MAMI Counselling Cards and Support Actions Booklet
Introduction

This MAMI Counselling Cards and Support Actions Booklet has been developed to help health care providers and IYCF counsellors provide counselling and support on key topics for mothers or caregivers of small and nutritionally at risk infants less than 6 months of age as part of the MAMI Care Pathway. The booklet and cards are an update of the Counselling Cards and Support Actions Booklet included in MAMI Tool Version 2 and are primarily based on the UNICEF IYCF Community Counselling Cards and the WHO IYCF Counselling Integrated Course, as well as other references as indicated on each of the cards. The cards were tailored and adapted to actions and counselling needs in the context of management of small and nutritionally at risk infants under six months and their mothers.

This MAMI Counselling Cards and Support Actions Booklet is divided into three sections based on the needs of the mother or caregiver:

- **Section A is focused on issues and needs of infants who are breastfed or predominantly breastfed.**
- **Section B is focused on issues and needs of infants who are not breastfeeding.**
- **Section C is focused on core topics to discuss with the mother as well caregiver/partner/family members.**

The MAMI Counselling Cards and Support Actions Booklet serves as a job aid to be used by counsellors during the counselling session to address needs identified during the assessment phase of the pathway. They are designed such that each card includes an illustration that can be shown to the mother or caregiver during the counselling session with key messages and actions listed on the back of each card for the counsellor’s reference. For each counselling visit, the counsellor can choose the relevant card(s) to address key identified problems (CARDS A1 to B3) as well as discuss other general topics (CARDS C1-C7). The booklet and cards are not meant to replace existing knowledge and skills that the counsellor should be equipped with, but rather serve as reminder of the actions and key messages. To ensure effective counselling and follow up, ensure that a record is kept on which topics were addressed at each visit.

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1. [https://www.ennonline.net/c-mami](https://www.ennonline.net/c-mami)
2. [https://sites.unicef.org/nutrition/index_58362.html](https://sites.unicef.org/nutrition/index_58362.html)
Counselling and communication skills

Positive counselling skills are important for the success of counselling. Basic counselling skills include listening and learning, building confidence and giving support.

### Listening and Learning Skills
- Use helpful non-verbal communication.
- Ask open questions to understand the concern.
- Use responses and gestures that show interest.
- Reflect back what the mother/caregiver says.
- Empathize – show that you understand how she/he feels.
- Avoid words that sound judgmental.
- Keep your head at the same level of the mother or caregiver.
- Reduce physical barriers.

### Building Confidence and Giving Support Skills
- Listen carefully to the mother’s or caregiver’s concerns.
- Give practical help.
- Offer a little, relevant information at a time.
- Use simple language that the mother or caregiver will understand.
- Make one or two suggestions, not commands.
- Allow time to listen to mother/father/caregiver’s concerns.

### 3-step Counselling

**Step 1:** Assess, listen, and observe
- Greet the mother (or caregiver) using friendly language and gestures.
- Ask some initial questions that encourage her (or him) to talk.
- Listen to what is being said and observe what is going on using your listening and communication skills.

**Step 2:** Analyze: identify difficulty (and if there is more than one then prioritize difficulties)
- Decide if the feeding you observe is age-appropriate and if the condition or health of the child and mother (or caregiver) is good.
- If there are no apparent difficulties, praise the mother (or caregiver), and focus on providing information needed for the next stage of the child’s development.
- If one or more feeding difficulties are present or if the condition or health of the child or mother (or caregiver) is poor, prioritize the difficulties.
- Answer the mother’s (or caregiver) questions, if any.

**Step 3:** Act: discuss, suggest a small amount of relevant information, agree on do-able action
- Depending on the factors analyzed above, select a small amount of information to share with the mother or caregiver that is most relevant to her or his situation.
- Be sure to praise the mother or caregiver for what she or he is doing well.
- Present options for addressing the feeding difficulty or condition of health of the child or caregiver in terms of small do-able actions. These actions should be time-bound (within the next few days or weeks).
- Help the mother or caregiver select one option that she or he agrees to try in order to address or overcome the difficulty or condition that has been identified. This is called reaching an agreement.
- Suggest where the mother or caregiver can get additional support.
- Help the mother or caregiver select one option that she or he agrees to try in order to address or overcome the difficulty or condition that has been identified. This is called reaching an agreement.
- Thank the mother or caregiver for her or his time.
- Agree on when you will meet again, if appropriate.
Communicating with mothers and caregivers with mental health concerns

Using effective communication skills allows the counsellor to deliver effective counselling to mothers and caregivers with mental health concerns. It is therefore important to consider the following communication skills:

Creating a safe environment:
- Meet the mother in a private and safe place if possible.
- Be welcoming and conduct introductions in a culturally appropriate manner.
- Maintain eye contact and use body language and facial expressions that facilitate trust.
- Explain that information discussed during the counselling session will be kept confidential and will not be shared without prior permission.

Listening and learning:
- Allow the mother or caregiver to speak without interruptions.
- Practice active listening.
- Be patient, calm, and respectful.
- Listen to her and help her to feel calm.

Building confidence and support:
- Use simple language. Be clear and concise.
- Use open ended questions, summarising and repeating key points.
- Allow mothers or caregivers to ask questions.
- Use simple language, be clear and concise.
- Building confidence and support.

mental health conditions:
- Be aware of key psychosocial interventions for mothers and caregivers with mental health conditions.
- Acknowledge the difficulty of disclosing information.
- Respond with sensitivity when mothers or caregivers disclose sensitive experiences.
- Allow mothers or caregivers to ask questions.
- Use open ended questions, summarising and repeating key points.
- Use simple language, be clear and concise.
- Building confidence and support.

Sources:
- WHO Psychological First Aid. Available at: https://www.who.int/publications/i/item/9789241548205
- WHO mhGAP Intervention Guide. Available at: https://www.who.int/publications/i/item/mhgap-intervention-guide---version-2.0
Breastfeeding counselling and support actions – breastfed infants

SECTION A
Note: If infant is poorly responsive and severely unwell, he/she should receive urgent attention and be immediately referred.

Assess and Analyse

Attachment

1. Infant’s mouth wide open when breastfeeding.
2. Infant’s lower lip turned outwards.
3. Infant’s chin touching breast.
4. Can see more darker skin (areola) above than below the infant’s mouth.

Positioning

1. Infant’s body should be straight, not bent or twisted.
2. Infant’s body should be facing the breast.
3. Infant should be held close to mother.
4. Mother should support the infant’s whole body, not just the neck and shoulders.

For tummy down or reclining position: infant’s full weight should rest on the mother’s body during the period when the infant is learning to breastfeed; works with cesarean sections.

Counselling and Support Actions

1. Good attachment helps to ensure that baby suckles well and helps mother to produce a good supply of breast milk.
2. Good attachment helps to enhance the baby’s interest in breastfeeding.
3. Breastfeeding helps to reduce the need for express milk.
4. Breastfeeding helps to make the infant anxious.

Note on Natural Breastfeeding

Every newborn has a series of responses designed by Mother Nature to make the infant an active breastfeeding partner.

• When newborn lies tummy down on the mother, anchored by gravity, the baby’s innate reflexes kick in. This position helps the baby move toward the breast, resulting in attachment and suckling.

• If infant is not alert and does not open mouth, hand express drops of milk and apply on infant’s lips to stimulate mouth opening.

• Good attachment helps to ensure that baby suckles well and helps mother to produce a good supply of breast milk.

• Good attachment helps to enhance the baby’s interest in breastfeeding.

• Breastfeeding helps to reduce the need for express milk.

• Breastfeeding helps to make the infant anxious.

Note: There is no one right position for all mothers. No matter the position (from cradle to tummy down), there are commonalities that assist a deep latch.

See videos:
• Breastfeeding attachment: https://globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/?portfolioID=10861
• Breastfeeding positions: https://globalhealthmedia.org/portfolio-items/positions-for-breastfeeding/?portfolioID=10861
• Breastfeeding in the first hours after birth: https://globalhealthmedia.org/portfolio-items/breastfeeding-in-the-first-hours-after-birth/?portfolioID=10861

Good positioning and attachment to breastfeed works with cesarean sections. During the period when the infant is learning to breastfeed, infant’s full weight should rest on the mother’s body.

Positioning

1. Infant’s body should be straight, not bent or twisted.
2. Infant should be held close to mother.
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2. Infant’s lower lip turned outwards.
3. Infant’s chin touching breast.
4. Can see more darker skin (areola) above than below the infant’s mouth.

Positioning

1. Infant’s body should be straight, not bent or twisted.
2. Infant’s body should be facing the breast.
3. Infant should be held close to mother.
4. Mother should support the infant’s whole body, not just the neck and shoulders.
Note: If infant is unresponsive or lethargic, he/she should be urgently referred to hospital to receive clinical care.

Assess and Analyse

1. Slow deep suckles, sometimes pausing.
2. Audible or visible swallowing.
3. Infants' jaw will drop distinctly as he or she swallows.
4. Infants' cheeks are rounded and not dimpled or indrawn.
5. Mother responds with satisfaction and self-confidence.

Counselling and Support Actions

• Converse on the same actions as above for good attachment.
• If infant is not suckling, hand express drops of milk into infant’s mouth to encourage suckling.
• If infant is not suckling, hand express drops of milk into infant’s mouth to encourage suckling.

Effective suckling and breastfeeding frequency: https://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk/?portfolio_id=10861

See videos:
Breastfeeding pattern

- On demand (on cue) breastfeeding, day and night.
- Infant releases one breast before switching to the other.
- Infant breastfeeds 8 – 12 times in 24 hours.

**Note:**
- Infants less than 2 months of age or infants who are low birth weight or small for gestational age sometimes breastfeed every 2 hours because they have very small stomachs. Breastfeeding more frequently helps to establish breastfeeding/milk flow.
- Monitor breastfeeds in 24 hours.

**Assess and Analyse**
- Breastfeeding on cue (CARD A2)
- Breastfeeding pattern
- Check good positioning and attachment (CARD A2)
- Weigh infant for gestational age
- Refer to ‘Not enough breastmilk’ (CARD A23)
- Increase frequency of breastfeeding by stimuli

**Counselling and Support Actions**
- Explain about growth spurts (around 3 weeks, 6 weeks, 3 months) or cluster feeding
- Explain that when the mother exclusively breastfeeds her baby 8-12 times in 24 hours and the menstrual period has not returned, she is practicing a family planning method called Lactation Induced Amenorrhea (LAM).
- LAM no longer protects against pregnancy (refer to ‘Family planning’ CARD C3).
- When one of the three conditions do not exist, LAM no longer protects against pregnancy (refer to ‘Family planning’ CARD C3).
Assess and Analyse

Exclusive breastfeeding from 0 up to 6 months (no water, liquids, semi-solids or solids).

Counselling and Support Actions

• Counsel mother on the importance of exclusive breastfeeding.

• Medicine may be prescribed by a health worker or caregiver for other health reasons, but ensure breastfeeding is exclusive (no water, liquids, semi-solids or solids).

• Counselling and support for breastfeeding from 0 to 6 months.

Receives other liquids or food

Card A4

Card C3: LAM (no longer practices exclusive breastfeeding) refers to Family Planning

(FAM) counseling and support for breastfeeding.

• Assess the feeding realities and choices the mother is making and work with her to reduce the risk (e.g. from care and hygiene practices).

• Address reasons for giving other foods or drinks (e.g. due to mother's absence for work, etc.).

• Exclusive breastfeeding frequency, and reduce other drinks or foods if not indicated.

• May cause the baby to become ill or not grow well.

• May make the baby feel less secure and reduce milk production.

• Explain the feeding choices during this period and consult mother on the importance of exclusive breastfeeding.
Assess and Analyse

Real "not enough" breastmilk production:

- Infant is losing weight or not gaining sufficient weight (≥9% at 2-4 kg. For example: 5 kg at 7 = 1.75 kg per week for a 4 kg infant or 5.5% to 5.75 kg per week for a 5 kg infant)

Exception of not enough breastmilk (https://globalhealthmedia.org/portfolio-item/exception-of-not-enough-breastmilk/)

Not enough breastmilk (https://globalhealthmedia.org/portfolio-item/not-enough-breastmilk/)

Applied counselling/actions for "real not enough" breastmilk (above):

- Check infant's weight, urine and stool output (of poor weight gain/after 2-3 days)
- Listen to mother's concerns and why she thinks she does not have enough milk
- Look for good attachment, effective suckling.
- Look for illness or physical abnormality in the infant or mother.
- Look for bonding or rejection.

If infant is losing weight or not gaining sufficient weight (≥9% at 2-4 kg for example: 5 kg at 7 = 1.75 kg per week for a 4 kg infant or 5.5% to 5.75 kg per week for a 5 kg infant):

- See videos:
  - Perception of 'not enough' breastmilk:  https://globalhealthmedia.org/portfolio-items/increasing-your-milk-supply/?portfolioID=10861
  - Is your baby getting enough milk:  https://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk/?portfolioID=10861

Card A5

Mother thinks she has "not enough" breastmilk

Mother thinks she is getting enough breastmilk but not "real":

- First decide if the infant is getting enough breastmilk (https://globalhealthmedia.org/portfolio-item/not-enough-breastmilk/

See videos:
- Is your baby getting enough milk:  https://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk/?portfolioID=10861
- Perception of 'not enough' breastmilk:  https://globalhealthmedia.org/portfolio-items/increasing-your-milk-supply/?portfolioID=10861

Conselling and Support Actions

Card A5

Mother thinks she has "not enough" breastmilk

Mother thinks she is getting enough breastmilk but not "real":

- First decide if the infant is getting enough breastmilk

See videos:
- Perception of 'not enough' breastmilk:  https://globalhealthmedia.org/portfolio-items/increasing-your-milk-supply/?portfolioID=10861
- Is your baby getting enough milk:  https://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk/?portfolioID=10861

Card A4 (Part 2)

Applied counselling/actions to "real not enough" breastmilk (see above):

- Look for bonding or rejection.
- Examine the mother's breasts and explain what the difficulty may be—smaller or engorged breasts.
- Explain: the more an infant suckles and removes milk from the breast, the more milk the mother produces.
- Let infant come off the first breast by himself/herself before mother offers the second breast.
- Avoid separation and keep mother and infant skin-to-skin as much as possible.
- If no improvement in weight gain after 7 days, refer to health care provider.
- Ask about frequency of breastfeeds: 8-12 times in 24 hours.
- Stop any supplements: infant should receive no water, other drinks or foods. (See 'Supplementary suckling to help mother relactate' Card A2).
- Check infant's weight and urine and stool output (if poor weight gain, refer to inpatient care).
- Listen to mother's concerns and why she thinks she does not have enough milk.
- Ask about frequency of breastfeeds: 8-12 times in 24 hours.
- Stop any supplements: infant should receive no water, other drinks or foods. (See 'Supplementary suckling to help mother relactate' Card A2).
- Check infant's weight and urine and stool output (if poor weight gain, refer to inpatient care).
- Listen to mother's concerns and why she thinks she does not have enough milk.
Excessive crying and lack of sleep

Symptoms/signs/indicators of practice

Mother reports excessive crying and lack of sleep in infant. Refer to 'Crying and sleeping' CARD C4 for counselling actions on normal crying and sleeping.

Counselling and Support Actions

- Assess breastfeeding position and attachment to ensure feeding is correct (refer to 'Good attachment and positioning' Card A1).
- Check if baby is ill or in pain.
- Explain to mother that crying is natural (refer to 'Crying and sleeping' CARD C4) and empathise with her concern.
- Reassure mother that crying does not necessarily mean that she doesn't have enough milk (refer to 'Not enough breastmilk' CARD A5) and giving artificial feeds or other foods or medicines will not solve the problem.
- Explain that babies are most often comforted with closeness, gentle movement, and gentle pressure on the abdomen. Demonstrate ways to hold a crying baby.
- Encourage mother to spend more time with her baby, referring to 'Crying and sleeping' CARD C4.
- Check if mother is breastfed (high frequency, low duration) and discuss ways to address this.
- Check if mother is taking any medications that could be affecting the baby.
- Check if mother is experiencing any emotional difficulties (e.g., postnatal depression) and refer to 'Community support' CARD C2.
- Explain that crying is a late sign of hunger. Early signs that baby wants to breastfeed include: 1) restlessness, 2) opening mouth and turning head from side to side, 3) putting tongue in and out, 4) sucking on fingers and fists.
- Counsel to know the signs of hunger (responsive feeding). Explain that babies are most often comforted with closeness, gentle movement, and gentle pressure on the abdomen.
- Discuss potential causes of crying and how to address them:
  - Hunger:
    - Seek support (e.g., community support CARD C2).
    - Feeding of parent(s):
      - Give time to rest and decrease stimulation.
      - Change eating habits (e.g., less sugar, more vegetables, more iron).
      - Consider dietary changes (e.g., eating more fiber).

  - Fatigue of parent(s):
    - Resolution (sleep deprivation, lack of support).
    - Look for ways to increase support.

  - Colic:
    - Baby cries continuously at certain times of day, often in the evening. Baby may pull up his legs as if he has abdominal pain and may appear to want to suckle, but he does not feed.
    - The cause is not clear. This is called colic. Explain that colicky babies usually grow well, and the crying usually less after the baby is 3 months old. However, the crying may return if the baby is upset by something else.
    - Check if mother is taking any medications that could be affecting the baby.
    - Explain that babies are most often comforted with closeness, gentle movement, and gentle pressure on the abdomen. Demonstrate ways to hold a colicky baby.

  - Mother's food:
    - Crying can happen with any food and there are no special foods to advise mothers to avoid, unless she notices a problem.

  - Medicines or drugs that mother is taking (e.g., cigarettes, caffeine, other drugs).

  - Other factors:
    - Check if mother is taking any medications that could be affecting the baby.
    - Explain that crying is a late sign of hunger. Early signs that baby wants to breastfeed include: 1) restlessness, 2) opening mouth and turning head from side to side, 3) putting tongue in and out, 4) sucking on fingers and fists.
    - Counsel to know the signs of hunger (responsive feeding). Explain that babies are most often comforted with closeness, gentle movement, and gentle pressure on the abdomen.
    - Discuss potential causes of crying and how to address them:
      - Hunger:
        - Seek support (e.g., community support CARD C2).
        - Feeding of parent(s):
          - Give time to rest and decrease stimulation.
          - Change eating habits (e.g., less sugar, more vegetables, more iron).
          - Consider dietary changes (e.g., eating more fiber).

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        - Check if mother is taking any medications that could be affecting the baby.
        - Explain that babies are most often comforted with closeness, gentle movement, and gentle pressure on the abdomen. Demonstrate ways to hold a colicky baby.
Mother thinks she may be unable to breastfeed the infant.

- Listen to mother's concerns. If mother expresses concern about her diet/nutrition, refer to CARD A16.
- Assess mother for any problem she thinks she may have; if appropriate, help mother address the issue.
- Encourage her to enjoy skin-to-skin contact and to play with her infant.
- Build her confidence:
  - Recognise and praise what she is doing right – including signs of milk flow.
  - Give relevant information in an encouraging way and correct misconceptions.
- Provide mother with hands-on help to attach infant to breast and get breastfeeding established.
- Encourage her to breastfeed near trusted companions, which helps with relaxation and milk flow.
- Help her to breastfeed other trusted companions, which helps with relaxation and milk flow.
- Refer to relevant MHPSS services if needed.
Breast condition: Breast engorgement

Breast swelling or expressing breast milk.

- Feelings for about 20 minutes to reduce swelling.
- Apply to breasts cold compresses wrapped in a cloth between
- Express milk to relieve pressure until infant can suckle.
- Offer both breasts.
- Keep mother and infant together after birth.
- Keep mother and infant together after birth.
- Stop any supplements infant should receive no water, other drinks
- Breastfed: at least every 2 hours, allowing baby to finish the first
- Ask about frequent or breastfeeds: 8-12 times in 24 hours.
- Look for effective suckling.
- Look for good attachment.
- Can occur on both breasts.
- Can occur on first day or two in infants may only feed 2 or 3 times per day.

Assess and Analyse

Can occur on both breasts
- Swelling
- Hard
- Tenderness
- Warmth
- Slight redness
- Pain
- Skin shiny, tight and nipple flattened and difficult to attach.

Counselling and Support Actions

- Can occur on 3rd to 5th day after birth when milk production increases dramatically and suckling not established.
- Skin shiny, tight and nipple flattened and difficult to attach.
- Breastfeeding or expressing breast milk.
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- Apply to breasts cold compresses wrapped in a cloth between
- Express milk to relieve pressure until infant can suckle.
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Note:

Breastfeeding or expressing breast milk.

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- Look for good attachment.
- Can occur on both breasts.
- Can occur on first day or two in infants may only feed 2 or 3 times per day.
Breast condition: Sore or cracked nipples

Assess and Analyse

Counselling and Support Actions

Prevent re-infection

Note: If baby is known to be living with HIV, a mother with cracked nipples should be advised to heat-treat expressed breast milk.

Express breast milk.

- Damaged breast and cracked/nipple pain:
  - Express milk with a clean hand or bleeding nipples: she can express milk from the breast;
  - Clinical examination;
  - If mother is HIV positive she should not breastfeed from the breast;

Do not use feeding bottles;

- Do not wait until the breast is full to breastfeed;
- Do not use any other liquids or foods (See 'Receives other liquids or foods' CARD A4);
- Hand expression to start the flow of milk before putting infant to breast;
- Change breastfeeding positions;
- Cease breastfeeding if baby becomes infected;
- Begin to breastfeed on the side that hurts less;
- Look for good attachment;
- Look for good latching;
- Look for good sucking;
- Do not use feeding bottles;
- Do not give any other liquids or foods (See 'Receives other liquids or foods' CARD A4);
- Typically become infected;
- Occasional bleeding around the base;
- Cracked across the tip of the nipple or
- Breast nipple pain;
- Breastfeeding pain;

May become infected

- Look for effective suckling;
- Ask about frequency of breastfeeds: 8 – 12 times in 24 hours.

Stop any supplements: infant should receive no water, other drinks or foods (See 'Receives other liquids or foods' CARD A4).

Do not stop breastfeeding.

- Begin to breastfeed on the side that hurts less.
- Change breastfeeding positions.
- Let infant come off breast by himself/herself.
- Hand express to start the flow of milk before putting infant to breast.
- Apply drops of breastmilk to nipples.
- Do not use soap or cream on nipples.
- Do not wait until the breast is full to breastfeed.
- If sore is large and infected after applying these measures, refer for clinical treatment.

If mother is HIV positive she should not breastfeed from the breast with a cracked or bleeding nipple; she can express milk from the breast.

If mother is HIV positive she should not breastfeed from the breast.

Note: If baby is known to be living with HIV, a mother with cracked nipples should be advised to heat-treat expressed breast milk.

See videos:

Nipple pain: https://globalhealthmedia.org/portfolio-items/what-to-do-about-nipple-pain/?portfolioID=10861

Assess and Analyse

Plugged ducts:
• Lump, tender, localised redness, feels well, no fever.

Mastitis:
• Hard swelling
• Severe pain
• Localised redness
• Generally, not feeling well
• Fever
• Sometimes, an infant refuses to feed as milk tastes more salty.

Conducting and Support Actions

If there is no, discard by expressing and continue breastfeeding and
see clinical treatment.

If there is pain, discard by expressing (mother may need antibiotics).

If mastitis: express 100 ml at least 6 hourly. Express breastmilk may
no improvement in 24 hours. Refer for clinical treatment.

Drink more liquids (mother).

Breast (mother):
let infant feed every 2-3 hours day and night.

of the hand, rolling fingers towards nipple then express milk or
For plugged ducts: apply gentle pressure to duct using the flat

Hold infant in different positions so that the infant's tongue/chin is

Monitor infant on demand and let infant establish own feeding by

Get support from the family to perform non-infant care chores.

Breastfeed on demand and let infant establish own breastfeeding.

See videos:
Breast pain:
https://globalhealthmedia.org/portfolio-items/what-to-do-about-breast-pain/?portfolioID=10861

See videos:
Plugged ducts:
https://globalhealthmedia.org/portfolio-items/what-to-do-about-plugged-ducts/?portfolioID=10862

Mastitis:
No fever
Lumpy, tender, localized redness, feels well

Plugged ducts:
Lump, tender, localized redness, feels well
Breast condition: Flat, inverted, large or long nipples

Assess and Analyse

Observe nipple appearance.

Counselling and Support Actions

- Do this for at least a minute to make the nipple stand out just before each
  - to pull out longer/more upright and draw out the nipple
  - to pull out in normal nipples, as if they were stretching
  - to pull out in inverted nipples
- Listen to the mother’s concerns.
- Give extra help with attachment; make certain that as the mother is putting the
  - gently touching the infant’s lips to encourage him/her to open widely and take a
  - aim the infant’s lower lip well below her nipple, so that the nipple goes to the top
  - flat or long nipples, place infant in a semi-sitting position to breastfeed.
- Encourage mother to give the infant plenty of skin-to-skin contact, with frequent opportunities to find his or her own way of taking the breast into
  - encourage mother to express let milk at least 8 times a day and to feed the expressed
  - to feed the expressed
  - lying on front, with chest on
  - towards the infant’s mouth (e.g.: lying down, holding infant’s head in whatever position or
  - encourage mother to try different breastfeeding positions so that he or she breast
  - mouth opens)
  - the mother should not force infant to take the breast or force infant to
  - with frequent opportunities to find the best way of taking the breast into
  - encourage mother to give the infant plenty of skin-to-skin contact near the breast.
  - the infant touches her nipple, so that the nipple goes to the top
  - big mouthful of breast.
  - gently touching the infant’s lips to encourage him/her to open widely and take a
  - infant on her breast.
  - infant helps make certain that the mother is putting the
  - flat or inverted nipples are managed using the same techniques.

See videos:

Large breasted mothers: https://www.youtube.com/watch?v=584nv1oNxvw
Oral thrush infant and maternal nipple thrush

**Assess and Analyse**

- Infant's symptoms:
  - White patches inside cheek or on tongue.
  - There may be a rash on the infant's bottom.
  - Infant repeatedly pulls off the breast or refuses to breastfeed.

- Mother's symptoms:
  - Sore nipples with pain continuing.
  - There may be a rash on the mother's nipples.
  - There may be a rash on the infant's bottom.

**Counselling and Support Actions**

- Both counsellor and mother wash hands.
- Teach the mother how to look for ulcers or white patches in the mouth. If thrush is worse, check that treatment is being carried out daily.
- Explain to the mother that thrush is a fungal infection which can spread to the infant's bottom.
- Teach the mother how to paint (part of the infant's) mouth with nystatin using a soft cloth wrapped around the fingers.
- Continue four times a day until five days after the thrush has cleared.
- Ask the mother if she has any questions, and have her show you how to paint the other part of the mouth.

**Follow up care:**

- After 2 days:
  - Infants: mouth to return after 2 days.
  - Ask mother to return after 2 days.
  - Ask her to refer to the mother's symptoms section.
  - Explain to the mother how to paint (part of the infant's) mouth with nystatin using a soft cloth wrapped around the fingers.
  - Continue twice daily for 5 days.

**Infant Thrush:**

- Teach the mother to identify and treat thrush at home.
- Teach the mother to paint (part of the infant's) mouth with nystatin using a soft cloth wrapped around the fingers.
- Continue four times a day until five days after the thrush has cleared.
- Ask her if she has any questions, and have her show you how to paint the other part of the mouth.

**Mother's symptoms:**

- Sore nipples with pain continuing.
- There may be a rash on the infant's bottom.
- These are signs that the infant may have thrush, which is also affecting the mother's nipples.
- Explain the infants' mouth for white spots and the infant's bottom for a spotty red rash.

**See videos:**

- Thrush: https://globalhealthmedia.org/portfolio-items/thrush/?portfolioID=5638
- Infant Thrush:
Consulting and Support Actions

- For all breastfeeding mothers with low weight infants:
  - Breastfeed the infant frequently, praise and help to build her/confidence.
  - Give 2 oz (50 g) of human milk per day for infants who are gaining less than 15 g/day (10% of birth weight per day) and 30 g/day if the infant is under 2 kg.
  - Provide skin-to-skin contact for at least 3 h/day.
  - Encourage breastfeeding and express breast milk.
  - Check the mother's readiness to breastfeed.
  - Identify and address any issues that may be affecting breastfeeding.
  - Encourage exclusive breastfeeding for the first 6 months.
  - For the mother who is breastfeeding and is interested in the use of a cup feeding device, demonstrate and assist her in using the device.
  - Encourage the mother to give healthy, nutritious foods to the infant.
  - Encourage the mother to share some of the household duties with others.
  - Show the mother how to provide stimulation and play to make her infant more alert.
  - Weigh each infant weekly until weight gain is established (at least 125 g/week, 500 g/month) and appetite improves.

See videos:

- Cup Feeding Your Small Baby: https://globalhealthmedia.org/portfolio-items/cup-feeding-your-small-baby/?portfolioID=13325
- Kangaroo Care

Kangaroo Care

- Provide skin-to-skin contact with the young infant.
- Keep the infant warm (at least 32°C)
- Check frequently if the hands and feet are warm.
- If cold, re-warm the infant using skin-to-skin contact.
- Encourage the mother to give hot drinks to the adult providing Kangaroo Mother Care for relaxation and production of more body heat.

Low weight infant

- Low weight infants are under weight for age.
- Low weight infants are under weight for length.
- Low weight infants are under weight for height.
- Low weight infants fatigue easily and may fall asleep after few minutes.
- Low weight infants may need to wear some of the other household duties with a helper.
- Help the mother to increase her breast milk supply.
- Keep the room warm (at least 25°C)
- Dress the infant in a warm shirt open at the front, a nappy, hat, and socks.
- Place the infant in skin-to-skin contact on the mother's chest between her breasts.
- Keep the infant's head turned to one side.
- Cover the infant with mother's clothes (and an additional warm blanket in cold weather).
- When not in skin-to-skin contact, always keep the young infant clothed or covered.
- Dress the young infant with extra clothing including hat and socks.
- Keep windows/curtains open during the day and night.
- Keep the room warm (at least 25°C)
- Dress the infant in a warm shirt open at the front, a nappy, hat, and socks.
- Place the infant in skin-to-skin contact on the mother's chest between her breasts.
- Keep the infant's head turned to one side.
- Cover the infant with mother's clothes (and an additional warm blanket in cold weather).
- When not in skin-to-skin contact, always keep the young infant clothed or covered.
- Dress the young infant with extra clothing including hat and socks.
- Keep windows/curtains open during the day and night.
Satisfactory slow weight gain

Assess and Analyse

- Good muscle tone and skin turgor.
- Appropriate developmental milestones met.
- Infant is alert and active.
- Normal range.
- Frequent feeds.
- Pale urine: 6 or more diapers soaked.
- Mother experiences regular let-downs.
- Active sucking and swallowing.
- Frequent bowel movements.

Following characteristics:

- Satisfactory slow weight gain has the chart line.
- Gain in weight and length consistent.
- Gain in weight and length consistent.

Counselling and Support Actions

- Praise and reassure mother, build her confidence.
- Encourage mother to continue to exclusively breastfeed.
- Check attachment and breastfeeding positions.
- Listen for deep suckles and audible swallowing.
- Counsel mother to breastfeed frequently.
- Encourage mother to continue to exclusively breastfeed.
- Praise and reassure mother, build her confidence.
Mother is concerned about being away from her infant and her ability to feed her infant exclusively on breastmilk.

- Assess and Analyse
  - Listen to mother’s concerns.
  - Examine infant and the ability to feed her infant exclusively on breastmilk.

- Counselling and Support Actions
  - Exclusive breastfeeding: if the infant’s health and development, even if she cannot practice her infant frequently.
  - Mother to keep the infant with her at the work site or go home whenever she is home.

  - Mother should allow infrequent breastfeeding at night and can express her breastmilk while she is asleep.

  - Explain to mother if she must be separated from her infant, she can express her breastmilk and leave it to be fed to her infant while she is away.

  - Reassure mother that any amount of breastmilk will contribute to her infant’s health and development, even if she cannot practice exclusive breastfeeding.
Mother expresses concerns about her diet

**Assess and Analyse**
- Mother thinks her diet affects her ability to produce enough good quality breastmilk.

**Counselling and Support Actions**
- Enrolled in Supplementary Feeding Programme (SFP) and/or similar food-related/social protection services.
- Listen to mother's concerns about her diet and her ability to breastfeed.
- Remind mother that breastmilk production is not affected by her diet:
  - No one special food or diet is required to provide adequate quantity or quality of breastmilk.
  - No foods are forbidden.
  - Mother should limit alcohol and avoid smoking.
- Encourage mother to eat more food to maintain her own health:
  - Eat two extra small meals or snacks each day.
  - Continue eating a variety of foods.
  - Mother should limit alcohol and avoid smoking.
  - No foods are forbidden.
  - Good quality of breastmilk to produce enough good quality breastmilk.
  - Mother thinks her diet affects her ability to breastfeed.
- In some communities, certain drinks are said to help make milk:
  - These drinks usually have a relaxing effect on the mother and can be taken (but are not necessary).
  - Some communities recommend drinking tea to relieve tension on the mother.
- Encourage mother to eat more foods to maintain her own health:
  - Continue eating a variety of foods.
  - Mother should limit alcohol and avoid smoking.
  - No foods are forbidden.
  - Good quality of breastmilk to produce enough good quality breastmilk.
  - Mother thinks her diet affects her ability to breastfeed.
- Link pregnant and lactating women with registration for other Feeding Protection (SPF) and/or similar food-related/social protection services such as General Food Distribution, Supplementary Food Programme (SFP), targeted cash/voucher schemes, social protection schemes, etc.
  - The additional rations distributed to breastfeeding women contribute to the mother's own nutrition while she continues to breastfeed.
  - Nutritional and micronutrient deficiencies (e.g. maternal nutrition, cooking demonstrations).
  - Continue eating a variety of foods.
  - Mother should limit alcohol and avoid smoking.
  - No foods are forbidden.
  - Good quality of breastmilk to produce enough good quality breastmilk.
  - Mother thinks her diet affects her ability to breastfeed.
A mother can exclusively breastfeed both infants.

**Responsive Feeding and Care Practices**

- Pay attention to infant(s): look at infant(s); look into infant’s eyes;
- Cross cradle one under arm, one under arm;
- Explain different positions – cross cradle; one under arm, one under arm;
- Express and cup feed building up the milk supply from very early on;
- If they cannot suckle immediately, help the mother to express the breasts;
- The twins need to start breastfeeding as soon as possible after birth – the twins need to start breastfeeding as soon as possible after birth;
- More milk; more breastfed frequently and are well attached;
- More milk; the mother produces enough milk to feed both infants if the mother is healthy;
- The more infants sucks; the more milk from the breast; the more milk the mother produces.

**Assess and Analyse**

- Counselling and Support Actions
Adolescent mothers need extra care, more food and more rest than an older mother.

Adolescent mother

Card A

18

Counselling and Support Actions

• Adolescent mothers need extra care, more food and more rest than an older mother.
• Adolescent mothers need to nourish their own bodies, which are still growing, as well as their growing infants.
• Adolescent mothers need to increase their iron intake.
• Adolescent mothers need to increase their dietary calcium by adding 1g of calcium/day in addition to the 1 tablet MMN/day (or IFA) needed to promote continuation of growth especially pelvic bones during pregnancy.
• All pregnant and lactating adolescents (under 19 years) should receive food supplements regardless of their anthropometry for better neonatal and maternal outcomes.
Mother tested positive for HIV.

• Mother and infant should be counselled and offered immediate antiretroviral therapy (ART) and breastfeeding.

Mother living with HIV:

Mother who tests negative or mother of unknown status:

• Breastfeed and receive ART.

Mother living with HIV whose infant tests HIV negative or is of unknown HIV status:

• Breastfeed from birth up to 6 months together with ART.

Mother living with HIV whose infant is tested and also found to be living with HIV:

• Treatment for the infant should be initiated immediately.

• Breastfeed from birth up to 6 months and continue breastfeeding for 2 years.

• Exclusive breastfeeding up to 6 months.

• Add complementary foods at 6 months and continue breastfeeding and ART.

• Add complementary foods at 6 months and continue breastfeeding for 2 years.

Mother tested positive for HIV.

• Breasted and take antiretroviral therapy (ART).

• Mother and infant should be counselled and offered antiretroviral therapy.

Assess and Analyse: Counselling and Support Actions
Only breastmilk up to 6 months
Mother or infant have suspected or confirmed COVID-19.

Assess and Analyse

Counselling and Support Actions

• Breastfeeding helps to protect your baby even if you are infected. All recommended breastfeeding practices remain the same:
  - Breastfeed on demand, day and night.
  - Breastfeed exclusively for 6 months. Your breast milk provides all the food and water that your baby needs during this time. Breast milk also protects your baby against sickness or infection.
  - Do not give any other food or liquids to your baby, not even water, during your baby's first 6 months (See 'Receives other liquid or foods' CARD A4).
  - Even during very hot weather, breast milk will satisfy your baby's thirst.
  - Giving your baby anything other than breast milk will cause him or her to suckle less, will reduce the amount of breast milk that you produce and may make your baby sick.

• To help protect your baby while you are recovering from COVID-19, remind your family members and others to avoid touching their face, nose, or eyes, and ask family members and others to use a medical mask when available or a cloth face covering. If you, or others who are around the baby, have to cough or sneeze, cover your mouth and nose with a cloth face covering. When removing or putting on your medical mask, wash your hands with soap and clean running water.

• Wash your hands with soap and clean running water for 20 seconds before and after contact with your baby.
• Wear a medical mask when available or a cloth face mask or cloth face covering when reading or caring for baby (unless you recover fully).
• Practise physical distancing with community and household members.
• Stay at least 1 metre away from other persons. Two metres are suggested.
• Practice physical distancing with community and household members.
• Clean frequently touched surfaces with soap and water.
• Safely dispose of used tissues after use and dry your hands with soap and clean running water.

If someone needs to go out to buy food, fetch water, buy medicines, or visit the health centre, avoid
• Ask family members to stay at home and avoid going to market, crowded places, or any public events.
• Stay at least 1 metre away from other persons. Two metres are suggested.
• Practise physical distancing with community and household members.
• Avoid going to market, crowded places, or any public events.
• Stay at home and avoid going to market, crowded places, or any public events.
• If you or others who are around the baby have to cough or sneeze, cover your mouth and nose with a cloth face covering. When removing or putting on your medical mask, wash your hands with soap and clean running water.

• Ask family members and others who are helping to take care of the baby to wash their hands with soap and clean running water.
• Do not touch your face, nose, or eyes, and ask family members and others to avoid touching their face, nose, or eyes.
• If you, or others who are around the baby, have to cough or sneeze, cover your mouth and nose with a cloth face covering. When removing or putting on your medical mask, wash your hands with soap and clean running water.
• Clean frequently touched surfaces with soap and water.
• Practice physical distancing with community and household members.
• Stay at least 1 metre away from other persons. Two metres are suggested.
• Practise physical distancing with community and household members.
• Avoid going to market, crowded places, or any public events.
• If someone needs to go out to buy food, fetch water, buy medicines, or visit the health centre, avoid

COVID-19: Mother or infant have suspected or confirmed COVID-19.
Assess and Analyse

If the infant is not able to attach immediately, demonstrate breastmilk expression, cup feeding, and storage of breastmilk.

Ask the mother to:

- Wash her hands thoroughly for at least 20 seconds.
- Make herself comfortable.
- Hold a wide necked clean container under her nipple and areola.
- Stimulate breast with light stroking or gentle circular motion around the areola.
- Place her thumb on top of her breast and the first two fingers on the underside of her breast so that they are opposite each other.
- With her fingers and thumb, compress the breast towards the chest wall, press and hold.
- Repeat the action: press back to chest wall, press and hold together.
- Compress and release all the way around the breast, with thumb and fingers the same distance from the nipple. Be careful not to squeeze the nipple or to rub the skin or move thumb or finger on the skin.
- Express one breast until the flow of milk is very slow; express the other breast.
- Alternate between breasts 5 or 6 times, for at least 20 to 30 minutes.
- Store expressed breastmilk in the coolest possible place. Breastmilk can be left in a room at room temperature (≤26 °C, in the shade) for 6 to 8 hours.
- Each container should be labeled with date and time.
- Store clean and covered glass or plastic containers.
- Express breastmilk and store:
  - Use a clean and covered glass or plastic container.
  - Store only enough for one feeding in each container.
  - Each container should be labeled with date and time.
  - Store breastmilk in the coolest possible place. Breastmilk can be left in a room at room temperature (≤26 °C, in the shade) for 6 to 8 hours.
  - Store breastmilk in the refrigerator at the back of the lowest shelf for up to 5 days (if milk is stored at ≤4 °C).
  - Store breastmilk in the freezer at no more than 1 °C for up to 2 weeks (if milk is stored at ≤-18 °C).
  - Use oldest milk first.

See videos:
- How to express breastmilk: https://globalhealthmedia.org/portfolio-items/how-to-express-breastmilk/?portfolioID=10861
- Storing breastmilk safely: https://globalhealthmedia.org/portfolio-items/storing-breastmilk-safely/?portfolioID=10861

Card A21

Consulting and Support Actions

Breast milk expression and storage
Counselling and Support Actions

Assess readiness for cup feeding: rest the cup against the infant’s lips, with milk touching infant’s top lip. Wait and watch for infant response. If no response, try a few times with short intervals between them, and if no response after 2–3 trials, then refer to a facility where infant can be ‘supported’ to suckle.

Ask the mother or caregiver to:
- Put a cloth on the infant’s front to protect his/her clothes as some milk can spill.
- Hold the infant upright or semi-upright on the lap.
- Put a measured amount of milk in the cup or pour only amount to be used at one feeding into the cup.
- Hold the cup resting on the lower lip and drip the cup so that the milk touches the infant’s upper lip.
- Hold the infant upright or semi-upright on the lap.
- Put a cloth on the infant’s front to protect his/her clothes as some milk can spill.
- Ask the mother or caregiver to:
- After a trial of 2–3 trials, refer to a facility where infant can be supported to suckle.
Counselling and Support Actions

Re-lactation:
Mother/caregiver expresses interest in re-establishing breastfeeding after she has stopped, whether in the recent or distant past.

Note: Re-lactation can be started at home if there is no supplementary feeding involved (refer to 'Supplementary suckling to help mother relactate' CARD A24).

Reassure the mother/wet nurse:
• Most women can re-establish breastfeeding. It will be easier if the mother/wet nurse has stopped breastfeeding recently and her infant still suckles occasionally, but re-lactation can still be accomplished, even by older and postmenopausal women who stopped breastfeeding a long time ago.

Prepare the mother/wet nurse:
• Discuss how her infant will be fed while she re-lactates (expressed breastmilk – refer to 'Breastmilk expression and storage' CARD A21 - or infant formula given by cup – refer to 'Cup feeding' CARD A22).
• To re-lactate, mother/wet nurse must be motivated and believe that re-lactation is possible.
• Mother/wet nurse’s breasts must be stimulated frequently – ideally, by the infant’s suckling, and/or hand-expressing breastmilk. Reassure her that she will receive the support she needs from skilled helpers.
• Inform the mother/wet nurse how long it may take, and discuss the need for her to be patient and persistent.
- If an infant has stopped breastfeeding, it may take 1 – 2 weeks or more before breastmilk comes.
- It is easier for a mother/wet nurse to re-lactate if her infant is very young (less than 2 months) than if s/he is older. However, it is possible at any age.

Discuss the importance of avoiding any practices that can interfere with breastfeeding:
• Periods of separation from the infant.
• Feeding at fixed times, or using a pacifier or bottle (explain the need to feed on demand).
• Medicines that can reduce breastmilk production (e.g., oestrogen-containing contraception: provide a non-oestrogen method, if appropriate).
• If possible, introduce her to other women who have re-lactated and can encourage her.
• Explain to the woman’s family and friends that she needs practical help and relief from other duties for a few weeks so that she can breastfeed often. Hold the infant close to her, sleep with the infant, and give skin-to-skin contact as often as possible.

Starting re-lactation:
Encourage the mother/wet nurse to:
• Stimulate her breasts with gentle breast massage.
• Put the infant to the breast frequently, as often as s/he is willing (every 1 – 2 hours) or as often as possible, and at least 8 – 12 times every 24 hours.
• Re-lactation is successful if the infant has breastfed for at least 6 months (very unlikely to succeed if less than 10 – 12 months).
• Re-lactation is successful if the mother/wet nurse breastfeeds her infant at least 4 – 6 times every 24 hours.

Discuss how the mother/wet nurse can be supported:
• By hand-expressing breastmilk: reassure her that she will receive the support she needs from skilled helpers.
• By the infant sucking and verbal encouragement: ideally, by the infant suckling and/or breast massage.
• Mother/wet nurse’s breasts must be stimulated as soon as possible.

Next: Return to CARD A23
Supplementary suckling to help mother relactate

• Encourage mother to let the infant suckle on the breast at any time that she is willing – not just when she is giving the infant’s bottle.

- The cup and tube should be cleaned and sterilized each time.

- If the tube is wide, a knot can be tied in it or it can be pinched to slow the flow of milk.

- The infant sucks for about 20 minutes at each feed.

- The mother controls the flow by raising or lowering the cup so that the infant can open his or her mouth wide and encourage the infant to open his or her mouth wider.

- Encourage mother to express breastmilk into the infant’s mouth.

- whichever the infant wants to suckle, the mother uses the supplementary sucking technique.

- For infants who are not willing to suckle, the mother can express or hand express breastmilk to the infant’s mouth.

- Whenever the infant wants to suckle, the mother uses the supplementary sucking technique.

- Avoids using feeding bottles or pacifiers.

- The mother can express her breastmilk into the infant’s mouth.

A breastfeeding supplementer consists of a tube that leads from a cup of supplement into the nipple of the breast.
SECTION B
Counselling and support actions for non-breastfeeding infants
Assess and Analyse

Counselling and Support Actions

Mother absent

Can another woman breastfeed the infant?

YES

Support woman to breastfeed ('Relactation' CARD A23)

NO

Can another woman donate breastmilk?

YES

Support donor milk (refer to 'Relactation' CARD B2, 'Breastmilk expression and storage' CARD B3, 'Cup feeding' CARD A22)

NO

Provide support for appropriote artificial feeding (CARD B2 & B3)

Establish the reasons for an absent mother:

- Temporary (at work, minding other children, minor illness).
- Permanent (seriously ill, maternal death).
- Identify and support a wet nurse: this is especially a priority for young infants (≤ 2 months of age) – refer to 'Relactation' CARD A23 if necessary.
- Permanent (severely ill, maternal death).
- Temporary (the work of managing another child, minor illness).
- Designated carer for infant.

Support donor milk (refer to 'Breastmilk expression and storage' CARD B3, 'Cup feeding' CARD A22).

Provide support for using an appropriate breastmilk substitute where a wet nurse or donor milk is not available: provide the

- Water or formula (CARD B3, and 'Cup feeding' CARD A22).
Assess and Analyse

Counselling and Support Actions

• Availability:
  - Sustained source and required amount of infant formula.
  - Cooking and feeding equipment.
  - Staff to help mother.

• Access to adequate water, sanitation, and hygiene.

Instruct caregiver about the importance of:

- Using infant formula that is suitable for infants under 6 months (give examples of unsuitable BMS (unmodified animal milks, condensed milk, cereal and water etc.).
- How much and how often to feed infant formula (refer to table below).
- How to prepare the feeds (refer to Preparing Infant Formula, Card B3).
- How to give the feeds (refer to Cup Feeding, Card A22).

Note:
On average, a newborn will take 60-90 ml of feed three to four times hourly. By the end of month 1, an infant will feed around 120 ml four times hourly. By month 6, an infant will be feeding 180-240 ml per feed, 4-5 feeds per 24 hours (often, by this stage, missing a night feed). An infant will be feeding 180-240 ml per feed, 4-5 feeds per 24 hours. By the end of month 1, an infant will feed around 120 ml four times hourly. By month 6, an infant will feed 120-150 ml per feed and will increase the volume by 30 ml per feed each month until reaching a max feed volume of 210-240 ml by the 6th month.

Table retrieved from: https://www.ennonline.net/attachments/2410/UNHCR_BMS-SOP-1.pdf

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<th>Number of feeds per day</th>
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</tbody>
</table>
Assess and Analyse

Counselling and Support Actions

- Clean hands and utensils.
- Boiling water used to clean utensils.
- Cooled, boiled water to prepare infant formula.
- Follows instructions on formula tin.
- Feeds infant by cup (refer to ‘Cup feeding’ CARD A22).
- Safe storage of formula.
- No mixed feeding (water, other fluids, foods).
- No under- or over-dilution of formula.
- If ready-to-use infant formula (liquid, requires no dilution) is used, practice good hygiene, safe storage and follow instructions.
- Wash hands with soap and water before preparing formula and feeding infant.
- Wash hands with soap and water before preparing formula and feeding infant.
- Boiling water used to prepare infant formula.
- Clean utensils.
- Boiling water used to prepare infant formula.
- Clean hands and utensils.
- Discuss costs/availability of infant formula with the mother/caregiver: an infant needs about 40 tins (500g per tin) in formula for the first 6 months.
- Always read and follow the instructions that are printed on the tin very carefully. Ask: “Do you understand?”
- If the mother is working away from home and infant accompanies her or for night feeds, keep or carry boiled water and infant formula powder separately to mix for the next feeds, if possible.
- Keep any prepared formula at room temperature to use for no more than 2 hours once it has been prepared.
- Keep any clean cup to feed the infant. Even a newborn infant learns quickly how to drink from a cup.
- Avoid using bottles, teats or spouted cups as they are much more difficult to clean.
- Discuss costs/availability of infant formula with the mother/caregiver: an infant needs about 40 tins (500g per tin) in formula for the first 6 months.
- Safe storage of formula.
- An under- or over-dilution of formula.
- In mixed feeding programs.
- In other child feeding programs.
- In ready-to-use infant formula.
- In nutritious infant formula.
- In infant formula mixed feeding.
- In infant formula.

Preparing Infant Formula

- See Chapter 9, When infants are not breastfed.
- If bottle feeding is practiced, provide specific advice and support on hygiene and feeding practice (see Infant Feeding in Emergencies (IFE) Module 2, Chapter 9, What infants are not breastfed.
- Amount of milk calculated - 150ml/kg body weight/day - refer to Use of Infant Formula, CARD B2.
SECTION C
Counselling and support – core topics
**Assess and Analyse**

**Counselling and Support Actions**

**Presence of family support including husband, partner, and other family members.**

**An adolescent pregnant woman/lactating mother:** needs extra care, more food and more rest.

**During pregnancy:**
- Provide bed-net for family in endemic malaria areas.
- Support the mother so that she has time to breastfeed, give praise and encouragement.
- Help with non-infant household chores and caring for other children.
- Encourage breastfeeding immediately after birth and skin-to-skin contact.
- Make sure the infant/exclusively breastfeeds for the first 6 months.
- Make sure there is a trained birth attendant.
- Make sure the mother is educated about breastfeeding.
- Provide extra food during pregnancy and lactation.

**During labor and delivery:**
- Make sure there is a trained birth attendant.
- Make arrangements for safe transportation to facility for birth.
- Encourage breastfeeding immediately after birth and skin-to-skin contact.
- Make sure the infant/exclusively breastfeeds for the first 6 months.
- Make sure there is a trained birth attendant.
- Make sure the mother is educated about breastfeeding.
- Provide extra food during pregnancy and lactation.

**After birth:**
- Encourage breastfeeding immediately after birth and skin-to-skin contact.
- Make sure the infant/exclusively breastfeeds for the first 6 months.
- Make sure there is a trained birth attendant.
- Make sure the mother is educated about breastfeeding.
- Provide extra food during pregnancy and lactation.
- Encourage breastfeeding immediately after birth and skin-to-skin contact.
- Make sure the infant/exclusively breastfeeds for the first 6 months.
- Make sure there is a trained birth attendant.
- Make sure the mother is educated about breastfeeding.
- Provide extra food during pregnancy and lactation.

**Adolescent mother:**
- Needs extra care, more food and more rest.
- Needs extra care, more food and more rest.
- Needs extra care, more food and more rest.

**During pregnancy:**
- Provide bed-net for family in endemic malaria areas.
- Support the mother so that she has time to breastfeed, give praise and encouragement.
- Help with non-infant household chores and caring for other children.
- Encourage breastfeeding immediately after birth and skin-to-skin contact.
- Make sure the infant/exclusively breastfeeds for the first 6 months.
- Make sure there is a trained birth attendant.
- Make sure the mother is educated about breastfeeding.
- Provide extra food during pregnancy and lactation.
Assess and Analyse

Community Presence

Card C

Counselling and Support Actions

- Assess and analyse
- Child and maternal health, hygiene, etc.
- Other forms of community support include attending education sessions on nutrition, misconceptions, challenges, and dissemination of harmful myths and facts.
- Holding community members that may disseminate harmful myths and facts.
- Providing peer support and safe environment for breastfeeding.
- Mother-to-mother support groups provide an opportunity to share experiences, listening and being there for the mother.
- Community member support helps mother start and continue breastfeeding.
- Support for mother especially if facing difficulties.
- Importance of identifying supportive community members to provide the needed support.
- Counsel mother, family, and community members on importance of breastfeeding support from community members.

Card C
Assess and Analyse

Counselling and Support Actions

Need for family planning, counselling, and referral.

- Healthy timing and spacing of pregnancies means waiting at least 2 to 3 years before becoming pregnant again.
- If any of these three conditions are not met or change the mother is no longer protected.
- This family planning method is called the Lactational Amenorrhea Method, or LAM.
- L = lactational
- A = no menses
- M = method of family planning
- Healthy timing and spacing of pregnancy means waiting at least 2 to 3 years before becoming pregnant again.
- Healthy timing and spacing of pregnancies means waiting at least 2 to 3 years before becoming pregnant again.
- More time to breastfeed and care for each child.
- More time to recover between pregnancies.
- Less money because you have fewer children, and thus fewer expenses for school fees, clothing, food, etc.
- Baby is less than 6 months old.
- Mother's menstrual period has not returned.
- Mother feeds the baby only breast milk.
- Exclusive breastfeeding for the first 6 months can be prevented ONLY if:
  - Mother feeds the baby only breast milk.
  - Baby is less than 6 months old.
  - Mother's menstrual period has not returned.
- Feeding the infant only breast milk for the first 6 months helps to space births in a way that is healthy for both mother and baby.
- LAM = lactational amenorrhea method

It is important to seek advice from the nearest clinic about which modern family planning method is best for you.

By exclusively breastfeeding for the first 6 months pregnancy can be prevented ONLY if:

- Exclusive breastfeeding for the first 6 months helps to space births in a way that is healthy for both mother and baby.
- Baby is less than 6 months old.
- Mother's menstrual period has not returned.
- Mother feeds the baby only breast milk.
- Exclusive breastfeeding for the first 6 months can be prevented ONLY if:
  - Baby is less than 6 months old.
  - Mother's menstrual period has not returned.
  - Mother feeds the baby only breast milk.

It is important to seek advice from the nearest clinic about which modern family planning method is best for you.

By exclusively breastfeeding for the first 6 months pregnancy can be prevented ONLY if:

- Baby is less than 6 months old.
- Mother's menstrual period has not returned.
- Mother feeds the baby only breast milk.
Assess and Analyse

Counselling and Support Actions

Pattern of crying and sleeping.

Refer to excessive crying Chart A6 if mother complains of excessive crying.

Crying:

• Crying is natural and it is the way babies express themselves.
• Some babies cry more than others and some even cry when nothing is wrong.
• Crying can increase at 6-8 weeks of age.

Calming a crying baby:

• Let baby suckle at the breast.
• Hold the baby against the chest.
• Hold the baby round the abdomen.
• Hold the baby along the forearm.
• Undress the baby and massage gently.
• Do not shake your baby to try and stop the crying.

Note:

• Some babies cry more and need to be held and carried more.
• In communities where mothers carry their babies, crying is less common than in communities where mothers like to put their babies down to leave them or put them to sleep in separate cots.

Sleep:

• All babies sleep differently.
• Keep baby close and in the same room (for the first 6 months).
• Baby should sleep on their back for naps and at night and not on their front or side.
• Babies should sleep on a safe sleep space; on a firm surface that does not indent when the baby is lying on it; away from blankets, pillows, or stuffed toys.
• Baby’s head should be kept uncovered.
• Keep smoke away from the baby.

Note:

• More babies have died suddenly when placed to sleep on their stomach or side than on their back.

For more information on safe sleep:

https://www.basisonline.org.uk/

References:

https://www.nhs.uk/conditions/baby/caring-for-a-newborn/soothing-a-crying-baby/
https://iconcope.org/about-icon/
Card C4

Safe to Sleep®

Baby in the stomach sleeping position

Esophagus (Tube to stomach)
Trachea (Tube to lungs)

Baby in the back sleeping position

Esophagus (Tube to stomach)
Trachea (Tube to lungs)
Assess and Analyse
Counselling and Support Actions

Anxiety, Fatigue, and Emotional Stress

Deep Breathing

1. Breathe in slowly.
2. Count in your head and make sure the inward breath lasts at least 5 seconds.
3. Pay attention to the feeling of the air filling your lungs.
4. Note: It is natural to take long, deep breaths when relaxed. However, during the fight-or-flight response, breathing becomes rapid and shallow. Deep breathing reverses this and sends messages to the brain to begin calming the body. Practice will make your body respond more efficiently to deep breathing in the future.

- Relaxation I
- These help reflex:
  - Think lovingly of baby
  - Sounds of baby
  - Sight of baby
  - Touching the baby
  - Confidence

- These hinder reflex:
  - Worry
  - Stress
  - Pain
  - Doubt
1. These help reflex:
- Thinks lovingly of baby
- Sounds of baby
- Sight of baby
- Touches the baby
- Confidence

2. These hinder reflex:
- Worry
- Stress
- Pain
- Doubt
Assess and Analyze Counseling and Support Actions

Anxiety, fatigue, and emotional stress may affect the success of breastfeeding.

• Relaxation techniques help with stimulating milk flow and contribute to successful and continued breastfeeding. The more relaxed the mother is, the more milk flow is stimulated.

• Different relaxation techniques exist. Examine these with the mother and discuss preferred method.

• Examples of relaxation techniques include: breathing exercises guided by an audio recording, listening to music, massage, and others.

Note: It is important for the breasts and the back to be relaxed.

Mother sits at the table resting her head on her arms as relaxed as possible.

BACK MASSAGE TECHNIQUE (WITH PARTNER)

• Ask mother or caregiver (either standing or sitting in a chair) to make sure both soles of their feet are flat on the ground.

• Move the feet (stamping lightly on the ground or sliding them from side to side but keeping the soles of the feet on the ground all the time), and then keep the mother/caregiver’s feet pressed to the ground, ask them to imagine they are pressing their feet into warm soft sand, or soft earth.

• Then ask her to cross her arms in front of her and using opposite hand on opposite arm, get her to gently squeeze her forearm alternately, moving from the shoulder down to the elbow, and then from the elbow down to the wrist.

• Ask her to wrap her arms around herself so that her hands are touching her back/shoulder blades. Gently giving

AUGMENTIVE TECHNIQUE

• Then ask her to wrap her arms around herself so that her hands are touching her back/shoulder blades. Gently giving

SQUEEZE-HUG TECHNIQUE

• Ask mother or caregiver (either standing or sitting in a chair) to make sure both soles of their feet are flat on the ground.

• Move the feet (stamping lightly on the ground or sliding them from side to side but keeping the soles of the feet on the ground all the time), and then keep the mother/caregiver’s feet pressed to the ground, ask them to imagine they are pressing their feet into warm soft sand, or soft earth.

Note: It is important for the breasts and the back to be relaxed.

Mother sits at the table resting her head on her arms as relaxed as possible.

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Note: It is important for the breasts and the back to be relaxed.

Mother sits at the table resting her head on her arms as relaxed as possible.

OTHER TECHNIQUES:

• Additional relaxation techniques: https://www.youtube.com/watch?v=U7ehmsAD_mw
### Assess and Analyse

**Counselling and Support Actions**

**Does mother plan to introduce complementary foods at 6 months of age?**

- **Yes**: Proceed as planned.
- **No**: Enquire about the mother's reasons for not introducing complementary foods at 6 months of age.

- **Start complementary feeding at 6 months of age**

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
<td>Feed your baby complementary foods 2 times a day.</td>
</tr>
<tr>
<td><strong>Amount</strong></td>
<td>Give 2 to 3 tablespoonfuls ('tastes') at each feed.</td>
</tr>
<tr>
<td><strong>Thickness</strong></td>
<td>Should be thick enough to be fed by hand.</td>
</tr>
<tr>
<td><strong>Variety</strong></td>
<td>Begin with staple foods like porridge (corn, wheat, rice, millet, potatoes), mashed bananas, or mashed potatoes.</td>
</tr>
<tr>
<td><strong>Active/responsive feeding</strong></td>
<td>- Baby may need time to get used to eating foods other than breast milk. - Be patient and actively encourage your baby to eat. - Do not force your baby to eat.</td>
</tr>
<tr>
<td><strong>Hygiene</strong></td>
<td>- Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses. - Use a separate plate to feed the baby to make sure he or she eats all the food given. - Use clean spoons or cups to give foods of liquids to your baby. - Wash your hands with soap and water after using the toilet and before eating.</td>
</tr>
</tbody>
</table>

**Start complementary feeding at 6 months of age**

- When giving complementary foods, think frequency. Amount, thickness, variety, active/responsive feeding, and hygiene.
- Breast milk continues to be the most important part of your baby's diet.
- Continue breastfeeding your baby on demand both day and night.
- Wash your hands with soap and water before preparing foods and feeding baby.
- Wash your hands with soap and water before preparing foods and feeding baby.
- Use a clean spoon or cup to give foods of liquids to your baby.
- Like a clean spoon or cup to give foods of liquids to your baby.
- Use a clean spoon or cup to give foods of liquids to your baby.
- Do not force your baby to eat.
- Be patient and actively encourage your baby to eat.
- Baby may need time to get used to eating foods other than breast milk.
- Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
- Use clean spoons or cups to give foods of liquids to your baby.
- Store the foods to be given to your baby in a safe, hygienic place.
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Card C8

Nurturing care for early child development: Recommendations

Consulting and Support Actions

Newborn: Birth up to 1 week

Commitment: Sing and laugh with your child. Talk to your child. Greet your child.

Play: Provide ways for your child to see, hear, move arms and legs freely, and touch you. Skin to skin is good.

1 week up to 6 months

Play: Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colorful things for your child to see and reach for. Sample toys: shaker rattle, big

Communicate: Look into your child’s eyes and talk to your child. When you are breastfeeding, a good time. Even a newborn baby sees your face and hears your voice.

Communicate: Smile and laugh with your child. When you are

Consulting and Support Actions

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### Your baby learns from birth

<table>
<thead>
<tr>
<th>Newborn, birth up to 1 week</th>
<th>1 week up to 6 months</th>
<th>6 months up to 9 months</th>
<th>9 months up to 12 months</th>
<th>12 months up to 2 years</th>
<th>2 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLAY</strong> Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke and hold your child. Skin to skin is good.</td>
<td><strong>PLAY</strong> Provide ways for your child to see, hear, move freely, and touch you. Slowly move colourful things for your child to see and reach for. Sample toys: shaker rattle, big ring on a string.</td>
<td><strong>PLAY</strong> Give your child clean, safe household things to handle, bang, and drop. Sample toys: containers with lids, metal pot and spoon.</td>
<td><strong>PLAY</strong> Hide a child’s favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.</td>
<td><strong>PLAY</strong> Give your child things to stack up, and to put into containers and take out. Sample toys: Nesting and stacking objects, container and clothes clips.</td>
<td><strong>PLAY</strong> Help your child count, name and compare things. Make simple toys for your child. Sample toys: Objects of different colours and shapes to sort, stick or chalk board, puzzle.</td>
</tr>
<tr>
<td><strong>COMMUNICATE</strong> Look into baby’s eyes and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.</td>
<td><strong>COMMUNICATE</strong> Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child’s sounds or gestures.</td>
<td><strong>COMMUNICATE</strong> Respond to your child’s sounds and interests. Call the child’s name, and see your child respond.</td>
<td><strong>COMMUNICATE</strong> Tell your child the names of things and people. Show your child how to say things with hands, like “bye bye”. Sample toy: doll with face.</td>
<td><strong>COMMUNICATE</strong> Ask your child simple questions. Respond to your child’s attempts to talk. Show and talk about nature, pictures and things.</td>
<td><strong>COMMUNICATE</strong> Encourage your child to talk and answer your child’s questions. Teach your child stories, songs and games. Talk about pictures or books. Sample toy: book with pictures</td>
</tr>
</tbody>
</table>

- Give your child affection and show your love
- Be aware of your child’s interests and respond to them
- Praise your child for trying to learn new skills
If the mother does not breastfeed, counsel the mother to:
- Hold the child close when feeding, look at the child, and talk or sing to the child.

If caregivers do not know what the child does to play or communicate:
- Remind caregivers that children play and communicate from birth.
- Demonstrate how the child responds to activities.

If caregivers feel too burdened or stressed to play and communicate with the child:
- Listen to the caregiver’s feelings, and help them identify a key person who can share their feelings and help them with their child.
- Build their confidence by demonstrating their ability to carry out a simple activity.
- Refer caregivers to a local service, if needed and available.

If caregivers feel that they do not have time to play and communicate with the child:
- Encourage them to combine play and communication activities with other care for the child.
- Ask other family members to help care for the child.
- Help with chores.

If caregivers feel that they do not have enough to play and communicate with the child:
- Encourage them to combine play and communication activities with other care for the child.
- Help with chores.
- Ask other family members to help care for the child.
- Help with chores.

If caregivers express concern or doubt about their ability to care for the child:
- Demonstrate to caregivers how the child responds to activities.
- Help caregivers understand how to start playing and communicating with the child.
- Help caregivers identify ways to show care for the child.
- Help caregivers develop a plan of care.

If the mother or father has to leave the child with someone else for a period of time:
- Identify at least one person who can care for the child regularly, and give the child love and attention.
- Identify at least one person who can care for the child regularly.
- Identify at least one person who can care for the child regularly.
- Identify at least one person who can care for the child regularly.

If the child is not responding, or seems slow:
- Encourage the family to do extra play and communication activities with the child.
- Check to see whether the child is able to see and to hear.
- Refer the child with difficulties to special services.
- Refer the child with difficulties to special services.

If caregivers have no toys for the child to play with:
- Use any household objects that are clean and safe.
- Make simple toys.
- Play with the child. The child will learn by playing with the caregivers and other people.

If it seems that the child is being treated harshly:
- Demonstrate better ways of dealing with the child.
- Respect the child’s feelings. Try to understand why the child is sad or angry.
- Give the child choices about what to do, instead of saying “don’t”.

Guidance for counselors: There is no card to show the caregiver. Follow the guidance below to facilitate play between caregivers and infants.
# Nurturing care for early childhood development: checklist

**Guidance for counsellor:** This checklist can be used to record activities, print if required. Focus on sections for 'All children' and 'Child age less than 6 months.'

## Date: __ / __ / __

| Child’s name: | Completed by: __________________________ |
| Caregiver’s name: | |
| Relationship: Mother / Father / Other: __________________________ |
| Address, Community: | |

### 1. Identify practices to support the child’s development and counsel the caregiver:

| All children | Praise the caregiver if caregiver: | Advise the caregiver and solve problems if caregiver: |
| How does caregiver show he or she is aware of child's movements? | □ Moves towards and with child, and talks to or makes sounds with child. | □ Does not move with child, or controls child's movements: Ask caregiver to copy child's movements, to follow child's lead. |
| How does caregiver comfort the child and show love? | □ Looks into child's eyes and talks softly to child, gently touches child or holds child closely. | □ Is not able to comfort child, and child does not look to caregiver for comfort: Help caregiver look into child's eyes, gently talk to child and hold child. |
| How does caregiver correct the child? | □ Distracts child from unwanted actions with appropriate toy or activity. | □ Scares child: Help caregiver distract child from unwanted actions by giving alternative toy or activity. |

| Ask and listen | Praise the caregiver if caregiver: | And advise the caregiver and solve problems if caregiver: |
| How do you play with your baby? | □ Moves the baby's arms and legs, or gently strokes the baby. | □ Does not play with baby: Discuss ways to help baby see, hear, feel, and move, appropriate for baby's age. |
| How do you talk to your baby? | □ Gets baby's attention with a shaker toy or other object. | |
| How do you get your baby to smile? | □ Looks into baby's eyes and talks softly to baby. | □ Does not talk to baby: Ask caregiver to look into baby's eyes and talk to baby. |

| Child age less than 6 months | Praise the caregiver if caregiver: | And advise the caregiver and solve problems if caregiver: |
| How do you play with your child? | □ Plays word games or with toy objects, appropriate for age. | □ Does not play with child: Ask caregiver to do play or communication activity, appropriate for age. |
| How do you talk to your child? | □ Looks into child's eyes and talks softly to child, asks questions. | |
| How do you get your child to smile? | □ Draws smile out from child. | □ Does not talk to child, or talks harshly to child: Give caregiver and child an activity to do together. Help caregiver interpret what child is doing and thinking, and see child respond and smile. |

| Child age 6 months and older | Praise the caregiver if caregiver: | And advise the caregiver and solve problems if caregiver: |
| How do you play with your child? | □ Says the child is learning. | □ Says the child is slow to learn: Encourage more activity with the child, check hearing and seeing. Refer child with difficulties. |
| How do you talk to your child? | □ | |
| How do you get your child to smile? | □ | |

### 2. Ask to see child again in one week, if needed (circle day):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Weekend

**Source:** WHO, UNICEF. Counsel the family on Care for Child Development Counselling Cards

[https://apps.who.int/iris/bitstream/handle/10665/75149/9789241548403_eng_Counselling_cards.pdf?sequence=14&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/75149/9789241548403_eng_Counselling_cards.pdf?sequence=14&isAllowed=y)
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