

Healthcare providers and breastfeeding support skills: the need for education and training

Breastfeeding has health benefits for both breastfeeding mothers and their infants.¹ Despite these well-documented short and long-term health benefits, globally, less than half of all newborn babies (47%) are put to the breast within one hour after birth and only 48% of infants <6 months are exclusively breastfed.² In addition, most children aged 6–23 months are not fed according to global recommendations in terms of quality, frequency and dietary diversity needed to grow and develop to their full potential.²

South Africa has one of the lowest exclusive breastfeeding rates on the African continent. Even though early initiation of breastfeeding (within one hour of birth) was high at 84% in the South Africa Demographic and Health Survey (SADHS) of 2016 ($n = 1386$), the exclusively breastfeeding rate was low at 32% of infants <6 months ($n = 363$).³ This report also stated that 75% of infants <6 months received breastmilk but in conjunction with the early introduction of mostly nutrient-poor complementary foods.

While breastfeeding has substantial health benefits, implementing these evidence-based recommendations poses challenges. The determinants of successful breastfeeding are complex and include a range of historical, socioeconomic, cultural, and individual factors.⁴ One of the critical determinants of successful breastfeeding entails the healthcare system and services. Healthcare workers are undeniably among the most influential role players in the promotion of breastfeeding. The South African primary health care system is mostly a nurse-based, physician- and allied health-supported infrastructure.⁵ Dietitians can, of course, provide breastfeeding counselling, however, with only ~3700 registered dietitians in the country, very few pregnant women and young mothers have access to a dietitian.⁵ All other healthcare workers who serve as the first point of care to pregnant women and new mothers should therefore provide this service. In fact, according to the revised 2018 WHO/UNICEF Baby-Friendly Hospital Initiative (BFHI), all healthcare providers must have the competence and skills to implement the BFHI through undergraduate and in-service training.⁶ However, medical doctors, nurses, and midwives are not always trained to perform breastfeeding support services.⁷ ⁸ The findings of the article by Hennop et al.⁹ in this current issue of the SAJCN supports this statement. This cross-sectional study in a district of the Free State among healthcare workers reported that 56% of the 117 healthcare workers (doctors, nurses and midwives) felt that the breastfeeding training they received during their formal education was inadequate to equip them to support and educate breastfeeding mothers. Also, more than half of the respondents (56%) have never received the 20-hour World Health Organisation (WHO) Lactation Management training. In this study, midwives showed more confidence in effective breastfeeding support compared to paediatricians, obstetricians and general practitioners. However, only 59% of the healthcare workers could define exclusive breastfeeding and 20.5% believed that exclusively breastfed infants need additional water. Moreover, some of the healthcare workers (11.1%) wrongly believed that breastfeeding is contraindicated for HIV-infected mothers, and

15.4% were uncertain about the guidelines on breastfeeding in the context of HIV infection. It should be borne in mind that there have been several iterations of WHO guidelines on infant feeding in the context of HIV informed by research over time. This included original guidelines in 2001 being updated in 2006, 2010 and 2016.¹⁰ The several updates in a short period of time underscores the importance of continuous education for healthcare workers to ensure updated evidence is applied. On the other hand, outdated practices and misinformation can have serious implications, especially given the high HIV prevalence in South Africa and it is, therefore, critical to ensure correct infant feeding practices for HIV-exposed infants. The lack of knowledge, skills and training among healthcare workers not only impedes their ability to support breastfeeding mothers but may also reinforce negative attitudes towards breastfeeding when feeling unsure how to support mothers.

Within the Lancet Breastfeeding series of 2016, Rollins et al.⁴ recommended interventions to improve breastfeeding rates. The recommendations include interventions at several levels including family and community, workplace, enabling policies as well as health systems level. Their meta-analysis on studies at the health systems level (within the BFHI) included interventions of individual counselling or group education, immediate breastfeeding support at delivery, and lactation management. These interventions increased exclusive breastfeeding by 49% (95% CI 33–68) and any breastfeeding by 66% (95% CI 34–107).⁴ Such improved outcomes indicate major clinical significance for South Africa where breastfeeding rates are far below the target of 50% exclusive breastfeeding by 2025.¹¹ To enable healthcare workers to provide such evidence-based interventions, they need to be trained and have the confidence to provide this support. Another systematic review provided strong evidence that nutrition training of health workers improves feeding practices among caregivers of children between six months and two years of age,¹² thus healthcare worker training effectiveness on nutrition behaviour is not limited to breastfeeding as a topic.

For the South African Department of Health to show commitment to reach the nutrition targets, healthcare worker training should form part of the intervention package. Healthcare workers registered with the Health Professions Council of South Africa are required to engage in continuous professional development and to accumulate a specific number of continuing education units. Apart from including breastfeeding in the curricula of formal training programmes, it should be offered by service providers as continuous professional development opportunities. Hennop et al.⁹ in their article make comprehensive recommendations on how education at all levels could be achieved. Beyond individual training efforts, the authors call attention to the need for systemic and policy-level changes to better support healthcare workers and enhance breastfeeding promotion efforts in South Africa. This includes strengthening breastfeeding education as part of the standard medical and nursing curricula, improving healthcare infrastructure, and ensuring that breastfeeding policies are not only

implemented at a national level but are also localised and supported by regional health systems.

It is important that healthcare workers involved in counselling and support of pregnant women and new mothers, take responsibility to upskill themselves by completing related training such as the 20-hour lactation course based on the BFHI.¹³ Furthermore, training institutions should heed the call to update their curricula to include evidence-based content on breastfeeding to enable practitioners to effectively provide support and counselling to mothers.

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Elizabeth A Symington

Department of Life and Consumer Sciences, University of South Africa, Johannesburg, South Africa

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