
INTEGRATION OF IYCF SUPPORT INTO CMAM

HANDOUTS



OCTOBER 2009



IASC

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MODULE 1

HANDOUT 1: Breastfeeding Practices Matrix

Breastfeeding Practice	Current Practice	Recommended Practice	Motivators	Barriers	Feasible Practice	Counselling Discussion
Initiation of breastfeeding		Within the 1st hour of birth				
Giving colostrum (local name)		Within the 1st hour of birth				
Duration of exclusive breastfeeding		From birth until baby is 6 months old (no water, other drink, or food)				
Frequency of breastfeeding		On demand (or cue) day and night				
Duration of breastfeeding		Until baby releases both breasts				
Expressing breastmilk						
Giving water		No water during first 6 months				
Breastfeeding during illness		More frequent during & after illness				
Cessation of breastfeeding		2 years of age or older				

MODULE 1

HANDOUT 2: Complementary Feeding Practices Matrix

(1/2 cont'd next page)

Complementary Feeding Practice	Current Practice	Recommended Practice	Motivators	Barriers	Feasible Practice	Counselling Discussion
Continued sustained breastfeeding	6 months 9 months 12 months	*See table next page				
Frequency of complementary foods	6 months 9 months 12 months	*See table next page				
Amount of complementary foods	6 months 9 months 12 months	*See table next page				
Texture (thickness/ consistency) of complementary foods	6 months 9 months 12 months	*See table next page				
Variety of complementary foods (calendar)	6 months 9 months 12 months	*See table next page				
Active/Responsive feeding		*See table next page				
Hygiene		*See table next page				
Use of bottles		Use cup				

MODULE 1

HANDOUT 2: Complementary Feeding Practices Matrix

(2/2 cont'd)

Recommended complementary feeding practices				
Age	Frequency (per day)	Amount of food an average child will usually eat at each serving* (in addition to breastmilk)	Texture (thickness/ consistency)	Variety
6 - 8 months	2 - 3 times food	2 - 3 tablespoons 'Tastes' up to ½ cup (250 ml)	Thick porridge/pap Mashed/ pureed family foods	Breastfeeding + Staples (porridge, other local examples)
9-11 months	4 times foods and snacks	½ cup/bowl (250 ml)	Finely chopped family foods Finger foods Sliced foods	Legumes (local examples) Vegetables/ Fruits (local examples)
12-23 months	5 times foods and snacks	¾ - 1 cup/bowl (250 ml)	Family foods Sliced foods	Animal foods (local examples)
Note: If baby is not breastfed	Add 1-2 extra times food and snacks			Add 1-2 cups of milk per day
Responsive/Active feeding		Be patient and actively encourage your baby to eat		
Hygiene		<ul style="list-style-type: none"> • Feed your baby using a clean cup and spoon, never a bottle as this is difficult to clean and may cause your baby to get diarrhoea. • Wash your hands with soap and water before preparing food, before eating, and before feeding young children. 		

Adapted from WHO Guiding principles for complementary feeding of the breastfed child (2004)

* Adapt the chart to use a suitable local cup/bowl to show the amount. The amounts assume an energy density of 0.8 - 1 Kcal/g.

- Use iodized salt in preparing family foods

MODULE I

HANDOUT 3: Calendar – Local, feasible, available and affordable foods (home and/or market)

To be filled-in for every month (or season)

(1/2 cont'd next page)

January	Home	Market
February	Home	Market
March	Home	Market

April	Home	Market
May	Home	Market
June	Home	Market

MODULE I

HANDOUT 3: Calendar – Local, feasible, available and affordable foods (home and/or market)

To be filled-in for every month (or season)

(2/2 cont'd next page)

July	Home	Market
August	Home	Market
September	Home	Market

October	Home	Market
November	Home	Market
December	Home	Market

MODULE I

HANDOUT 4: Team Checklist for Community Outreach Focus Groups

Community Focus Groups	
	Courteous treatment of community members
	Explain objective to focus groups: The information will be used to help mothers and fathers better feed their children
	Clarity of instruction
	Efficient use of village time and maximum use of opportunities
	Ability to employ variety of tactics to prompt discussion
	Good written record of the discussion
	Thanking for participation and restating objective
Post-Focus Groups Discussion	
	Content gaps are recognised by team
	Team is able to distil useful insights from material of focus groups
	Team can identify changes and improvements needed to matrices and process
	Team can draw practical operational conclusions and insights from focus groups
	Team can determine priority counselling discussion points

MODULE II

HANDOUT I: Pre-assessment (for Facilitator)

What do we know now?				
		Yes	No	Don't know
1	A support group is the same as an educational talk. (Session 9)		X	
2	A HIV infected mother can pass the virus to her baby during pregnancy, labour and delivery, and breastfeeding. (Session 5)	X		
3	Inadequate infant feeding during the first 2 years of life results in poor growth and brain development. (Session 1)	X		
4	At 4 months, infants need water and other drinks in addition to breastmilk. (Session 3)		X	
5	The most effective approach to changing behavior is to tell a mother how to feed her child. (Session 6)		X	
6	The more milk a baby removes from the breast, the more breastmilk the mother makes. (Session 4)	X		
7	A baby should breastfeed for 2 years or longer. (Session 2)	X		
8	Correct attachment of baby to breast can help prevent sore and cracked nipples. (Session 7)	X		
9	After discharge from OTP (Outpatient Care), a child has recuperated/recovered and no additional feeding recommendations are required. (Session 8)		X	
10	For a HIV-infected mother, both breastfeeding and artificial feeding carry risks to child survival. (Session 5)	X		

MODULE II

HANDOUT 2: Importance of Breastfeeding for the Infant/Young Child, Mother, Family and Community

(1/2 cont'd next page)

Importance of Breastfeeding for the Infant/Young Child

Breastmilk:

- Saves infants' lives.
- Is a whole food for the infant, contains balanced proportions and sufficient quantity of all the needed nutrients for the first 6 months.
- Promotes adequate growth and development, thus preventing stunting.
- Is always clean.
- Contains antibodies that protect against diseases, especially against diarrhoea and respiratory infections.
- Is always ready and at the right temperature.
- Is easy to digest. Nutrients are well absorbed.
- Protects against allergies. Breastmilk antibodies protect the baby's gut preventing harmful substances to pass into the blood.
- Contains enough water for the baby's needs (87% of water and minerals).
- Helps jaw and teeth development; suckling develops facial muscles.
- Frequent skin-to-skin contact between mother and infant lead to better psychomotor, affective and social development of the infant.
- The infant benefits from the colostrum, which protects him/her from diseases. The amount is perfect for newborn stomach size.
- Promotes brain development; increased Intelligence Quotient (IQ) scores.

Importance of Breastfeeding for the Mother

- Putting the baby to the breast immediately after birth facilitates the expulsion of placenta because the baby's suckling stimulates uterine contractions.
- Reduces risks of bleeding after delivery.
- When the baby is immediately breastfed after birth, breastmilk production is stimulated.
- Breastfeeding is more than 98% effective as a contraceptive method during the first 6 months provided that breastfeeding is exclusive and amenorrhea persists.
- Immediate and frequent suckling prevents engorgement.

MODULE II

HANDOUT 2: Importance of Breastfeeding for the Infant/Young Child, Mother, Family and Community

(2/2 cont'd)

- Reduces the mother's workload (no time is involved in boiling water, gathering fuel, on preparing milk).
- Breastmilk is available at anytime and anywhere, is always clean, nutritious and at the right temperature.
- It is economical.
- Stimulates bond between mother and baby.
- Reduces risks of breast and ovarian cancer.

Importance of Breastfeeding for the Family

- The child receives the best possible quality of food, no matter what the family's economic situation.
- No expenses in buying formula, firewood or other fuel to boil water, milk or utensils. The money saved can be used to meet the family's other needs.
- No medical expenses due to sickness that formula could cause. The mothers and their children are healthier.
- As illness episodes are reduced in number; the family encounters few emotional problems associated with the baby's illness.
- Births are spaced thanks to the contraceptive effect.
- Time is saved.
- Feeding the baby reduces work because the milk is always available and ready.

Importance of Breastfeeding for the Community

- Not importing formula and utensils necessary for its preparation saves hard currencies that could be used for something else.
- Healthy babies make a healthy nation.
- Savings are made in the health area. A decrease in the number of child illnesses leads to decreased national medical expenses.
- Improves child survival. Reduces child morbidity and mortality.
- Protects the environment (trees are not used for firewood to boil water, milk and utensils, thus protecting the environment). Breastmilk is a natural renewable resource.

MODULE II

HANDOUT 3: Recommended Breastfeeding Practices and Possible Points of Discussion for Counselling

(1/2 cont'd next page)

Recommended Breastfeeding Practice	Possible Points of Discussion for Counselling (choose most relevant to mother's situation)
Put infant skin-to-skin with mother immediately after birth	<ul style="list-style-type: none"> • Skin-to-skin with mother keeps newborn warm • Skin-to-skin with mother helps stimulate brain development.
Initiate breastfeeding within the first hour of birth	<ul style="list-style-type: none"> • This first milk 'local word' is called colostrum. It is yellow and full of antibodies which help protect your baby • Colostrum provides the first immunization against many diseases. • Breastfeeding from birth helps the milk 'come in' and ensures plenty of breastmilk.
Exclusively breastfeed (no other food or drink) for 6 months	<ul style="list-style-type: none"> • Breastmilk is all the infant needs for the first 6 months • Do not give anything else to the infant before 6 months, not even water • Giving water will fill the infant and cause less suckling; less breastmilk will be produced.
Breastfeed frequently, day and night	<ul style="list-style-type: none"> • Breastfeed the baby often, at least 8-12 times for a newborn, and 8 or more times after breastfeeding is well-established, day and night, to produce lots of breastmilk • More suckling (with good attachment) makes more breastmilk.
Breastfeed on demand (or cue) – every time the baby asks to breastfeed	<ul style="list-style-type: none"> • Crying is a late sign of hunger. • Early signs that baby wants to breastfeed: <ul style="list-style-type: none"> - Restlessness - Opening mouth and turning head from side to side - Putting tongue in and out - Sucking on fingers or fists.

MODULE II

HANDOUT 3: Recommended Breastfeeding Practices and Possible Points of Discussion for Counselling

(2/2 cont'd)

Recommended Breastfeeding Practice	Possible Points of Discussion for Counselling (choose most relevant to mother's situation)
Let infant finish one breast and come off by him/herself before switching to the other breast	<ul style="list-style-type: none"> • Switching back and forth from one breast to the other prevents the infant from getting the nutritious 'hind milk' • The 'fore milk' has more water content and quenches infant's thirst; the 'hind milk' has more fat content and satisfies the infant's hunger.
Continue breastfeeding for 2 years of age or longer	<ul style="list-style-type: none"> • Breastmilk contributes a significant proportion of energy and nutrients during the complementary feeding period and helps protect babies from illness • In the first year breastfeed before giving foods to maintain breastmilk supply.
Mother needs to eat and drink to satisfy hunger and thirst	<ul style="list-style-type: none"> • No one special food or diet is required to provide adequate quantity or quality of breastmilk • Breastmilk production is not affected by maternal diet • No foods are forbidden • Mothers should be encouraged to eat supplemental foods where they are accessible.
Avoid feeding bottles	<ul style="list-style-type: none"> • Foods or liquids should be given by a spoon or cup to reduce nipple confusion and the possible introduction of contaminants.

MODULE II

HANDOUT 4: Recommended complementary feeding practices

Age	Frequency (per day)	Amount of food an average child will usually eat at each serving* (in addition to breastmilk)	Texture (thickness/ consistency)	Variety
6 - 8 months	2 - 3 times food	2 - 3 tablespoons 'Tastes' up to ½ cup (250 ml)	Thick porridge/pap Mashed/ pureed family foods	Breastfeeding + Staples (porridge, other local examples)
9-11 months	4 times foods and snacks	½ cup/bowl (250 ml)	Finely chopped family foods Finger foods Sliced foods	Legumes (local examples) Vegetables/ Fruits (local examples)
12-23 months	5 times foods and snacks	¾ - 1 cup/bowl (250 ml)	Family foods Sliced foods	Animal foods (local examples)
Note: If baby is not breastfed	Add 1-2 extra times food and snacks			Add 1-2 cups of milk per day
Responsive/Active feeding	Be patient and actively encourage your baby to eat			
Hygiene	<ul style="list-style-type: none"> • Feed your baby using a clean cup and spoon, never a bottle as this is difficult to clean and may cause your baby to get diarrhoea. • Wash your hands with soap and water before preparing food, before eating, and before feeding young children. 			

Adapted from WHO Guiding principles for complementary feeding of the breastfed child (2004)

* Adapt the chart to use a suitable local cup/bowl to show the amount. The amounts assume an energy density of 0.8 - 1 Kcal/g.

- Use iodized salt in preparing family foods

MODULE II

HANDOUT 5: Recommended Complementary Feeding Practices and Possible Points of Discussion for Counselling

(1/2 cont'd next page)

Recommended Complementary Feeding Practice	Possible Points of Discussion for Counselling (choose most relevant to mother's situation)
At six months of age add complementary foods (such as thick porridge 2-3 times a day) to breastfeeds	<ul style="list-style-type: none"> • Give Local Examples of first types of complementary foods.
As baby grows older increase feeding frequency, amount, texture and variety	<ul style="list-style-type: none"> • Gradually increase the frequency, the amount, the texture (thickness/consistency), and the variety of foods (FATV).
From 6 to 8 months breastfeed plus give 2-3 servings of foods	<ul style="list-style-type: none"> • Start with 2-3 tablespoonfuls of cooked porridge or mashed foods (give examples of cereals and family foods) • At 6 months these foods are more like 'tastes' than actual servings • Increase gradually to ½ cup (250 ml cup). Show amount in cup brought by mother.
From 9 to 11 months breastfeed plus give 4 servings of food or snacks per day	<ul style="list-style-type: none"> • Give finely chopped, mashed foods, and finger foods • Increase gradually to ½ cup (250 ml cup). Show amount in cup brought by mother.
From 12 to 23 months give 5 servings of food or snacks per day, plus breastfeed	<ul style="list-style-type: none"> • Give family foods • Give ¾ to one cup (250 ml cup/bowl). Show amount in cup brought by mother • Other solid foods (snacks) can be given as many times as possible each day and can include (give examples) • Foods given to the child must be stored in hygienic conditions to avoid diarrhoea and illness.

MODULE II

HANDOUT 5: Recommended Complementary Feeding Practices and Possible Points of Discussion for Counselling

(2/2 cont'd)

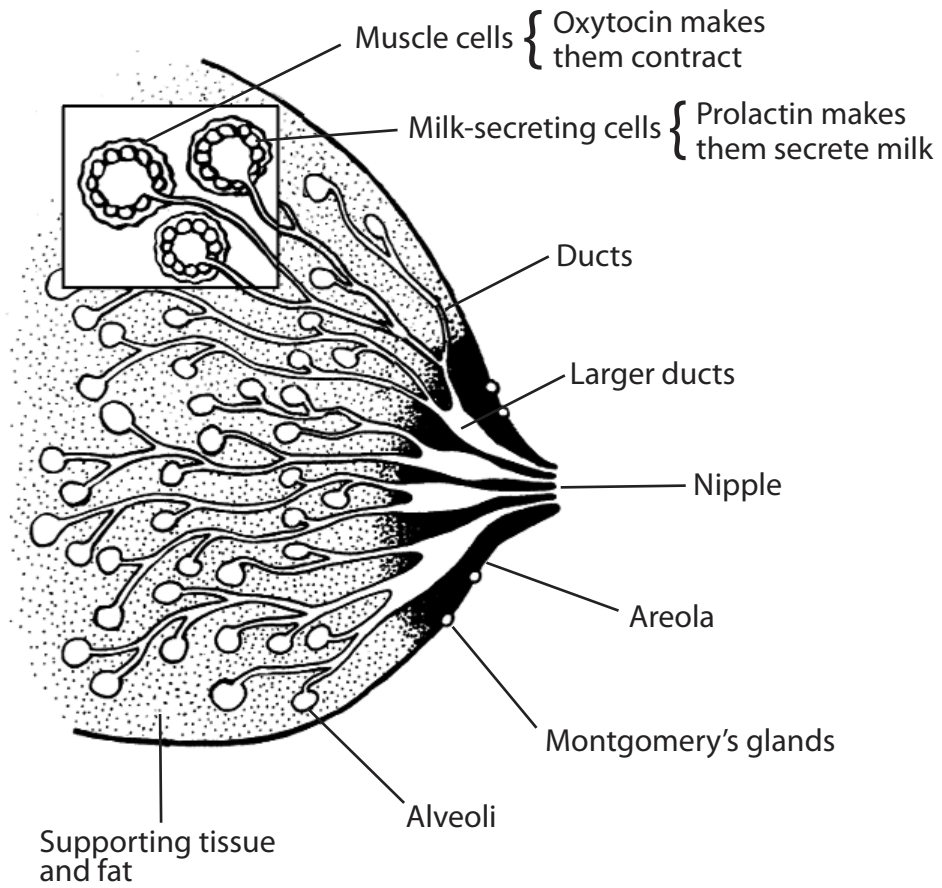
Recommended Complementary Feeding Practice	Possible Points of Discussion for Counselling (choose most relevant to mother's situation)
Give baby 2 to 3 different family foods: staple, legumes, vegetables/fruits, and animal foods at each serving	<ul style="list-style-type: none"> • Try to feed different foods at each serving.
Continue breastfeeding for two years of age or longer	<ul style="list-style-type: none"> • During the first and second years, breastmilk is an important source of nutrients for your baby • During the first year breastfeed first to maintain breastmilk supply.
Be patient and actively encourage baby to eat all his/her food	<ul style="list-style-type: none"> • At first baby may need time to get used to eating foods other than breastmilk • Use a separate plate to feed the child to make sure s/he eats all the food given.
Wash hands with soap and water before preparing food, eating, and feeding young children	<ul style="list-style-type: none"> • Foods given to the child must be stored in hygienic conditions to avoid diarrhoea and illness.
Feed baby using a clean cup and spoon	<ul style="list-style-type: none"> • Cups are easy to keep clean.

MODULE II

HANDOUT 6: Anatomy of the Human Breast

Anatomy of the breast

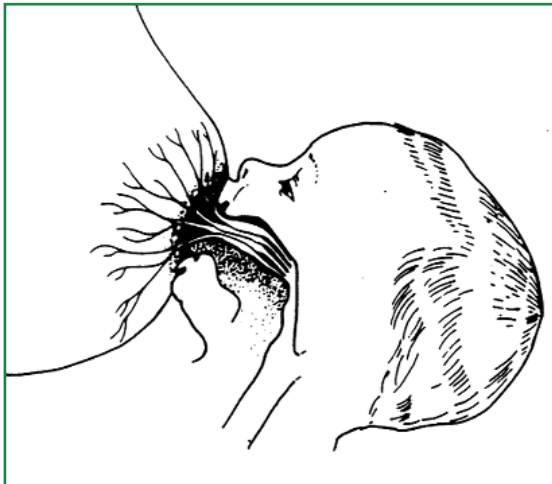
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WHO. Infant and Young Child Feeding Counselling: An Integrated Course. 2006

MODULE II

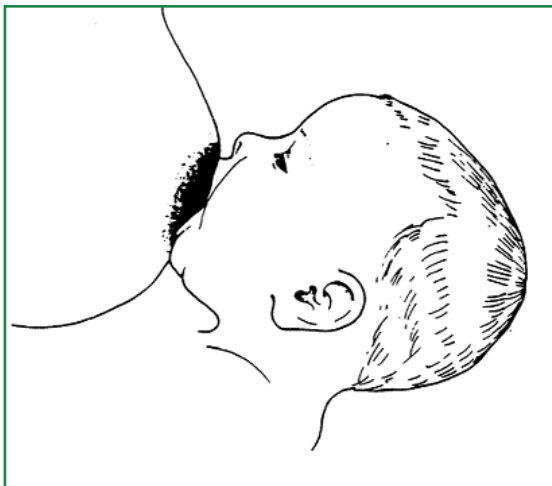
HANDOUT 7: Good and Poor Attachment



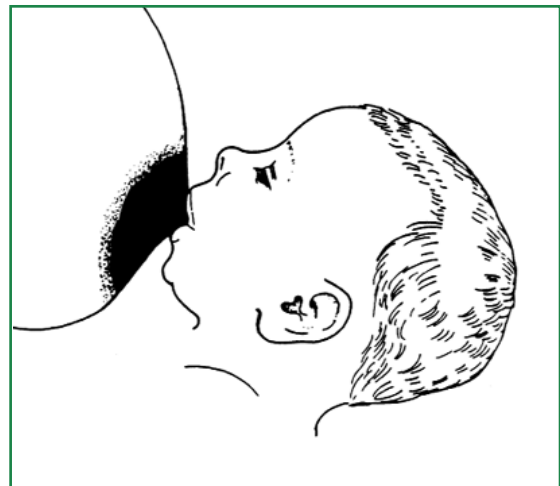
Good attachment



Poor attachment



Good attachment



Poor attachment

MODULE II

HANDOUT 8: *Listening and Learning* Counselling Skills

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(The following *Listening and Learning* demonstrations are adapted from: *Infant and Young Child Feeding Counselling: An Integrated Course*. WHO/UNICEF. 2006.)

Demonstration 1: Non-verbal communication

With each demonstration say exactly the same few words, and try to say them in the same way, for example: "Good morning, Habiba. How is breastfeeding going for you and the baby?"

A. Posture:

Helps: Sit so that your head is level with hers.

Hinders: Stand with your head higher than the mother's.

B. Pay attention (eye contact):

Helps: Look at her and pay attention as she speaks.

Hinders: Look away at something else, or down at your notes.

C. Barriers:

Helps: Remove the table or the notes.

Hinders: Sit behind a table, or write notes while you talk.

D. Taking time:

Helps: Make mother feel that you have time. Sit down and greet her without hurrying; then just stay quietly smiling at her, watching her breastfeed, and waiting for her to answer.

Hinders: Be in a hurry. Greet her quickly, show signs of impatience, and look at your watch.

E. Touch:

Helps: Touch the mother or baby appropriately.

Hinders: Touch her in an inappropriate way.

(Note: If you cannot demonstrate an inappropriate touch, simply demonstrate not touching).

MODULE II

HANDOUT 8: *Listening and Learning Counselling Skills*

(2/4 cont'd next page)

Demonstration 2: Closed questions to which mother can answer 'yes' or 'no'

HW = Health Worker, Community Health Worker, Community Health Volunteer, Outreach Worker.

HW: "Good morning, (name). I am (name). Is (name of baby) well?"

Mother: "Yes, thank you."

HW: "Are you breastfeeding him?"

Mother: "Yes".

HW: "Are you having any difficulties?"

Mother: "No".

HW: "Is he breastfeeding very often?"

Mother: "Yes".

Ask: What did the HW learn from this mother?

Comment: The HW got 'yes' and 'no' for answers and didn't learn much. It can be difficult to know what to say next.

Demonstration 3: Open questions

HW: "Good morning, (name). I am (name), the Community Health Worker. How is (name of baby)?"

Mother: "He is well, and he is very hungry."

HW: "Tell me, how are you feeding him?"

Mother: "He is breastfeeding. I just have to give him one bottle feed in the evening."

HW: "What made you decide to do that?"

Mother: "He wants to feed too much at that time, so I thought that my milk is not enough".

Ask: What did the CHW learn from this mother?

Comment: The CHW asked open questions. The mother could not answer with a 'yes' and 'no', and she had to give some information. The CHW learned much more.

MODULE II

HANDOUT 8: *Listening and Learning Counselling Skills*

(3/4 cont'd next page)

Demonstration 4: Using responses and gestures that show interest

HW: "Good morning, (name). How is (child's name) now that he has started solids?"

Mother: "Good morning. He's fine, I think."

HW: "Mmm." (nods, smiles.)

Mother: "Well, I was a bit worried the other day, because he vomited."

HW: "Oh dear!" (raises eyebrows, looks interested.)

Mother: "I wondered if it was something in the stew that I gave him."

HW: "Aha!" (nods sympathetically).

Ask: How did the HW encourage the mother to talk?

Comment: The HW asked a question to start the conversation. Then she encouraged the mother to continue talking with responses and gestures.

Demonstration 5: Reflecting back

HW: "Good morning (name). How are you and (child's name) today?"

Mother: "He wants to feed too much - he is taking my breast all the time!"

HW: "(Child's name) is feeding very often?"

Mother: "Yes. This week he is so hungry. I think that my milk is drying up."

HW: "He seems more hungry this week?"

Mother: "Yes, and my sister is telling me that I should give him some bottle feeds as well."

HW: "Your sister says that he needs something more?"

Mother: "Yes. Which formula is best?"

Ask: What did the HW learn from the mother?

Comment: The HW reflects back what the mother says, so the mother gives more information.

MODULE II

HANDOUT 8: *Listening and Learning Counselling Skills*

(4/4 cont'd)

Demonstration 6: Avoid using judging words (2 skits)**Skit 1:**

HW: "Good morning (name). Is (child's name) breastfeeding normally?"

Mother: "Well I think so."

HW: "Do you think you have enough breastmilk for him?"

Mother: "I don't know.....I hope so, but maybe not....." (She looks worried.)

HW: "Has he gained weight well this month?"

Mother: "I don't know....."

HW: "May I see his growth chart?"

Ask: What did the HW learn about the mother's feelings?

Comment: The HW is not learning anything useful, but is making the mother very worried.

Demonstration 6: Avoid using judging words (2 skits)**Skit 2:**

HW: "Good morning (name). How is breastfeeding going for you and (child's name)?"

Mother: "It's going very well. I haven't needed to give him anything else"

HW: "How is his weight? Can I see his growth chart?"

Mother: "Nurse said that he gained more than half a kilo this month. I was pleased."

HW: "He is obviously getting all the breastmilk that he needs."

Ask: What did the HW learn about the mother's feelings?

Comment: This time the HW learnt what s/he needed to know without making the mother worried. The HW used open questions to avoid using judging words.

MODULE II

HANDOUT 9: IYCF Assessment of Mother/Child Pair

(1/2 cont'd next page)

Name of Mother/Caregiver				
Observation of mother/caregiver				
Name of Child				
Age of child (completed months)				
Growth Curve Increasing				
Breastfeeding				
Yes	Frequency: times/day	Difficulties: How is breastfeeding going for you?		
No	When did breastfeeding stop?			
Complementary Foods				
Is your child getting anything else to eat?	What	Frequency: times/day	Amount: how much	Texture: how thick
Staple (porridge, other local examples)				
Legumes (beans, other local examples)				
Vegetables/Fruits (local examples)				
Animal: meat/fish/offal/bird/eggs				

MODULE II

HANDOUT 9: IYCF Assessment of Mother/Child Pair

(2/2 cont'd)

Liquids				
Is your child getting anything else to drink?	What	Frequency: times/day	Amount: how much	Bottle Use? Yes/No
Other milks				
Other liquids				
Who assists the child when eating?				
Child Illness	Child ill	Child not ill	Child recovering	

MODULE II

HANDOUT 10: Checklist for Observer/Supervisor/
Mentor – IYCF Assessment of Mother/Child Pair

(1/2 cont'd next page)

Did the Health Worker?**Use listening and learning skills:**

	Keep head level with mother/parent/caregiver.
	Pay attention (eye contact).
	Remove barriers (tables and notes).
	Take time.
	Appropriate touch.
	Ask open questions.
	Use responses and gestures that show interest.
	Reflect back what the mother says.
	Avoid using judging words.

Use building confidence and giving support skills:

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

Assess

	Complete the IYCF Assessment of Mother/Child Pair (Handout 9: IYCF Assessment of Mother/Child Pair).
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MODULE II

HANDOUT 10: Checklist for Observer/Supervisor/
Mentor – IYCF Assessment of Mother/Child Pair**Did the Health Worker?**

(2/2 cont'd)

Analyse

	Identify any feeding difficulty.
	If there is more than one difficulty, prioritize difficulties.


Act

	If breastfeeding, discuss age-appropriate recommended breastfeeding practices (Handout 3: Recommended breastfeeding practices and possible points of discussion for counselling).
	Talk with mother about the characteristics of complementary feeding (FATVAH) (Handout 5: Recommended complementary feeding practices and possible points of discussion for counselling).
	Present options/small do-able actions (time-bound) and help mother select one or two that she can try to overcome the difficulty of inadequate complementary foods: F = Frequency; A = Amount; T = Texture (thickness/consistency); V = Variety; A = active or responsive feeding; and H = Hygiene.
	Ask mother to repeat the agreed upon new behavior.
	Suggest where mother can find support (attend educational talk at CMAM site, IYCF Support Groups in community, and refer to Community Volunteer).
	Refer as necessary.
	Let mother know that you will follow-up with her at the next weekly or bi-weekly visit.
	Reflect back what the mother says.
	Thank mother for her time.

MODULE II

HANDOUT II: Common Breastfeeding Difficulties

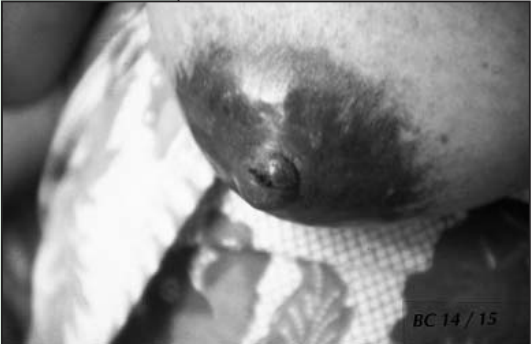
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<p>Breastfeeding Difficulty</p> 	<p>Engorgement</p> <p>Symptoms:</p> <ul style="list-style-type: none"> • Occurs on both breasts • Swelling • Tenderness • Warmth • Slight redness • Pain • Skin shiny, tight and nipple flattened • Usually begins on the 3rd – 5th day after birth.
<p>Prevention</p>	<ul style="list-style-type: none"> • Good attachment • Put baby skin-to-skin with mother • Start breastfeeding within an hour of birth • Breastfeed frequently on demand/cue (as often and as long as baby wants) day and night: 10 – 12 times per 24 hours.
<p>What to do</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Apply cold compresses to breasts to reduce swelling. <input type="checkbox"/> Breastfeed more frequently. <input type="checkbox"/> Offer both breasts. <input type="checkbox"/> Improve attachment. <input type="checkbox"/> Gentle stroking of breasts helps to stimulate milk flow. <input type="checkbox"/> Press around areola to reduce oedema, to help baby to attach. <input type="checkbox"/> Express milk to relieve pressure until baby can suckle.

MODULE II

HANDOUT II: Common Breastfeeding Difficulties


(2/3 cont'd next page)

<p>Breastfeeding Difficulty</p>	<p>Sore or Cracked Nipples</p>  <p>Symptoms:</p> <ul style="list-style-type: none"> • Breast/nipple pain • Cracks across top of nipple or around base • Occasional bleeding • May become infected.
<p>Prevention</p>	<ul style="list-style-type: none"> • Good attachment • Do not use feeding bottles (sucking method is different than breastfeeding so can cause 'nipple confusion') • Do not use soap or creams on nipples.
<p>What to do</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Do not stop breastfeeding Improve attachment. <input type="checkbox"/> Begin to breastfeed on the side that hurts less. <input type="checkbox"/> Vary breastfeeding positions. <input type="checkbox"/> Let baby come off breast by him/herself. <input type="checkbox"/> Apply drops of breastmilk to nipples and allow to air dry. <input type="checkbox"/> Do not use soap or cream on nipples. <input type="checkbox"/> Do not wait until the breast is full to breastfeed. <input type="checkbox"/> Do not use bottles.

MODULE II

HANDOUT II: Common Breastfeeding Difficulties

(3/3 cont'd)

<p>Breastfeeding Difficulty</p>  <p>BC 14 / 9</p>	<p>Plugged Ducts and Mastitis</p> <p>Symptoms of Plugged Ducts:</p> <ul style="list-style-type: none"> • Lump, tender, localized redness, feels well, no fever. <p>Symptoms of Mastitis</p> <ul style="list-style-type: none"> • Hard swelling • Severe pain • Redness in one area • Generally not feeling well • Fever • Sometimes a baby refuses to feed as milk tastes more salty.
<p>Prevention</p>	<ul style="list-style-type: none"> • Get support from the family to perform non-infant care chores • Ensure good attachment • Breastfeed on demand/cue, and let infant finish/come off breast by him/herself • Avoid holding the breast in scissors hold • Avoid tight clothing.
<p>What to do</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Do not stop breastfeeding (if milk is not removed risk of abscess increases; let baby feed as often as s/he will). <input type="checkbox"/> Apply warmth (water, hot towel). <input type="checkbox"/> Hold baby in different positions, so that the baby's tongue/chin is close to the site of the plugged duct/ mastitis (the reddish area). The tongue/chin will massage the breast and release the milk from that part of the breast. <input type="checkbox"/> Ensure good attachment. <input type="checkbox"/> Apply gentle pressure to breast with flat of hand, rolling fingers towards nipple; then express milk or let baby feed every 2-3 hours day and night <input type="checkbox"/> Rest (mother). <input type="checkbox"/> Drink more liquids (mother). <input type="checkbox"/> If no improvement in 24 hours refer.

MODULE II

HANDOUT 12: Insufficient Breastmilk

(1/2 cont'd next page)

Insufficient breastmilk	<p>Perceived by mother</p> <ul style="list-style-type: none"> • You “think” you do not have enough milk • (Baby restless or unsatisfied). <p>First decide if the baby is getting enough breastmilk or not (weight, urine and stool output).</p>
Prevention	<ul style="list-style-type: none"> • Put baby skin-to-skin with mother • Start breastfeeding within an hour of birth • Stay with baby • Ensure good attachment • Encourage frequent demand/cue feeding • Let baby finish first breast first • Breastfeed exclusively day and night • Avoid bottles • Encourage use of non-oestrogen family planning methods.
What to do	<ul style="list-style-type: none"> <input type="checkbox"/> Listen to mother’s concerns and why she thinks she does not have enough milk. <input type="checkbox"/> Decide if there is a clear cause of the difficulty (poor breastfeeding pattern, mother’s mental condition, baby or mother ill). <input type="checkbox"/> Check baby’s weight and urine and stool output (if poor weight gain refer). <input type="checkbox"/> Build mother’s confidence – reassure her that she can produce enough milk <input type="checkbox"/> Explain what the difficulty may be – growth spurts (2-3 weeks, 6 weeks, 3 months) or cluster feeding <input type="checkbox"/> Explain the importance of removing all the breastmilk from the breast <input type="checkbox"/> Check and improve attachment <input type="checkbox"/> Suggest stopping any supplements for baby – no water, formulas, tea, or liquids

MODULE II

HANDOUT 12: Insufficient Breastmilk

(2/2 cont'd)

What to do	<ul style="list-style-type: none"> <input type="checkbox"/> Suggest stopping any supplements for baby – no water, formulas, tea, or liquids <input type="checkbox"/> Avoid separation from baby and care of baby by others (express breastmilk when away from baby) <input type="checkbox"/> Suggest improvements to feeding pattern. Feed baby frequently on demand/cue, day and night. <input type="checkbox"/> Finish the first breast first – let the baby come off the breast by him/herself <input type="checkbox"/> Ensure mother gets enough to eat and drink <input type="checkbox"/> The breasts make as much milk as the baby takes – if s/he takes more, the breasts make more (the breast is like a “factory” – the more demand for milk, the more supply) <input type="checkbox"/> Take local drink or food that helps mother to “make milk” <input type="checkbox"/> Ensure that the mother and baby are skin-to-skin as much as possible.
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Insufficient breastmilk	<p>Baby not getting enough breastmilk</p> <ul style="list-style-type: none"> • Insufficient weight gain • For infants 0<6 months: less than 6 wet and 3 stools per day after day 4 (stools more important than wetness).
Prevention	<ul style="list-style-type: none"> • Same as Insufficient breastmilk as Perceived by mother above.
What to do	<p>Same as Insufficient breastmilk as Perceived by mother above</p> <p>If no improvement in weight gain after 1 week, refer mother and baby to nearest health post.</p>

MODULE II

HANDOUT 13: IYCF Discharge Plan Checklist

(1/2 cont'd next page)

- Review recommended breastfeeding & complementary feeding practices and assess mother-infant for compliance with age-appropriate practices.
- Counsel on recommended breastfeeding practices**
 - Put infant skin-to-skin with mother immediately after birth
 - Initiate breastfeeding within the first hour of birth
 - Exclusively breastfeed (no other food, drink or water) for 6 months
 - Breastfeed frequently, day and night
 - Breastfeed on demand (or cue) – every time the baby asks to breastfeed
 - Finish one breast completely before switching to the other
 - Continue breastfeeding for 2 years of age or longer
 - Continue breastfeeding when infant or mother is ill
 - Mother needs to eat and drink to thirst
 - Avoid feeding bottles.
- Counsel on recommended complementary feeding from 6 - 23 months**
 - At six months of age add complementary foods (such as thick porridge 2-3 times a day) to breastfeeds
 - As baby grows older increase feeding frequency, amount, texture (thickness/consistency) and variety
 - From 6 to 8 months breastfeed plus give foods 2-3 times per day
 - From 9 to 11 months breastfeed plus give food or snacks 4 times per day
 - From 12 to 23 months give food or snacks 5 times per day, plus breastfeed
 - Give baby 2 to 3 different family foods: staple, legumes, vegetables/ fruits, and animal foods at each serving
 - Continue breastfeeding for two years of age or longer

MODULE II

HANDOUT 13: IYCF Discharge Plan Checklist

(2/2 cont'd)

- Be patient and actively encourage baby to eat all his/her food
 - Wash hands with soap and water before preparing food, eating, and feeding young children
 - Feed baby using a clean cup and spoon
 - Encourage the child to breastfeed more and continue eating during illness, and provide extra food after illness.
- Counsel on skills**
- Good attachment and positioning if the child is < 3 months.
- Advise mother to come back if she has any breast or nipple problems or any other breastfeeding difficulties.
- Promote attendance at Growth Monitoring and Promotion (GMP).
- Promote attendance at community-based mother-to-mother support groups.
- Link to Essential Nutrition Action (ENA) contact points: antenatal (at health centre or in the community); at delivery in hospital, at home or by TBA; during postpartum and/or family planning sessions at health centre (or in the community); under five well-baby clinic during growth monitoring and promotion; at immunization sessions (campaigns and clinics); and at sick-child clinic.
- Link to mother/caregiver during home visit, supplementary feeding centres, and schools.
- Link mother/caregiver to CHW.

MODULE II

HANDOUT 14: How to Conduct a Group Session: Story, Drama, or Visual (OTTA)

Introduce yourself.

1. OBSERVE

- Tell a story; conduct a drama to introduce a topic or hold a visual so everyone can see it
- Ask the group participants:
 - What happened in the story/drama or visual?
 - What are the characters in the story/drama or visual doing?
 - How did the character feel about what s/he was doing? Why did s/he do that?

2. THINK

- Ask the group participants:
 - Whom do you agree with? Why?
 - Whom do you disagree with? Why?
 - What is the advantage of adopting the practice described in the story/drama or visual?
- Discuss the key messages of today's topic.

3. TRY

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

4. ACT

Repeat the key messages.

- Ask the group participants:
 - What would you do in the same situation? Why?
 - What difficulties might you experience?
 - How would you be able to overcome them?

Set a time for the next meeting and encourage group participants to come ready to talk about what happened when they tried out the new practice or encouraged someone to try it and how they managed to overcome any obstacles.

MODULE II

HANDOUT 15: Characteristics of an IYCF Support Group

1. This is a safe environment of respect, attention, trust, sincerity, and empathy.
2. The group allows participants to:
 - Share infant feeding information and personal experience
 - Mutually support each other through their own experience
 - Strengthen or modify certain attitudes and practices
 - Learn from each other.
3. The group enables participants to reflect on their experience, doubts, difficulties, popular beliefs, myths, information, and infant feeding practices. In this safe environment participants have the knowledge and confidence to decide to strengthen or modify their infant feeding practices.
4. IYCF Support Groups are not LECTURES or CLASSES. All participants play an active role.
5. Support groups focus on the importance of one-to-one communication. In this way all the participants can express their ideas, knowledge, and doubts, share experience, and receive and give support.
6. The sitting arrangement allows all participants to have eye-to-eye contact.
7. The group size varies from 3–15.
8. The group is facilitated by an experienced facilitator/mother who listens and guides the discussion.
9. The group is open, allowing all interested pregnant women, breastfeeding mothers, women with older toddlers, fathers, caregivers, and other interested women to attend.
10. The facilitator and the participants decide the length of the meeting and frequency of the meetings (number per month).

MODULE II

HANDOUT 16: Post-assessment (for Facilitator)

What have we learned?				
		Yes	No	Don't know
1.	A support group is the same as an educational talk. (Session 9)		X	
2.	A HIV infected mother can pass the virus to her baby during pregnancy, labour and delivery, and breastfeeding. (Session 5)	X		
3.	Inadequate infant feeding during the first 2 years of life results in poor growth and brain development. (Session 1)	X		
4.	At 4 months, infants need water and other drinks in addition to breastmilk. (Session 3)		X	
5.	The most effective approach to changing behavior is to tell a mother how to feed her child. (Session 6)		X	
6.	The more milk a baby removes from the breast, the more breastmilk the mother makes. (Session 4)	X		
7.	A baby should breastfeed for 2 years or longer. (Session 2)	X		
8.	Correct attachment of baby to breast can help prevent sore and cracked nipples. (Session 7)	X		
9.	After discharge from OTP (Outpatient Care), a child has recuperated/recovered and no additional feeding recommendations are required. (Session 8)		X	
10.	For a HIV-infected mother, both breastfeeding and artificial feeding carry risks to child survival. (Session 5)	X		