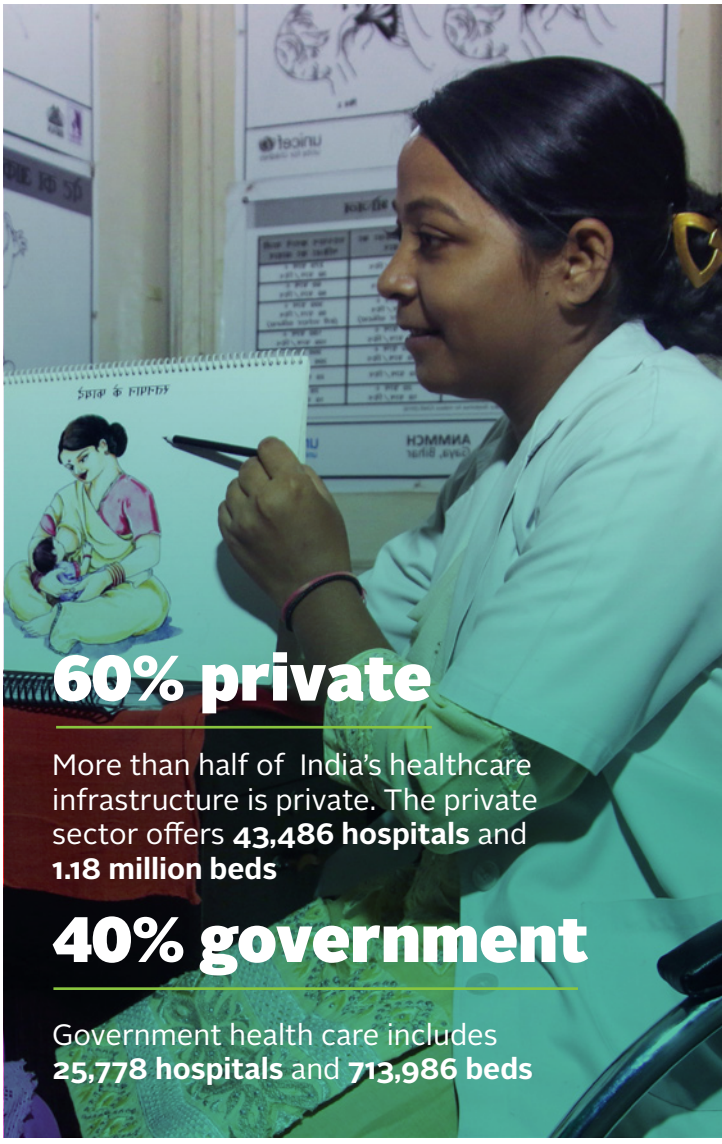
Status of MIYCN in Private Healthcare

Opportunities to advance mother and baby friendly health system in India

In India, private healthcare needs to be a critical part of creating a mother- and baby-friendly health system that includes effective maternal and child nutrition services.

India's private healthcare sector must help address the country's rising rates of maternal and child malnutrition. Recent data for 22 states from the National Family and Health Survey-5 (NFHS-5) reveals that since the NFHS-4, child overweight has increased in 17 states, while stunting and wasting have increased in 10 and 11 states, respectively.[1,2] In 8 of the 22 states, maternal anemia has increased in the last five years[3].

Over 60% of India's healthcare infrastructure is private – with 58% more hospitals and 60% more beds than the public sector, private health systems are essential to fighting malnutrition. Health resources in states such as Uttar Pradesh, Karnataka, and Maharashtra are concentrated in the private sector, creating populations dependent on the private system for care.[4] Nationwide, half of all births in urban areas and a quarter of all births in rural areas are in private facilities.[5] Babies born by cesarean section (C-section) are four times less likely to be breastfed within an hour after birth[6], and C-section deliveries are higher in private facilities (41%) than public facilities (12%)[7]. While the private sector represents an opportunity to improve nutrition services on a large scale, little is known about private practitioners' current nutrition knowledge and related clinical practices. In terms of health care standards, the private sector remains largely unregulated compared to different tiers of public health facilities[6,7]. This brief presents the results of a survey of private health practitioners' MIYCN knowledge and practices and private health facility systems, guidelines and processes related to MIYCN service delivery.



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3 Patel A, Bucher S, Pusdekar Y et al. Rates and determinants of early initiation of breastfeeding and exclusive breast feeding at 42 days postnatal in six low and middle-income countries. A prospective cohort study. Reproductive Health 2015;12(S2):S10
4 Jaffrelot C and Jumle V. Private health care in India: Boons and Banes.(3 November 2020). Institut Montaigne, blogs.
5 National Sample Survey Organization. National Sample Survey 75th Round. 2017-18
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Understanding MIYCN services in India's private healthcare sector

To better understand the key bottlenecks and opportunities in adopting evidence-based MIYCN guidelines in private sector health facilities, Alive & Thrive, in partnership with the Indian Association of Preventive and Social Medicine (IAPSM) conducted a study in 2020 to assess maternal, infant and young child nutrition (MIYCN) knowledge and practices among private obstetricians and gynecologists (OBGYNs) and pediatricians.[8]

The study's objectives were to 1) assess knowledge of MIYCN guidelines; 2) understand current practices and willingness to adopt MIYCN guidelines; 3) understand systems and processes to strengthen MIYCN clinical practices; and 4) identify bottlenecks in adopting MIYCN guidelines.

The study consisted of a self-selected sample of 99 OBGYNs and 360 pediatricians, members of Indian Academy of Pediatrics(IAP) and Federation of Gynecological and Obstetric Societies of India(FOGSI) who took an online self-administered survey, and an onsite assessment carried out in 114 facilities by members of IAPSM. The facility assessment entailed facility observations and provider interviews (55 OBGYNs and 59 pediatricians) from single provider, polyclinic, nursing home, and multispecialty private healthcare establishments in three cities each across five states—Bihar, Gujarat, Karnataka, Maharashtra, and Uttar Pradesh. Sampling for the assessment was a purposive selection of three cities within each state and a random selection of facilities within each city.

The study team in each city included a senior faculty and member of IAPSM as the coordinator and two junior doctors as data collectors. The teams were supported by a national team that managed the study, ensured quality checks, and undertook data analysis and reporting

MIYCN policy and guidelines:

In the last decade several new systems wide MIYCN guidelines were introduced or modified by the Government of India:

- National guidelines on Anemia Mukt Bharat (Anemia Free India), 2018
- Dietary norms for in-facility postnatal care, 2018
- Operational guidelines on Home based Care for Young Children
- National guidelines on screening and management of gestational diabetes, 2018
- National guidelines on lactation management centers in public health facilities, 2017
- Operational Guidelines for National Breastfeeding Program Mother's Absolute Affection MAA), 2016
- Operational Guidelines on Kangaroo Mother Care and Optimal feeding for preterm and low-birth weight infants
- National guidelines on calcium supplementation, 2014
- National guidelines on deworming in pregnancy and childhood, 2014
- Enhancing optimal infant and young child feeding practices, 2013

Professional associations' MIYCN guidelines

- FOGSI and IAP 2019 guidelines on early initiation of breastfeeding (EIBF) after C-section
- IAP 2015 guidelines on infant and young child feeding
- IAP 2014 guidelines on human milk banking
- Renewed focus has been given to strengthening the implementation of the Infant Milk Substitutes, Feeding Bottles and infant Foods or IMS Act, 1992 (amended 2003)

8 Sample size based on population 30000, confidence level size for pediatricians (n=360) was met but not for OBGYN (n=99) 0.95, estimated proportion 0.5, non-response 50%. Minimum sample

What did we learn from private sector OBGYNs?

	Working well /Potential opportunity	Requires more attention/barriers to address
Policy and guidelines	OBGYNs felt that MIYCN guidelines were important for mothers' and children's health, and that they were responsible for providing nutritional advice to their patients. Most (88%) agreed that the national MIYCN guidelines applied to private healthcare settings.	Fewer OBGYNs from single provider settings felt that the national MIYCN guidelines applied to private healthcare settings than providers working in multi-specialty hospitals and nursing homes (70% vs. 88%). Logistical challenges were cited as challenges to adopting MIYCN policies, including extra administrative effort, recruitment and training of qualified staff, space constraints, and high patient loads. Direct interviews revealed gaps in knowledge as 40% of all practitioners interviewed were unaware about the IMS Act.
Knowledge	***Maternal nutrition***	
	Counseling on recommended consumption of IFA was reported correctly by over 60% of the OBGYN in the survey; There was some knowledge among providers on other maternal services.	OBGYNs' knowledge of gestational weight gain, diet during pregnancy including (frequency of meals and diversity,) and recommended consumption of IFA was low. OBGYNs were not well informed on updated global and Indian recommendations for maternal nutrition services. Misinformation included: *"IFA is advised 2 months from first visit and then assessed clinically if required."* *- OBGYN, Nursing home.*
	Breastfeeding	
	80% of OBGYNs were aware of the importance of initiating breastfeeding within an hour after birth. 90% of OBGYNs knew the recommended duration of exclusive breastfeeding and age to introduce complementary foods. A little over 60% mentioned about prescribing breastmilk substitutes with written consent of other/ family members only when indicated".	75% of OBGYNs reported delaying breastfeeding after C-section deliveries. Almost all (88%) of OBGYNs from single provider facilities who provide delivery care in other tertiary hospitals reported delaying initiation of breastfeeding. doing so. More than a third (38%) of OBGYNs in single provider settings reported prescribing breastmilk substitutes often. Reasons cited suggest barriers which need to be overcome: *"Breastfeeding in C-section is usually delayed because in most of the cases, patients are exhausted and either the mother-in-law or older women in the family start pre-lacteal feeds"* *- OBGYN, Multispecialty hospital.*

	Working well /Potential opportunity	Requires more attention/barriers to address
MIYCN training	90% of OBGYNs in single provider facilities or nursing homes recognized the importance of learning more about MIYCN interventions and enhancing their skills..	Only 50% of OBGYNs reported ever being trained on MIYCN, of which half received training only during medical graduate/post-graduate course work.
MIYCN protocols	All types of facilities reportedly have protocols for antenatal care (ANC) which can be expanded to integrate maternal nutrition services. Multispecialty hospitals and nursing homes have protocols for EIBF and nutrition counseling during child immunization visits.	70% of all facilities did not have maternal nutrition protocols. Half of the single service provider facilities lack protocols on maternal nutrition, EIBF, and nutrition services during child immunization visits.
Counselling services and service providers	50% of OBGYNs and 38% of nurses provided overall nutrition counseling themselves. Nearly 40% OBGYN in single provider facilities, referred pregnant women to an independent or hospital- based dietician or counselor if deemed necessary.	In facilities with access to dieticians, only 24% of OBGYNs referred pregnant women to dieticians for counseling.
	Almost all (94%) OBGYNs across different types of facilities considered husbands' participation in counseling sessions important. 75% of practitioners in single provider facilities and nursing homes reported including husbands. It was slightly lower in multispecialty hospitals (66%).	Few OBGYNs covered specific nutrition counseling topics during ANC, including weight gain (30%), micronutrient supplementation (30%), diet diversity (24%), deworming (15%), and early initiation of breastfeeding (25%). *"One-on-one counseling is done during ANC, but it is not according to any protocol. Counseling mainly is provided if mothers are having problem such as diabetes, hypertension, or weight gain"* *- OBGYN, Multispecialty hospital.*

What did we learn from private sector?

	Working well /Potential opportunity	Requires more attention/barriers to address
Policy and guidelines	Almost all pediatricians (98%) considered MIYCN important for the health of mothers and children and held themselves responsible for providing nutritional advice. Most (90%) agreed that the national MIYCN policies applied to private healthcare settings in both online and onsite interviews (90%).	Commonly cited challenges by pediatricians to adopting government MIYCN policies were: Disinterested administrations, undervalued nutrition services, lack of space, and lack of counselors.

	Working well /Potential opportunity	Requires more attention/barriers to address
Knowledge	***Breastfeeding***	
	71% of pediatricians knew about initiating breastfeeding within an hour of birth. *11% pediatricians reported prescribing breastmilk substitutes regularly. Those who do not, only prescribe when indicated."* *"I do not promote formula feeding for newborns. But, in special circumstances such as newborns in the NICU, if the mother is having problems producing milk, if the sick mother not in the same facility as the baby, or in absence of human milk banks, etc., I advise formula feeding"* *– Pediatrician, Nursing home*	80% of pediatricians reported delaying breastfeeding after C-section deliveries. 54% pediatricians knew the importance of rooming in and only 65% knew skin-to -skin contact facilitated breastfeeding.
	Kangaroo Mother Care	
	84% of pediatricians practicing in multispecialty hospitals were aware of kangaroo mother care for low birthweight babies.	Knowledge of kangaroo mother care was lower among pediatricians practicing in single provider settings and polyclinics (66%).
	Complementary feeding	
	95% of pediatricians knew about the duration of exclusive breastfeeding and recommended age for introducing complementary feeding.	Only 31% of pediatricians knew the importance of including at least four different food groups in complementary feeds.
MIYCN training	90% of pediatricians recognized the importance of further enhancing their knowledge and skills in MIYCN. *"In our hospital the management with the help of doctors organizes training sessions for nurses regarding breastfeeding but I feel that complementary feeding is a topic which takes a back seat"* *- Pediatrician, multispecialty hospital.*	About half (48%)of pediatricians reported ever being trained on nutrition, of which half were only trained during medical graduate/post-graduate course work.
MIYCN protocols	Over 75% of the multispecialty hospitals, nursing homes and polyclinics reported having protocols for immunization and providing nutrition counseling during child immunization visits. However, the proportion was not as high in observation site visits.	Single service provider facilities lacked protocols on breastfeeding counselling and nutrition services during immunization session.

What did we learn from private sector?

	Working well /Potential opportunity	Requires more attention/barriers to address
Counselling services and service providers	86% to 92% pediatricians in multispecialty hospitals (88%), nursing homes (86%) and polyclinics (92%) reported providing breastfeeding counseling themselves during postnatal wards.	In multispecialty hospitals and nursing homes, 20% of pediatricians reported dieticians providing counseling services despite being available. Only 10% pediatricians reported using counselors.
	94% pediatricians reported counseling postnatal women on recommended breastfeeding practices. 85% pediatricians reported counseling new mothers on diet diversity and frequency of feeding.	65% of pediatricians reported providing nutrition counseling for sick infants and children. Pediatricians in polyclinics provided counseling to sick babies more often than providers in other type of facilities.
	95% of pediatricians felt that it was important to counsel fathers on their baby's nutrition and care. 75% to 80% of the pediatricians in all types of facilities, except multispecialty hospitals, included fathers in their counseling. *"I have observed a very positive change that nowadays, fathers mostly accompany the mother for pediatric visits. And this opportunity can used to counsel them on children's nutrition"* *- Pediatrician, Multispecialty hospital*	
Growth monitoring and promotion	Either IAP or World Health Organization (WHO) endorsed growth charts were being used for growth monitoring.	Very few pediatricians reported using any other online calculators/charts (6%).

Engagement of lactation consultant or nutrition counselors in the private sector

Obstetric facilities

Only 26%
of OBGYNs from multispecialty hospitals reported having dedicated lactation or nutrition counselors, while 90 % of the obstetricians felt that they needed that support.

Pediatric Facilities

only 25%
of pediatricians from multispecialty hospitals reported having dedicated Pediatric lactation or nutrition counselors, while Facilities 87% of pediatricians felt that they needed that support.

Recommended actions to create mother- and baby- friendly health systems in India

01 Increase accessibility of and orient providers on key national MIYCN guidelines

While several new and updated national, government, and professional association-endorsed MIYCN guidelines have been introduced in the last decade, most OBGYNs and pediatricians have not received MIYCN training since completing pre-service course work, training on the updated guidelines is essential. Guidelines should be accessible through websites of professional associations and disseminated in seminars, conferences, and similar opportunities.

02 Include MIYCN in continuing medical education through professional associations

MIYCN knowledge is critical to provide optimal nutrition services, yet knowledge varies among providers OBGYNS and pediatricians. Doctors noticed gaps in knowledge of nursing staff as well, revealing a need to study private sector nurses' skills in MIYCN.

Recommendations include engaging the professional association leadership of FOGSI, IAP , Trained Nurse Association of India (TNAI) in development of training modules to address identified knowledge gaps and organize training of their members and integrating the same in continuing education. FOGSI has an existing handbook on maternal nutrition while IAP has designed several trainings on growth monitoring and infant and young child nutrition.

Knowledge gaps to address include maternal nutrition topics such as gestational weight gain, consumption of IFA tablets, and maternal diet diversity. OBGYNs and many pediatricians also reported delaying initiation of breastfeeding after C-section , even though they knew the recommended breastfeeding practices after normal delivery. Pediatricians were less aware about recommended complementary feeding practices, such as diet diversity and frequency of feeding, and gaps remain in exclusive breastfeeding service provision.

03 Adopt and adapt a competency-based curriculum for MIYCN

The primary source of MIYCN training for doctors is pre-service education, and undergraduate medical and nursing training lack adequate, updated MIYCN curriculum that integrates current national and global recommendations in both theory and practical learning. Such a MIYCN focused curriculum was recently developed for undergraduate medical colleges based on recent recommendations by the National Medical Commission (Medical Council of India) and is available for any medical college to integrate.

04 Develop and institutionalize protocols for MIYCN services most likely to be missed

MIYCN protocols were developed by A&T and medical colleges in Bihar and Uttar Pradesh, based on existing national guidelines and endorsed by both state governments; these protocols can be adapted for tertiary care or multispecialty facilities with dietician and counselor roles. Protocols applicable to private healthcare facilities are also available, while protocols for single outpatient department(OPD,) polyclinics, and nursing homes may also be created from existing resources. Protocols must emphasize the importance of trained personnel, such as a counselor, lactation counselor, dietician, or nurse to provide MIYCN counseling and support. These protocols will have an effect on less-practiced service areas in private facilities, such as maternal nutrition services and counseling during routine ANC, EIBF after C-

05 Shift tasks to engage paramedic staff in nutrition education and counseling

Private health facilities should devise customized recommendations on task shifting to nurses, dieticians, lactation consultants, and other staff. As doctors' workload often prevents individualized counseling, task shifting ensures timely and quality nutrition counseling.

06 Systematically improve and monitor the implementation of MIYCN protocols through quality improvement (QI)

The QI approach has been tested in India's public health settings to improve the quality of maternal and newborn care services. This same approach can be used to monitor the implementation of evidence-based MIYCN practices. The QI approach is based on the Plan-Do-Study-Act cycle, where providers set time-bound targets to improve the quality of care, plan interventions to achieve each target, monitor their implementation, and based on the results, decide whether to abandon, modify, or implement the solution. The approach has been successfully implemented to improve MIYCN services in tertiary care hospitals linked to India's medical colleges.

07 Develop a certification or branding for mother- and baby-friendly health systems

The professional associations FOSGI, IAP, IAPSM, and TNAI jointly need to develop integrated guidelines for mother-and baby-friendly health systems in collaboration with the Ministry Health and Family Welfare. Guidelines will improve the delivery of MIYCN services according to global standards and the revised Baby Friendly Hospital Initiative guidelines (WHO 2018). The associations can consider certification and branding of the facilities on adherence to the requirements of a mother -and - baby friendly health system.

While standards for baby-friendly hospitals are available, there lacks branding, certification, and monitoring of adherence to requirements for mother- and baby-friendly health systems. Private health facilities should meet the standards for accreditation under the national government's Mothers Absolute Affection (MAA) initiative, which recognizes facilities with high breastfeeding rates and lactation management services. This can be further expanded to meet the standards of a Mother & Baby Friendly System. Professional associations should advocate for adherence to MIYCN protocols as a criteria for quality certification of private health care facilities under the existing National Accreditation Board for hospitals and health care providers (NABH).

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