NATIONAL HEALTH MISSION HYDERABAD

EARLY AND DELAYED INITIATION OF BREASTFEEDING PRACTICES- ASSESSMENT DONE AT TWO PUBLIC HEALTHCARE FACILITIES OF HYDERABAD AND ONE RANGAREDDY DISTRICT OF TELANGANA

Organization History, Vision & Mission

History

National Health Mission(NHM) was launched by the GoI in 2013 after integrating the NRHM(2005) and the NUHM(2013).It's main aim is to enhance the overall quality of healthcare delivery in rural and urban areas and strengthen the primary healthcare infrastructure.

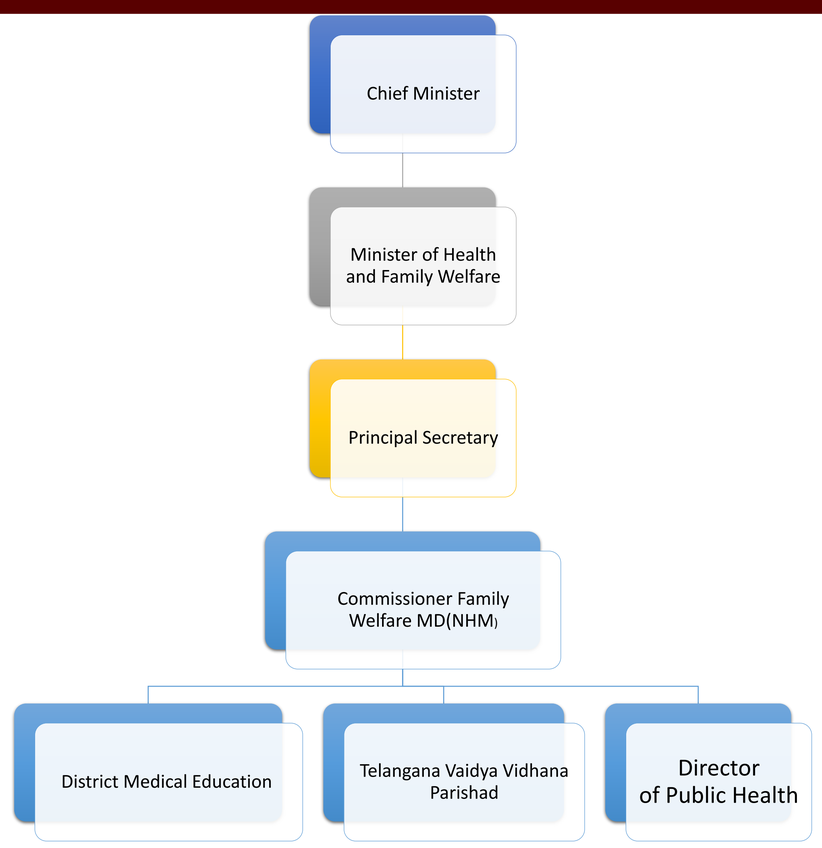
Vision

To provide equitable, affordable, high quality healthcare services that are accessible by all and focused on addressing the diverse health needs in the population grounded in accountability and responsiveness.

Mission

To ensure that the public health delivery system is accountable and fully functional to the community through decentralization, community involvement, effective HR management, infrastructural strengthening, rigorous monitoring and evaluation against the set standards from the most peripheral levels upwards through innovations, flexible financing and appropriate health interventions

ORGANIZATION STRUCTURE



SWOT Analysis

STRENGTHS

- **High Institutional Delivery Rates: Facilitates better implementation of breastfeeding policies.**
- **Effective Lactation Support: Strong support and policies at District Hospital-King Koti.**
- **Staff Assistance: High levels of assistance with breastfeeding positioning and attachment.**
- **Policy Alignment: Aligns with WHO recommendations and SDG Target 3.2 to reduce neonatal and under-five mortality rates through EIBF.**

WEAKNESS

- **LOW OVERALL EIBF RATES: Despite high institutional delivery rates, many women do not initiate breastfeeding within the first hour.**
- **HIGHER C- SECTION DELIVERIES**
- **IMPACT OF CAESAREAN SECTIONS: Lower EIBF rates among mothers who had C-sections compared to vaginal deliveries.**
- **KNOWLEDGE DISPARITY: Lower breastfeeding knowledge among mothers with graduate and professional education.**

OPPORTUNITIES

- Policy Improvements: Strengthen policies and practices in hospitals with lower EIBF rates.
- Postnatal Care Enhancement: Improve postnatal care services, including pain management for C-section mothers.

THREATS

- Lack of Continuous Monitoring: Inadequate monitoring and evaluation of breastfeeding practices can hinder sustained improvements.
- Prelacteal Feeds: Traditional practices involving prelacteal feeds delay EIBF.
- Cesarean Deliveries: Higher rates of cesarean sections delay the initiation of breastfeeding due to recovery time.

SUGGESTIONS

- Advocate for the implementation of standardized protocols across all public healthcare facilities in Telangana to ensure early initiation of breastfeeding, similar to the effective practices observed at District Hospital-King Koti.
- Decrease the rate of C section Deliveries.
- Minimizing maternal – infant separation post delivery, especially for situations requiring medical attention, by taking measures to provide medical services within the facility to enhance early breastfeeding rates.

Aim: To assess the level of early and delayed initiation of breastfeeding in three public health facilities of Hyderabad and Ranga Reddy District of Telangana.

- **Objectives –** To determine awareness and early breastfeeding practices among who delivered at District hospital – King Koti, Area Hospital Nampally, and Area hospital Vanasthalipuram in Telangana
- To analyse the staff support for early breastfeeding practice at the surveyed healthcare facilities.

Study Design: cross -sectional analytical research design

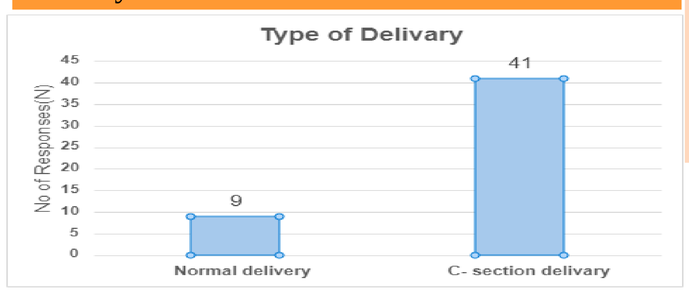
Data Collection: based on guidelines provided by Breastfeeding Promotion Network of India-Baby Friendly Hospital approach and demographic characteristics (age, sex..)

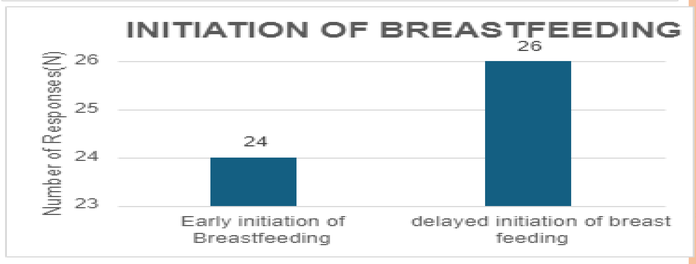
Sample size taken for study:50

Study Location:

- District Hospital, King Koti-N(23)
- Area Hospital Nampally – N(14)
- Area Hospital Vanasthalipuram –N(13)

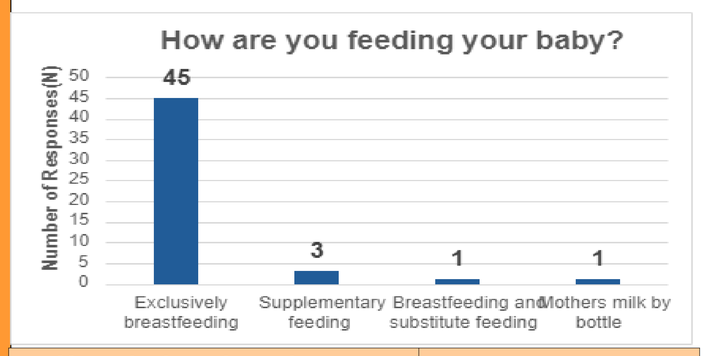
Inclusion : mother who underwent Normal Vaginal Delivery and C- section.



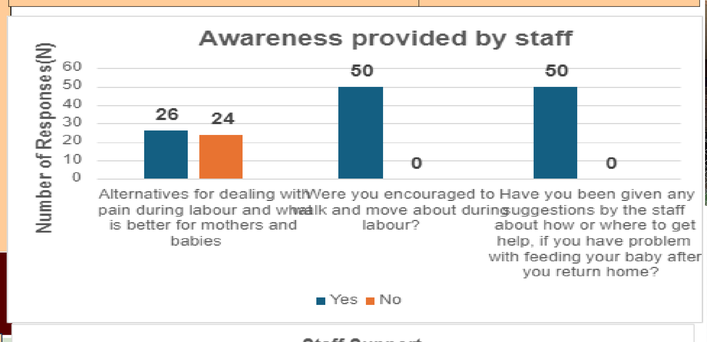


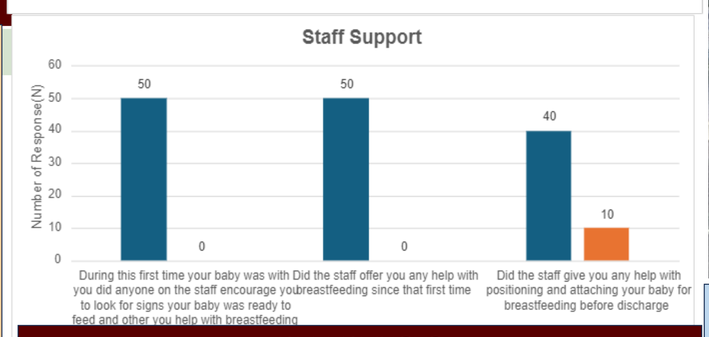
After delivery, did you find it difficult to find a comfortable position for feeding	No of Responses
yes	26
No	25

Was your baby separated from you after birth	No of Responses
yes	15
no	35



Knowledge about breast feeding	No of Responses
yes	28
No	22





REFERENCES

https://www.undp.org/sustainable-development-goals
www.unicef.org/eca/media/4256/file/Capture-the-moment-EIBF-report.pdf
https://www.im4change.org/docs/Telangana%20NFHS-5%20Factsheet.pdf
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8990951/

OTHER FINDINGS

- Observed stamp system at District Hospital King Koti
- ❑ Red stamp for initiation of breast feeding within one hour
- ❑ Blue stamp for initiation within one day
- ❑ Red stamp for Breastfeeding after one day

Which as not followed at other hospitals.

LEARNING AND VALUE ADDITION

Challenges

- Transport issues leading to delay and cancellation of visit.
- Access to hospital denied for data collection.

Usefulness

- Gained firsthand knowledge of program functioning, implementation, monitoring, gap evaluation, and improvement opportunities
- It offered insights into the operational challenges and effective management strategies.

Learnings

- Participated in Haj pilgrim vaccination campaign.
- Understood the role of Centre of Excellence (COE) in monitoring high risk cases.
- Functioning of Telangana Diagnostics
- Conducted NQAS assessment at King Koti District Hospital
- Learned about the TELE MANAS mental health initiative
- Learned about treatment protocols for SAM and MAM children.

Difference between practical exposure at SIP organisation and theoretical understanding from IIHMR University

IIHMR-U	NHM HYDERABAD
• Theoretical understanding of the program's • Theory of conducting primary research • Theoretical knowledge about tele - ICU	• Practical exposure about program across the state,its challenges and gaps at the field level • Understanding of the practicalities of primary research and suggesting interventions • field exposure to tele - ICU

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