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.

1. https://www.ennonline.net/c-mami
2. https://sites.unicef.org/nutrition/index_58362.html
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Introduction
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.
- Accept what a mother or caregiver thinks and feels. Let them talk through their concerns before correcting any wrong ideas or misinformation. This helps establish confidence.
- Recognize and praise what a mother/caregiver and child are doing right.
- Give practical help.
- Give 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's/father's/caregiver's concerns.

3-step Counselling
The following 3-Step Counselling will help you to counsel mothers or caregivers about infant and young child feeding.
The 3 steps are: Assess, Analyze and Act.

Step 1: Assess; ask, 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 Learning and Building Confidence and Giving Support skills.

Step 2: Analyze: identify difficulty (and if there is more than one then prioritise 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 difficulty is present or the condition or health of the child or mother (or caregiver) is poor, prioritize the difficulties.
- Answer the mother's (or caregiver's) questions if any.

Step 3: Act: discuss, suggest a small amount of relevant information, agree on do-able action
- Depending on the factors analysed 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).
- Share key information with the mother or caregiver using the appropriate counselling cards or take-home brochures and answer questions as needed.
- 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. Refer to clinical treatment if appropriate and/or encourage participation in educational talks or IYCF Support Groups in the community.
- Confirm that the mother or caregiver knows where to find a community volunteer and/or other health worker.
- 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 counselor to deliver effective counseling to mothers and caregivers with mental health concerns. It is therefore important to consider the following communications 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 counseling session will be kept confidential and will not be shared without prior permission.

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

Building confidence and support:
- Use simple language. Be clear and concise.
- Use open-ended questions, summarizing, and rephrasing to ask questions.
- Allow mother or caregivers to ask questions.
- Ask mother or caregivers to share their thoughts and feelings.
- The open-ended questions, summarizing, and rephrasing key points.
- Use simple language. Be clear and concise.
- Building confidence and support.

Using effective communication skills allows the counselor to deliver effective counseling to mothers and caregivers with mental health concerns.

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

mental health concerns

Communicating with mothers and caregivers with mental health concerns
SECTION A

Breastfeeding counselling and support actions – breastfed infants
Note: if infant is poorly responsive and severely unwell, he/she should receive urgent attention and be immediately referred.

Assess and Analyse

Counselling and Support Actions

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.

Note on Natural Breastfeeding

Every newborn has a series of responses designed by Mother Nature to assist a deep latch.

Assess and Analyse

Counselling and Support Actions

Attachment


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 works with cesarean sections, during the period when the infant is learning to breastfeed.

• 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 / 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.

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.
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. Infant’s jaw will drop distinctly as he or she swallows.
4. Infant’s cheeks are rounded and not dimpled or indrawn.
5. Mother responds with satisfaction and self-confidence.

Counselling and Support Actions

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

See videos:

- Effective suckling and breastfeeding frequently:
  [https://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk/?portfolioID=10861](https://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk/?portfolioID=10861)
Breastfeeding Pattern

Assess and Analyze

Frequency of Breastfeeds

Card A3

Consulting and Support Actions

Card A3

Frequency of Breastfeeds

Card A3
Card A4

Consulting and Support Actions

Card C3

When no longer protect against pregnancy (after family planning and use of modern methods), assessment and counseling should be continued to avoid pregnancy.

- Explain that breastfeeding continues to be the ideal feeding method for the baby up to 12 months.
- Provide information on how to increase breastfeeding frequency and reduce other drinks and foods to eventually stop.
- Assess the feeding realities and choices the mother is making and work with her to reduce the risk (e.g., from care and WASH practices).
- Address reasons for giving water, semi-solids, solids, and other foods to breastfeeding babies (see 'Breast milk expression and storage' CARD A21).
- Counsel on increasing breastfeeding frequency and reduce other foods and drinks.
- Explain that giving water during the first 6 months of life can cause the baby to become dehydrated and reduce milk production.
- Explain that giving other foods during this period can cause the baby to become ill or not grow well.
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- Explain that giving other foods during this period can reduce milk production.
- Counsel on the importance of exclusive breastfeeding.

Counselling and Analyses

Assess and Analyse

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

Medicine may be prescribed by a health worker.

Receives other liquids or food
Card A5: "Not enough" breastmilk

**Assess and Analyse**

- Real "not enough" breastmilk production: [link]
- Infant is losing weight or not gaining sufficient weight (e.g. < 5% 9/10, 5/10, or for example, 1.5kg/yr for a 9kg infant or 0.57kg/7 days for a 5kg infant)

**Counselling and Support Actions**

- Apply some counselling/actions for real "not enough" breastmilk (above).
- Listen to mother’s concerns and why she thinks she does not have enough milk.
- Check infant’s weight and urine and stool output (if poor weight gain, refer to inpatient care).
- Evaluate: 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 him/herself before mother offers the second breast.
- Avoid separation and keep mother and infant skin-to-skin as much as possible.
- Ensure mother eats nourishing food and drinks enough water.
- Check infant’s weight and urine and stool output (if poor weight gain, refer to inpatient care).
- Infant is losing weight or not gaining sufficient weight (e.g. < 5% 9/10, 5/10, or for example, 1.5kg/yr for a 9kg infant or 0.57kg/7 days for a 5kg infant)

**Mother thinks she has "not enough" breastmilk**

- If infant is losing weight or not gaining sufficient weight, refer to inpatient care for supplementary suckling.
- Check infant’s weight and urine and stool output (if poor weight gain, refer to inpatient care).
- Infant is losing weight or not gaining sufficient weight (e.g. < 5% 9/10, 5/10, or for example, 1.5kg/yr for a 9kg infant or 0.57kg/7 days for a 5kg infant)

See videos:
- Perception of "not enough" breastmilk: [link]
- Is your baby getting enough milk: [link]
Excessive crying and lack of sleep

Symptoms/signs/

Counselling and Support Actions

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.

• 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 she doesn’t have enough milk (refer to ‘Not enough breastmilk’ CARD A5) and that 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.

• Discuss potential causes of crying and how to address them:
  - Colic
  - Hunger
  - Fatigue
  - Fatigue of parents

Explain that crying is a late sign of hunger. Early signs that baby wants to breastfeed include:
  - Restlessness
  - Opening mouth and turning head from side to side
  - Putting tongue in and out
  - Suckling on fingers and fists

Counsel to know the signs of hunger (responsive feeding).

Discuss with mother the signs of hunger (responsive feeding):

- Appetite
- Rass (hunger, thirst, fatigue, etc.)
- Diaper

Discuss potential causes of crying and how to address them.

- Colic
- Hunger
- Fatigue
- Fatigue of parents

Discuss potential causes of crying and how to address them.

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Discuss potential causes of crying and how to address them.

- Colic
- Hunger
- Fatigue
- Fatigue of parents
Assess and Analyse

Mother thinks she may be unable to breastfeed.

- Refer to relevant MHPSS services if needed.
- Relaxation and milk flow.
- Help her to breastfeed near trusted companions, which helps with
  - Breastfeeding established.
- Provide mother with hands-on help to attach infant to breast and
  - Give relevant information in an encouraging way and context
  - Milk flow.
- Recognise and praise what she is doing right – including signs of
  - Build her confidence
- Infant eye-to-eye.
- Encourage her to enjoy skin-to-skin contact and to play with her
- Support her to help mother address the issue.
- Assess mother for any problems she thinks she may have.
- Child/Adolescent Refer to CARD A16.
- Listen to mother’s concerns. If mother expresses concern about her
  - Assess the infant.
Breast engorgement: Assess and Analyze

Breast condition: Breast engorgement

Note: On the first day or two infants may only feed 2 to 3 times per day.

Breastfeeding or expressing breastmilk:
- Breastfeed or express breastmilk to keep the milk flowing.
- Express milk to relieve pressure until infants can suckle.
- Apply warm compresses to help reduce swelling for about 20 minutes between feedings.
- Apply 10% cold compresses wrapped in a cloth between feedings.
- Use cold breast packs to reduce swelling to help infants to attach.
- Gently stroke breasts to help stimulate milk flow.
- Place infant skin-to-skin with mother.
- Keep mother and infant together after birth.
- Stop any supplementary infant should receive no water other drinks.
- Breastfed at least every 2 hours, allowing baby to finish the breast.
- Breastfeed at least every 2 hours, allowing baby to finish the breast.
- Look for effective suckling.
- Look for good attachment.
- Check for latch and positioning.
- Can often occur on 3rd to 5th day after birth (when milk production increases dramatically and suckling not established).
- Can occur on 3rd to 5th day after birth.
- Skin shiny, tight and nipple flattened and difficult to attach.
- Chin shiny, light and nipple flattened and difficult to attach.
- Pain
- Slight redness
- Pressure
- Warmth
- Tenderness
- hardness
- Swelling
- Can occur on both breasts

Consulting and Support Actions

- Look for good attachment.
- Check for latch and positioning.
- Breastfeed at least every 2 hours, allowing baby to finish the breast.
- Breastfeed at least every 2 hours, allowing baby to finish the breast.
- Can occur on 3rd to 5th day after birth.
- Can occur on 3rd to 5th day after birth.
- Skin shiny, tight and nipple flattened and difficult to attach.
- Chin shiny, light and nipple flattened and difficult to attach.
- Pain
- Slight redness
- Pressure
- Warmth
- Tenderness
- hardness
- Swelling
- Can occur on both breasts

Apply to breasts cold compresses wrapped in a cloth between feedings for about 20 minutes to reduce swelling.

Apply 10% cold compresses wrapped in a cloth between feedings.

Look for good attachment.

Look for effective suckling.

Ask about frequency of breastfeeds: 8 – 12 times in 24 hours.

Breastfeed at least every 2 hours, allowing baby to ‘finish the first breast first’.

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

Keep mother and infant together after birth.

Put infant skin-to-skin with mother.

Gently stroke breasts to help stimulate milk flow.

Press around areola to reduce swelling, to help infant to attach.

Offer both breasts.

Express milk to relieve pressure until infant can suckle.

Briefly apply warm compresses to help milk flow before feedings for about 20 minutes to reduce swelling.

Note: on the first day or two infants may only feed 2 to 3 times per day.

See videos:
- Breast engorgement: https://globalhealthmedia.org/portfolio-items/breast-engorgement/?portfolioID=10861
Breast condition: Sore or cracked nipples

**Note:** If baby is known to be living with HIV, mother with cracked nipples should not breastfeed from the breast.

- Assess and Analyse
- Counselling and Support Actions

- Breast/nipple pain
- Cracks across the top of the nipple or around the base.
- Occasional bleeding
- May become infected

- Look for good latch and attach
- 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 themselves
- 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
- Do not use feeding bottles
- 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 and discard it
- See videos:
  - Nipple pain:
    - What to do about nipple pain? [Video](https://globalhealthmedia.org/portfolio-items/what-to-do-about-nipple-pain/?portfolioID=10861)

Breast condition: Plugged ducts and mastitis

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.

Counselling and Support Actions

- Look for good attachment.
- 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 ‘infant drinks’ CARD A10).
- Do not stop breastfeeding (if milk is not removed, risk of abscess increases; let infant feed as often as he or she wants).
- Apply warmth (water, hot towel) before feeding.
- Hold infant in different positions so that the infant’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 there.
- Get support from the family to perform non-infant care chores.
- Get support from the family to perform non-infant care chores.
- Avoid holding the breast in scissors hold.
- Avoid tight clothing.
- For plugged ducts: apply gentle pressure to breast using the flat area of the hand, rolling fingers towards nipple; then express milk or let infant feed every 2-3 hours day and night.
- For mastitis: express if too painful to suckle; expressed breastmilk may be given to infant; seek treatment (mother may need antibiotics).
- If there is pain, dress by expressing and continue breastfeeding and ifmastitis continues for 72 hours, refer for clinical treatment.
- If no improvement in 24 hours, refer for clinical treatment.
- Drink more fluids (mother).
- Rest (mother).
- Ice packs/day.
- Ice packs/day.
- Ice packs.
- Ice packs.
- Ice packs.
- Ice packs.
- Ice packs.
- Ice packs.
- Ice packs.
- Ice packs.

See videos:

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

Breast condition: Plugged ducts and mastitis

Assess and Analyse

- Sometimes, an infant refuses to feed as milk tastes more salty.

- Mastitis:
  - Severe pain
  - Localised redness
  - Generally, not feeling well

Counselling and Support Actions

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

- For plugged ducts: apply gentle pressure to breast using the flat area of the hand, rolling fingers towards nipple; then express milk or let infant feed every 2-3 hours day and night.
- Rest (mother).
- Drink more liquids (mother).
- If no improvement in 24 hours, refer for clinical treatment.
- If mastitis: express if too painful to suckle; expressed breastmilk may be given to infant; seek treatment (mother may need antibiotics).
- Ice packs.
Breast condition: Flat, inverted, large or long nipples

Assess and Analyse

Observe nipple appearance.

Consulting and Support Actions

Listen to the mother’s concerns.

Give extra help with attachment; make certain that as the mother is putting the infant on her breast, she:
- Gently touches the infant’s lips to encourage him/her to open widely and take a big mouthful.
- Aims the infant’s lower lip well below her nipple, so that the nipple goes to the top of the infant’s mouth.
- Keeps on trying. Most babies want to suckle, and they will find out how to open their mouths to express milk.

Encourage mother to try different breastfeeding positions so that her breast falls towards the infant’s mouth.

Teach mother to express milk at least 6-8 times a day, and to feed the expressed milk to the infant.

Teach mother to express milk at least 6-8 times a day, and to feed the expressed milk to the infant.

Teach mother to try different breastfeeding positions so that her breast falls towards the infant’s mouth.

Assess and Analyse

Observe nipple appearance.

Breastfeeding

Do this for half a minute to make the nipple stand out just before each feed.
- Pinch the nipple and put the fingers over the nipple and draw on the breast.
- Pull the milk with your fingers and pull the breast in backwards.
- Pull out an inverted nipple in the following way:
  - For an inverted nipple it is possible to get a 2 cm plastic syringe (can be used for an inverted nipple. It is possible to get a 2 cm plastic syringe. It can be used to keep the milk within the baby’s mouth and to make the milk flowing back into the baby’s mouth easier."
  - Flat or long nipples, place infant in a semi-sitting position to breastfeed.
  - 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 near the breast, with frequent opportunities to find his or her own way of taking the breast into his or her mouth (mother should not force infant to take the breast or force infant’s mouth open).
  - Encourage mother to try different breastfeeding positions so that her breast falls towards the infant’s mouth.
  - Teach mother to express milk at least 6-8 times a day, and to feed the expressed milk to the infant.
  - Keep on trying. Most babies want to suckle, and they will find out how to open their mouths to express milk.
  - For an inverted nipple: If it is possible to get a 2 cm plastic syringe, it can be used to keep the milk within the baby’s mouth and to make the milk flowing back into the baby’s mouth easier."

See videos:
- Large breasted mothers: https://www.youtube.com/watch?v=584nv1oNxvw
- Breast feeding (CARD A22): 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, which is also affecting the mother’s nipples.

Counselling and Support Actions

• Both counsellor and mother wash hands.
• Teach the mother to identify and treat thrush at home:
  - Show how to look for ulcers or white patches in the mouth of infant.
  - Explain: it is necessary to carry out the treatment four times daily for 5 days after the thrush has cleared.
  - Explain that the ulcers/white patches are the thrush, and teach her how to treat the thrush at home.
• Give an antifungal liquid (nystatin).
• Demonstrate 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 her if she has any questions, and have her show you how to paint the other part of the child’s mouth.
• Ask mother to return after 2 days.

Mother’s symptoms:
• Sore nipples with pain continuing between feeds, pain like sharp needles going deep into the breast, which is not relieved by improviding attachment.
• There may be a rash on the breast or nipple.
• There may be a rash on the infant’s stomach.
• There may be a rash on the infant’s bottom.

Follow up care:
After 2 days:
• Look for ulcers or white patches in the mouth. If thrush is worse, check that treatment is being given correctly.
• Reassess infant’s feeding.
• Examine the infant’s mouth for white spots and the infant’s bottom for a spotty red rash.
• If there are problems with attachment or suckling, refer for clinical treatment.
• Assess infant feeding.
• Assess infant feeding.
• Assess infant feeding.
• Assess infant feeding.

Discourage use of soap or ointments on the nipples. Use ordinary washing for the rest of the body.

See videos:
Thrush: https://globalhealthmedia.org/portfolio-items/thrush/?portfolioID=5638
Infant Thrush:
• Both counsellor and mother wash hands.
• Teach the mother to identify and treat thrush at home:
  - Show how to look for ulcers or white patches in the mouth of infant.
  - Teach the mother to identify and treat thrush at home.
• Both counsellor and mother wash hands.

Infant Thrush
• Both counsellor and mother wash hands.
Low weight infant

Assess and Analyze

• Low weight for length.
• Low weight for age.

For ALL breastfeeding mothers with low weight infants:

• If not well attached or not suckling effectively, demonstrate and assist mother to correctly position and attach infant (specify cross-arm/cross-cradle hold), and identify signs of effective suckling.
• If not able to attach well immediately, demonstrate breastmilk expression and feeding by a cup: CARD A21 & A22.
• If attached but not suckling, hand-express drops of milk into infant’s mouth to stimulate suckling.
• If breastfeeding less than 8 times in 24 hours, counsel to increase frequency of breastfeeding.
• Counsel the mother to breastfeed as often and as long as the infant wants, day and night.
• Counsel mother on establishing exclusive breastfeeding.
• If infant is receiving water, other drinks or foods, counsel the mother about breastfeeding more, reducing water, other drinks or foods, and using a cup rather than a bottle if infant has been bottle-fed (See ‘Receives other liquids or foods’ CARD A4 and Cup feeding’ CARD A22).
• Low weight infants fatigue easily and may fall asleep after few minutes; try breastfeeding again after a break.
• Help mother to increase her breastmilk supply; see “Not enough” breastmilk CARD A5.
• Counsel mother to wait until the infant releases one breast before switching to the other breast.
• Mother may need to spend more time feeding, perhaps at times with a cup using only expressed breastmilk.
• Mother may need to share some of her other household duties with others for a month or two.
• For the mother who has breastfed in the past and is interested in re-establishing breastfeeding: see ‘Relactation’ CARD A23.
• Show mother how to provide stimulation and play to make her more responsive.

See videos:

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

Kangaroo Care improves breastfeeding:

• Provide skin-to-skin contact as much as possible, day and night.
• For skin-to-skin contact, demonstrate Kangaroo Care:
  - 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, loosely wrap the young infant in a soft dry cloth and cover with a blanket.
• Keep the room warm (at least 25°C) with home heating device (if available) and make sure there is no draught of cold air.
• Close windows/cover window spaces at night.
• Avoid bathing the low weight infant. When washing or bathing, do it in a very warm room/ at a warm time of day with warm water, dry immediately and thoroughly after bathing.
• Change clothes (e.g. nappies) whenever they are wet.
• Check frequently if the hands and feet are warm. If cold, re-warm the infant using skin-to-skin contact.
• Breastfeed the infant frequently (or give expressed breastmilk by cup).
• Give a hot drink to the adult providing Kangaroo Mother Care for relaxation and production of more body heat.
Assess and Analyse

- Satisfactory slow weight gain has the following characteristics:
  - Frequent feeds
  - Active suckling and swallowing
  - Mother experiences regular let-downs
  - Pale urine: 6 or more diapers soaked daily
  - Seedy or soft stools, frequency within normal ranges
  - Infant is alert and active
  - Appropriate developmental milestones met
  - Good muscle tone and skin turgor
  - Infant is seen and active
  - Seedy or soft stools, frequency within normal ranges
  - Mother experiences regular let-downs
  - Pale urine: 6 or more diapers soaked daily
  - Active suckling and swallowing
  - Frequent feeds

Counselling and Support Actions

- Praise and reassure mother; build her confidence.
- Encourage mother to continue to exclusively breastfeed.
- Counsel mother to breastfeed frequently.
- Listen for deep suckles and audible swallowing.
- Check attachment and breastfeeding positions.
- Praise and reassure mother, build her confidence.
- Encourage mother to continue to exclusively breastfeed.
- Counsel mother to breastfeed frequently.
- Listen for deep suckles and audible swallowing.
- Check attachment and breastfeeding positions.
Mother away from Infant

Assess and Analyse

Mother is concerned about being away from her infant and her ability to feed her infant exclusively on breastmilk.

Counselling and Support Actions

- Reassure mother that any amount of breastmilk will contribute to her infant's health and development even if she cannot practice exclusive breastfeeding.
- Reassure mother that any amount of breastmilk will contribute to her infant's health and development even if she cannot practice exclusive breastfeeding.
- Listen to mother's concerns.
- 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 absent.
- Help mother to express her breastmilk and store it safely to feed the infant while she is away (see 'Breastmilk expression and storage' CARD A21 and 'Cup feeding' A22).
- Mother should allow infant to feed frequently at night and whenever she is at home.
- If the infant is very small, express breastmilk and store it safely to feed the infant.
- Help mother to express her breastmilk and store it safely to feed the infant.
- If the infant is very small, express breastmilk and store it safely to feed the infant.
- Ensure mother's comfort: if she must be separated from her infant, she should be encouraged to do so and to feed her infant as if she were at home.
- Reassure mother that any amount of breastmilk will contribute to her infant's health and development, even if she cannot practice exclusive breastfeeding.
- Mother who can keep her infant with her at the work site or go home to feed the infant should be encouraged to do so and to feed the infant as if she were at home.
- 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.
  - Consume local dairy sources of vitamin A.
  - Drink to satisfy thirst.
  - Use iodised salt.
  - Use local remedies.
  - Continue eating green leafy vegetables.
  - Eat more protein-rich foods each day.
  - Breastfeed.

• Link pregnant and lactating women with registration for other services such as general food distribution, Supplementary Feeding Programme, etc.

• The additional rations distributed to breastfeeding women continue to mother's own nutrition while she continues to breastfeed.

• In some communities, certain drinks are said to help make milk:
  - Breast milk.
  - Dehydration remedies.
  - Around nutrition education (e.g. maternal nutrition, cooking demonstrations).

• Drink to satisfy thirst.

• In some communities, certain drinks are said to help make milk:
  - Breast milk.
  - Dehydration remedies.
  - Around nutrition education (e.g. maternal nutrition, cooking demonstrations).

• Breast milk.

• The additional rations distributed to breastfeeding women contribute to mother's own nutrition while she continues 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).

• The additional rations distributed to breastfeeding women contribute to mother's own nutrition while she continues 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; respond to infant’s cues.
- Explain different positions – cross cradle, one under arm, one on hips; to ensure that breasts make enough for two infants.
- Express and cup feed before building up the milk supply from very early days. If they cannot suckle immediately; help the mother to ensure breastfeeding as soon as possible after birth.
- Infants breastfeed frequently and are well attached.
- Mothers of twins produce enough milk to feed both infants if the mother removes milk from the breasts the twins need to suckle immediately.

Counselling and Support Actions

- Assess and analyse.

Multiple Birth
Adolescent Mothers

Counselling and Support Actions

- Adolescent mothers need extra care more food and more rest than in older mothers.
- Adolescent mothers need to nourish their own bodies which are still growing as well as their growing infants.
- Adolescent mothers need calcium. Note: As calcium is not present in the multiple micronutrient (MMN) supplement 1g of calcium/day should be added to the 1 tablet MMN/day (or EFAs) needed to promote continuation of growth especially during pregnancy.
- Adolescent mothers need iron. Note: Iron is present in the multiple micronutrient (MMN) supplement.
- Pregnant and lactating adolescents (under 19 years) should receive food supplements regardless of their anthropometry for better fetal and maternal outcomes.
Mother tested positive for HIV.

- Treatment for the infant should be initiated immediately.

**Mother Living with HIV whose infant is tested and also found to be**

- Exclusive breastfeeding for up to 6 months and complementary foods.
- Treatment by breastfeeding for up to 6 months and complementary foods.

**Mother Living with HIV**

- Breastfeeding and ART should continue until 12 months and may beyond with periodic ART (at least 6 to 12 months).
- Exclusive breastfeeding for 2 years and complementary foods at 6 months and continue until the mother's infant will receive ART regardless of feeding status.

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

- Exclusive breastfeeding from birth up to 6 months together with ART.
- Breastfeeding and ART should continue until 12 months and may continue up to 24 months or longer (similar to the general population).

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

- Exclusive breastfeeding for 6 months and complementary foods at 6 months.
- Exclusive breastfeeding up to 6 months and additional breastfeeding for 2 years and complementary foods at 6 months and continue until the mother's infant will receive ART regardless of feeding status.

- Mother who tests negative or mother of unknown status:

  - Breastfed and take antiretroviral therapy (ART).
  - Mothers and infants should be counseled and treated according to national guidelines.
  - Breastfeed and take antiretroviral therapy (ART).

**Assess and Analyse**

**Consulting and Support Actions**

**Card A19**

Card A19 03/05/2021 19:58 Page 43
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 women and breastfeeding mothers and caregivers should be counselled and supported about breastfeeding.

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Breast milk expression and storage

Assess and Analyse

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

Counselling and Support Actions

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 whole breast.
• 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 thumb and fingers press back to chest wall, press and hold together (compress) and release.
• Repeat the action: press back to chest wall, press and hold together 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 fingers 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.

Storage of breast milk

Ask the mother to:

• Use a clean and covered glass or plastic container.
• Store only enough for one feeding in each container.
• Each container should be labelled with date and time.
• Store breast milk in the coolest possible place; breast milk can be left in a room at room temperature (≤ 26 °C) in the shade for 6 to 8 hours.
• Store fresh breast milk in the coolest possible place; breast milk can be kept in a refrigerator at the back of the lowest shelf for up to 5 days (if milk is stored at 4-8 °C in the refrigerator for 6 to 8 hours).
• Do not freeze milk.
• Store in freezer at 0 to -15 °C for up to 2 weeks, and up to 6 months in a separate freezer.
• Use oldest milk first.
• To warm the milk, put the milk container in a bowl of warm water.
• Do not heat on the stove.

See videos:

How to express breast milk: https://globalhealthmedia.org/portfolio-items/how-to-express-breastmilk/?portfolioID=10861

Storing breast milk safely: https://globalhealthmedia.org/portfolio-items/storing-breastmilk-safely/?portfolioID=10861
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 infant upright or semi-upright on the lap.
• Hold the infant upright or semi-upright on the lap.
• Wait for the infant to draw in or suckle in the milk.
• Hold the cup resting on the lower lip and tip the cup so that the milk touches the infant’s upper lip.
• Allow the infant to take the milk himself. DO NOT pour the milk into the infant’s mouth.
• Caregiver should pause and let infant rest after every suckles.
• If no response, try a few times with short intervals between them.
• Pay attention to infant’s look into his/her eyes and be responsive to infant’s cues for feeding.
• Caregiver should pause and let infant rest after every suckles.
• Allow the infant to take the milk himself. DO NOT pour the milk into the infant’s mouth.
• Wait for the infant to draw in or suckle in the milk.
• Hold the cup resting on the lower lip and tip the cup so that the milk touches the infant’s upper lip.
• Hold the infant upright or semi-upright on the lap.
• Wait for the infant to draw in or suckle in the milk.
• 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:

Infant formula preparation: refer to use of infant formula CARD A22 and Preparing infant formula CARD B3.

Preferably store and adjust in breast milk expression and storage CARD A1 and Cup feeding CARD A22 for:

Do not reuse any milk the infant does not drink for another feeding.

Counselling and Support Actions

See video on cup feeding: https://www.youtube.com/watch?v=7Z7m9sdzmw
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-establishes her breastmilk production (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 by hand-expressing breastmilk. Reassure her that she will receive the support that 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 much breastmilk comes.
  - It is easier for a mother/wet nurse to re-lactate if an 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.

Provide the mother/wet nurse:
- Spaces, materials, and some help to eat and drink.
- Express breastmilk when nurse is not enough to eat and drink.
- Encourage the mother that breastfeeding can help her to
  - Improve her baby's health and development.
  - Improve her own health, and emotional well-being.
  - Improve her self-esteem and confidence in breastfeeding.

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 if possible, and every 3 hours if possible, and every 4 hours if necessary, even at night). Stimulate the breasts with gentle breast massage.
- Encourage the mother/wet nurse to:
  - Hold the infant close to her, sleep with the infant so she can breastfeed at least 8 – 12 times every 24 hours.
  - Encourage the infant to breastfeed frequently, to stimulate the breast.
  - Keep the mother/nurse close when they are sleeping.

Press the mother/wet nurse:
- Do not encourage breastfeeding if the woman is supported breastfeeding a new baby.
- Resume breastfeeding the mother/wet nurse's own baby.
- If possible, introduce her to other women who have re-lactated and can encourage her.
- Provide the mother/wet nurse:
  - Spaces, materials, and some help to eat and drink.
Assess and Analyze

Supplementary suckling to help mother relactate

- Encourage the mother to let the infant suckle on the breast at any time that he or she is willing – not just when she is giving the supplement.
- Mother uses the breast.
- 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 30 minutes at each feed.
- The mother can express the flow by holding or lowering the cup so that the nipple protrudes. She should encourage the infant to open his or her mouth wider.
- Touching the infant’s lips to stimulate the rooting reflex and nasogastric tube (gauge 8) or other fine plastic tubing should be used.
- The mother can express the breastmilk into the infant’s mouth.
- The mother should control the flow by raising or lowering the cup so that the infant does not spill the breastmilk.
- The cup and tube should be cleaned and sterilized each time.
- Encourage the mother to let the infant suckle on the breast at any time that he or she is willing – not just when she is giving the supplement.

A breastfeeding supplement consists of a tube that leads from a cup of supplement (expressed breastmilk or formula) with the breast and is inserted through the nipple to nourish the infant. The infant then sucks on the breast, and the mother can express breastmilk into the infant’s mouth. The mother should control the flow by raising or lowering the cup so that the infant does not spill the breastmilk. The cup and tube should be cleaned and sterilized each time.
SECTION B
Counselling and support actions for non-breastfeeding infants
Card B1

Mother absent

Assess and Analyse

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 appropriate artificial feeding (CARDS B2 & B3)

Counselling and Support Actions

Designated carer for infant.

Wet nurse identified OR donor milk identified OR established supply of appropriate BMS where wet nurse is not available.

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 (e.g. under 2 months of age) – refer to 'Relactation', CARD A23 if necessary.
- Identify and support a supply of donor milk (refer to 'Breastmilk expression and storage', CARD B3).
- Where a wet nurse or donor milk is not available, provide the necessary support for using an appropriate breastmilk substitute.
- Refer to 'Cup feeding', CARD A22.
- ExCel service for infant nutrition (child development) if necessary.
- Reunification (sowing of maternal debt).
- Temporary (at work, minding other children, minor illness).
- Educational care for infant.
- Appropriate BMS where wet nurse is not available.
- Appropriate alternative supply of breastmilk.
- Wet nurse identified OR donor milk identified OR established supply of appropriate BMS where wet nurse is not available.
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. Instruction on proper handwashing and infection control.

Instruct caregiver about the importance of:
- How to prepare the feeds (refer to ‘Preparing infant formula’ CARD B3).
- How to give the feeds (refer to ‘Cup feeding’ CARD A22).
- How to give the feeds (after 10 weeks, refer to ‘Cup feeding’ CARD A22).

210-240 ml by the 6th month.

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/feed four times hourly.
- By 6 months, an infant will be feeding 180-240 ml per feed, 4-5 feeds per 24 hours.
- An infant of 1 month 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.

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<thead>
<tr>
<th>Age of infant in months</th>
<th>Weight in kilograms</th>
<th>Amount of infant formula per day (ml)</th>
<th>Number of feeds per day</th>
<th>Size of each feed (ml)</th>
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References:
For more information refer to Infant Feeding in Emergencies (IFE) Module 2, Chapter 9. When infants are not breastfed (see key additional material on page 9). For more information refer to Infant Feeding in Emergencies (IFE) Module 2, Chapter 9.

Use of Infant Formula

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Preparation of Infant Formula

• Assess and Analyse

1. Clean hands and utensils.
2. Boiling water used to clean utensils.
3. Cooled, boiled water to prepare infant formula.
4. Follows instructions on formula tin.
5. Feeds infant by cup (refer to ‘Cup feeding’ CARD A22).
7. No mixed feeding (water, other fluids, foods).
8. No under- or over-dilution of formula.
9. If ready-to-use infant formula (liquid, requires no dilution) is used, practice good hygiene, safe storage and follow instructions.

10. Wash hands with soap and water before preparing formula and feeding infant.
11. Wash the utensils with clean water and soap, and then boil them to kill the remaining germs. Store the formula in a dry, clean, place.
12. 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.
13. Always read and follow the instructions on the label carefully. Ask if she needs more explanation if she does not understand.
14. Use clean water to mix with the infant formula. If possible, prepare the water that is needed for the whole day. Bring the water to a rolling boil for at least 2 minutes and then pour into a clean, covered container specifically reserved for boiled water.
15. Keep or carry boiled water and infant formula powder separately to mix for the next feeds, if the mother is working away from home and infant accompanies her, or for night feeds.
16. Use only a clean cup to feed the infant. Even a newborn infant learns quickly how to use a cup. Avoid using bottles, teats or spooned cups as they are much more difficult to clean.
17. Store the formula in a dry, clean place, away from dust or other issues that may cause difficulty.
18. If bottle feeding is practiced, provide specific advice and support on hygiene and feeding practices. See Infant Feeding in Emergencies (IFE) Module 2, Chapter 4, When infants are not breastfed

Obtaining sufficient formula:

• Refer to health facility if there is a shortage of infant formula.
• Inquire about options for alternative infant formula products.
• Check if parents have shared information from one feed at a time and use the formula.
• Dry, if possible, using bottles, teats or spooned cups as they are much more difficult to clean.
• Keep or carry boiled water and infant formula powder separately to mix for the next feeds. It is important to keep the water and formula powder in separate containers to avoid cross-contamination.
• Keep water clean and boil the water before using it to prepare the formula.
• If the mother is working away from home and infant accompanies her, or for night feeds, use only a clean cup to feed the infant. Even a newborn infant learns quickly how to use a cup. Avoid using bottles, teats or spooned cups as they are much more difficult to clean.
• Store the formula in a dry, clean place, away from dust or other issues that may cause difficulty.
• If bottle feeding is practiced, provide specific advice and support on hygiene and feeding practices. See Infant Feeding in Emergencies (IFE) Module 2, Chapter 4, When infants are not breastfed.
Assess and Analyse
Counselling and Support Actions

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

An adolescent pregnant woman/mother needs to mould her own
breastfeeding and child-rearing actions.

Presence of family support (including family members) needs to mould her own
breastfeeding and child-rearing actions.

- Provide breastlets for family in appropriate mega areas.
- Promote breastfeeding as family involvement is essential.
- Accompany mother/partner to the health facility when family members are sick.
- Encourage the family to encourage their friends to continue breastfeeding.
- Discuss child spacing with woman/partner (refer to Family Planning, Card C).
- Child spacing is good to avoid having more children.
- Pay attention to observe the signs of hunger and learn to respond to the infant/young child.
- Help with non-infant household chores and caring for other children.
- If the infant is a twin birth, encourage breastfeeding immediately after birth and skin-to-skin contact.
- Make arrangements for safe transportation to hospital for birth.
- Make sure there is a trained birth attendant.
- Provide extra food during breastfeeding and after birth.
- Provide iron/folate tablets.
- Accompany mother/partner to the health facility when infant/child is sick.
- Provide extra food during breastfeeding and after birth.
- Counselling and breastfeeding is more successful when family members are involved.

During pregnancy:

- Accompany mother to antenatal clinics (ANC).
- Remind her to take her iron/folate tablets.
- Provide extra food during pregnancy.
- Encourage breastfeeding.
- Provide breastfeeding and Extra food during pregnancy.
- Remind her to take iron/folate tablets.
- Accompany mother/partner to the health facility when infant/child is sick.
- Provide extra food during breastfeeding and after birth.
- Encourage breastfeeding.
- Provide breastfeeding and Extra food during pregnancy.
- Remind her to take iron/folate tablets.
- Accompany mother/partner to the health facility when infant/child is sick.
Assess and Analyse Counselling and Support Actions

• Assess and Analyse:
  - Community presence.
  - Importance of identifying supportive community members and utilizing them to provide assistance.

Community support

• Other forms of community support include attending education sessions on nutrition, misconceptions, and breastfeeding.
  - Increasing community awareness and discussing harmful myths and misconceptions.
  - Providing peer support and a safe environment for breastfeeding.
  - Mother-to-mother support groups provide an opportunity to share experiences.
  - Community members support helps mothers start and continue breastfeeding.
  - Supporting mothers, especially during the early stages.

• Avoiding community members that may disseminate harmful myths and misconceptions.

• Mother-to-mother support groups provide an opportunity to share experiences.
  - Community members support helps mothers start and continue breastfeeding.
  - Supporting mothers, especially during the early stages.

Child and maternal health, hygiene, etc.

• Other forms of community support include attending education sessions on nutrition,
Assess and Analyse

Need for family planning, counseling, and referral.

Healthy timing and spacing of pregnancy means waiting at least 2 to 3 years before:

- Getting pregnant again.
- Becoming pregnant again.

Healthy timing and spacing of pregnancy helps to space births in a way that:

- Is healthy for both mothers and babies.
- Means fewer children and thus fewer expenses for school fees, clothing, food, etc.
- Allows more time to breastfeed and care for each child.
- Provides more money because you have fewer children, and thus fewer expenses for school fees.
- Allows time for your body to recover between pregnancies.
- Spends children's allowance.
- Reduces risk of becoming pregnant again.

This family planning method is called the Lactational Amenorrhea Method, or LAM.

L = lactational
A = no menses
M = method of family planning

If any of these three conditions are not met or change, the mother is no longer protected from becoming pregnant again.

It is important to seek advice from the nearest clinic about what modern family planning methods are available and how to use them.

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It is important to seek advice from the nearest clinic about what modern family planning methods are available, as well as when and how to use them.
Assess and Analyse Counselling and Support Actions

Pattern of crying and sleeping.

Refer to 'Excessive crying' CARD 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.
- For a 2-month-old baby, crying can range from 30 minutes per day to 5-6 hours per day.
- Crying, sometimes in late afternoons and early evening, may increase at 6-8 weeks of age.
- Crying gets better over time.

Calming a crying baby:

- Let baby suckle at the breast.
- Hold the baby along the forearm.
- Hold the baby round the abdomen, on the lap.
- Hold the baby against the chest.
- Undress the baby and massage gently and firmly.
- Do not shake the baby to try stop the crying.

Note:

- Some babies cry more and need to be held and carried more. In communities where mothers carry their babies with them, 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 beds.

Sleep:

- All babies sleep differently.
- Keep baby close and in the same room (for the first 6 months).
- Baby should always sleep on the back for naps and at night and not on their front or side.
- Babies should sleep in 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 baby day and night.
- Tummy time while awake can help to strengthen the muscles they need for rolling.

Note:

- Many more babies have died suddenly when placed to sleep on their stomach or side, than on their back. Breastfeeding protects from Sudden Infant Death Syndrome.

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/
Baby in the stomach sleeping position

Safe to Sleep®

Baby in the back sleeping position

Safe to Sleep®

Baby in the stomach sleeping position

Safe to Sleep®
Assess and Analyse

Counselling and Support Actions

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

Refer to 'Counselling and Communication Skills' for tips on communicating.

- Relaxation techniques help stimulate milk flow and contribute to successful breastfeeding.
- The more relaxed the mother is, the more milk flow is stimulated.

Note: It is helpful for the technique to have: 1) a repetitive stimulus (word, sound, or breathing), 2) relaxed muscles, and 3) a quiet environment.

Deep breathing

- Breathe in slowly.
- Count in your head and make sure the inward breath lasts at least 5 seconds.
- Pay attention to the feeling of the air filling your lungs.
- Count in your head and make sure the inward breath lasts at least 5 seconds.
- Breathe in slowly.

Breathing in the future

The breast is ready to deliver the baby. Practice will make your body respond more efficiently to deep breathing.

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.

- Breathe out very slowly for 5 to 10 seconds (count!).
- Pretend like you are breathing through a straw to slow your breath down.
- Try using a technique to slow your breath down.

Relaxation I

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

Card 5 C

Cards.qxp_Layout 1  03/05/2021  19:58  Page 73
1. These help reflex:
- Thinks lovingly of baby
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2. These hinder reflex:
- Worry
- Stress
- Pain
- Doubt
Assess and Analyse Counselling and Support Actions

Anxiety, fatigue, and emotional stress may affect the success of breastfeeding. Relaxation techniques can be demonstrated during the counselling session to the mother and partner to practice at home.

**Note**: The technique can be demonstrated during the counselling session for the mother and partner to practice at home.

- Ask how she feels and if it makes her feel relaxed.
- Ask about sleeping with thumbs, making small circular movements from her neck to her shoulder blades.
- Chair should be enough away from the table for her breasts to hang free.
- Explain that it is important for her breasts and her back to be made.
- Mother sits at the table leaning her head on her arms as steady as possible.

**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) and then while keeping the 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 hand on her arm, moving from the shoulder down to the elbow, and then from the elbow down to the wrist and back.
- Then ask to cross her arms in front of her, and using opposite hand on opposite arm, get her to gently squeeze her hand on her arm, moving from the shoulder down to the elbow, and then from the elbow down to the wrist and back.
- Ask her to wrap her arms around herself so that her hands are touching her back/shoulder blades. Gently giving away to the elbow. Gently squeezing down both arms the same time.

**Back massage technique (with partner)**
- Mother sits at the table resting her head on her arms, as relaxed as possible.
- Explain that it is important for her breasts and her back to be naked.
- Chair should be far enough away from the table for her breasts to hang free.
- Rub both sides of her spine with thumbs, making small circular movements from her neck to her shoulder blades.
- Make sure that the mother is sufficiently relaxed and comfortable.佐尔ate the mother to lie down on her back.

**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?

- Starting at about 6 months, your baby needs other foods in addition to breast milk.
- Continue breastfeeding your baby on demand both day and night.
- Breast milk continues to be the most important part of your baby’s diet.
- Continue introducing foods to your baby on clean and dry hands and fingers.
- Staying at about 6 months, your baby needs other foods in addition to breast milk.

Card C7
Start complementary feeding at 6 months of age.

Cleaning baby’s bottom:
- Wash your hands with soap and water after using the toilet and washing off.
- Wash your hands and baby’s hands before eating.
- Use a clean, dry cloth to wipe food off your baby’s face.
- Use a clean spoon or cup to give foods or fluids to your baby.
- Hygiene: Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
- Use a separate piece of cloth to make sure he or she eats all the food given.
- Do not force your baby to eat.
- Be patient and actively encourage your baby to eat.
- Active/responsive feeding:
  - Baby may need time to get used to eating foods other than breast milk.
  - Frequency: Feed your baby complementary foods 2 times a day.
  - Amount: Give 2 to 3 tablespoonfuls (tastes) at each feed.
  - Thickness: Should be thick enough to be fed by hand.
  - Feeding and hygiene:
    - Before giving complementary foods, think: Frequency, Amount, Thickness, Variety, Active/responsive feeding.
    - Frequency: Feed your baby complementary foods 2 times a day.
    - Amount: Give 2 to 3 tablespoonfuls (tastes) at each feed.
    - Thickness: Should be thick enough to be fed by hand.
    - Active/responsive feeding:
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      - Active/responsive feeding:
        - Baby may need time to get used to eating foods other than breast milk.

Card C7
Nurturing care for early childhood development: Recommendations

Consoling and Support Actions

Newborn, birth up to 1 week

Communicate: Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child’s sounds or gestures.

Play:
- Provide ways for your baby to see, hear, feel, and touch you. Slowly move colorful things for your child to see and reach for. Sample toys: shaker rattle, big colored ring on a string.

1 week up to 6 months

Communicate: Look into baby’s eyes and talk to your baby when you are close to feeding time. Even a newborn baby sees your face and hears your voice.

Play:
- Provide ways for your child to see, hear, feel, move arms and legs, and touch you.

1 week up to 10 weeks

Communicate: Touch your baby’s face and talk to your baby. When you are ready, hold your baby. Skin to skin is good.

Play:
- Provide ways for your baby to see, hear, move arms and legs, and touch you.

10 weeks up to 6 months

Communicate: Look into baby’s eyes and talk to your baby. When you are ready, hold your baby. Skin to skin is good.

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 colored ring on a string.

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
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn, birth up to 1 week</td>
<td>Your baby learns from birth. 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>
</tr>
<tr>
<td>1 week up to 6 months</td>
<td>Play Provide ways for your child to see, hear, feel, 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>
</tr>
<tr>
<td>6 months up to 9 months</td>
<td>Communicate 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>
</tr>
<tr>
<td>9 months up to 12 months</td>
<td>Communicate Smiles and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.</td>
</tr>
<tr>
<td>12 months up to 2 years</td>
<td>Communicate Tell your child the names of things and people. Show your child how to say things with hands, like &quot;bye bye.&quot; Sample toy: doll with face.</td>
</tr>
<tr>
<td>2 years and older</td>
<td>Communicate Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures and things.</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 caregivers’ 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 or substitute with other care for the child.
- Encourage them to continue to combine play and communication activities with the child.
- Encourage them to let the child play and communicate with the child.
- Encourage them to do extra play and communication activities with the child.

If caregivers have no toys for the child to play with, counsel them to:

- 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 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.
- Encourage the family to play and communicate through touch and movement, as well as through language.

If caregivers feel that they do not have time to play and communicate with the child:

- Identify at least one person who can care for the child regularly, and give the child love and attention.
- Get the child used to being with the new person gradually.
- Encourage the family to spend time with the child when possible.
- Discuss the care of the child.
# Nurturing care for early childhood development: checklist

**Date:** __ / __ / __  
**Completed by:** ____________________________________________

**Child’s name:**  
**Caregiver’s name:**  
**Address, Community:**  
**Date of birth:** __ / __ / __  
**Relationship:** Mother / Father / Other: _______________________

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

### All children

- **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.  
  - Scolds child: Help caregiver distract child from unwanted actions by giving alternative toy or activity.

### Ask and listen

- **How do you play with your baby?**
  - Moves the baby’s arms and legs, or gently strokes the baby.  
  - Gets baby’s attention with a shaker toy or other object.  
  - 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?**
  - Looks into baby’s eyes and talks softly to baby.  
  - Does not talk to baby, or talks harshly to baby: 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 less than 6 months

- **How do you get your baby to smile?**
  - Responds to baby’s sounds and gestures to get baby to smile.  
  - Tries to force smile or is not responsive to baby: Ask caregiver to make large gestures and cooing sounds; copy baby’s sounds and gestures, and see baby’s response.

### Child age 6 months and older

- **How do you think your child is learning?**
  - Says the child is learning well.  
  - Says the child is slow to learn: Encourage more activity with the child, check hearing and seeing. Refer child with difficulties.

## 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
The MAMI Care Pathway Package development is managed and produced by the ENN as co-lead of the MAMI Global Network.

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