies of the forms that need to be photocopied before a course. It also describes the Director's role during the course itself.

The Trainer's Guide

The *Trainer's Guide* contains what the trainers need in order to lead participants through the course. This guide contains the information that they require, detailed instructions on how to conduct each session, the exercises that participants will do, together with answers, and the summary sheets, forms, checklists and stories used during the practical sessions of the course. This is the trainers' most essential tool on the course. It is recommended that they use it at all times and add notes to it as they work. These notes will help them in future courses. You will notice in the course that an infant or young child is always referred to as 'he'; a health worker or counsellor is always referred to as 'she'; and the term 'mother' is used rather than 'caregiver'. This is simply used for consistency during the training.

Slides

Many sessions use slides. These are provided on a CD for projection onto a screen. Alternatively you can use overhead transparencies and picture books for participants with the photographs in them. Your Director will inform you which you will use. It is important that you are familiar with the equipment beforehand. All the slides are shown in the *Trainer's Guide* so that you can make sure you understand the information, pictures or graphs for your sessions.

Participant's Manual

One copy is provided for each participant. This contains:

- summaries of information
- copies of Worksheets and Checklists for the practical sessions
- exercises which participants will do during the course (without answers)

The manual can be used for reference after the course, so it is not essential for participants to take detailed notes.

Answer sheets

These are provided separately, and they give answers to all the exercises. These are given to the participants after they have worked through the exercises.

Infant and Young Child Feeding Counselling: An Integrated Course. *Director's Guide*

Updates

Periodic updates on the topics covered on this course will be available at WHO departments of Child and Adolescent Health and Development (CAH), and Nutrition for Health and Development (NHD). CAH and NHD websites, and should be consulted when preparing a course.

Training aids

The trainer will need a flipchart, and blackboard and chalk, or white board and suitable markers, for most sessions, and a means of fixing flipchart pages to the wall or notice board — such as masking tape or blue-tack. The trainer will also need approximately 1 life size baby doll and 1 model breast for each small working group of 3-4 participants. If dolls and breasts are not available there are some instructions for making them very simply and out of readily available material.

Additional Resources

Trainers may wish to obtain the other reference materials to answer questions and provide additional information. See Appendix 1 for the list.

2.6.2 Course Content

The course is run in sessions with clear times for each session:

Session 1 An introduction to infant and young child feeding	20 minutes
Session 2 Why breastfeeding is important	30 minutes
Session 3 How breastfeeding works	45 minutes
Session 4 Assessing a breastfeed	60 minutes
Session 5 Listening and learning	60 minutes
Session 6 Listening and learning exercises	60 minutes
Session 7 <i>Practical Session 1</i>	120 minutes
<i>Listening and learning. Assessing a breastfeed</i>	
Session 8 Positioning a baby at the breast	75 minutes
<i>Practical session: Positioning a baby using dolls</i>	
Session 9 Growth charts	30 minutes
Session 10 Building confidence and giving support	45 minutes
Session 11 Building confidence and giving support exercises - Part 1	45 minutes

Session 12 <i>Practical Session 2</i>	120 minutes
<i>Building confidence and giving support. Positioning a baby at the breast</i>	
Session 13 Taking a feeding history	30 minutes
Session 14 Common breastfeeding difficulties	75 minutes
Session 15 Expressing breast milk	45 minutes
Session 16 Cup-feeding	30 minutes
Session 17 Overview of HIV and infant feeding	45 minutes
Session 18 Counselling for infant feeding decisions	30 minutes
Session 19 Breastfeeding and breast milk options for HIV-infected mothers	45 minutes
Session 20 Breast conditions	45 minutes
Session 21 Replacement feeding in the first six months	45 minutes
Session 22 Hygienic preparation of feeds	30 minutes
Session 23 Preparation of milk feeds – measuring amounts	45 minutes
Session 24 <i>Practical Session 3</i>	105 minutes
<i>Preparation of milk feeds</i>	
Session 25 Health care practices	45 minutes
Session 26 International Code of Marketing of Breast-milk Substitutes.....	30 minutes
Session 27 Counselling cards and tools	120 minutes
<i>Counselling scenarios</i>	
Session 28 Importance of complementary feeding	45 minutes
Session 29 Foods to fill the energy gap	30 minutes
Session 30 Foods to fill the iron and vitamin A gaps	60 minutes
Session 31 Quantity, variety and frequency of feeding	45 minutes
Session 32 Building confidence and giving support exercises - Part 2	45 minutes
Session 33 Gathering information on complementary feeding practices	90 minutes
<i>Practice scenarios</i>	
Session 34 Feeding techniques	30 minutes
Session 35 <i>Practical Session 4</i>	120 minutes
<i>Gathering information on complementary feeding practices</i>	
Session 36 Checking understanding and arranging follow-up	15 minutes
Session 37 Feeding during illness and low-birth-weight babies	30 minutes
Session 38 Food demonstration	45 minutes
Session 39 Follow-up after training	45 minutes
TOTAL time - 35 hours	

2.6.3 Selecting Trainers and Participants

The Ministry of Health or other agency may be planning for a series of courses rather than a single course. Given the effort required to set up a course, the need to train facilitators/trainers, and the need for a series of courses to train a sufficient number of health workers, arrangements will often need to take into account longer term training plans. There may be a need to build a training team that can conduct courses on an on-going basis. If so, long-term considerations may affect the choice of trainers and participants for each course.

Selecting trainers

The success of a course depends on the presence of motivated, enthusiastic trainers. There should be one trainer for each group of four participants. When you select trainers, try to be sure that they will be interested and available to conduct other training courses in the future, and that they will be given support to do so. It is important that the experience gained by teaching a course

is not wasted.

Profile of a trainer

Trainers are ideally people who are already involved in the promotion and support of infant and young child feeding and who have some previous training experience. They should:

- be convinced that infant and young child feeding is important
- be interested in becoming a trainer in the *Infant and Young Child Feeding Counselling: An Integrated Course*.
- be a trainer on the *WHO Breastfeeding Counselling: A training course*
- ideally also be a trainer on the other two WHO feeding courses: *Complementary Feeding Counselling: A training course* or *HIV and Infant Feeding Counselling: A training course*
- be willing and able to attend the entire course, including the preparation for trainers
- be willing and available to conduct other courses in the future
- be available to conduct the follow-up assessment of participants.

2.6.4 Principles of the Course methods

The teaching methods used in the course are based on these principles:

Instruction should be performance based. Instruction should teach participants the tasks that they will be expected to do on the job. This course is based on experience of what those involved in infant feeding counselling need to be able to do to help mothers to optimally feed children who are 0-24 months of age.

Active participation increases learning.

Participants learn how to do a task more quickly and efficiently if they actually do it, rather than if they just read or hear about it. Active participation keeps students more interested and alert. This course involves the participants actively in discussions, exercises, and practical work.

Immediate feedback increases learning.

Feedback is information given to a participant about how well she or he is doing. It is most helpful if it is given immediately. If a participant does an exercise correctly, praise her. They will be more likely to remember what they have learnt. If a participant does not do an exercise correctly, help her to clear up any misunderstandings before they become strong beliefs, or before she becomes more confused. In this course, trainers give immediate individual feedback on each exercise or practical task.

Motivation is essential for instruction to be effective.

Most participants who come to a course are motivated and they want to learn.

Trainers help to maintain this motivation if they:

- provide immediate feedback
- make sure that participants understand each exercise
- encourage them in discussions
- respect their original ideas and ways of responding
- praise them for their efforts.

Discuss teaching various kinds of sessions

There are several different kinds of sessions, and trainers should be able to conduct each kind.

Presentations

There are presentations in lecture form with slides. In the course for participants, each of these is conducted by one of the trainers, for the whole class together.

Group work

Some sessions are conducted in small groups of six to eight participants with two trainers. These include the sessions where participants do a series of written exercises (Sessions 6, 11 and 32); preparation of milk feeds (Session 23) and the food demonstration (Session 38). Some sessions are conducted in small groups of three to four participants with one trainer. These include practising counselling skills, role-play and practical sessions.

3. Discussion

Attendance at the course

The WHO/UNICEF Infant and Young Child Feeding Counselling course in Turkey was held in response to a request from the BFHI coordinators at the BFHI network meeting held in Berlin in 2006. The course was run to train the participants to be able to deliver it in their own countries and can be modified to meet the needs of each country. Our attendance at this course was funded by the Ministry of Health.

The workshop provided full exposure to the World Health Organization/UNICEF course, its methods, materials and updates/scientific information in the area of Infant and Young Child Feeding (IYCF).



Of the 26 attendees the majority came from Eastern Europe with other coordinators from Israel, Italy, France, Finland and Turkey. Many worked as doctors (neonatologists and paediatricians or health officials) or dietitians. Four of the participants were men. While the most of those present could speak English for the majority it was their second language and many spoke in Russian, using interpreters during the five day workshop.

The days were full – each participant was given a manual from which to work. There were ultimately four manuals for each person to “take-away” from the workshop. A Trainers Guide (which was initially given only to those who were actually presenting to the group) a Directors Guide, the Participants Manual and Guidelines for Follow-up After Training: these four books contain all the dialogue, materials and information required for this comprehensive curriculum.

The development of the IYCF curriculum was led by Randa Saadeh, from the World Health

Organization. The IYCF course was designed to train those who care for mothers and young children in the basics of good infant and young child feeding.

The course aims to give health workers basic counselling skills, which enable them to give mothers the support and encouragement that they need to feed their children optimally. These skills are a very useful tool for all health practitioners and health workers. The way a health worker interacts with a woman has implications for the way she feels about the care she has been given and whether or not she feels that she has been listened to and given the right to make her own decisions.

A number of the participants were asked to run sessions and the two NZBA delegates who attended the course ran four of the sessions. Feedback was given on sessions to each of the presenters by programme directors and participants. The lectures started each day at 8.00 and went to well after 5.00 most evenings.

The participants were expected to learn the competencies during the training and follow-up. The knowledge required to be competent at a task is to know “what to do and when to do it” and the skills teach “how to” undertake each task. Most people find that they acquire the “knowledge” part of the competency more quickly than the “skills” part. With the attendees being highly qualified in different fields of infant and young child health it was interesting to see how they found the IYCF course as it is a course developed to give basic skills. Many of the “knowledge” components of the IYCF course were already familiar to the participants but when it came to the skills these were a challenge for some.

In the practical sessions there were some very valuable lessons learnt:

- Never assume someone understands what you mean. We were given information but there was a wide variety of ways people measured the scoops of formula. After the method was demonstrated to the participants then it was carried out correctly. To ensure the infant formula is made up to the correct concentration, it is important that the powder is measured correctly.
- Equipment may need to be checked. We were required to use a calibrated measure (syringe) for adding the boiled water component into the feeding bottle when making up the infant formula and the carefully measured amount of water did not align with calibration on the side of the feeding bottle! So if a mother added water to the required level marked on the bottle and added the correct number of scoops of powdered formula then the formula concentration would be incorrect.
- Demonstration can give you a new understanding of the time and effort involved in making up infant formula, or complementary foods. It took twenty minutes to safely and correctly make up one bottle of infant formula. The recommendations are that each feed is made up as required rather than in advance. Health workers need to be aware of and appreciate all of the extra work and effort that is required if a mother formula feeds rather than breastfeeding.

These experiences highlighted that demonstration is a valuable tool!

Working mainly from the Participants Manual we read, role-played and implemented techniques for various practical and counselling scenarios. These included many basic skills, which are often assumed to be well understood by health practitioners conversing with/assisting mothers with infant feeding. Building confidence, understanding growth charts, cup-feeding a baby, mixing

formula and the preparation of appropriate-for-age complementary feeds were some of the interesting (and entertaining) sessions to which we all contributed.



Making up infant formula



Introduction of complementary foods

The clinical/practical sessions were very rewarding. The group went to various health facilities/clinics around Istanbul to interview mothers. The help of an interpreter was paramount but this often detracted from the eye-to-eye contact so often needed when counselling a mother about feeding issues. In the maternity hospital setting we practiced our use of open-ended sentences to gain as much information as possible from the new mother about her breastfeeding progress. This line of counselling was also put to the test in feeding assessment clinics, where mothers attended to, have babies weighed and information regarding feeding matters was offered.



We were indeed privileged to attend this 40 hour programme. Usually the course is designed to be of two weeks (80 hours) duration – the first week is for the participants (training as trainers) to learn the training skills and the second week is intended for the participants to deliver the education in its entirety to health workers in the area. Time restraints prevented this – however the course gave us the skills to enable this to occur in our own countries.

3.2 A review of the various aspects of the Infant and Young Child Feeding Counselling: An Integrated Course:

Objectives

The IYCF course objectives are clearly in line with those for BFHI and BFCI. This integrated programme has been developed to train those who care for mothers and young children in the basics of good infant and young child feeding and after completing this IYCF course, participants will be able to counsel and support mothers to carry out WHO/UNICEF recommended feeding practices for their infants and young children from birth up to 24 months of age. Each session has a set of learning objectives.

Course materials

The course materials are excellent. They are clear, concise and easy to follow for the director, trainer and course participants. They are designed to be applicable in all settings. Many of the resources would be useful for adaptation in New Zealand (Breastfeeding record Job Aid, Counselling Cards, etc).

Using the same format for designing a education programme and materials would help ensure that the trainers have all of the necessary equipment and materials to provide the education and that the participants have the knowledge and skill plus a manual to refer back to.

Teaching methods

The teaching methods used in the course are extremely valuable.

They are based on the principles:

- Instruction should be performance based.
- Active participation increases learning.
- Immediate feedback increases learning.

There are several different kinds of session which adds variety to the course:

- Presentations
There are presentations in lecture form with slides. In the course for participants, each of these is conducted by one of the trainers, for the whole class.
- Group work
Some sessions are conducted in small groups of six to eight participants with two trainers. These include the sessions where participants do a series of written exercises; preparation of milk feeds and the food demonstration. Some sessions are conducted in small groups of three to four participants with one trainer. These include practicing counselling skills, role-play and practical sessions.

Length of the Course

The length of the course (40 hours) is too long to fit with the current recommendations for BFHI and BFCI education. In New Zealand there would need to be a modification to the course to fit within the time allocated to be appropriate for the various health professional and health worker requirements.

A number of the practical sessions from the course could be reduced by careful planning and preparation:

Session 7 <i>Practical Session 1</i>	120 minutes
<i>Listening and learning. Assessing a breastfeed</i>	
Session 8 Positioning a baby at the breast	75 minutes
<i>Practical session: Positioning a baby using dolls</i>	
Session 12 <i>Practical Session 2</i>	120 minutes
<i>Building confidence and giving support. Positioning a baby at the breast</i>	
Session 24 <i>Practical Session 3</i>	105 minutes
<i>Preparation of milk feeds</i>	
Session 27 Counselling cards and tools	120 minutes
<i>Counselling scenarios</i>	
Session 33 Gathering information on complementary feeding practices	90 minutes
<i>Practice scenarios</i>	
Session 35 <i>Practical Session 4</i>	120 minutes
<i>Gathering information on complementary feeding practices</i>	
Practical session total time = 11 hours (Approximately 1/3 of the allotted course time of 35 hours)	

Counselling skills

We believe that it is imperative that counselling skills be incorporated into any future curriculum for trainer health workers for BFHI and BFCI.

In this course 'Counselling' is an extremely important component.

Competencies

Designing courses for health professional or health workers for BFHI and BFHI the two aspects of knowledge and skills need to be incorporated. This course is based on a set of competencies which participants are expected to learn during training and follow-up. To become competent at something you need the necessary knowledge and the necessary skills. Both of these aspects are key elements of the course.

Practical Skills

This aspect of the course should not be eliminated in an effort to help increase the amount of material covered in a shorter timeframe. Careful thought needs to go into how these activities can be undertaken in a more time efficient way.

Visits to health centres/clinics/hospital

This was a component of the course (three sessions) which would most likely not be included in New Zealand courses. Instead we would recommend the use of role play or presentations. With New Zealand legislation – Informed consent and the Privacy Act it is not feasible or acceptable to take large numbers of trainees into facilities or clinics to interview people.

Course content

The course has a number of sessions which focus on HIV and these can be omitted thus reducing the time required. The trainer's manual has adaptation notes for conducting the course without the sessions on HIV and Infant Feeding. This course has been designed so that it can be conducted with or without the sessions on HIV and infant feeding. If the prevalence of HIV is low in your area and you are not going to include HIV and infant feeding in the course, these are the sessions to omit. However it is recommended to include Session 17 so all participants have an overview of HIV and infant feeding.

The Sessions with HIV focus:

Session 17 Overview of HIV and infant feeding (45 minutes)

Session 18 Counselling for infant feeding decisions (30 minutes)

Session 19 Breast milk options for HIV-infected women (45 minutes)

Session 21 Replacement feeding in the first 6 months (45 minutes)

Session 27 Counselling on infant feeding choices for HIV-infected women (90 minutes).

If sessions 18, 19, 21 & 27 are omitted the course time would be reduced by 3 ½ hours

If the sessions on HIV and Infant Feeding (above) are being omitted, there is more time in the course for showing videos and spending longer on the exercises and practical sessions. Examples of suggested timetables are found in the *Director's Guide*.

Cultural content

The course is designed to be used internationally and in both breastfeeding and complementary feeding sections there is opportunity for discussion of local customs and issues.

Target groups

With some modification this course is well suited for the following groups of people in New Zealand:

- Lay counsellors
- Community health workers (including Maori and Pacific health workers with no previous infant and young child feeding education)
- Primary Health Care nurses and doctors – especially if supervising and/or a referral level for lay counsellors, community health workers
- Clinicians at first referral level.

There are 39 sessions which use a variety of teaching methods, including lectures, demonstrations, and work in smaller groups of three to four participants with one trainer, with role-play, practical work and exercises. The sessions are structured around four 2-hour practical sessions, during which participants practise counselling and technical skills with mothers or caregivers and young children.

Selection of trainers

We would entirely agree with the recommendations given by WHO in the trainer's manual that "the success of a course depends on the presence of motivated, enthusiastic trainers". Selection of the right trainers will be important in the success of any BFHI or BFCI education. Trainers are ideally people who are already involved in the promotion and support of infant and young child feeding and who have some previous training experience. There are several different kinds of sessions and trainers should be able to conduct both group work as well as presentations.

Building a list of training providers that can conduct courses on an on-going basis would be beneficial with consideration taken of their ability to deliver in the long-term.

WHO recommendation "There should be one trainer for each group of four participants."

We do not believe the recommendation is feasible in every setting in NZ but in some training situations it may be helpful especially when participants have no previous education on infant and young child feeding (i.e. for some of the Maori or Pacific or community health workers). This

would make the delivery of these sessions more expensive but may also assist in ensuring the course material is understood and the skills acquired by the participants.

Additional Resources recommended to support the training programme

Trainers may wish to obtain the following reference materials to answer questions and provide additional information:

These can be downloaded from WHO web sites: www.who.int/child-adolescent-health/publications or www.who.int/nut/publications

They are also available from Marketing and Distribution of Information: WHO, Avenue Appia, 1211 Geneva 27, Switzerland, Fax: 41-22-791-4857; bookorders@who.int or your local WHO Publication Stockists.

- Global Strategy for Infant and Young Child Feeding. Geneva, 2003.
- Protecting, Promoting and Supporting Breast-feeding: the special role of maternity services. A joint WHO/UNICEF Statement. Geneva, 1989.
- International Code of Marketing of Breast-milk Substitutes, Geneva, 1981.
- Evidence for the Ten Steps to Successful Breastfeeding. WHO/CHD/98.9
- Annex to the Global Criteria for Baby-friendly Hospitals: Acceptable Medical Reasons for Supplementation
- Annex to Breastfeeding Counselling: A training Course on Breastfeeding and Maternal Medication: Recommendations for drugs in the WHO Model List of Essential Drugs WHO/CDR/95.11
- Relactation – a review of experience and recommendations for practice WHO/CHS/CAH/98.14
- Mastitis: causes and management. WHO/FCH/CAH/00.13
- Community-Based Strategies for Breastfeeding Promotion and Support in Developing Countries. WHO, 2003
- Complementary Feeding – family foods for breastfed children, WHO/NHD/00.1
- Guiding Principles for Complementary Feeding of the Breastfed Child. 2003, PAHO/WHO, Division of Health Promotion and Protection/Food and Nutrition Program, Washington, DC,
- Complementary Feeding of Young Children in Developing Countries: a review of current scientific knowledge. WHO/NUT/98.1
- The optimal duration of exclusive breastfeeding: a systematic review. WHO/NHD/01.08
- Breastfeeding Counselling: A training course. WHO/CDR/ 93.4; UNICEF/NUT/93.2
- HIV and Infant Feeding Counselling: a training course. WHO/FCH/CAH/00.3
- Complementary Feeding Counselling: a training course. WHO
- A critical link-intervention for physical growth and psychological development, a review.WHO/CHS/CAH/99.3
- HIV and Infant Feeding – guidelines for decision-makers. Geneva, 2003
- HIV and Infant Feeding – a guide for health care managers and supervisors. Geneva, 2003
- HIV and Infant Feeding – a review of HIV transmission through breastfeeding. Geneva, 2004
- Guiding principles for feeding the non-breastfed child 6-24 months. Geneva, 2005
- Infant and young child feeding: A tool for assessing national practices, policies and programmes. Geneva 2003

- HIV and infant feeding: Framework for priority action. Geneva, 2003
- HIV and infant feeding: Counselling tools. Geneva, 2005.
- Hepatitis B and breastfeeding update. WHO, 1996
- Breastfeeding and maternal tuberculosis update. WHO, 1998
- Acta Paediatrica: WHO Child Growth Standards. Acta Paediatrica Supplement 2006; 450: 5-101
- De Onis M et al. The WHO Multicentre Growth Reference Study (MGRS): Rationale, planning and implementation. Food and Nutrition Bulletin 2004; 25 (Supplement 1): S3-S84
- Available from WHO, Department of Food Safety (FOS) fos@who.int Basic principles for the preparation of safe food for infants and young children WHO/FNU/FOS/96.6 www.who.int/foodsafety/Documents/brochure/basic.pdf
- Adams M, & Motarjemi, Y. Basic Food Safety for Health Workers. WHO/SDE/PHE/FOS/99.1 Five keys to safer food (poster). WHOISDEIPHEIFOSIO1 .1 <http://www.who.int/foodsafety/publications/consumer/Skeys/en/index.html>
- Five keys to safer food manual <http://www.who.int/foodsafety/consumer/Skeysmanual/en/index.html>
Available from WHO, HIS (HIV/AIDS/IST)
- Counselling for HIV/AIDS: a key to caring WHO/GPAITCO/HCS/95.15
- HIV in Pregnancy: a Review WHO/CHS/RHR/99.15; UNAIDS 99.35
Available from UNAIDS Information Centre, 20 Avenue Appia, 1211 Geneva 27, Switzerland unaids@unaids.org
- Prevention of HIV transmission from mother to child: Strategic options. UNAIDS/99.44E
- Counselling and Voluntary HIV testing for pregnant women in high HIV prevalence countries: elements and issues. UNAIDS/99.40E Available from WHO Regional Office for Europe, Copenhagen, Denmark
- Fleischer Michaelsen K, Weaver L, Branca F, Robertson A, Feeding and nutrition of infants and young children — guidelines for the WHO European Region. WHO Regional Publication, European Series, No 87, 2000
Available from UNICEF, Nutrition Section, 3 United Nations Plaza, New York NY 10017, USA: wemos.unicef.org
- Engle P. The Care Initiative: assessment, analysis and action to improve care for nutrition. New York: UNICEF Nutrition Section, 1997.
- Armstrong, HC. Techniques of Feeding Infants: the case for cup feeding. Research in Action, No 8, June 1998, UNICEF, NY
Available from Teaching Aids At Low Cost, P0 Box 49, St Albans, Herts AL1 5TX, UK, Fax: +44- :1727.846852 www.talcuk.org
- Savage-King, F & Burgess, A, Nutrition for Developing Countries, ELBS, Oxford University Press, 1995
- Savage-King, F, Helping mothers to breastfeed (Revised Edition, African Medical and Research Foundation, 1992, or an adapted version), AMREF, Kenya

4. Recommendations

The Breastfeeding Stocktake and BFCI Baseline survey conducted by NZBA for the Ministry showed that in New Zealand currently we have a lack of availability of training on infant and young child feeding for many health practitioners and health workers (particularly those providing to Maori or Pacific peoples) and for many there are no requirements to have this education.

NZBA would agree with the World Health Organization that “there is an urgent need to train infant feeding counselling in the skills needed to support and protect breastfeeding and good complementary feeding practices”. (IYCF Trainer’s Manual)

WHO/UNICEF developed the integrated course given the urgency of training large numbers of health workers and counsellors to train those who care for mothers and young children in the basics of good infant and young child feeding.

The Infant and Young Child Feeding Course has many valuable aspects which we believe should be incorporated into the Education Standards developed for BFHI and BFCI in New Zealand.

For many health workers courses need to have the following components:

- Instruction should be performance based.
- A course where they actually do an activity, rather than if they just read or hear about it will aid their learning on how to do a task more quickly and efficiently.
- Active participation will help keep their attention.
- A course that involves the participants actively in discussions, exercises, and practical work.
- Immediate feedback increases learning.

The majority of the content of this course is valid for meeting the education requirements for the Baby Friendly Hospital Initiative and Baby Friendly Community Initiative in New Zealand. The IYCF course is especially suited to BFCI with the focus on breastfeeding as well as complementary feeding.

Appendix VII

UNICEF/WHO Baby-Friendly Hospital Initiative Revised, Updated and Expanded Care: Section Three: A 20-hour Course for Maternity Staff

This course focuses on the application of the health workers' knowledge and skills in their everyday practice rather than providing a large amount of theory and research findings.

The Key Points from this course are:

- Breastfeeding is important for mother and baby
- Most mothers and babies can breastfeed
- Mothers and babies who are not breastfeeding need extra care to be healthy
- Hospital practices can help (or hinder) baby and mother friendly practices
- Implementing the Baby-Friendly Hospital Initiative helps good practices to happen.

This course could be utilised in its entirety in New Zealand. The course includes clinical skills and the 20 hour timetable meets the criteria for the BFHI education. One hour further education would be required to cover the breastfeeding for Maori women requirement. (See Appendix 6 for the course outline)

Course objectives

The short-term objectives of this course are:

- To help equip the hospital staff with the knowledge and skill base necessary to transform their health facilities into baby-friendly institutions through implementation of the Ten Steps to Successful Breastfeeding and to sustain policy and practice changes.
- This course is suitable for staff who have contact with pregnant women, mothers and their newborn infants. The staff may include doctors, midwives, nurses, health care assistants, nutritionists, peer supporters and other staff. It is also suitable for use in pre-service training so that students are prepared with the knowledge and skills to support breastfeeding when they begin work. A hospital may use sections of the course to provide short in-service sessions for staff on specific topics.
- The course by itself cannot transform hospitals, but it can provide a common foundation for basic breastfeeding management that will lay the basis for change. These health workers in contact with the women and her baby, along with hospital administrators, policy makers, and government officials will then have the bigger task of ensuring long-term implementation of appropriate policies that support optimal infant feeding.
- On completion of this course, the participant is expected to be able to:
 - use communication skills to talk with pregnant women, mothers and co-workers
 - practice the Ten Steps to Successful Breastfeeding and abide by the International Code of Marketing of Breast-milk Substitutes
 - discuss with a pregnant woman the importance of breastfeeding and outline practices that support the initiation of breastfeeding
 - facilitate skin-to-skin contact and early initiation of breastfeeding
 - assist a mother to learn the skills of positioning and attaching her baby as well as the skill of hand expression
 - discuss with a mother how to find support for breastfeeding after she returns home
 - outline what needs to be discussed with a women who is not breastfeeding

- know to whom to refer this woman for further assistance with feeding her baby
- identify practices that support and those that interfere with breastfeeding; and
- work with co-workers to highlight barriers to breastfeeding and seek ways to overcome those barriers.

Length of the course

The decision to develop the course to 20 hours is based on several factors.

It is recognised that intensive in-service training such as this course necessitates some interruption of clinical care. The 20 hours may be presented in three intensive days or in shorter segments over a longer period, whichever is most suitable for the facility. It is intended that every hospital staff member who has direct patient care responsibility for mothers and babies will attend the course. It is kept short in anticipation that it will need to be repeated within the same hospital in order to reach all staff from all shifts.

A 20-hour syllabus allows much of the essential information to be presented. There are 15.5 hours of classroom time focused on skill-oriented training including discussion and pair practice. The 4.5 hours of clinical practice provides time with pregnant women and new mothers. A formal opening or closing, if needed, and breaks are not included in the 20 hours. Additional time needs to be added for the clinical practice if participants must travel from the classroom to another site where the mothers are available.

The amount of time anticipated for the individual topics within each session is indicated. This time allows the core material to be presented, however additional time will be needed if there is additional discussion and debate on the topic. Additional time will be needed for some of the activities printed in boxes, as indicated. Aim to allow a five-minute break between sessions for a 'stretch' if a longer break is not scheduled for that time. At the end of the course, participants need to be clear about what action they need to take to implement the practices and skills into their every day work. Information on developing an "action plan" is given in the final session. However, additional time will be needed to develop a detailed plan, which is important for change to occur and be sustained.

If it is possible to arrange more than 20 hours, certain topics could be presented in greater depth, and more time would be available for discussion. Additional role-play practice would also be of benefit to the participants.

It is expected that clinical learning will continue with supervision by the more experienced and knowledgeable hospital staff. This ongoing clinical practice will be essential to providing continuity of care to breastfeeding mothers and babies and to ensuring the implementation of the Ten Steps to Successful Breastfeeding.

Preparing for the course

Choosing facilitators

Facilitators should be knowledgeable about breastfeeding and health care practices (including birth procedures) that are Baby-Friendly. The facilitators should be experienced in presentation skills and in techniques of assisting learning. At least one of the course facilitators should have a

high level of breastfeeding knowledge so they are able to answer questions and find further references. The number of facilitators will depend on the number of participants and the format of the course. Participation in this course does not qualify the person to become a facilitator for this course.

If this course is given as an intensive three days course, no one facilitator should have primary responsibility for teaching more than three sessions in a day. Aim for a change of facilitators frequently - at least for each session. Sessions may be divided with two or more facilitators taking different sections to provide variety. Each facilitator should have at least one hour of teaching responsibility daily. One facilitator can do all the teaching if only one session is held on a single day, as may be likely in hospital in-service training.

In order to learn effectively from the clinical practice and to safe guard the mothers and babies, there should be sufficient facilitators to supervise the practice. Additional facilitators may be available if there are skilled staff on the wards or clinic already who can assist. Each facilitator should ideally have four and no more than six participants to supervise during clinical practice. If the course is conducted in short sessions over a period in one facility, clinical practice can be done by a small group of not more than six people with a facilitator at a time convenient to their work.

Clinical practice requirements

A minimum of four and a half hours of clinical experience forms part of the training course. The facilitators will need to meet with hospital administration and maternity staff before the course begins to discuss the best way that each clinical practice can be carried out. Read the session through carefully to see how it can be conducted effectively in your setting.

Facilitators will need to help the hospital maternity staff decide how to select appropriate women for participants to talk with, to observe and to assist. It is likely that the nurse or physician in charge of the maternity ward will work together with the facilitators on this activity.

It is expected that this course will be used primarily for hospital in-service training, with the wards easily accessible for clinical practice. The clinical work is an essential part of the training and the three clinical practices allotted are an absolute minimum. It is anticipated that course participants will need ongoing supervised clinical practice to ensure that the new management becomes routine.

Preparing the timetable

Find out what are the best times to conduct the clinical practices and build the classroom sessions around these visits to the wards/clinics. If there are a large number of participants, it may be possible to divide the group so that some are talking with pregnant women while other participants are assisting breastfeeding or hand expression. Ensure the classroom knowledge on a topic comes before the clinical practice for that topic. For example, to talk to a pregnant woman about practices that support breastfeeding such as early contact and rooming-in, these sessions will need to be covered before the clinical practice with pregnant women. The number of facilitators and their particular skills also need to be taken into account. Planning the timetable may mean shifting facilitators or topics around so that no facilitator is overburdened at the start and unused later.

Room requirements

The course will need:

- A classroom big enough for the whole group.
- Tables and chairs that can be moved for individual learning activities.
- A blackboard, white board or flipchart (and chalk or markers) in the front of the room for writing.
- A notice board or wall to display materials and tape or other system for attaching notices to the wall.
- Easy access to data projector for PowerPoint, extension cords, and screen or suitable wall or equipment to produce colour printed overhead transparencies.
- 2-3 large tables to hold the projector, display materials and for the facilitator's use.
- Simple room-darkening arrangements.

Course materials

Facilitator's materials

- Session Outlines containing the points to be covered for each topic and illustrations where relevant.
- PowerPoint containing the pictures and illustrations. Colour printouts or transparencies of the PowerPoint can be made if PowerPoint is not available.
- Annex 3: Resources for Further Information, which includes websites for further information and resource materials.

Other teaching aids

- Dolls. Choose or make dolls that range in size from newborn to a few months old. At least one doll is needed for each group of 3-4 participants.
- Cloth breast model. See Annex 4 for instructions on how to make a breast model. At least one breast is needed for each group of 3-4 participants.
- The one to two page summaries of each session can be used as a Participants' Manual if required. Participants are not expected to need to take extensive notes.

Session Outlines

The cover page for each session sets out:

- The learning objectives for the session, which are numbered as section headings.
- The overall time allocated for the session.
- Any additional materials or preparation the facilitator will need for the session.
- A list of Further Reading for the facilitators. The items listed can be downloaded from the Internet unless stated otherwise. Details of the websites are in Annex 3.
- Additional material may be available from local UNICEF or WHO offices.

Teaching outline

Topics are listed under each main heading. To the left of the main heading is the objective number that corresponds with the topic. To the right of the main heading is the time suggested for teaching that topic. Class activities appear in boxes. Facilitators are expected to check the material is still suitable and up-to-date before each session.

Knowledge check

A knowledge check appears at the end of each session. Participants can be asked to complete each test in their own time, in pairs or in groups. Facilitators may offer to review any material that is still unclear. If facilitators wish, and if time allows, the knowledge check may be used for class discussion. When preparing the session, facilitators should review these knowledge checks and prepare possible answers. Answers to the questions are generally provided in the text for that session.

Session summary

At the end of each session is a short summary of the main points. The summary may be given to participants at the start of the session so that the participants can refer to this page and add additional notes if needed. The summaries may be photocopied for use outside the course.

Additional information section

The core material in each session aims to cover the practice situations for the majority of participants. The facilitator may want additional information to answer questions or to cover a topic in greater depth. Presenting this additional information is not included in the session time.

Language of the course

The course can be translated into the native language of the country, but should always be reviewed by one or more people qualified in lactation management to ensure accuracy of the information provided.

Assessment of learning

A self-assessment of learning tool is included in Annex 5. This can be used as a post-test; or to assist the participants to continue to develop their knowledge and skills; or to assess if a new staff member has adequate knowledge and skill from previous employment or training. This tool can be modified so the facilitator can assess the learning as well as the participant's self-assessment.

Presentation of the course

Interactive facilitation

- The session outline provides the key points to include in each section. It is best if the facilitator does not read all the points word by word as a lecture but uses a more interactive style.
- The facilitator can ask participants a question that will lead into a section – for example, “How might birth practices affect breastfeeding?” Let participants comment first and then present the points in the text for this section.
- The facilitator can ask about their experiences to also involve participants - “When do women in this area have an antenatal discussion about feeding their baby?”
- It can be helpful to ask a question after the key points have been presented, - “How do you think this practice would work here?”
- Help participants to relate theory to practice, - “If a mother came to you with sore nipples, what might you watch for when you observe the baby feeding?”
- If you want participants to study a picture and comment on it, keep silent for a moment to give them time to think. Keep in mind that the time is very limited and ensure the discussions are relevant to the topic, brief, and helpful to the group. Concentrate on covering the topics

that apply to most women rather than spending a long time discussing unusual or rare situations.

- If participants are looking for more information, direct them to the Further Reading materials, or encourage them to attend a more specialist course as listed earlier. Babies are both male and female, therefore the phrase "she or he," is used when the baby is referred to in this course. Facilitators do not need to say she or he each time, they are encouraged to use "she" sometimes and "he" sometimes for the baby as they facilitate the course. In the story, one baby is a boy and one baby is a girl, so he or she is used depending on which baby is referred to.

Discussions

These discussions give an opportunity for participants to share ideas and raise questions. The facilitator will need to guide the discussion and keep participants focused. If one participant dominates discussion, the facilitator will need to intervene. If the facilitator dominates, it becomes a lecture or question-and-answer session, and is not a discussion. Working in small groups gives participants an opportunity to share ideas and experiences. These small group discussions are very important for changing attitudes, not just to share facts. Facilitators can rotate from group to group to ensure the information shared supports baby-friendly practices. In general, do not spend time reporting back from the groups, especially if all groups were discussing the same topic. Each group should have a reporter who summarises the main points and questions on a large card or sheet of paper to post for all to see. The facilitator can provide relevant information as the course continues and discuss the questions raised.

Pair practice

Pair practice allows participants to practice communication skills with one another. Let participants choose their own partners or mix participants so that they have an opportunity to work with different people. If someone ends up alone, a facilitator can pair with the extra person. In addition to the activities identified as pair practice, this technique can be used with any of the Case Studies.

Role plays

When facilitators use role-plays and demonstrations as a learning tool, they should rehearse the general direction of the role-play before the session. As an alternative, selected participants can be asked to participate in a role-play/demonstration with a facilitator. Role-play/demonstrations should be informal, small dramas that take only a few minutes. Role-play/demonstrations can be used to stimulate discussion, to model certain kinds of interaction, and to introduce a case study for further role-playing between participants. Role-plays and demonstrations are suggested at several points throughout the course. However, it is hoped that individual facilitators will utilise their own teaching skills and talents to present material in creative ways. Have fun with role-plays, and provide as many opportunities as possible for participants to join in.

Case studies

The case studies present a situation that the participants are asked to discuss or to use as the basis for a role-play. Participants may want to adapt their case study to fit particular national, cultural, or management situations. Names and character details can easily be changed. If class time does not permit the use of a case study, participants may be asked to do a homework assignment based on it.

Forms

Forms are used for activities in several sessions. One copy of each form is provided at the end of the session plan where it will be used. The necessary number of copies can be made for the session so that every person has one form. The forms may also be copied for clinical use outside the course.

Illustrations

Illustrations are referred to within the outlines. They may be used to make overhead transparencies or flipcharts if the PowerPoint is not available.

Photographs and illustrations

While topics may be presented without the use of PowerPoint slides, they are helpful whenever possible. The facilitator should explain what the participants are to look for in the picture. Participants can be asked to come to the front of the room to point out what they see in a picture. Where electricity and room darkening are available only in the evenings, scheduling of topics will need to be adjusted. If PowerPoint is not available, the pictures can be printed, preferably in colour, for the participants to look at as a group.

Course Planning Checklist

Initial planning

1. Visit the health facility that you will use for clinical practices.
Confirm the hours during which it is possible to talk with pregnant women and new mothers. If you plan to visit more than one facility at each practice time, it is important to make sure they are available at the same time. Each participant will need to talk with at least one pregnant woman and one breastfeeding mother. For example, in a course with 12 participants, there would need to be at least 20 pregnant women at the antenatal clinic and/or antenatal in-patient ward or waiting mother facility, to provide sufficient women to talk to allowing for some women to be unwilling to talk.
2. Choose a classroom site. Ideally, this should be at the same site as the clinical practice sites. Make sure that the following are available:
 - Easy access from the classroom to the area for the clinical practice.
 - A large room that can seat all participants and facilitators for sessions, including space for guests invited to opening and closing ceremonies. There should be space for a group of four participants and a facilitator to sit at a table.
 - For the facilitators' preparation day before the participants' course, you will need one classroom that can accommodate 8 people.
 - Adequate lighting and ventilation, and wall space to post up large sheets of paper in each of the rooms.
 - At least one table for each group of 4 participants and additional table space for materials.
 - Freedom from disturbances such as loud noises or music.
 - Arrangements for providing refreshments.
 - Space for at least one clerical or logistic support staff during participants' course.
 - A place where supplies and equipment can be safely stored and locked up if necessary.

- When you have chosen a suitable site, book the classroom space in writing and subsequently confirm the booking some time before the course, and again shortly before the course.
 - Confirm the times of the clinical practice visits with the clinical sites.
 - Make arrangements for transporting participants and facilitators to the clinical practice site.
 - Decide exact dates of the course and prepare a timetable.
 - Decide the course schedule, for example, a whole course on consecutive days or 1-day each week.
 - Allow 1 day for the preparation of facilitators.
 - Allow 3 days for the course for participants.
 - Course Director available 1-2 days before the facilitators' preparation session, as well as during all of the facilitators' preparation session and the course itself.
 - If the clinical practice site is a different venue than the classroom you need to allow extra time to travel to and from the clinical practice site.
 - Ideally allocate no more than 6.5 teaching hours per day with meal and break times in addition.
 - Prepare the course timetable allocating clinical practice times, classroom times, and meal and break times.
 - If participants have long distances to travel, consider a later start on Day 1 and an early finishing time on Day 4, if the course is held on consecutive days.
4. Choose lodging for the participants and facilitators if needed. If lodging is at a different site from the course, make sure that the following are available:
- Reliable transportation to and from the course site.
 - Meal service convenient for the course timetable.
 - When you have identified suitable lodging, book it in writing and subsequently confirm the booking some time before the course, and again shortly before the course.
5. Select and invite facilitators. It is necessary that:
- Facilitators are experienced in course facilitation and are knowledgeable about breastfeeding and health care practices that are Baby-Friendly.
 - Facilitators are able and willing to attend the entire course, including the preparatory day before the course.
 - Facilitators receive materials at least three weeks before the start of a course so they have an opportunity to read them.
 - There is at least one facilitator per 4 participants during the clinical practice visits. Additional facilitators may be available if there are skilled staff on the wards or clinic who can assist.
6. Identify suitable participants, and send them letters of invitation stating:
- The objectives of the training and a description of the course.
 - The desired times of arrival and departure times for participants.
 - That it is essential to arrive in time and to attend the entire course.
 - Administrative arrangements, such as accommodation, meals, and payment of other costs.
7. Arrange to send travel authorisations to facilitators, course director, and participants.

8. Arrange to send materials, equipment, and supplies to the course site.
9. Invite outside speaker for opening and closing ceremonies, if needed.
10. Arrangements a week before the course begins
 - Lodging for all facilitators and participants.
 - Classroom arrangements.
 - Daily transportation of participants from lodgings to classroom and to and from clinical practice sites.
 - The clinical practice site and that facility staff are briefed on the visits.
 - Meals and refreshments.
 - Opening and closing ceremonies with relevant authorities. Check that invited guests are able to come.
 - A course completion certificate (if one will be given) and when a group photograph will be taken in time to be developed before the closing ceremony. (Optional)
 - Arrangements for typing and copying of materials during the course (for example, timetables, lists of addresses of participants and facilitators).
11. Arrange to welcome facilitators and participants at the hotel, airport, or railway/bus station, if necessary.
12. Ensure course materials, supplies, and equipment, are available and ready to be delivered to the course site.

Actions during the course

13. After registration, assign groups of 4 participants to one facilitator. Post up the list of names where everyone can see it.
14. Provide all participants and facilitators with a Course Directory, which includes names and addresses of all participants, facilitators, and the Course Director.
15. Arrange for a course photograph, if desired, to be taken.
16. Prepare a course completion certificate for each participant.
17. Make arrangements to reconfirm or change airline, train, or bus reservations and transportation to stations for facilitators and participants, if necessary.
18. Allocate a time for payment (if required) and for travel/lodging arrangements that does not take time from the course.

Equipment list:

- Data projector and laptop for PowerPoint, extension cord, and screen or suitable flat white wall or equipment to produce colour printed overhead transparencies and an overhead projector.
- Dolls. Choose or make dolls that range in size from newborn to a few months old.
- At least one doll is needed for each group of 3-4 participants.

- Cloth breast model. See Annex 3 for instructions on how to make a breast model. At least one breast is needed for each group of 3-4 participants.
- Pens, pencils, erasers, and paper for the participants and facilitators
- A blackboard, white board or flipchart (and chalk or markers).
- Flip chart paper and means to attach sheets to the wall, markers.

Example of a Course Timetable — held over 3 days

Time for core material is indicated, not including additional information sections or optional activities.

Day 1		
8.30-8.45	Welcome (Allow extra time for a formal opening, if desired)	15 minutes
8.45-9.15	Session 1: BFHI: a part of the Global Strategy	30 minutes
9.15-10.15	Session 2: Communication skills	60 minutes
10.15-10.30	Break	15 minutes
10.30-12.00	Session 3: Promoting breastfeeding during pregnancy — Step 3	90 minutes
12.00-12.45	Session 4: Protecting breastfeeding	45 minutes
12.45-1.45	Break	60 minutes
1.45-3.00	Session 5: Birth practices and breastfeeding - Step 4	75 minutes
3.00-3.15	Break	15 minutes
3.15-4.00	Session 6: How milk gets from breast to baby	45 minutes
4.00-4.30	Session 7: Helping with a breastfeed - Step 5 — sections 1-3	30 minutes
4.30-4.45	Summary of day and any questions	15 minutes
Day 2		
8.30-9.30	Session 7: Helping with a breastfeed - Step 5 — sections 4-7	60 minutes
9.30-10.00	Break (extra time if needed for Clinical Practice movement)	30 minutes
10.00-12.00	Clinical practice 1: observing and assisting breastfeeding	120 minutes
12.00-1.00	Session 8: Practices that assist breastfeeding — Steps 6, 7, 8 & 9	60 minutes
1.00-2.00	Break	60 minutes
2.00-2.45	Session 9: Milk supply	45 minutes
2.45-3.30	Session 10: Special infant situations	45 minutes
3.30-3.45	Break	15 minutes
3.45-4.45	Session 11: If baby cannot feed at the breast — Step 5	60 minutes
4.45-5.00	Summary of day and any questions	15 minutes
Day 3		
8.30-9.30	Session 12: Breast and Nipple Concerns	60 minutes
9.30-10.30	Clinical practice 2: discussing breastfeeding with pregnant women	60 minutes
10.30-11.15	Break (extra time if needed for Clinical Practice movement)	45 minutes
11.15- 12.45	Clinical practice 3: observing hand expression and cup feeding	90 minutes
12.45-1.45	Break	60 minutes
1.45-2.30	Session 13: Maternal health concerns	45 minutes
2.30-3.45	Session 14: On-going Support for Mothers — Step 10	75 minutes
3.45-3.55	Break	10 minutes
3.55-4.30	Session 15: Making your hospital Baby-friendly	35 minutes
4.30-4.45	Summary of day and any questions	15 minutes
4.45-5.00	Closing (Allow extra time for a formal closing, if desired)	15 minutes

Appendix VIII

Original Draft Training Standards

Std	Awareness (Level One) <i>(Health workers who are in contact with the mother baby dyad but have no clinical role e.g. receptionist in a maternity facility, dietitian)</i>	Generalist (Level Two) <i>(Health workers who have contact with the mother baby dyad but for whom this is not their primary role e.g. G.P.)</i>	Specialist (Level Three) <i>(Health workers who work directly with the mother baby dyad e.g. midwife, lactation consultant, Plunket nurse)</i>
1	Understanding of the best practice standards including the Codes and Strategies pertaining to breastfeeding	●—————→	●—————→
2	Knowledge and understanding of the importance of breastfeeding to enable active promotion, protection and support	●—————→	●—————→
3	The ability to communicate the benefits of breastfeeding with women and their family/whanau with respect to their ethnicity and cultural background	●—————→	●—————→
4	Understanding and consideration of the psycho-social context of breastfeeding in NZ	●—————→	●—————→
5	Knowledge and provision of quality information on maintaining good nutrition for an infant including the safe use of breast milk substitutes and complementary food	●—————→	●—————→
6		The skills and techniques necessary to assist mothers to initiate and maintain successful breast feeding	●—————→
7		To understand maternal, foetal and infant anatomy and physiology in relation to infant feeding	●—————→
8		To recognise problems and issues pertaining to breastfeeding and lactation and have the necessary skills and knowledge to resolve or refer	●—————→
	Training provision		
	In-service workshops (3 hours) and updates (a minimum of 1 hour annually)	Pre-service/undergraduate education (4 hours) and updates (minimum of 2 hours annually)	Pre-service/undergraduate education and post graduate/specialty training (minimum of 15 hours) and updates (minimum of 3 hours annually)