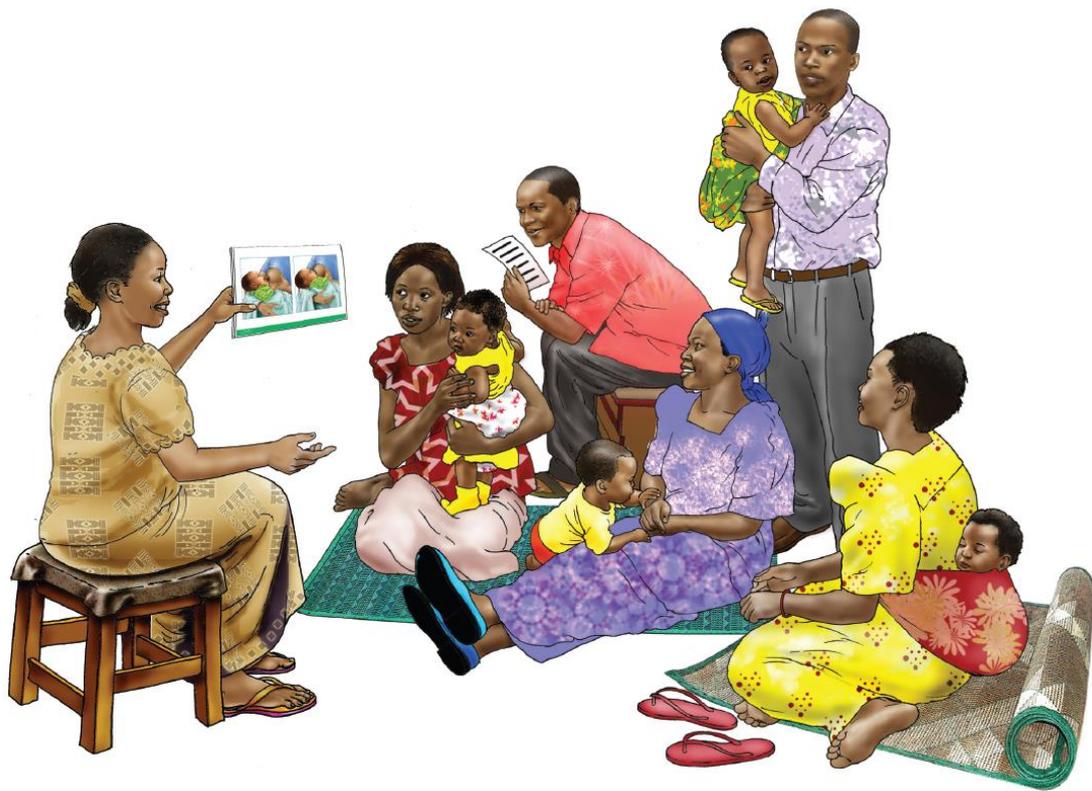




# Participant Materials



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*The Community  
Infant and Young Child Feeding  
Counselling Package*

September 2013

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Participant Materials 3.1: Common Situations that can affect Breastfeeding

Common Situation	What to do
<p><b>Giving colostrum</b></p> 	<ul style="list-style-type: none"> <li>Local belief: Colostrum should be discarded; it is ‘expired milk’, not good, etc.</li> <li>What we know: Colostrum contains antibodies and other protective factors for the infant. It is yellow because it is rich in vitamin A.</li> <li>The newborn has a stomach the size of a marble. The few drops of colostrum fill the stomach perfectly. If water or other substances are given to the newborn at birth, the stomach is filled and there is no room for the colostrum.</li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>Pays attention to baby: looks at baby; looks into baby’s eyes; responds to baby’s responses; asks, what is baby thinking?</li> </ul>
<p><b>Low Birth Weight (LBW) or premature baby</b></p> 	<ul style="list-style-type: none"> <li>Local belief: the low birth weight baby or premature baby is too small and weak to be able to suckle/breastfeed</li> <li>What we know: A premature baby should be kept in skin-to-skin contact with the mother; this will help to regulate his body temperature and breathing, and keep him in close contact with the breast.</li> <li>A full-term LBW infant may suckle more slowly: allow him/her the time.</li> <li>The breast milk from the mother of a premature baby is perfectly suited to the age of her baby, and will change as the baby develops (i.e., the breast milk for a 7-month old newborn is perfectly suited for an infant of that gestational age, with more protein and fat than the milk for a full-term newborn)</li> <li>See Positioning Card #6, upper middle picture.</li> <li>Mother needs support for good attachment, and help with supportive holds.</li> <li>Feeding pattern: long slow feeds are OK – keep baby at the breast.</li> <li>Direct breastfeeding may not be possible for several weeks, but mothers should be encouraged to express breast milk and feed the breast milk to the infant using a cup.</li> <li>If the baby sleeps for long periods of time, and is wrapped up in several layers, open and take off some of the clothes to help waken him/her for the feed.</li> <li>Crying is the <u>late</u> sign of hunger. Earlier signs of hunger include a <b>combination</b> of the following signs: being alert and restless, opening mouth and turning head, putting tongue in and out, sucking on hand or fist. One sign by itself may not indicate hunger.</li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>Pay attention to baby: look at baby; look into baby’s eyes; respond to baby’s responses; ask, what is baby thinking?</li> <li>Pay attention to/observe the signs/cues of hunger and learn to respond to baby: smile, go to baby, talk to baby to encourage her/him to communicate her/his wishes, show baby that you are preparing to breastfeed</li> </ul>

### Session 3: Common Situations that can Affect Breastfeeding

Common Situation	What to do
<p><b>Kangaroo Mother Care (KMC)</b></p> 	<ul style="list-style-type: none"> <li>• Position (baby is naked apart from nappy and cap and is placed in skin-to-skin contact between mother's naked breasts with legs flexed and held in a cloth that supports the baby's whole body up to just under his/her ears and which is tied around the mother's chest). This position provides: <ul style="list-style-type: none"> <li>- Skin-to-skin contact (SSC)</li> <li>- Warmth</li> <li>- Maternal response is stimulated (sensitivity to baby's needs and responsiveness of mother)</li> <li>- Stabilisation of breathing and heart beat</li> <li>- Closeness to the breast</li> <li>- Mother's smell, touch, warmth, voice, and taste of the breast milk stimulate baby to establish successful breastfeeding</li> <li>- Early and exclusive breastfeeding by direct expression or expressed breast milk given by cup</li> </ul> </li> <li>• Mother and baby are rarely separated</li> <li>• Immunity is improved – demonstrable even 6 months later</li> <li>• Reduces the infant's stress hormones <ul style="list-style-type: none"> <li>- stress hormones can cause digestion to stop</li> <li>- reduction of stress is important for brain development</li> </ul> </li> <li>• Baby interprets mother's reactions and learns to self-regulate or return to equilibrium</li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Pay attention to baby: look at baby; look into baby's eyes; respond to baby's responses; ask, what is baby thinking?</li> <li>• Leads to early recognition of illness</li> <li>• Fathers and other caregivers can also provide skin-to-skin care</li> </ul>
<p><b>Twins</b></p> 	<ul style="list-style-type: none"> <li>• A mother can exclusively breastfeed both babies.</li> <li>• The more a baby suckles and removes milk from the breast, the more milk the mother produces.</li> <li>• Mothers of twins produce enough milk to feed both babies if the babies breastfeed frequently and are well attached.</li> <li>• The twins need to start breastfeeding as soon as possible after birth – if they cannot suckle immediately, help the mother to express and cup feed. Build up the milk supply from very early to ensure that breasts make enough for two babies.</li> <li>• Explain different positions – cross cradle, one under arm, one across, feed one by one etc. Help mother to find what suits her.</li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Pay attention to baby: look at baby; look into baby's eyes; respond to baby's responses; ask, what is each baby thinking?</li> </ul>
<p><b>Refusal to breastfeed</b></p>	<p><b>Baby who refuses the breast</b> Usually refusal to breastfeed is the result of bad experiences, such as pressure on the head. Refusal may also result when mastitis changes the taste of the breast milk (more salty).</p>

**Session 3: Common Situations that can Affect Breastfeeding**

Common Situation	What to do
	<ul style="list-style-type: none"> <li>• Check baby for signs of illness that may interfere with feeding including signs of thrush in the mouth</li> <li>• Refer baby for treatment if ill</li> <li>• Let the baby have plenty of skin-to-skin contact; let baby have a good experience just cuddling mother before trying to make baby suckle; baby may not want to go near breast at first – cuddle in any position and gradually over a period of days bring nearer to the breast.</li> <li>• Let mother baby try lots of different positions</li> <li>• Wait for the baby to be wide awake and hungry (but not crying) before offering the breast</li> <li>• Gently touch the baby’s bottom lip with the nipple until s/he opens his/her mouth wide</li> <li>• Do not force baby to breastfeed and do not try to force mouth open or pull the baby’s chin down – this makes the baby refuse more</li> <li>• Do not hold baby’s head</li> <li>• Express and feed baby by cup until baby is willing to suckle</li> <li>• Express directly into baby’s mouth</li> <li>• Avoid giving the baby bottles with teats or dummies</li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Pay attention to baby: look at baby; look into baby’s eyes; respond to baby’s responses; ask, what is baby thinking?</li> <li>• Pay attention to/observe the signs/cues of hunger and learn to respond to baby: smile, go to baby, talk to baby to encourage her/him to communicate her/his wishes, show baby that you are preparing to breastfeed</li> </ul>
<p><b>New pregnancy</b></p> 	<ul style="list-style-type: none"> <li>• Local belief: a woman must stop breastfeeding her older child as soon as she learns she is pregnant.</li> <li>• What we know: It is important that a child be breastfed until s/he is at least 1 year old.</li> <li>• A pregnant woman can safely breastfeed her older child, but should eat very well herself to protect her own health (she will be eating for 3: herself, the new baby, and the older child).</li> <li>• Because she is pregnant, her breast milk will now contain small amounts of colostrum, which may cause the older child to experience diarrhoea for a few days (colostrum has a laxative effect). After a few days, the older child will no longer be affected by diarrhoea.</li> <li>• Sometimes the mother’s nipples feel tender if she is pregnant. However, if there is no history of miscarriage, it is perfectly safe to continue breastfeeding while pregnant.</li> </ul>

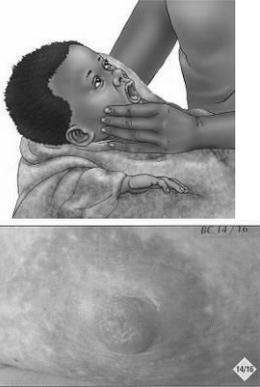
**Session 3: Common Situations that can Affect Breastfeeding**

Common Situation	What to do
<p><b>Mother away from baby</b></p> 	<ul style="list-style-type: none"> <li>• Local belief: a mother who works outside the home or is away from her baby cannot continue to breastfeed her infant (exclusively).</li> <li>• What we know: If a mother must be separated from her baby, she can express her breast milk and leave it to be fed to the infant in her absence.</li> <li>• Help mother to express her breast milk and store it to feed the baby while she is away. The baby should be fed this milk at times when he or she would normally feed.</li> <li>• Teach caregiver how to store and safely feed expressed breast milk from a cup. It may be stored safely at room temperature for up to 8 hours.</li> <li>• Mother should allow infant to feed frequently at night and whenever she is at home.</li> <li>• Mother who is able to keep her infant with her at the work site or to go home to feed the baby should be encouraged to do so and to feed her infant frequently.</li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Pay attention to baby: look at baby; look into baby’s eyes; respond to baby’s responses; ask, what is baby thinking?</li> </ul>
<p><b>Baby who cries a lot</b></p>	<ul style="list-style-type: none"> <li>• Help mother to try to figure out the cause of baby’s crying and listen to her feelings: <ul style="list-style-type: none"> <li>– Discomfort: hot, cold, dirty</li> <li>– Tiredness: too many visitors</li> <li>– Illness or pain: changed pattern of crying</li> <li>– Hunger: not getting enough breast milk; growth spurts: around 3 weeks; 6 weeks, and 3 months of age</li> <li>– Mother’s foods: can be a certain food; sometimes cow’s milk</li> <li>– Mother’s drugs</li> <li>– Colic</li> </ul> </li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>○ Pay attention to/observe the signs/cues of hunger and learn to respond to baby: smile, go to baby, talk to baby to encourage her/him to communicate her/his wishes, show baby that you are preparing to breastfeed</li> </ul>
<p><b>Sick mother</b></p> 	<ul style="list-style-type: none"> <li>• When the mother is suffering from common illnesses she <b>should continue to breastfeed her baby</b>. (Seek medical attention for serious or long lasting illness).</li> <li>• The mother needs to rest and drink plenty of fluids to help her recover.</li> </ul>

### Session 3: Common Situations that can Affect Breastfeeding

Common Situation	What to do
<p><b>Stress</b></p> 	<ul style="list-style-type: none"> <li>• Mother’s stress does not spoil breast milk, or result in decreased production. However, milk may not flow well temporarily.</li> <li>• If mother continues to breastfeed, milk flow will start again.</li> <li>• Keep baby in skin-to-skin contact if mother will allow it.</li> <li>• Find reassuring companions to listen, give mother an opportunity to talk, and provide emotional support and practical help.</li> <li>• Help mother to sit or lie down in a relaxed position and to breastfeed baby.</li> <li>• Show mother’s companion how to give her a massage, such as a back massage, to help her to relax and her milk to flow</li> <li>• Give mother a warm drink such as tea or warm water, to help relax and assist the let down reflex.</li> </ul>
<p><b>Thin or malnourished mother</b></p> 	<ul style="list-style-type: none"> <li>• Local belief: A thin or malnourished mother cannot produce ‘enough breastmilk’.</li> <li>• What we know: It is important that a mother be well-fed to protect her own health.</li> <li>• A mother who is thin and malnourished will produce a sufficient quantity of breastmilk (better quality than most other foods a child will get) if the child suckles frequently.</li> <li>• More suckling and removal of the breastmilk from the breast leads to production of more breastmilk.</li> <li>• Eating more will not lead to more production of breastmilk.</li> <li>• A mother needs to eat more food for <b>her own health</b> (“feed the mother and let her breastfeed her baby”).</li> <li>• Breastfeeding mothers need to take vitamin A within 6 weeks after delivery, and a daily multivitamin, if available.</li> <li>• If the mother is severely malnourished, refer to health facility</li> </ul>
<p><b>Inverted nipple</b></p> 	<ul style="list-style-type: none"> <li>• If the baby is positioned and latched-on well, most types of inverted nipples will not cause breastfeeding problems</li> </ul>
<p><b>Mother’s diet during pregnancy</b></p> 	<ul style="list-style-type: none"> <li>• During pregnancy the body needs extra food each day – eat one extra small meal or “snack” each day</li> <li>• Drink whenever thirsty, but avoid taking tea or coffee with meals</li> <li>• No foods are forbidden.</li> <li>• The pregnant woman should avoid alcohol drinks and smoking.</li> <li>• Avoid non-food items like charcoal and clay.</li> <li>• <b>CC 1: Nutrition for pregnant and breastfeeding woman</b></li> </ul>

**Session 3: Common Situations that can Affect Breastfeeding**

Common Situation	What to do
<p><b>Mother's diet during breastfeeding</b></p> 	<ul style="list-style-type: none"> <li>• During breastfeeding the body needs extra food each day – eat two extra small meals or “snacks” each day</li> <li>• No one special food or diet is required to provide adequate quantity or quality of breast milk.</li> <li>• Breast milk production is not affected by maternal diet.</li> <li>• Mothers should be encouraged to eat more food to maintain their own health (eat from different food groups)</li> <li>• Some cultures claim that certain drinks help to ‘make milk’; these drinks usually have a relaxing effect on the mother.</li> <li>• No foods are forbidden.</li> <li>• During breastfeeding the mother should limit alcohol content and avoid smoking.</li> <li>• <b>CC 1: Nutrition for pregnant and breastfeeding woman</b></li> </ul>
<p><b>Thrush</b></p> 	<ul style="list-style-type: none"> <li>• Check for thrush in baby's mouth: white patches inside cheek or on tongue</li> <li>• Baby may have rash on bottom</li> <li>• Baby repeatedly pulls off the breast or refuses to breastfeed</li> <li>• Mother's symptoms:             <ul style="list-style-type: none"> <li>▪ sore nipples with pain continuing between feeds, pain like sharp needles going deep into the breast, which is not relieved by improved attachment</li> <li>▪ there may be a red or flaky rash on the areola, with itching and depigmentation</li> </ul> </li> <li>• Refer to health personnel</li> <li>• Follow treatment directions of health personnel for both mother and baby</li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Pay attention to baby: look at baby; look into baby's eyes; respond to baby's responses; ask, what is baby thinking?</li> </ul>

*Participant Materials 4.1: Counselling Skills*

***Listening and Learning skills***

1. Use helpful non-verbal communication
  - Keep your head level with mother/father/caregiver
  - Pay attention (eye contact)
  - Remove barriers (tables and notes)
  - Take time
  - Appropriate touch
2. Ask questions that allows mother/father/caregiver to give detailed information
3. Use responses and gestures that show interest
4. Listen to mother's/father's/caregiver's concerns
5. Reflect back what the mother/father/caregiver says
6. Avoid using judging words



Source: Infant and Young Child Feeding Counselling: An Integrated Course. WHO/UNICEF. 2006

## *Participant Materials 5.1: Importance of Breastfeeding for Infant/Young Child, Mother, Family, Community/Nation and the Risks of Artificial Feeding*

### **Importance of breastfeeding for the infant/young child**

Breast milk:

- Saves infants' lives.
- Human breast milk perfectly meets the needs of human infants.
- Is a whole food for the infant, and covers all babies' needs for the first 6 months.
- Promotes adequate growth and development, thus helping to prevent stunting.
- Is always clean.
- Contains antibodies that protect against diseases, especially against diarrhoea and respiratory infections.
- Is always ready and at the right temperature.
- Is easy to digest. Nutrients are well absorbed.
- Contains enough water for the baby's needs.
- Helps jaw and teeth development; suckling develops facial and jaw structure.
- Frequent skin-to-skin contact between mother and infant leads to bonding, better psychomotor, affective and social development of the infant.
- The infant benefits from the colostrum, which protects him/her from diseases (Colostrum is the yellow or golden [first] milk the baby receives in his or her first few days of life. It has high concentrations of nutrients and protects against illness. Colostrum is small in quantity. The colostrum acts as a laxative, cleaning the infant's stomach).
- Long-term benefits – reduced risk of obesity and diabetes.

### **Importance of breastfeeding for the mother**

- Breastfeeding is more than 98% effective as a contraceptive method during the first 6 months if the mother is exclusively breastfeeding, day and night, and if her menses/period has not returned.
- Putting the baby to the breast immediately after birth facilitates the expulsion of placenta because the baby's suckling stimulates uterine contractions.
- Breastfeeding reduces the risk of bleeding after delivery.
- When the baby is immediately breastfed after birth, breast milk production is stimulated.
- Immediate and frequent suckling prevents engorgement.
- Breastfeeding reduces the mother's workload (no time is involved in going to buy the formula, boiling water, gathering fuel, or preparing formula).
- Breast milk is available at anytime and anywhere, is always clean, nutritious and at the right temperature.
- Breastfeeding is economical: formula costs a lot of money, and the non-breastfed baby or mixed-fed baby is sick much more often, which brings costs for health care.
- Breastfeeding stimulates a close bond between mother and baby.
- Breastfeeding reduces risks of breast and ovarian cancer, and osteoporosis.



### Importance of breastfeeding for the family

- Mothers and their children are healthier.
- No medical expenses due to sickness that other milks could cause.
- There are no expenses involved in buying other milks, firewood or other fuel to boil water, milk or utensils.
- Births are spaced if the mother is exclusively breastfeeding in the first six months, day and night, and if her menses/period has not returned.
- Time is saved because there is less time involved in purchasing and preparing other milks, collecting water and firewood, and there is less illness-required trips for medical treatment.

**Note:** Families need to support mother by helping with non-infant household chores.

### Importance of breastfeeding for the community/nation

- Healthy babies make a healthy nation.
- Savings are made in health care delivery because the number of childhood illnesses are reduced, leading to decreased expenses.
- Improves child survival because breastfeeding reduces child morbidity and mortality.
- Protects the environment (trees are not used for firewood to boil water, milk and utensils, and there is no waste from tins and cartons of breast milk substitutes). Breast milk is a natural renewable resource.
- Not importing milks and utensils necessary for the preparation of these milks saves money that could be used for something else.

### **Risks of artificial feeding (artificially-fed babies)**

**Note:** the younger the infant is, the greater these risks.

- Greater risk of death (a non-breastfed baby is 14 times more likely to die than an exclusively breastfed baby in the first 6 months)
- Formula has no antibodies to protect against illness; the mother's body makes breast milk with antibodies that protect from the specific illnesses in the mother/child environment.
- Doesn't receive the "first immunization" from the colostrum.
- Struggles to digest formula: it is not the perfect food for babies.
- Frequent diarrhoea, ill more often and more seriously (mixed-fed infants less than 6 months who receive contaminated water, formula and foods are at higher risk).
- Frequent respiratory infections.
- Greater risk of undernutrition, especially for younger infants.
- More likely to get malnourished: family may not be able to afford enough formula.
- Under-development: retarded growth, under-weight, stunting, wasting due to higher infectious diseases such as diarrhoea and pneumonia.
- Poorer bonding between mother and infant.
- Lower scores on intelligence tests and more difficulty learning at school.
- More likely to be overweight.
- Greater risk of heart disease, diabetes, cancer, asthma, and dental decay later in life.

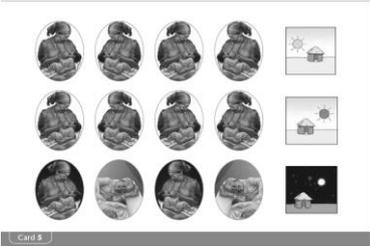
### **Risks of mixed feeding (mixed-fed baby in the first six months)**

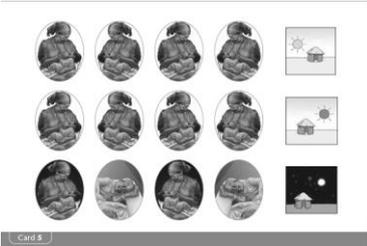
- Has a higher risk of death.
- Is ill more often and more seriously, especially with diarrhea: due to contaminated milk and water.
- More likely to get malnourished: gruel has little nutritional value, formula is often diluted, and both displace the more nutritious breast milk.
- Gets less breast milk: as the baby suckles less, the mother makes less milk.
- Much more likely to be infected with HIV than exclusively breastfed babies, because the gut is damaged by the other liquids and foods and thus allows the HIV virus to enter the lining of the gut more easily.

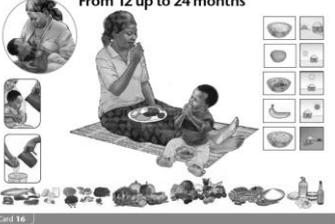
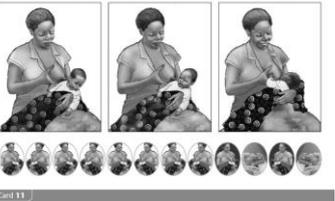
*Participant Materials 5.2: Recommended Breastfeeding Practices and Possible Counselling Discussion Points*

<p><b>Recommended Breastfeeding Practice</b></p>	<p><b>Possible Counselling Discussion Points</b>  <b>Note: choose 2 to 3 most relevant to mother’s situation and/or ADD other discussion points from knowledge of area</b></p>
<p>Place infant skin-to-skin with mother immediately after birth</p> 	<ul style="list-style-type: none"> <li>• Skin-to-skin helps the "let down" of the colostrum/milk.</li> <li>• There may be no visible milk in the first hours. For some women it even takes a day or two to experience the “let down”. It is important to continue putting the baby to the breast to stimulate milk production and let down.</li> <li>• Colostrum is the first thick, yellowish milk that protects baby from illness.</li> <li>• Frequent skin-to-skin contact between mother and infant:             <ul style="list-style-type: none"> <li>▪ leads to bonding</li> <li>▪ leads to better psychomotor, affective and social development of the infant</li> </ul> </li> </ul> <p><b>Responsive feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• When mother holds newborn skin-to-skin immediately after birth:             <ul style="list-style-type: none"> <li>○ helps mother and baby feel close (bonding begins the <b>first few hours</b> after birth)</li> <li>○ stimulates baby’s brain development</li> <li>○ keeps baby warm and breathing well</li> <li>○ helps baby reach the breast easily</li> </ul> </li> <li>• Look closely into baby's eyes</li> <li>• Smile at baby; newborn can see your face, hear your voice</li> <li>• Mother recognizes her child, looks into baby’s eyes and “falls in love”</li> <li>• Fathers may “fall in love” as well if they see their infant at birth</li> <li>• Left undisturbed, a newborn will spontaneously move toward mother’s breast – stimulated by senses of sight and smell</li> <li>• The close contact and attention help infants feel secure and loved, which is important for their growth and development</li> <li>• Responsive breastfeeding is training for responsive mothering; the breast is used not just to satisfy hunger, but also to console and comfort</li> <li>• The brains of breastfeeding mothers show a greater response to the sound of their babies' cries than do the brains of mothers who do not breastfeed</li> <li>• <b>CC 2: Pregnant woman / delivery in facility</b></li> </ul>

<p><b>Recommended Breastfeeding Practice</b></p>	<p><b>Possible Counselling Discussion Points</b>  <b>Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area</b></p>
<p>Initiate breastfeeding within the first hour of birth</p> 	<ul style="list-style-type: none"> <li>• Make sure baby is well positioned and attached.</li> <li>• This first milk 'local word' is called colostrum. It is yellow and full of antibodies which help protect your baby.</li> <li>• Colostrum provides the first immunization against many diseases.</li> <li>• DO NOT give GLUCOSE or GRIPE WATER after birth.</li> <li>• Breastfeeding frequently from birth helps the baby learn to attach and helps to prevent engorgement and other complications.</li> <li>• Give nothing else -- no water, no infant formula, no other foods or liquids -- to the newborn.</li> <li>• <b>CC 2: Pregnant woman / delivery in facility</b></li> <li>• <b>Take-home Brochure: How to Breastfeed Your Baby</b></li> </ul> <p><b>Note:</b> Breastfeeding in the first few days</p> <ul style="list-style-type: none"> <li>• In the first few days, the baby may feed only 2 to 3 times/day. If the baby is still sleepy on day 2, the mother may express some colostrum and give it from a cup.</li> </ul> <p><b>Responsive feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Look closely into baby's eyes</li> <li>• Smile at baby; softly talk or sing to baby as s/he breastfeeds - newborn can see your face and hear your voice</li> <li>• Hold baby close</li> <li>• Breastfeeding stimulates the baby's senses: touch, taste, sight, smell, hearing; comforts child; promotes baby's brain development; and stimulates his or her eye and jaw (language) development</li> </ul>
<p>Exclusively breastfeed (no other food, water or drink) from 0 up to 6 months</p> <p>Breast milk only for the first 6 months</p>  <p>Card 3</p>	<ul style="list-style-type: none"> <li>• Breast milk is all the infant needs for the first 6 months.</li> <li>• Do not give anything else to the infant before 6 months, not even water.</li> <li>• Breast milk contains all the water a baby needs, even in a hot climate.</li> <li>• Giving water will fill the infant and cause less suckling; less breast milk will be produced.</li> <li>• Water and other liquids and foods for an infant less than six months can cause diarrhoea.</li> <li>• <b>CC 3: During the first 6 months, your baby needs ONLY breast milk</b></li> <li>• <b>CC 4: Importance of exclusive breastfeeding during the first 6 months</b></li> </ul>

<p><b>Recommended Breastfeeding Practice</b></p>	<p><b>Possible Counselling Discussion Points</b>  <b>Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area</b></p>
	<ul style="list-style-type: none"> <li>• <b>Take-home Brochure: How to Breastfeed Your Baby</b></li> <li><b>Responsive feeding and Care Practices</b></li> <li>• Look closely into baby's eyes</li> <li>• Smile at baby; softly talk or sing to baby as s/he breastfeeds - baby can see your face and hear your voice</li> <li>• Hold baby close</li> <li>• Mother is comfortable</li> </ul>
<p>Breastfeed frequently, day and night</p> 	<ul style="list-style-type: none"> <li>• After the first few days, most newborns want to breastfeed frequently, 8 to 12 times/day. Frequent breastfeeding helps produce lots of breast milk.</li> <li>• Once breastfeeding is well-established, breastfeed 8 or more times day and night to continue to produce plenty of (or lots of) breast milk. If the baby is well attached, contented and gaining weight, the number of feeds is not important.</li> <li>• More suckling (with good attachment) makes more breast milk.</li> <li>• <b>CC 5: Breastfeed on demand, both day and night (8 to 12 times/day) to build up your milk supply</b></li> <li>• <b>CC 6: Breastfeeding positions</b></li> <li>• <b>Take-home Brochure: How to Breastfeed Your Baby</b></li> <li><b>Responsive feeding and Care Practices</b></li> <li>• Look closely into baby's eyes</li> <li>• Smile at baby; softly talk or sing to baby as s/he breastfeeds - baby can see your face and hear your voice</li> <li>• Rest with baby</li> </ul>
<p>Breastfeed on demand every time the baby wants to breastfeed</p> 	<ul style="list-style-type: none"> <li>• Crying is a <u>late</u> sign of hunger.</li> <li>• Early signs that baby wants to breastfeed:             <ul style="list-style-type: none"> <li>– Restlessness</li> <li>– Opening mouth and turning head from side to side</li> <li>– Putting tongue in and out</li> <li>– Sucking on fingers or fists</li> </ul> </li> <li>• <b>CC 5: Breastfeed on demand, both day and night (8 to 12 times/day) to build up your milk supply</b></li> <li><b>Responsive feeding and Care Practices</b></li> <li>• Breastfeed on cue/demand</li> <li>• Look closely into baby's eyes</li> <li>• Smile at baby; softly talk or sing to baby as s/he breastfeeds - baby can see your face and hear your voice</li> </ul>

<p><b>Recommended Breastfeeding Practice</b></p>	<p><b>Possible Counselling Discussion Points</b>  <b>Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area</b></p>
	<ul style="list-style-type: none"> <li>• Rest with baby</li> </ul>
<p>Let infant finish one breast and come off by him/herself before switching to the other breast</p>  <p>Card 5</p>	<ul style="list-style-type: none"> <li>• Switching back and forth from one breast to the other prevents the infant from getting the nutritious 'hind milk'.</li> <li>• The 'fore milk' has more water content and quenches infant's thirst; the 'hind milk' has more fat content and satisfies the infant's hunger.</li> <li>• <b>CC 5: Breastfeed on demand, both day and night (8 to 12 times/day) to build up your milk supply</b></li> </ul> <p><b>Responsive feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Offer baby the breast again (or other breast if baby has finished first) when baby releases breast: the baby's brain is stimulated from both sides</li> </ul>
<p>Good positioning and attachment</p>  <p>Card 6</p>  <p>Card 7</p>	<ul style="list-style-type: none"> <li>• 4 signs of good positioning: baby's body should be <u>straight</u>, and <u>facing</u> the breast, baby should be <u>close</u> to mother, and mother should <u>support</u> the baby's whole body, not just the neck and shoulders with her hand and forearm.</li> <li>• 4 signs of good attachment: point and say 1, 2, 3, 4 where 1: mouth open wide; 2: lower lip turned out; 3: baby's chin touching breast; 4: more areola showing above than below nipple</li> <li>• <b>CC 6: Breastfeeding positions</b></li> <li>• <b>CC 7: Good attachment</b></li> </ul> <p><b>Responsive feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• At the breast, the baby is positioned at just the right distance to be able to focus on mother's eyes; when mother feeds on one breast, and then change breasts for the next feed, the baby's brain is stimulated from both sides</li> <li>• With good attachment at the breast, the mother can see or hear the baby swallowing; baby's cheeks are rounded and not dimpled or indrawn. Mother responds with satisfaction and self-confidence.</li> </ul>
<p>Continue breastfeeding for 2 years of age or longer</p>	<ul style="list-style-type: none"> <li>• Breast milk contributes a significant proportion of energy and nutrients during the complementary feeding period (from 6 up to 2 years and beyond) and helps protect babies from illness.</li> <li>• <b>CC 13 to 17: Complementary Feeding Counselling Cards</b></li> </ul> <p><b>Responsive feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Smile at baby; softly talk or sing to baby as s/he breastfeeds</li> </ul>

<p><b>Recommended Breastfeeding Practice</b></p>	<p><b>Possible Counselling Discussion Points</b>  <b>Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area</b></p>
<p>From 12 up to 24 months</p>  <p>Card 16</p>	
<p>Continue breastfeeding when infant or mother is ill</p> <p>Sick baby less than 6 months</p>  <p>Card 11</p>	<ul style="list-style-type: none"> <li>• Breastfeed more frequently during and after child illness (including diarrhoea).</li> <li>• The nutrients and immunological protection of breast milk are important to the infant when mother or infant is ill.</li> <li>• Breastfeeding provides comfort to a sick infant.</li> <li>• <b>CC 11: Feeding the sick baby less than 6 months of age</b></li> </ul> <p><b>Responsive feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Recognize and respond to signs of baby's illness</li> <li>• Encourage baby until he or she takes the breast again</li> </ul>
<p>Mother needs to eat and drink to satisfy her hunger and thirst</p>  <p>Card 1</p>	<ul style="list-style-type: none"> <li>• No one special food or diet is required to provide adequate quantity or quality of breast milk.</li> <li>• Breast milk production is not affected by maternal diet.</li> <li>• No foods are forbidden.</li> <li>• Mothers should be encouraged to eat more food to maintain their own health - two extra small meals or "snacks" each day.</li> <li>• <b>CC 1: Nutrition for pregnant and breastfeeding woman</b></li> <li>• <b>Take-home Brochure: Nutrition During Pregnancy and Breastfeeding</b></li> </ul> <p><b>Responsive feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Include baby in your daily routine</li> <li>• Respond and meet baby's feeding needs</li> </ul>

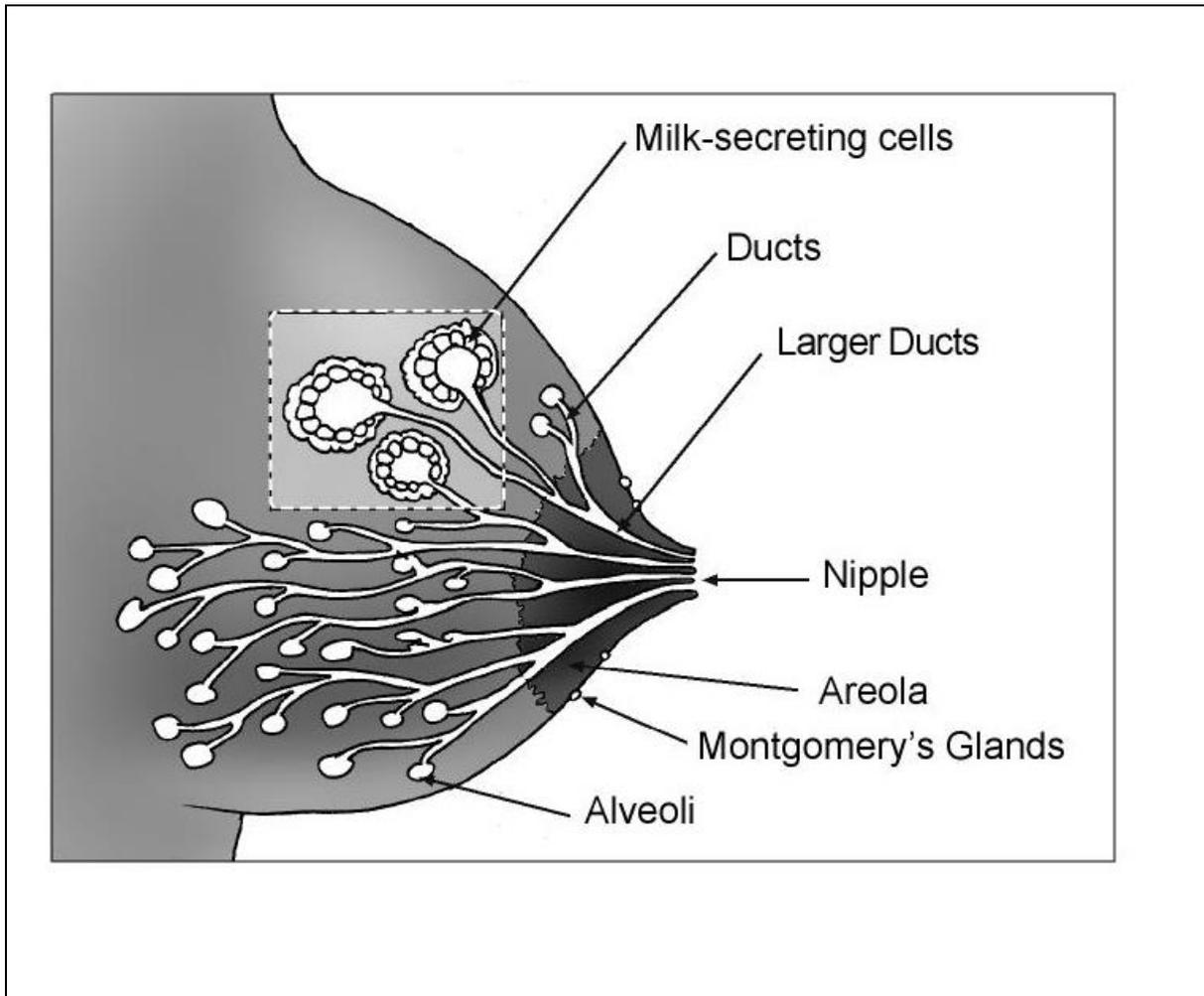
Participant Materials 5.3: Recommended Schedule for visits from pregnancy up to 6 months post-partum

When	Discussion Points
<p><b>Prenatal visits</b></p> 	<ul style="list-style-type: none"> <li>• Check infant feeding intentions</li> <li>• Check breasts (inverted nipples)</li> <li>• Discuss the following: <ul style="list-style-type: none"> <li>○ Importance of skin-to-skin</li> <li>○ Good positioning and attachment</li> <li>○ Early initiation of breastfeeding (give colostrum)</li> <li>○ Breastfeeding in the first few days</li> <li>○ Exclusive breastfeeding from birth up to 6 months (avoid other liquids and food, even water)</li> <li>○ Breastfeeding on demand – up to 12 times day and night</li> </ul> </li> <li>• Mother needs to eat one extra meal per day and drink a lot of fluids to be healthy</li> <li>• Encourage mother to take micronutrient supplements (or protein-energy supplements for undernourished mothers)</li> <li>• Attendance at IYCF Support Group</li> <li>• How to access CW if necessary</li> </ul>
<p><b>Delivery</b></p> 	<ul style="list-style-type: none"> <li>• Place baby skin-to-skin with mother</li> <li>• Good positioning and attachment</li> <li>• Early initiation of breastfeeding (give colostrum, avoid water and other liquids)</li> <li>• Breastfeeding in the first few days</li> </ul> <p><b>Responsive feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Look closely into baby's eyes</li> <li>• Smile at baby - newborn can see your face and hear your voice</li> <li>• Hold baby close</li> </ul>
<p><b>Neonatal visits</b> Within the first week after birth (2 or 3 days and 6 or 7 days)</p>	<ul style="list-style-type: none"> <li>• Good positioning and attachment</li> <li>• Breastfeeding in the first few days</li> <li>• Exclusive breastfeeding from birth up to 6 months</li> <li>• Breastfeeding on demand – up to 12 times day and night</li> <li>• Ensure mother knows how to express her breast milk</li> <li>• Preventing breastfeeding difficulties (engorgement, sore and cracked nipples)</li> <li>• Vitamin A supplementation of mother (from birth to 6 weeks post-delivery)</li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• At the breast, the baby is positioned at just the right distance to be able to focus on mother's eyes; when mother feeds on one breast, and then change breasts for the next feed, the baby's brain is stimulated from both sides</li> </ul>

## Session 5. Recommended IYCF Practices: Breastfeeding

When	Discussion Points
	<ul style="list-style-type: none"> <li>• With good attachment at the breast, the mother can see or hear the baby swallowing; baby’s cheeks are rounded and not dimpled or indrawn. Mother responds with satisfaction and self-confidence.</li> <li>• Look closely into baby's eyes</li> <li>• Smile at baby; softly talk or sing to baby as you breastfeed - baby can see your face and hear your voice</li> <li>• Hold baby close</li> <li>• Mother is comfortable</li> </ul>
<b>Postnatal visits</b> 1 month <ul style="list-style-type: none"> <li>• Immunization Sessions</li> <li>• Growth Monitoring Promotion (GMP)</li> </ul>	<ul style="list-style-type: none"> <li>• Good positioning and attachment</li> <li>• Exclusive breastfeeding from birth up to 6 months</li> <li>• Breastfeeding on demand – up to 12 times day and night</li> <li>• Breastfeeding difficulties (plugged ducts which can lead to mastitis, and not enough breast milk)</li> </ul>
6 weeks <ul style="list-style-type: none"> <li>• Family planning sessions</li> <li>• GMP</li> <li>• Sick Child clinic</li> <li>• Community follow-up</li> </ul>	<ul style="list-style-type: none"> <li>• Increase breast milk supply</li> <li>• Maintain breast milk supply</li> <li>• Continue to breastfeed when infant or mother is ill</li> <li>• Family planning</li> <li>• Prompt medical attention</li> </ul> <p><b>Responsive feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• At the breast, the baby is positioned at just the right distance to be able to focus on mother’s eyes; when mother feeds on one breast, and then change breasts for the next feed, the baby’s brain is stimulated from both sides</li> <li>• With good attachment at the breast, the mother can see or hear the baby swallowing; baby’s cheeks are rounded and not dimpled or indrawn. Mother responds with satisfaction and self-confidence.</li> <li>• Look closely into baby's eyes</li> <li>• Smile at baby; softly talk or sing to baby as you breastfeed - baby can see your face and hear your voice</li> <li>• Hold baby close</li> <li>• Mother is comfortable</li> </ul>
From 5 up to 6 months <ul style="list-style-type: none"> <li>• GMP</li> <li>• Sick child Clinic</li> <li>• Community follow-up</li> </ul>	<ul style="list-style-type: none"> <li>• CW should not try to change positioning if infant is not having difficulties</li> <li>• Prepare mother for changes she will need to make when infant reaches 6 months (AT 6 months)</li> <li>• At 6 months, begin to offer foods 2 to 3 times a day - gradually introduce different types of foods (animal foods, staple, legumes, vegetables, and fruits) and continue breastfeeding</li> </ul>

*Participant Materials 6.1: Anatomy of the Human Breast*



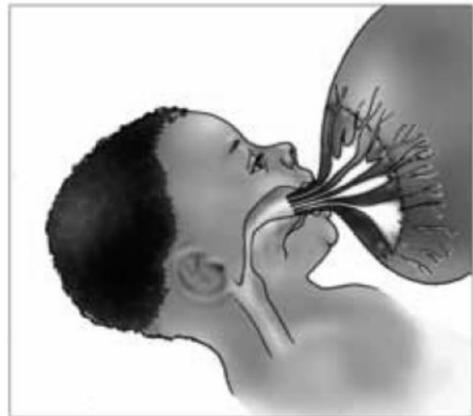
Adapted from WHO/UNICEF. *Infant and Young Child Feeding Counselling: An Integrated Course*. 2006

Participant Materials 6.2: Good and Poor Attachment

**Good Attachment**



**Poor Attachment**



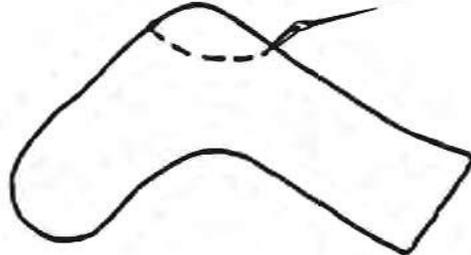
WHO/UNICEF. Infant and Young child Feeding Counselling: An Integrated Course. 2006.

*Participant Materials 6.3: Instructions for making cloth breast models*

Use two socks: one sock in a brown or other colour resembling skin to show the outside of the breast, and the other sock white to show the inside of the breast.

**Skin-colour sock**

Around the heel of the sock, sew a circular running stitch (= purse string suture) with a diameter of 4cm. Draw it together to 1½ cm diameter and stuff it with paper or other substance to make a “nipple.” Sew a few stitches at the base of the nipple to keep the paper in place. Use a felt-tip pen to draw an areola around the nipple.



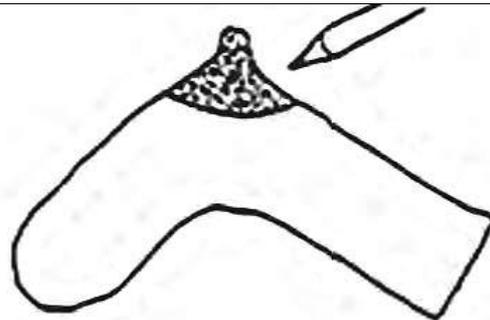
**White sock**

On the heel area of the sock, use a felt-tip pen to draw a simple structure of the breast: alveoli, ducts, and nipple pores.



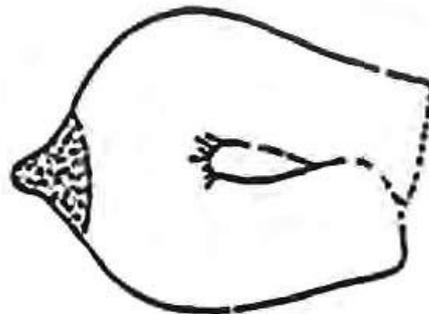
**Putting the two socks together**

Stuff the heel of the white sock with anything soft. Hold the 2 ends of the sock together at the back and form the heel to the size and shape of a breast. Various shapes of breasts can be shown. Pull the skin-coloured sock over the formed breast so that the nipple is over the pores.



**Making two breasts**

If two breasts are made, they can be worn over clothing to demonstrate positioning and attachment. Hold them in place with something tied around the chest. The correct position of the fingers for hand expression can also be demonstrated.



Participant Materials 7.1: Recommended complementary feeding practices

Age	Recommendations			
	Frequency (per day)	Amount of food an average child will usually eat at each meal (in addition to breast milk)	Texture (thickness/consistency)	Variety
<p>At 6 months start complementary foods</p> 	<p>2 to 3 meals plus frequent breastfeeds</p>	<p>2 to 3 tablespoons Start with 'tastes'</p>	<p>Thick porridge/pap</p>	<p>Breast milk + Animal foods (local examples)</p>
<p>From 6 up to 9 months</p> 	<p>2 to 3 meals plus frequent breastfeeds  1 to 2 snacks may be offered</p>	<p>2 to 3 tablespoonfuls per feed  Increase gradually to half (½) 250 ml cup/bowl</p>	<p>Thick porridge/pap Mashed/pureed family foods</p>	<p>+ Legumes (local examples) + Staples (porridge, other local examples)</p>
<p>From 9 up to 12 months</p> 	<p>3 to 4 meals plus breastfeeds  1 to 2 snacks may be offered</p>	<p>Half (½) 250 ml cup/bowl</p>	<p>Finely chopped family foods Finger foods Sliced foods</p>	<p>+ Fruits/Vegetables (local examples) +</p>
<p>From 12 up to 24 months</p> 	<p>3 to 4 meals plus breastfeeds  1 to 2 snacks may be offered</p>	<p>Three-quarters (¾) to 1 250 ml cup/bowl</p>	<p>Sliced foods Family foods</p>	<p>+ Micronutrient Powder (country specific)</p>

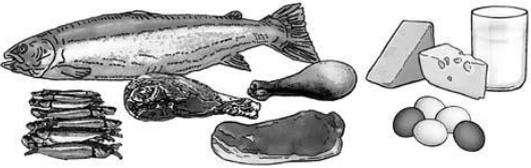
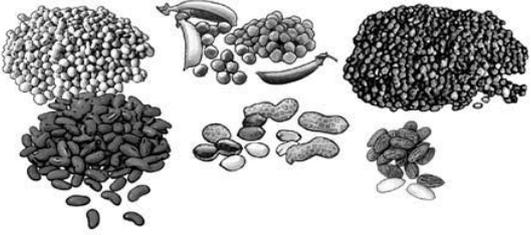
## Session 7. Recommended IYCF Practices: Complementary Feeding

Age	Recommendations			
<p><b>Note:</b> If child from 6 up to 24 months is not breastfed</p>	<p>Add 1 to 2 extra meals</p> <p>1 to 2 snacks may be offered</p>	<p>Same as above according to age group</p>	<p>Same as above according to age group</p>	<p>Same as above, plus 1 to 2 cups of milk per day</p> <p style="text-align: center;">+</p> <p>2 to 3 cups of extra fluid especially in hot climates</p>
<p>Responsive feeding (alert and responsive to your baby's signs that she or he is ready-to-eat; actively encourage, but don't force your baby to eat)</p>	<ul style="list-style-type: none"> <li>• Be patient and actively encourage your baby to eat more food</li> <li>• If your young child refuses to eat, encourage him/her repeatedly; try holding the child in your lap during feeding, or face him/her while he or she is sitting on someone else's lap.</li> <li>• Offer new foods several times, children may not like (or accept) new foods in the first few tries.</li> <li>• Feeding times are periods of learning and love. Interact and minimize distraction during feeding.</li> <li>• Do not force feed.</li> <li>• Help your older child eat.</li> </ul>			
<p>Hygiene</p>	<ul style="list-style-type: none"> <li>• Feed your baby using a clean cup and spoon; never use a bottle as this is difficult to clean and may cause your baby to get diarrhoea.</li> <li>• Wash your hands with soap and water before preparing food, before eating, and before feeding young children.</li> <li>• Wash your child's hands with soap before he or she eats.</li> </ul> <p>Some ways to discuss a sensitive issue like hygiene:</p> <ul style="list-style-type: none"> <li>• Find something to praise</li> <li>• Use the CCs to point out 'what we all should do' within our homes (environmental hygiene) or for personal hygiene</li> <li>• Use an Action-Oriented Group/Story (Session 13)</li> </ul>			

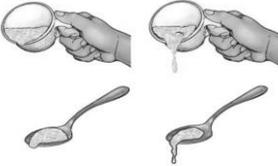
Adapted from WHO Infant and Young Child Feeding Counselling: An Integrated Course (2006)

Adapt the chart to use a suitable local cup/bowl to show the amount. The amounts assume an energy density of 0.8 to 1 Kcal/g; use iodised salt in preparing family foods

*Participant Materials 7.2: Different types of locally, available foods*

<p><b>Animal-source foods</b> including flesh foods such as meat, chicken, fish, liver and eggs and milk and milk products  <b>Note: animal foods should be started at 6 months</b></p>	
<p><b>Legumes</b> such as beans, lentils, peas, groundnuts <b>and seeds</b> such as sesame</p>	
<p><b>Vitamin A-rich fruits and vegetables</b> such as mango, papaya, passion fruit, dark-green leaves, carrots, yellow sweet potato and pumpkin and <b>other fruits and vegetables</b> such as banana, pineapple, avocado, watermelon, tomatoes, eggplant and cabbage  <b>NOTE:</b> include locally-used wild fruits and other plants.</p>	
<p><b>Staples:</b> grains such as maize, wheat, rice, millet and sorghum and roots and tubers such as cassava and potatoes</p>	

*Participant Materials 7.3: Recommended Complementary Feeding Practices and Possible Counselling Discussion Points*

<p><b>Recommended Complementary Feeding Practice</b></p>	<p><b>Possible Counselling Discussion Points</b>  <b>Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area</b></p>
<p>After baby reaches six months of age add complementary foods (such as thick porridge 2 to 3 times a day) to breastfeeds</p> 	<ul style="list-style-type: none"> <li>• Give Local Examples of first types of complementary foods</li> <li>• When possible, use milk instead of water to cook the porridge. Breast milk can be used to moisten the porridge.</li> <li>• <b>CC 12: Good hygiene (cleanliness) practices prevent disease</b></li> <li>• <b>CC 13: Start Complementary Feeding when baby reaches 6 Months</b></li> <li>• <b>Take-home Brochure: How to Feed a Baby After 6 Months</b></li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Continue breastfeeding on demand (on cue) both day and night</li> <li>• Interact with baby while washing hands</li> <li>• Give baby time to get used to eating foods other than breast milk</li> <li>• Sit down with the child, be patient and actively encourage him/her to eat.</li> <li>• Hold baby in your lap</li> <li>• Do not force baby to eat</li> </ul>
<p>As baby grows older increase feeding frequency, amount, texture (thickness/consistency) and variety</p> 	<ul style="list-style-type: none"> <li>• Gradually increase the frequency, the amount, the texture (thickness/consistency), and the variety of foods, especially animal-source</li> <li>• <b>CC 12: Good hygiene (cleanliness) practices prevent disease</b></li> <li>• <b>CC 13 to 17: Complementary Feeding Counselling Cards</b></li> </ul>

<p><b>Recommended Complementary Feeding Practice</b></p>	<p><b>Possible Counselling Discussion Points</b>  <b>Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area</b></p>
<p>Complementary Feeding from 6 up to 9 months</p> <p>Breastfeed plus give 2 to 3 meals and offer 1 to 2 snacks per day</p> 	<ul style="list-style-type: none"> <li>• Start with 2 to 3 tablespoonfuls of cooked porridge or mashed foods (give examples of cereals and family foods)</li> <li>• At 6 months these foods are more like ‘tastes’ than actual servings</li> <li>• Make the porridge with milk – especially breast milk; pounded groundnut paste (a small amount of oil may also be added)</li> <li>• Increase gradually to half (½) cup (250 ml cup). Show amount in cup brought by mother</li> <li>• Any food can be given to children after 6 months as long as it is mashed/chopped. Children do not need teeth to consume foods such as eggs, meat, and green leafy vegetables</li> <li>• <b>CC 12: Good hygiene (cleanliness) practices prevent disease</b></li> <li>• <b>CC 14: Complementary Feeding from 6 up to 9 Months</b></li> <li>• <b>CC 17: Food variety</b></li> <li>• <b>Take-home Brochure: How to Feed a Baby After 6 Months</b></li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Continue breastfeeding on demand (on cue) both day and night</li> <li>• Feed the child as soon as he or she starts to show early signs of hunger</li> <li>• Interact with baby while washing hands</li> <li>• Give baby time to get used to eating foods other than breast milk</li> <li>• Sit down with the child, be patient and actively encourage him/her to eat</li> <li>• Hold baby in your lap</li> <li>• Smile at baby</li> </ul>
<p>Complementary Feeding from 9 up to 12 months</p> <p>Breastfeed plus give 3 to 4 meals and offer 1 to 2 snacks per day</p> 	<ul style="list-style-type: none"> <li>• Give finely chopped, mashed foods, and finger foods</li> <li>• Increase gradually to ½ cup (250 ml cup). Show amount in cup brought by mother</li> <li>• Animal source foods are very important and can be given to young children: cook well and cut into very small pieces</li> <li>• <b>CC 12: Good hygiene (cleanliness) practices prevent disease</b></li> <li>• <b>CC 15: Complementary Feeding from 9 up to 12 Months</b></li> <li>• <b>CC 17: Food variety</b></li> <li>• <b>Take-home Brochure: How to Feed a Baby After 6 Months</b></li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Continue breastfeeding on demand (on cue) both day and night</li> <li>• Interact with baby while washing hands</li> <li>• Allow baby to participate in complementary feeding: encourage baby to hold food, encourage attempts to use a spoon</li> </ul>

<p><b>Recommended Complementary Feeding Practice</b></p>	<p><b>Possible Counselling Discussion Points</b>  <b>Note: choose 2 to 3 most relevant to mother's situation and/or</b>  <b>ADD other discussion points from knowledge of area</b></p>
	<ul style="list-style-type: none"> <li>• Offer food the child can take and hold; the young child often wants to feed him/herself. Encourage him/her to, but make sure most of the food goes into his/her mouth.</li> <li>• Engage the child in "play" trying to make the eating session a happy and learning experience...not just an eating experience.</li> <li>• Make eating a happy time: in addition to making certain child is eating sufficient food (by using own plate/bowl), encourage 'conversation' by copying child's sounds/gestures</li> <li>• Encourage child to learn by copying what others do: if you want your child to eat a different food, show the child by eating the food yourself or asking an older child/another family member to demonstrate eating the food for the child. Respond to baby's surprise at a new taste or texture by communicating joy/surprise/encouragement.</li> <li>• Accompany baby in his/her usual setting. (As much as possible, the child should eat with the family in order to create an atmosphere promoting his/her social and affective development.)</li> <li>• Do not insist if the child does not want to eat.</li> <li>• If the child refuses to eat, wait or put it off until later.</li> <li>• Congratulate the child when he or she eats.</li> <li>• Offer new foods several times, children may not like (or accept) new foods in the first few tries</li> <li>• Follow child's lead</li> </ul>
<p>Complementary Feeding from 12 up to 24 months</p> <p>Give 3 to 4 meals and offer 1 to 2 snacks per day, with continued breastfeeding</p>  <p><small>From 12 up to 24 months</small></p>	<ul style="list-style-type: none"> <li>• Give family foods</li> <li>• Give three-quarter (¾) to one cup (250 ml cup/bowl). Show amount in cup brought by mother</li> <li>• Foods given to the child must be prepared and stored in hygienic conditions to avoid diarrhoea and illness</li> <li>• Food stored at room temperature should be used within 2 hours of preparation</li> <li>• <b>CC 12: Good hygiene (cleanliness) practices prevent disease</b></li> <li>• <b>CC 16: Complementary Feeding from 12 up to 24 Months</b></li> <li>• <b>CC 17: Food variety</b></li> <li>• <b>Take-home Brochure: How to Feed a Baby After 6 Months</b></li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Continue breastfeeding on demand (on cue) both day and night</li> <li>• Interact with baby while washing hands</li> <li>• Allow baby to participate in complementary feeding: encourage baby to hold food, encourage attempts to use a spoon.</li> </ul>

<p><b>Recommended Complementary Feeding Practice</b></p>	<p><b>Possible Counselling Discussion Points</b>  <b>Note: choose 2 to 3 most relevant to mother's situation and/or</b>  <b>ADD other discussion points from knowledge of area</b></p>
	<ul style="list-style-type: none"> <li>• Offer food the child can take and hold; the young child often wants to feed him/herself. Encourage him/her to, but make sure most of the food goes into his/her mouth.</li> <li>• Offer family foods</li> <li>• Engage the child in "play" trying to make the eating session a happy and learning experience...not just an eating experience.</li> <li>• Make eating a happy time: in addition to making certain child is eating sufficient food (by using own plate/bowl), encourage 'conversation' by copying child's sounds/gestures</li> <li>• Encourage child to learn by copying what others do: if you want your child to eat a different food, show the child by eating the food yourself or asking an older child/another family member to demonstrate eating the food for the child. Respond to baby's surprise at a new taste or texture by communicating joy/surprise/encouragement.</li> <li>• Accompany baby in his/her usual setting. (As much as possible, the child should eat with the family in order to create an atmosphere promoting his/her social and affective development.)</li> <li>• Do not insist if the child does not want to eat.</li> <li>• If the child refuses to eat, wait or put it off until later.</li> <li>• Congratulate the child when he or she eats.</li> <li>• Offer new foods several times, children may not like (or accept) new foods in the first few tries</li> <li>• Follow child's lead</li> </ul>
<p>Give baby 2 to 3 different family foods: staple, legumes, vegetables/fruits, and animal foods at each serving</p> 	<p>Try to feed different food groups at each serving. For example:</p> <ul style="list-style-type: none"> <li>• Animal-source foods: flesh foods such as <i>chicken, fish, liver</i>, and <i>eggs and milk and milk products</i> <b>1 star*</b></li> <li>• Staples: grains such as <i>maize, wheat, rice millet and sorghum</i> and roots and tubers such as <i>sweet potatoes, potatoes</i> <b>2 stars**</b></li> <li>• Legumes such as <i>beans, lentils, peas, groundnuts</i> and seeds such as <i>sesame</i> <b>3 stars***</b></li> <li>• Vitamin A-rich fruits and vegetables such as <i>mango, papaya, passion fruit, dark-green leaves, carrots, yellow sweet potato and pumpkin</i>, and other fruits and vegetables such as <i>banana, pineapple, watermelon, tomatoes, avocado, eggplant and cabbage</i> <b>4 stars****</b></li> <li>• Add a small amount of fat or oil to give extra energy (additional oil will not be required if fried foods are given, or if baby seems healthy/fat)</li> <li>• <b>CC 13–17: Complementary Feeding Counselling Cards</b></li> <li>• <b>Take-home Brochure: How to Feed a Baby After 6 Months</b></li> </ul>

<p><b>Recommended Complementary Feeding Practice</b></p>	<p><b>Possible Counselling Discussion Points</b>  <b>Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area</b></p>
	<ul style="list-style-type: none"> <li>• <b>NOTE: foods may be added in a different order to create a 4 star food/diet. Adding animal-source foods is extremely important.</b></li> </ul>
<p>Continue breastfeeding for two years of age or longer</p>  <p>From 12 up to 24 months</p>	<ul style="list-style-type: none"> <li>• During the first and second years, breast milk is an important source of nutrients for your baby</li> <li>• Breastfeed between meals and after meals; don't reduce the number of breast feeds</li> <li>• <b>CC 13 to 17: Complementary Feeding Counselling Cards</b></li> <li>• <b>Take-home Brochure: How to Feed a Baby After 6 Months</b></li> </ul>
<p>Be patient and actively encourage baby to eat all his/her food</p> 	<ul style="list-style-type: none"> <li>• At first baby may need time to get used to eating foods other than breast milk</li> <li>• Use a separate plate to feed the child to make sure he or she eats all the food given</li> <li>• <b>CC 12 to 17: Complementary Feeding Counselling Cards</b></li> <li>• <b>Take-home Brochure: How to Feed a Baby After 6 Months</b></li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Encourage child repeatedly; face child</li> <li>• Engage the child in "play" trying to make the eating session a happy and learning experience...not just an eating experience.</li> <li>• Make eating a happy time: in addition to making certain child is eating sufficient food (by using own plate/bowl), encourage 'conversation' by copying child's sounds/gestures</li> <li>• Encourage child to learn by copying what others do: if you want your child to eat a different food, show the child by eating the food yourself or asking an older child/another family member to demonstrate eating the food for the child. Respond to baby's surprise at a new taste or texture by communicating joy/surprise/encouragement.</li> <li>• Accompany baby in his/her usual setting. (As much as possible, the child should eat with the family in order to create an atmosphere promoting his/her social and affective development.)</li> <li>• Do not insist if the child does not want to eat.</li> <li>• If the child refuses to eat, wait or put it off until later.</li> <li>• Congratulate the child when he or she eats.</li> <li>• Offer new foods several times, children may not like (or accept) new foods in the first few tries</li> <li>• Follow child's lead</li> </ul>

<p><b>Recommended Complementary Feeding Practice</b></p>	<p><b>Possible Counselling Discussion Points</b>  <b>Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area</b></p>
<p>Wash hands with soap and water before preparing food, eating, and feeding young children. Wash baby's hands before eating.</p> 	<ul style="list-style-type: none"> <li>• Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses</li> <li>• Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom.</li> <li>• <b>CC 12: Good hygiene (cleanliness) practices prevent disease</b></li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Interact with baby while washing hands</li> </ul>
<p>Feed baby using a clean cup and spoon</p>	<ul style="list-style-type: none"> <li>• Cups are easy to keep clean</li> <li>• <b>CC 13–17: Complementary Feeding Counselling Cards</b></li> </ul>
<p>Encourage the child to breastfeed more and continue eating during illness and provide extra food after illness</p> 	<ul style="list-style-type: none"> <li>• Fluid and food requirements are higher during illness.</li> <li>• Children who have been sick need extra food and should be breastfed more frequently to regain the strength and weight lost during the illness.</li> <li>• Take advantage of the period after illness when appetite is back to make sure the child makes up for loss of appetite during sickness.</li> <li>• <b>CC 19: Feeding the sick child more than 6 months of age</b></li> </ul> <p><b>Responsive Feeding and Care Practices</b></p> <ul style="list-style-type: none"> <li>• Recognize and respond to signs of childhood illness</li> <li>• If child's appetite is decreased, encourage him or her to eat small frequent meals.</li> <li>• During illness give the baby small frequent meals and more fluids, including breast milk or other liquids.</li> <li>• Encourage the baby to eat a variety of (his or her) favourite soft foods. After illness feed more food and more often than usual for at least 2 weeks.</li> </ul>

**Note:**

- Use iodised salt in preparing family foods
- In countries with vitamin A endemic deficiency, provide vitamin A supplementation to infant and young child beginning at 6 months (or as per national recommendations), every six months until 5 years
- In countries with high levels of anaemia and micronutrient deficiencies, multiple micronutrient powder in a small sachet may be given beginning at 6 months, according to national recommendation
- In countries with high levels of stunting and food insecurity, special supplements may be given to children beginning at 6 months. These supplements are usually added to the usual complementary foods to enrich the diet and should not replace local foods. If such products are available through the health system or can be obtained at reasonable cost from the market, they should be recommended to mothers/fathers/caregivers as means to improve the quality of children's diets.

**Counselling Card 18: How to add Multiple Micronutrient Powders (MNPs) to Complementary Foods**

	<ol style="list-style-type: none"> <li>1. Wash hands with soap.</li> <li>2. Prepare cooked food – thick porridge, mashed potato (any semi-solid, soft mushy-like or solid food)             <ul style="list-style-type: none"> <li>• Make sure that the food is at ready-to-eat temperature</li> <li>• Do NOT add to hot food: if the food is hot, the iron will change the taste and colour of the food.</li> <li>• Do NOT add to any liquids (including water, tea, watery porridge): in cold liquids MNPs lump and don't mix but float on top; the iron will dissolve instantly and change the colour and taste of the food</li> </ul> </li> <li>2. Set aside a small portion of food that the child will be able to finish in a single setting</li> <li>3. Shake one sachet to ensure the powder is not clumped             <ul style="list-style-type: none"> <li>• Tear open the sachet</li> <li>• Pour entire contents of the sachet into a small portion/amount of the child's food</li> </ul> </li> <li>4. Mix well</li> <li>5. Encourage the child to finish the entire small portion of food mixed with MNPs, and then feed the child the rest of the food             <ul style="list-style-type: none"> <li>• The food should be consumed within 30 minutes of mixing in the MNPs. If the food stands for a longer time, the iron will change the colour and taste of the food, and your child might refuse to eat it</li> <li>• You can add the entire packet of MNPs to any meal. However only one sachet of MNPs should be given during a day.</li> </ul> </li> </ol>
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*Participant Materials 9.1: Building Confidence and Giving Support skills*

1. Accept what a mother/father/caregiver thinks and feels (to establish confidence, let the mother/father/caregiver talk through her/his concerns before correcting information)
2. Recognize and praise what a mother/father/caregiver and baby are doing correctly
3. Give practical help
4. Give a little, relevant information
5. Use simple language
6. Use appropriate counselling card or cards
7. Make one or two suggestions, not commands



Participant Materials 9.2: IYCF Assessment

	Name of Mother/ Father/Caregiver	Name of Child	Age of child (completed months)	Number of older children	
<b>Observation of mother/caregiver</b>					
<b>Child Illness</b>	Child sick	Child not sick	Child recovering		
<b>Growth Curve Increasing</b>	Yes	No	Levelling off/Static		
<b>Tell me about Breastfeeding</b>	Yes	No	When did BF stop?	Frequency: times/day	Difficulties: How is breastfeeding going?
<b>Complementary Foods</b>	Is your child getting anything else to eat?	What	Frequency: times/day	Amount: how much (Ref. 250 ml)	Texture: how thick/consistent
	Staple (porridge, other local examples)				
	Legumes (beans, other local examples)				
	Vegetables/Fruits (local examples)				
	Animal: meat/fish/offal/bird/eggs/milk products				
<b>Liquids</b>	Is your child getting anything else to drink?	What	Frequency: times/day	Amount: how much (Ref. 250 ml)	Bottle Use? Yes/No
	Other milks				
	Other liquids				
<b>Other challenges?</b>					
<b>Mother/caregiver assists child (responsive feeding)</b>	Who assists the child when eating?				
<b>Hygiene</b>	Feeds baby using a clean cup and spoon	Washes hands with clean, safe water and soap before preparing food, before eating, and before feeding young children		Washes child's hands with clean, safe water and soap before he or she eats	

*Participant Materials 9.3: Observation Checklist for IYCF Assessment*

Name of Counsellor: \_\_\_\_\_

Name of Observer: \_\_\_\_\_

Date of visit: \_\_\_\_\_

*(√ for yes and × for No)*

**Did the Counsellor**

*Use Listening and Learning skills:*

- Keep head level with mother/parent/caregiver?
- Pay attention? (eye contact)
- Remove barriers? (tables and notes)
- Take time?
- Use appropriate touch?
- Ask open questions?
- Use responses and gestures that show interest?
- Reflect back what the mother said?
- Avoid using judging words?
- Allow mother/parent/caregiver time to talk?

*Use Building Confidence and Giving Support skills:*

- Accept what a mother thinks and feels?
- Listen to the mother/caregiver's concerns?
- Recognize and praise what a mother and baby are doing correctly?
- Give practical help?
- Give a little, relevant information?
- Use simple language?
- Make one or two suggestions, not commands?

**ASSESSMENT**

*(√ for yes and × for No)*

**Did the counsellor**

- Assess age accurately?
- Check mother/father/caregiver's understanding of child growth curve? (if GMP exists in area)
- Check on recent child illness?

***Breastfeeding (with mother):***

- Assess the current breastfeeding status?
- Check for breastfeeding difficulties?
- Observe a breastfeed?

***Fluids:***

- Assess ‘other fluid’ intake?
- Assess feeding bottle use?

***Foods:***

- Assess ‘other food’ intake?

***Responsive Feeding:***

- Ask about whether the child receives assistance when eating?
- Asks about responsive feeding and care practices.

***Hygiene:***

- Check on hygiene related to feeding?

**ANALYSIS**

(√ for yes and × for No)

**Did the counsellor?**

- Identify any feeding difficulty?
- Prioritize difficulties? (if there is more than one)

Record prioritized difficulty: \_\_\_\_\_

**ACTION**

(√ for yes and × for No)

**Did the counsellor?**

- Praise the mother/father/caregiver for doing recommended practices?
- Address breastfeeding difficulties e.g. poor attachment or poor breastfeeding pattern with practical help.
- Discuss age-appropriate feeding recommendations and possible discussion points?
- Present one or two options? (time-bound) that are appropriate to the child’s age and feeding behaviours
- Help the mother/father/caregiver select one or two that she or he can try to address the feeding challenges?
- Use appropriate ***Counselling Cards*** (with OTTA) and ***Take-home Brochures*** that are most relevant to the child’s situation - and discuss that information with mother/father/caregiver?
- Ask the mother/father/caregiver to repeat the agreed-upon new behaviour?

Record agreed-upon behaviour: \_\_\_\_\_

- Ask the mother/father/caregiver if she or he has questions/concerns?
- Refer as necessary?
- Suggest where the mother/father/caregiver can find additional support?
- Agree upon a date/time for a follow-up session?
- Thank the mother/father/caregiver for her or his time?

Participant Materials 10.1: Common Breastfeeding Difficulties

Breastfeeding Difficulty	Prevention	What to do
<p><b>Breast Engorgement</b></p>  <p><b>Symptoms:</b></p> <ul style="list-style-type: none"> <li>• Occurs on both breasts</li> <li>• Swelling</li> <li>• Tenderness</li> <li>• Warmth</li> <li>• Slight redness</li> <li>• Pain</li> <li>• Skin shiny, tight and nipple flattened and difficult to attach</li> <li>• Can often occur on 3<sup>rd</sup> to 5<sup>th</sup> day after birth (when milk production increases dramatically and suckling not established)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Keep mother and baby together after birth</li> <li><input type="checkbox"/> Put baby skin-to-skin with mother</li> <li><input type="checkbox"/> Start breastfeeding within an hour of birth</li> <li><input type="checkbox"/> Good attachment</li> <li><input type="checkbox"/> Breastfeed frequently on demand (as often and as long as baby wants) day and night: 8 to 12 times per 24 hours</li> </ul> <p>Note: on the first day or two baby may only feed 2 to 3 times</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Improve attachment</li> <li><input type="checkbox"/> Breastfeed more frequently</li> <li><input type="checkbox"/> Gently stroke breasts to help stimulate milk flow</li> <li><input type="checkbox"/> Press around areola to reduce swelling, to help baby to attach</li> <li><input type="checkbox"/> Offer both breasts</li> <li><input type="checkbox"/> Express milk to relieve pressure until baby can suckle</li> <li><input type="checkbox"/> Apply cold compresses to breasts to reduce swelling</li> <li><input type="checkbox"/> Apply warm compresses to help the milk flow before breastfeeding or expressing</li> </ul>
<p><b>Sore or Cracked Nipples</b></p>  <p><b>Symptoms:</b></p> <ul style="list-style-type: none"> <li>• Breast/nipple pain</li> <li>• Cracks across top of nipple or around base</li> <li>• Occasional bleeding</li> <li>• May become infected</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Good attachment</li> <li><input type="checkbox"/> Do not use feeding bottles (sucking method is different than breastfeeding so can cause 'nipple confusion')</li> <li><input type="checkbox"/> Do not use soap or creams on nipples</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do not stop breastfeeding</li> <li><input type="checkbox"/> Improve attachment making certain baby comes onto the breast from underneath and is held close</li> <li><input type="checkbox"/> Begin to breastfeed on the side that hurts less</li> <li><input type="checkbox"/> Change breastfeeding positions</li> <li><input type="checkbox"/> Let baby come off breast by him/herself</li> <li><input type="checkbox"/> Apply drops of breast milk to nipples</li> <li><input type="checkbox"/> Do not use soap or cream on nipples</li> <li><input type="checkbox"/> Do not wait until the breast is full to breastfeed</li> <li><input type="checkbox"/> Do not use bottles</li> </ul>

Breastfeeding Difficulty	Prevention	What to do
<p><b>Plugged Ducts and Mastitis</b></p>  <p><b>Symptoms of Plugged Ducts:</b></p> <ul style="list-style-type: none"> <li>• Lump, tender, localized redness, feels well, no fever</li> </ul> <p><b>Symptoms of Mastitis:</b></p> <ul style="list-style-type: none"> <li>• Hard swelling</li> <li>• Severe pain</li> <li>• Redness in one area</li> <li>• Generally not feeling well</li> <li>• Fever</li> <li>• Sometimes a baby refuses to feed as milk tastes more salty</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Get support from the family to perform non-infant care chores</li> <li><input type="checkbox"/> Ensure good attachment</li> <li><input type="checkbox"/> Breastfeed on demand, and let infant finish/come off breast by him/herself</li> <li><input type="checkbox"/> Avoid holding the breast in scissors hold</li> <li><input type="checkbox"/> Avoid tight clothing</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do not stop breastfeeding (if milk is not removed risk of abscess increases; let baby feed as often as he or she will)</li> <li><input type="checkbox"/> Apply warmth (water, hot towel)</li> <li><input type="checkbox"/> Hold baby in different positions, so that the baby's tongue/chin is close to the site of the plugged duct/mastitis (the reddish area). The tongue/chin will massage the breast and release the milk from that part of the breast.</li> <li><input type="checkbox"/> Ensure good attachment</li> <li><input type="checkbox"/> For plugged ducts: apply gentle pressure to breast with flat of hand, rolling fingers towards nipple; then express milk or let baby feed every 2-3 hours day and night</li> <li><input type="checkbox"/> Rest (mother)</li> <li><input type="checkbox"/> Drink more liquids (mother)</li> <li><input type="checkbox"/> If no improvement in 24 hours, refer</li> <li><input type="checkbox"/> If mastitis: express if too painful to suckle; expressed breast milk may be given to baby (if mother is not HIV-infected)</li> <li><input type="checkbox"/> If mastitis, seek treatment</li> <li><input type="checkbox"/> If there is pus, discard by expressing and continue breastfeeding</li> </ul>

*Participant Materials 10.2: “Not enough” Breast Milk*

“Not enough” breast milk	Prevention	What to do
<p><b>Perceived by mother</b></p> <ul style="list-style-type: none"> <li>• Mother “thinks” she does not have enough milk</li> <li>• (Baby restless or unsatisfied)</li> </ul> <p>First decide if the baby is getting enough breast milk or not (weight, urine and stool output)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Put baby skin-to-skin with mother</li> <li><input type="checkbox"/> Start breast feeding within an hour of birth</li> <li><input type="checkbox"/> Stay with baby</li> <li><input type="checkbox"/> Ensure good attachment</li> <li><input type="checkbox"/> Encourage frequent demand feeding</li> <li><input type="checkbox"/> Let baby release first breast first</li> <li><input type="checkbox"/> Breastfeed exclusively day and night</li> <li><input type="checkbox"/> Avoid bottles</li> <li><input type="checkbox"/> Encourage use of suitable family planning methods</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Listen to mother’s concerns and why she thinks she does not have enough milk</li> <li><input type="checkbox"/> Decide if there is a clear cause of the difficulty (poor breastfeeding pattern, mother’s mental condition, baby or mother ill)</li> <li><input type="checkbox"/> Check baby’s weight and urine and stool output (if poor weight gain refer)</li> <li><input type="checkbox"/> Build mother’s confidence – reassure her that she can produce enough milk</li> <li><input type="checkbox"/> Explain what the difficulty may be – growth spurts (around 3 weeks, 6 weeks, 3 months) or cluster feeds</li> <li><input type="checkbox"/> Explain the importance of removing plenty of breast milk from the breast</li> <li><input type="checkbox"/> Check and improve attachment</li> <li><input type="checkbox"/> Suggest stopping any supplements for baby – no water, formulas, tea, or liquids</li> <li><input type="checkbox"/> Avoid separation from baby and care of baby by others (express breast milk when away from baby)</li> <li><input type="checkbox"/> Suggest improvements to feeding pattern. Feed baby frequently on demand, day and night.</li> <li><input type="checkbox"/> Let the baby come off the breast by him/herself</li> <li><input type="checkbox"/> Ensure mother gets enough to eat and drink</li> <li><input type="checkbox"/> The breasts make as much milk as the baby takes – if he or she takes more, the breasts make more (the breast is like a ‘factory’ – the more demand for milk, the more supply)</li> <li><input type="checkbox"/> Take local drink or food that helps mother to ‘make milk’</li> <li><input type="checkbox"/> Ensure that the mother and baby are skin-to-skin as much as possible.</li> </ul>
<p><b>Real “not enough” breast milk</b></p> <ul style="list-style-type: none"> <li>• Baby is not gaining weight: trend line on growth chart for infant less than 6 months is flat or slopes downward</li> <li>• For infants after day 4 up to 6 weeks: at least 6 wets and 3 to 4 stools/day</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Same as above</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Same as above</li> <li><input type="checkbox"/> If no improvement in weight gain after 1 week, refer mother and baby to nearest health post</li> </ul>

## Participant Materials 12.1: How to Conduct an Action-oriented Group

### INTRODUCE YOURSELF (AND CO-FACILITATOR)

#### INTRODUCE TODAY'S TOPIC FOR DISCUSSION by:

- Telling a story
- Conducting a mini-drama or role-play
- Using a visual

#### OTTA

- After the story, drama or visual, ask the group participants what they **OBSERVED**
  - What happened in the story/drama or visual?
  - What are the characters doing in the story/drama or visual?
  - How did the character feel about what he or she was doing? Why did he or she do that?
- Ask the group participants what they **THINK**:
  - Who do you know who does this (the behaviour/practice)?
  - How have they been able to do this (the behaviour/practice)?
  - What is the advantage of adopting the practice described in the story/drama or visual?
- Ask the group participants what they would be willing to **TRY**:
  - If you were the mother (or another character), would you be willing to try the new practice?
  - If people in this community were in the same situation, would they be willing to try this practice? Why? Why not?
- Ask the group participants if they could **ACT** in the same way:
  - What would you do in the same situation? Why?
  - What difficulties might you experience?
  - How would you be able to overcome them?
- Ask the group participants to repeat the key messages.

Reminder: If appropriate, set a time for the next meeting and encourage group participants to come ready to talk about what happened when they tried the new practice or encouraged someone to try it. How did they manage to overcome any obstacles? What did they figure out about THEIR children's early signs of hunger? What TIPS do they have for getting their children to try a new food?

*Participant Materials* 12.2: Observation Checklist on How to Conduct an Action-oriented Group

**Did the Counsellor?**

(√ *for yes and* × *for No*)

- Introduce him/herself?

*Use Observe* - ask the group participants:

- What happened in the story/drama or visual?
- What are the characters doing in the story/drama or visual?
- How did the character feel about what he or she was doing? Why did he or she do that?

*Use Think* - ask the group participants:

- Who do you know that does this (recommended behavior/practice)?
- How have they been able to do this (recommended behaviour/practice)?
- What is the advantage of adopting the practice described in the story/drama or visual?
- Discuss the key messages of today's topic?

*Use Try* – ask the group participants:

- If you were the mother (or another character), would you be willing to try the new practice?
- Would people in this community try this practice in the same situation? Why?

*Use Act* – ask the group participants

- What would you do in the same situation? Why?
- What difficulties might you experience?
- How would you be able to overcome them?
- To repeat the key messages?

And

- Set a time for the next meeting and encourage group participants to come ready to talk about what happened when they tried the new practice or encouraged someone to try it, and how they managed to overcome any obstacles. What did they figure out about THEIR children's early signs of hunger? What TIPS do they have for getting their children to try a new food?

### *Participant Materials 12.3: Characteristics of an IYCF Support Group*

#### **A safe environment of respect, attention, trust, sincerity, and empathy**

1. The group allows participants to:
  - Share infant feeding experience and information, and
  - Mutually support each otherAs a result Participants learn from each other, and are led to changing/modifying their attitudes and practices
2. ‘Confidentiality’ is a key principle of a Support Group: “what is said in the group stays in the group”.
3. An IYCF Support Group is not a LECTURE or CLASS. All participants play an active role. The facilitator guides the discussion, but the discussion is not directed only to the facilitator, but among the participants (“cross-talk”).
4. A Support Groups focuses on the importance of one-to-one communication. In this way all the participants can express their ideas, knowledge, and doubts, share experience, and receive and give support.
5. The sitting arrangement allows all participants to have eye-to-eye contact.
6. The group size varies from 3 to 12.
7. The group is facilitated by an experienced and trained facilitator/mother who listens and guides the discussion.
8. The group is open, allowing all interested pregnant women, breastfeeding mothers, women with older children, fathers, caregivers, and other interested women to attend.
9. The facilitator and the participants decide the length and frequency of the meetings (number per month).

## Participant Materials 12.4: How to Conduct an IYCF Support Group

### **BEFORE THE SUPPORT GROUP:**

- If possible arrange for someone to watch the older children during the Support Group session
- Arrange the seating in a circle so that all participants (maximum 12) can see each other

### **WELCOME PARTICIPANTS**

- Support Group facilitator(s) is part of the circle and sits on same level as participants
- Welcome all participants, including babies and young children, and thank all for coming
- Introduce yourself (and Co-facilitator)
- Ask participants of Support Group to introduce themselves
- Remind participants that everything said is confidential

### **INTRODUCE TODAY'S TOPIC FOR DISCUSSION**

- Use participants' names
- Ask questions that generate participation:
  - Does anyone here know someone who does this?
  - Why do you think s/he does this?
  - Does anyone want to share her or his experience?
  - Does anyone want to share a different experience?
  - What do you think "so and so" would say if you decided to do "such and such"?
  - What advantages does this practice have for the child/mother/family?
  - What difficulties have you experienced in this situation?
  - Were you able to resolve the difficulties? How? Why not?
- Encourage mothers/fathers/caregivers to share their own experiences
- Use *Listening and Learning* and *Building Confidence and Giving Support* skills
- Motivate quiet women/men to participate

### **MANAGE THE CONTENT**

- Share information giving source (MOH, doctors, health personnel)
- Let participants know where they can receive nearest support
- Give advice only when asked
- Summarize ideas during the session
- Keep group focused on theme
- Summarize main points at the end of the session
- Make a note of any questions or issues that require more information; let the group know you will seek this information from an expert

**CLOSING**

- Thank the participants for attending the IYCF Support Group
- Invite women/men to attend the next IYCF Support Group meeting (place, date, time and topic)
- Ask the group participants to:
  - Talk to a pregnant woman, a breastfeeding mother or father before the next meeting; share what they have learned during the IYCF Support Group, and report back
  - Come to the next meeting prepared to talk about what happened when they tried the new practice or encouraged someone to try it. How did they manage to overcome any obstacles? What are THEIR children's early signs of hunger? What TIPS do they have for getting their children to try a new food?

.....  
**ROLE OF SUPPORT GROUP FACILITATOR**

- Provides an environment of interest and respect
- Listens to each participant
- Looks at each participant while the participant is talking
- Makes sure participants' doubts, concerns and questions are understood by repeating the doubts, concerns and questions
- Shares own experience to move the discussion along, but is brief
- Asks others to participate
- Asks one participant to respond to another's experience, doubt, concern, question

*Participant Materials* 12.5: Observation Checklist for IYCF Support Group

<b>Community:</b>		<b>Place:</b>	
<b>Date:</b>	<b>Time:</b>	<b>Theme:</b>	
<b>Name of IYCF Group Facilitator(s):</b>		<b>Name of Supervisor:</b>	
Did	✓	<b>Comments</b>	
1. The Facilitator(s) introduce themselves to the group?			
2. The Facilitator(s) clearly explain the day's theme?*			
3. The Facilitator(s) ask questions that generate participation?			
4. The Facilitator(s) motivate the quiet women/men to participate?			
5. The Facilitator(s) apply skills for <i>Listening and Learning, Building Confidence and Giving Support</i>			
6. The Facilitator(s) adequately manage content?			
7. Mothers/fathers/caregivers share their own experiences?			
8. The Participants sit in a circle?			
9. The Facilitator(s) invite women/men to attend the next IYCF Support Group (place, date and theme)?			
10. The Facilitator(s) thank the women/men for attending the IYCF Support Group?			
11. The Facilitator(s) ask Participants to talk to a pregnant woman or breastfeeding mother before the next meeting, share what they have learned, and report back?			
12. Support Group attendance form checked?			
Number of women/men attending the IYCF Support Group:			
<b>Supervisor/Mentor:</b> indicate questions and resolved difficulties:			
<b>Supervisor/Mentor:</b> provide feedback to Facilitator(s):			

\* The day's theme might change if there is a mother/father/caregiver who has a feeding issue that she feels an urgent need to discuss

## Participant Materials 14.1: Actions that can break the undernutrition cycle

### 1. How do we break the cycle so that an undernourished baby can become a well nourished child (up to 2 years)?

Prevent growth failure by:

- Encouraging early initiation of breastfeeding
- Exclusive breastfeeding from birth up to 6 months
- Encouraging timely introduction of complementary foods at 6 months with continued breastfeeding up to 2 years or beyond
- Feeding different food groups at each serving. For example:
  - Animal-source foods: flesh foods such as *chicken, fish, liver, and eggs* and *milk, and milk products* **1 star\*** (**Note: animal foods should be started at 6 months**)
  - Staples: grains such as *maize, rice, millet and sorghum* and roots and tubers such as *cassava, potatoes* **2 stars\*\***
  - Legumes such as *beans, lentils, peas, groundnuts* and seeds such as *sesame* **3 stars\*\*\***
  - Vitamin A-rich fruits and vegetables such as *mango, papaya, passion fruit, dark-green leaves, carrots, yellow sweet potato and pumpkin*, and other fruits and vegetables such as *banana, pineapple, watermelon, tomatoes, avocado, eggplant and cabbage* **4 stars\*\*\*\*** (**NOTE: foods may be added in a different order to create a 4 star food/diet.**)
- Provide micronutrient supplements according to local protocols
- Oil and fat such as oil seeds, margarine, ghee and butter added to vegetables and other foods will improve the absorption of some vitamins and provide extra energy. Infants only need a very small amount (no more than half a teaspoon per day).
- Using iodised salt
- Feeding sick child frequently for 2 weeks after recovery
- Practise responsive feeding and care practices



Other 'non-feeding' actions:

- Appropriate hygiene
- Attending GMP and Immunization sessions
- Use of Insecticide treated nets (ITNs)
- Deworming
- Prevention and treatment of infections
- Vitamin A supplementation
- Provide early stimulation and care

### 2. How do we break the cycle so that an undernourished child can become a well nourished pre-teen (up to 10 years)?

Promote appropriate growth by:

- Increasing the food intake and variety
- Encouraging different types of locally available foods – the 4 star diet as described above



- Preventing and seeking early treatment of infections
- Encouraging parents to give girls and boys equal access to education – undernutrition decreases when girls/women receive more education.
- Encouraging good hygiene practices
- Encouraging physical activity
- Encouraging use of Insecticide treated nets (ITNs)

**3. How do we break the cycle so that an undernourished child can become a well nourished teenager (from 10 up to 19 years)?**

*Promote appropriate growth by:*

- Increasing the food intake and variety to prepare for growth spurt
- Encouraging different types of locally available foods – the 4 star diet as described above
- Preventing and seeking early treatment of infections
- Encouraging parents to give girls and boys equal access to education – undernutrition decreases when girls/women receive more education.
- Avoiding processed/fast foods
- Avoiding intake of coffee/tea with meals
- Encouraging good hygiene practices
- Encouraging physical activity
- Encouraging use of Insecticide treated nets (ITNs)
- Fostering good body image



**4. How do we break the cycle so that an undernourished teen can become a well nourished adult and pregnant woman?**

*A. Improve women's nutrition and health by:*

- Encouraging different types of locally available foods – the 4 star diet as described above
- Preventing and seeking early treatment of infections
- Encouraging good hygiene practices.
- Avoid consumption of coffee and tea with meals
- Avoid alcohol, smoking, and drugs

*B. Encourage family planning by:*

- Delaying first pregnancy until her own growth is completed (usually 20 to 24 years)
- Encouraging families to delay marriage for young girls (in some settings, it may be more politically-acceptable to use the wording 'delay pregnancy' than 'delay marriage')
- Visiting a family planning centre to discuss which family planning methods are available and most appropriate for their individual situations. (*Using a family*



*planning method is important in order to be able to adequately space the births of her children)*

*C. Decrease energy expenditure by:*

- Delaying the first pregnancy to 20 years of age or more
- Encouraging couples to use appropriate family planning methods
- Obtain adequate exercise; avoid heavy teen labor



*D. Encourage men's participation so that they:*

- Understand the importance of delaying the first pregnancy until their wives/partners are at least 20 years of age
- Provide Insecticide treated nets (ITNs) for use by their families and making sure the pregnant wives/partners and children get to sleep under the net every night
- Encourage girls and boys equal access to education

**5. How do we break the cycle so that an undernourished pregnant adult woman can give birth to a well nourished baby?**

*A. Improve women's nutrition and health during pregnancy by:*

- Increasing the food intake of women during pregnancy: eat one extra meal or "snack" (food between meals) each day; during breastfeeding eat 2 extra meals or "snacks" each day.
- Encouraging consumption of different types of locally available foods – the 4 star diet as described above.
- All foods are safe to eat during pregnancy and while breastfeeding.
- Begin antenatal care early in pregnancy so that pregnant woman can receive iron/folate (and other recommended supplements) as soon as she knows she is pregnant and continue for at least 3 months **after** delivery of the child.
- Giving vitamin A to the mother within 6 weeks after birth.
- Preventing and seeking early treatment of infections:
  - Completing anti-tetanus immunizations for pregnant women, (5 injections in total)
  - Using of insecticide treated bed nets
  - De-worming and giving anti-malarial drugs to pregnant women between 4<sup>th</sup> and 6<sup>th</sup> month of pregnancy.
  - Prevention and education on STI and HIV/AIDS transmission
- Encouraging good hygiene practices.



- Avoid consumption of coffee and tea with meals
- Avoid alcohol, smoking, and drugs

*B. Space children* to allow for rebuilding mother's nutrient stores between lactation and the next pregnancy

*C. Decrease energy expenditure by:*

- Delaying the first pregnancy to 20 years of age or more
- Encouraging families to help with women's workload, especially during late pregnancy
- Resting more, especially during late pregnancy
- Decrease heavy labor

*D. Encourage men's participation so that they:*

- Accompany their wives/partners to antenatal care and reminding them to take their iron/folate tablets
- Provide extra food for their wives/partners during pregnancy and lactation
- Help with household chores to reduce wives/partners' workload
- Encourage their wives/partners deliver at health facility
- Make arrangements for safe transportation to facility (if needed) for birth
- Encourage their wives/partners to put the babies to the breast immediately after birth
- Encourage their wives/partners to give the first thick yellowish milk to babies immediately after birth
- Provide Insecticide treated nets (ITNs) for their families and make sure that their pregnant wives/partners and small children get to sleep under the net every night

**Note: HIV and Nutrition**

- If woman is HIV-infected, she needs extra food to give her more energy. HIV puts an additional strain on her body and may reduce her appetite. Eating a variety of foods is important.
- An HIV-infected pregnant woman needs to attend PMTCT services

## **Participant Materials 17.1: Checklist – Integrating IYCF Support into CMAM Programming**

### **1. Mobilisation and sensitisation**

- Assess community IYCF practices: breastfeeding and complementary feeding
- Assess cultural beliefs that influence IYCF practises
- Identify locally affordable available and seasonal foods
- Analyze data to reach feasible behaviour and counselling discussion points (or messages)
- Ensure community knows their CWs

### **2. Admission**

- Encourage mothers to continue breastfeeding
- Discuss any breastfeeding difficulty
- Share responsive feeding and care practices

### **3. Weekly or bi-weekly follow-up**

- Encourage mothers to continue breastfeeding
- Discuss any breastfeeding difficulty
- Assess age-appropriate feeding: child's age and weight, child's (usual) fluid and food intake, and breastfeeding difficulties the mother perceives
- Share responsive feeding and care practices
- Initiate *IYCF 3-Step Counselling* on recommended complementary feeding practices when appetite returns and/or at 4 weeks before discharge
- Conduct action-oriented group (story, drama, use of visuals)
- Facilitate IYCF Support Groups

### **4. Discharge (MOH)**

- Encourage mothers to continue breastfeeding
- Support, encourage and reinforce recommended breastfeeding and complementary feeding practices
- Work with the mother/caregiver to address any ongoing child feeding problems
- Support, encourage and reinforce recommended complementary feeding practices using locally available foods
- Share responsive feeding and care practices
- Encourage monthly growth monitoring visits
- Improve health seeking behaviours
- Encourage mothers to take part in IYCF Support Groups
- Link mother to CW
- Set appointment for follow-up visit

### **5. Follow-up at home/community**

- Conduct ongoing and periodic IYCF monitoring at home/community/other health facilities e.g. growth monitoring
- Home visits
- MUAC screening sessions
- Share responsive feeding and care practices
- Set appointment for follow-up visit

#### **Other Contact Points:**

#### **Contact Points to Integrate IYCF into CMAM (other than OTP) - at health facility or community outreach**

- Growth Monitoring Promotion (GMP)
- Antenatal Care (ANC) at health facility
- Stabilisation Centres (SC)
- Supplementary Feeding Programme (SFP)
- Community follow-up (CW)
  - Action-oriented group session
  - IYCF Support Groups

#### **Contact Points for Implementing the Essential Nutrition Actions (ENA) - at health facility or community outreach**

- At every contact with a pregnant woman
- At delivery
- During postpartum care
- In family planning sessions
- At immunization sessions
- During Growth Monitoring Promotion
- At every contact with mothers or caregivers of sick children

#### **Other Contact Points**

- At PMTCT services
- Special consultations for vulnerable children if available, including HIV-exposed and infected children
- Link to social protection programme if available
- Set appointment for the next follow-up visit