



■ Technical Brief

IMPROVING POSTNATAL MATERNAL NUTRITION:

How to Use Behavior Profiles

BACKGROUND

Maternal nutrition during the postnatal period receives limited programmatic emphasis despite its importance. An adequate and diverse diet is critical during this period for the woman's physical and mental recovery from pregnancy and birth, and for her continued health and well-being.¹ To help program managers, researchers, and implementers translate nutrition guidance for women during the postnatal period^{2,3} (the first 45 days after delivery) into program actions that improve practices, MOMENTUM Country and Global Leadership prepared behavior profiles. The process began with identifying two behaviors foundational to improving maternal nutrition in the postnatal period:

- 1. Mothers eat sufficient quantities of food at appropriate frequencies for a nutritious diet throughout the postnatal period.** [Profile Link](#)
- 2. Mothers eat a variety of nutrient-rich foods daily in meals and snacks during the postnatal period.** [Profile Link](#)

MOMENTUM then reviewed global literature and organized findings into two behavior profiles that highlight the program pathways to change practices. In any program context, both

WHAT IS A BEHAVIOR PROFILE?

A behavior profile is a tool for effective program design. A profile is developed for each priority behavior and includes the elements important to achieving change. The profile identifies the steps needed to practice the behavior, factors inhibiting or supporting the behavior, supporting actors and their actions that are necessary to enable the behavior, and possible strategies to drive positive changes in the behavior. Each behavior profile is written from the perspective of the primary actor—the person who will carry out the behavior. When complete, the behavior profile illustrates the pathways from the behavior through the factors and supporting actor actions to strategies that will make a difference. Behavior profile pathways serve as the skeleton of the program or service's strategy and focus specific activity plans to support positive behavioral outcomes ([Think | BIG \(thinkbigonline.org\)](#)).

¹ United Nations Children's Fund. UNICEF Programming Guidance. Prevention of malnutrition in women before and during pregnancy and while breastfeeding. New York: UNICEF, 2021.

² WHO Recommendations on Postnatal Care of the Mother and Newborn. Geneva: World Health Organization; 2013 Oct. Executive summary. www.ncbi.nlm.nih.gov/books/NBK190090/

³ United Nations Children's Fund. UNICEF Programming Guidance. Prevention of malnutrition in women before and during pregnancy and while breastfeeding. New York: UNICEF, 2021. www.unicef.org/media/115361/file/Maternal%20Nutrition%20Programming%20Guidance.pdf



behaviors may be critical and need to be addressed together. However, recognizing that in some places one behavior might be more of a problem and that these behaviors are frequently influenced by different factors that prevent or support practice, we kept the two profiles separate.

USING THE POSTNATAL MATERNAL NUTRITION PROFILES

The behavior profiles for the two postnatal maternal nutrition behaviors compile evidence from published literature and program reports; they are not specific to any country or context. Program managers and implementers should begin any program effort by reviewing the MOMENTUM behavior profiles thoroughly with relevant stakeholders. Program managers and implementers can then determine how best to customize or adapt them, depending on their ability to do local research and where they are in their program cycle. Below are three illustrative use cases.

1. PROGRAM DESIGN OR MODIFICATION

When a country team is developing activities for the postnatal period for a health or nutrition program, consider the two behaviors MOMENTUM recommends for strengthening actions to improve postnatal maternal dietary practices. If one or both of the behaviors is a priority, based on potential for impact and program fit, adapt the MOMENTUM behavior profile(s) to the program context. For a country team to adapt these or develop their own profile, start by conducting a desk review and/or formative research (see below). If the program cannot do research, the content in the MOMENTUM behavior profiles can serve as proxy information with slight local modifications until learning from program implementation can support a full review of factors.

Use the completed country-specific behavior profiles to guide the program strategy to achieve behavior change. The strategies in the profile, based on linked pathways to behavior change, show what is needed in the program. The challenge is to ensure that the strategy activities address the factor(s) to which they are linked. The behaviors, influencing factors, and supporting actor actions translate directly to key indicators in the monitoring and evaluation plans. Include key supporting actors as respondents in learning and evaluation surveys to track changes.

If a program is underway, pausing to review or adapt the MOMENTUM or country-specific behavior profiles can provide ideas for new activities or better alignment of activities to achieve desired shifts in behavior.

In Ethiopia, for example, under the U.S. Agency for International Development's (USAID) flagship multi-sector nutrition project, ENGINE, recognition of the importance of family support in improving maternal nutrition was triggered by a behaviorally-focused global evidence review and profile. Early recognition of this important area of programming tied to family support allowed the subsequent local operations research effort to focus on HOW family support could make a difference and where attention needed to be focused for husbands and mothers-in-law to truly be supportive. Through this specific focus on behaviors the on-going program activity, Community Conversations, was successfully revamped to become Enhanced Community Conversations. Within this modified program the "conversations" were tailored for sessions held separately for mothers, husbands, and mothers-in-law because the factors influencing their behaviors were different. The program also offered opportunities for the different groups to discuss ideas together through facilitated dialogues. Because behaviors of the supporting actors—husbands and mothers-in-law—were closely linked to mothers' behaviors, monitoring changes in the behaviors of these supporting actors was incorporated into the project's monitoring, evaluation, and learning platform.

2. FORMATIVE RESEARCH

When a country team is planning research on postnatal behaviors, the MOMENTUM behavior profiles offer insights into lines of inquiry to examine. The team uses their own knowledge and evidence from past studies to refine their research scope and the profiles to inform comprehensive research. Specifically, the profiles that define the steps required to optimally practice the behavior ensure that these critically important actions are included in the inquiry to identify factors and supporting actors. The team also uses the profile template during analysis of research, while referring to the completed global profiles, to pull out insights and structure the findings. This ensures that research findings lead directly to program strategy recommendations.

In Kenya, the USAID-supported NAWIRI program is focused on eliminating early childhood wasting in the arid and semi-arid land counties of northern Kenya. The program team used existing causal analyses of wasting and existing behavior profiles on child feeding and child illness to determine potential priorities and identify gaps in local knowledge. Based on this assessment, the program conducted formative research to fill gaps and inform a robust program design. Maternal diet was one of the causal factors on the program team's list to explore. Specifically, the MOMENTUM behavior profiles provided guidance on the factors that should be explored, and the behavior profile template proved a ready format for easily incorporating relevant research findings that allowed for important refinements to program activities under consideration.

3. DEVELOP COUNSELING SERVICES

The World Health Organization postnatal care guidance and the UNICEF technical brief on maternal nutrition counseling⁴ call for focused counseling services around optimal nutrition practices. When a country team is improving counseling services, use the MOMENTUM behavior profiles to shape postnatal dietary counseling content that is relevant to the local context. The profiles point to important content for counseling beyond information to improve knowledge about postnatal diet needs. The counseling may consider supporting the woman in her discussions with family members or offering ways to remember or arrange for small snacks each day. Tactics such as the timing of when specific counseling content is provided (immediately postpartum vs a few weeks postpartum), gaining family support, and considerations such as access to food are derived from the behavior profile.

In Rwanda, for example, a program noted that improving maternal postnatal diets requires inclusion of animal-source foods into mothers' diets. The MOMENTUM profiles highlighted access to nutrient-rich foods, both availability and affordability, as an important factor limiting women's ability to realize better diets. Local research in Rwanda confirmed it and identified women's lack of confidence in exactly how to incorporate animal-source foods in their diet since they are rarely consumed. As a result, standard counseling that listed multiple animal-sourced foods that women should eat, changed to emphasize foods that are "good buys" and within the women's domain and means to purchase, and with guidance on HOW different animal-source foods can be used during a week to increase the frequency of consumption.

In another example, in Egypt, a program team related to the factors highlighted in the MOMENTUM profile around food restrictions during the postnatal period. The team recognized women were restricting their food intake of particular nutrient-rich foods for both personal and socio-cultural reasons. Though discussions with women, the team realized that there were distinct periods postnatally when this was a problem. As a result, they added counseling on postnatal diet immediately following birth during their final antenatal care home

⁴ United Nations Children's Fund. UNICEF Technical Brief. Counselling to Improve Maternal Nutrition. Considerations for programming with quality, equity and scale. New York: UNICEF, 2021.

visit with the woman.. The team also included maternal diet in their counseling checklist for the first and second postnatal visits. Counseling content addressed actual behaviors rather than offering generic dietary information.

OBSERVATIONS FROM THE GLOBAL PROFILES ABOUT POSTNATAL MATERNAL DIETARY BEHAVIORS

The behavior profiles are based on a comprehensive, but not exhaustive, review of published research from the past 10 years and grey literature. These two MOMENTUM behavior profiles provide a picture of the current state of evidence. In particular, the research shows access barriers to nutrient-rich foods, the influence of health workers, the need to shift gender and food-based norms, and the need to account for important family and community dynamics. Considerations for postnatal nutrition program development and implementation follow:

- Publications that appear to cover both antenatal and postnatal nutrition primarily focus on nutrition during pregnancy, leaving program implementers without needed specifics to adequately address the postnatal period. These MOMENTUM profiles call out the needs of the postpartum woman under general categories, such as food access, that maybe similar across these periods. For example, postpartum women are usually hungry and so foods that are avoided during pregnancy, because of nausea or fear of developing a large baby, are often eaten postpartum. However, women’s beliefs about foods that affect breast milk quantity or composition or their return to full strength during the postpartum period may influence food choices. Further intra-family dynamics can change postpartum. Concern and care offered to the woman during pregnancy may evaporate postpartum as family attention shifts to the newborn. Improving diets in the postnatal period requires attention to these differences from the antenatal period.
- Evidence highlights distinct phases in the brief postnatal period with different considerations for dietary practices during each. While the phases are not standard, often there is a period immediately postpartum, varying from the first 1 to 3 days to 14 days, with special practices and dietary concerns. A second period sometimes extends for the rest of the first month or until the child is named. In this period, restrictions or special care of the mother may be relaxed. This is followed by a return to “normal” when mother and baby are considered out of danger, but when the woman still requires additional nutrients over her pre-pregnancy intake.
- There is evidence of the positive influence of health workers’ guidance on diets and adequate food intake when women see the benefit either for their own recovery and strength or for their breast milk composition and child’s well-being. Strengthening nutrition guidance as part of the postnatal platform is important.
- While there may be many reasons why women are not eating enough and/or a diverse diet in the postnatal period, there are always a few reasons that should be prioritized because, when addressed, the most women will benefit. Often these priorities will be in two areas: 1) access—availability and affordability—to healthy foods and 2) personal or normative ideas about what is acceptable. Addressing both of these factors typically means developing a program that is multi-sectoral, reaching across health, agriculture, and livelihood development. This will require multiple stakeholders and a broad platform that links postpartum women’s need for healthy foods with availability of these foods in local markets and the women’s ability both economically and attitudinally to obtain and consume them.

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