

Maternal, Infant and Young Child Nutrition



Counseling Cards for Health Care Workers



Acknowledgements

This Infant and Young Child Feeding (IYCF) flip chart is adapted from the set of Counseling Cards used as a part of the Health, Infant and Young Child Feeding (IYCF) Counseling Package, developed through a strategic collaboration between the United Nations Children's Fund (UNICEF), New York, and the combined technical and graphic team of Nutrition Policy Practice (NPP) and the Center for Human Services, the not-for-profit affiliate of University Research Co., LLC (URC/CHS). The Health IYCF Counseling Package includes the Facilitator Guide, Appendices, and Training Aids, for use in training health workers; the Participant Materials, training handouts and monitoring tools; a set of 28 IYCF Counseling Cards and companion key Messages Booklet; 3 Take-home Brochures; and an Adaptation Guide including a "Clip Art" compendium for use by national or local stakeholders in adapting this package for use in their own settings. All of the materials found in the health IYCF Counseling Package are available in their electronic formats to facilitate their dissemination and adaptation.

The various elements of the IYCF Counseling Package are based on several WHO/UNICEF guidance documents, especially the recent WHO 2016 guidelines. Training and other materials include the WHO/UNICEF Breastfeeding, Complementary Feeding and Infant and Young Child Feeding Counseling training courses. The package also builds on materials developed by the Academy for Educational Development's LINKAGES Project; the CARE USA and URC/CHS collaboration in Dadaab Kenya; and the integration of IYCF Support into Health Management of Acute Malnutrition (CMAM), produced by the ENN/IFE Core Group and IASC. The technical content of this flip chart *Counseling Cards for Health Care Workers* aims to reflect the *Guidelines on HIV and Infant Feeding 2016: Principles and Recommendations for Infant Feeding in the Context of HIV* and a summary of evidence related to current issues and IYCF in the context of HIV shared by program management and field staff in SAATHII's Svetana project under the Global Fund Grant and the Complementary Project towards Elimination of Pediatric HIV (COPE) with the funding and guidance of Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). The illustrations draw heavily on IYCF behavior change materials and other job aids developed with the technical support of URC/CHS, financed by the United States Agency for International Development (USAID) in Tanzania, Uganda, Niger and Benin; CARE USA in Dadaab, Kenya; and the UNICEF offices in Kenya and Malawi. The Health IYCF Counseling Package has been developed by UNICEF New York team of Nune Mangasaryan, Senior Advisor, Infant and Young Child Nutrition; Christiane Rudert, Nutrition Specialist (infant feeding); Mandana Arabi, Nutrition Specialist (Complementary Feeding); in close collaboration with the NPP and URC/CHS team of Maryanne Stone-Jimenez, IYCF Training Expert; Mary Lung'aho, IYCF Health/ Emergencies Expert; Peggy Koniz Booher, IYCF Behaviour Change and Job Aids Expert. The package illustrations were developed Kurt Mulholland, Senior Graphic Artist; and Victor Nolasco, Senior Graphic Illustrator. Many country teams (national authorities, program staff and communities) involved in developing and pretesting previous materials also warrant acknowledgement for their contributions. The package was reviewed by WHO headquarters colleagues: Carmen Casanovas (Technical Officer), Constanza Vallenias (Medical Officer) and the HIV component by Nigel Rollins (Scientist). External reviewers also included Facility Savage and Rukhsana Haider, and comments were received from Holly Blanchard (Maternal Child Health Integrated Program) The contributions of the Ministry of Health, UNICEF-Zambia, staff from various partner agencies and the health workers who participated in the field tested of the package in August 2010 in Lusaka, Zambia, is also acknowledged. Although each of these sections of the material had been copy righted and co-branded by UNICEF and URC/CHS, they had permitted any part of this package to be printed, copied and/or adapted to meet local needs without express written permission.

The core team of COPE that worked on this material acknowledges this gesture without which the production and adaption of this material would not been possible. And gives full credit to UNICEF and URC/CHS for producing such a material that has been the source for this IYCF flipchart for counseling. Requests to reproduce the materials maybe directed to iycn@unicef.org. in addition, 1) the source of the original materials should be fully acknowledged, 2) the parts of the package that are printed, copied and/or adapted should be distributed free or at cost (not for profit), and 3) credit must be given to both UNICEF and URC/CHS.

The current form of the flip chart (the original 28 cards has been concised into 16 cards) has been tailor-made to suit the requirements of the Field Coordinators (FCs) during their home visits to HIV positive pregnant women and for facility based Counsellors at private health facilities to counsel pregnant women. We gratefully acknowledge the expertise provided by external consultants for reviewing the content and updating the same with current guidelines on IYCF and revised PPTCT guidelines in the country.

We acknowledge the efforts of COPE project teams from SAATHII, Prayas, Swami Vivekananda Youth Movement, Field coordinators, Program officers, Medical Managers, State Directors, Regional Technical/ Program Managers and the Country Director who reviewed the concepts and gave crucial inputs to adapt them to suit field reality. We acknowledge the efforts of the Svetana PR team and the guidance of our President.

The SAATHII and COPE core team takes this opportunity to acknowledge the contribution and guidance of Ms. Catharina Alons and Ms. Lynne M Mofenson MD from EGPAF for their support and sharing of resource materials made this effort an enriching experience.

IYCF positive counseling skills

Positive counseling skills

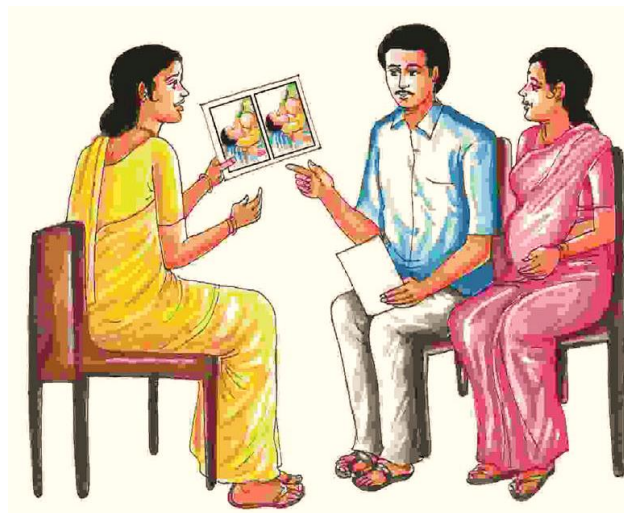
This set of cards was developed for you to help counsel mothers and other caregivers about maternal, infant and young child nutrition (MIYCN). Positive counseling skills are important for your success. Some basic counseling skills presented below include Listening and Learning, as well as Building Confidence and Giving Support.

Listening and Learning skills

- Use helpful non-verbal communication
- Keep your head level with the mother (or caregiver)
- Pay attention
- Reduce physical barriers
- Take time
- Touch appropriately
- Ask open questions
- Use responses and gestures that show interest
- Reflect back what the mother (or caregiver) says
- Avoid using “judging” words

Building Confidence and Giving Support skills

1. Accept what a mother (or caregiver) thinks and feels. Let the mother (or caregiver) talk through her or his concerns before correcting any wrong ideas or misinformation. This helps to establish confidence.
2. Listen carefully to the mother’s (or caregiver’s) concerns.
3. Recognize and praise what a mother (or caregiver) and child are doing correctly.
4. Give practical help.
5. Give a little, relevant information at a time.
6. Use simple language that the mother or caregiver will understand.
7. Use appropriate Counseling Card(s) or Take-Home Brochure(s).
8. Make one or two suggestions, not commands.



IYCF 3-Counseling:

The following 3-Step Counseling will help you to counsel, problems solve and reach an agreement with mothers (or caregiver) 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.
- Assess the age appropriate feeding practice(s) and the condition or health of the child and mother (or caregiver).

Step 2: Analyze: identify difficulty and if there is more than one - prioritize the difficulties

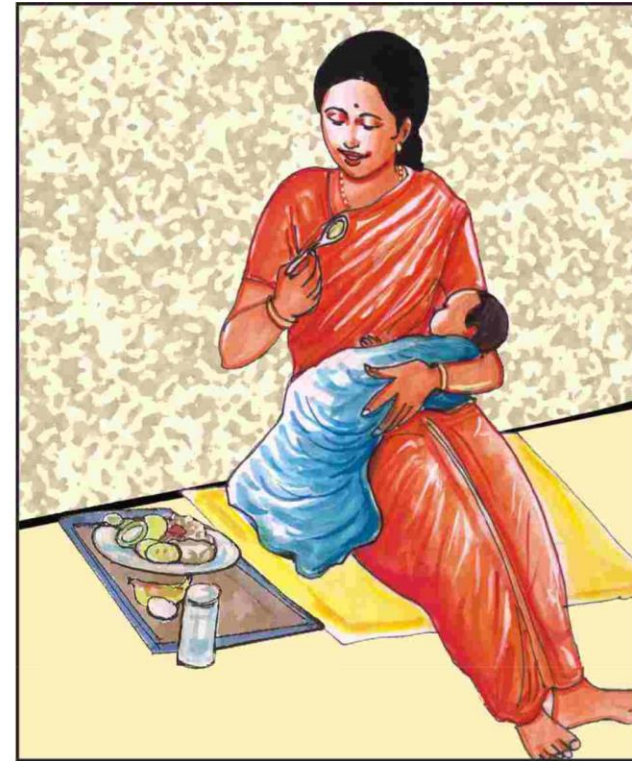
- Decide if the feeding you observe is age appropriate and if the condition or health of the child and mother (or caregiver) is good.

- 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 doable action

- Depending on the factors analyzed above, select a small amount of information to share with the mother or caregiver that is most relevant to her or his situation.
- Be sure to praise the mother or caregiver for what she or he is doing well.
- Present options for addressing the feeding difficulty or condition of health of the child or caregiver in terms of small do-able actions. These actions should be time-bound (within the next few days or weeks).
- Share key information with the mother or caregiver, using the appropriate Counseling Cards or Take home, Brochures and answering 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 find additional support. Refer to the nearest health facility 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.

Nutrition for pregnant and breastfeeding woman



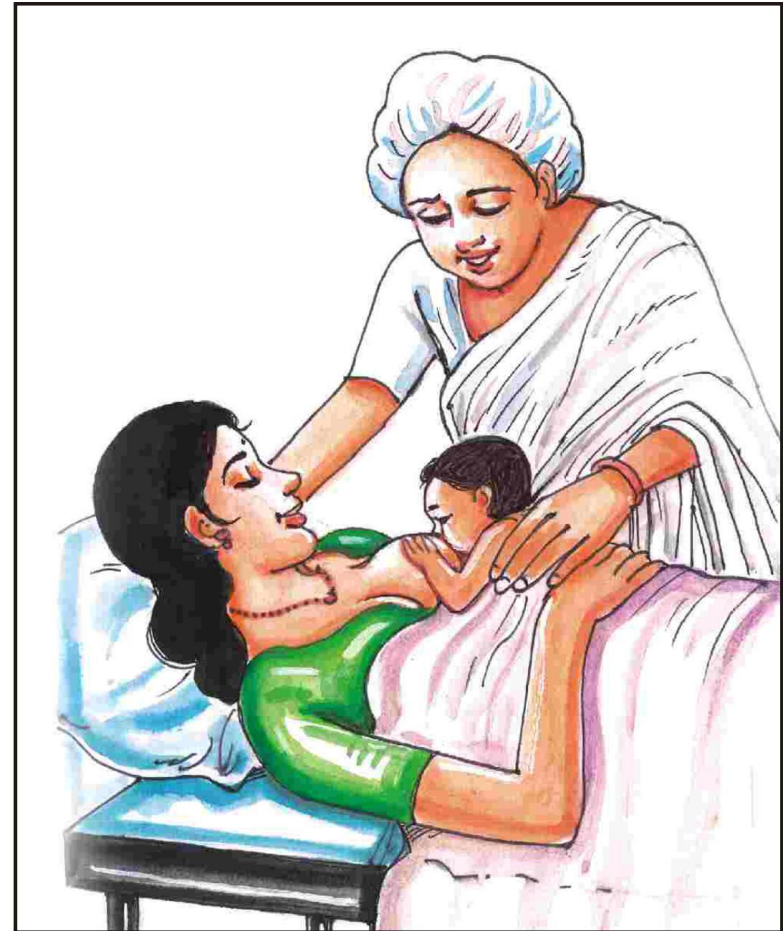
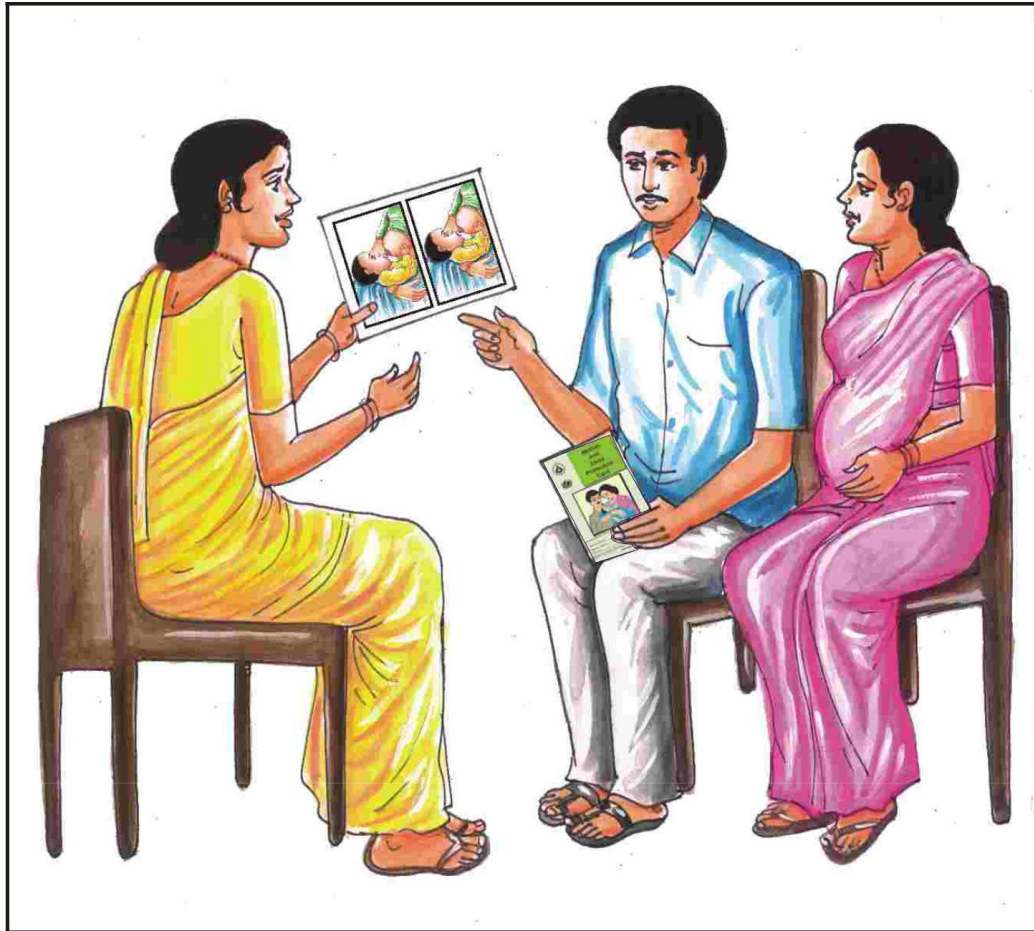


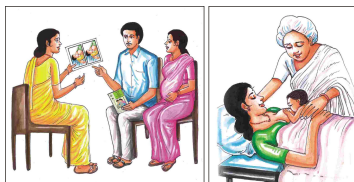
Counseling Card 1

Nutrition for pregnant and breastfeeding woman

- ❖ During your pregnancy and breast feeding period eat two additional small meals or snacks (additional food between meals) each day to provide energy and nutrition for you and your growing baby.
- ❖ You need to eat the best nutritious foods available, including milk, fresh fruit and vegetables, meat, fish, eggs, grains, groundnuts, peas and beans.
- ❖ Consume a minimum of 2 to 3 liters of liquids per day.
- ❖ Taking tea or coffee with meals can interfere with your body's use of the foods.
- ❖ During pregnancy and breastfeeding, special nutrients will help your baby grow well and be healthy.
- ❖ Take iron and folic acid tablets to prevent Anemia during pregnancy and continue for 6-12 weeks following delivery.
- ❖ Take vitamin A tablets immediately after delivery or within 6 weeks so that your baby receives the vitamin A in your breast milk to help prevent illness.
- ❖ Use iodized salt to help your baby's brain and body develop well.
- ❖ Take de-worming tablets to help prevent Anemia.
- ❖ Adolescent mothers: you need extra care, more food and more rest than an older mother. You need to nourish your own body, which is still growing, as well as your growing baby's.
- ❖ Learn your HIV status, attend all the clinic appointments and take your medicines as advised by your health provider.

Immediate breastfeeding after birth





Counseling Card 2

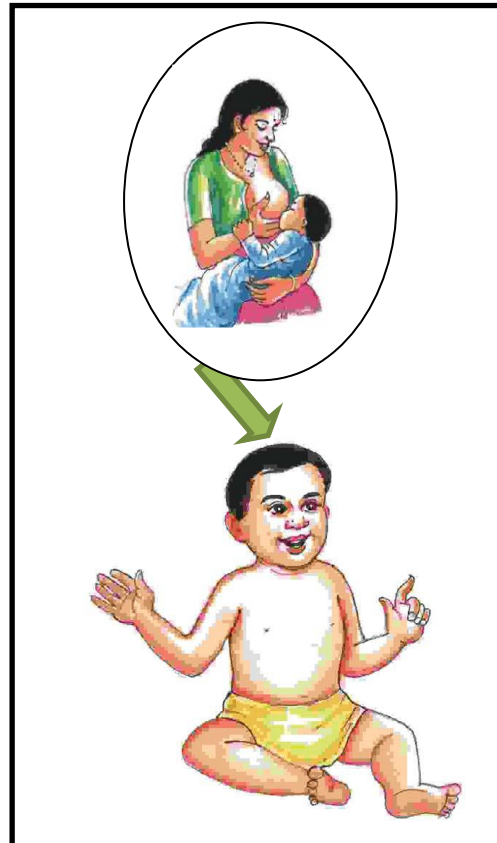
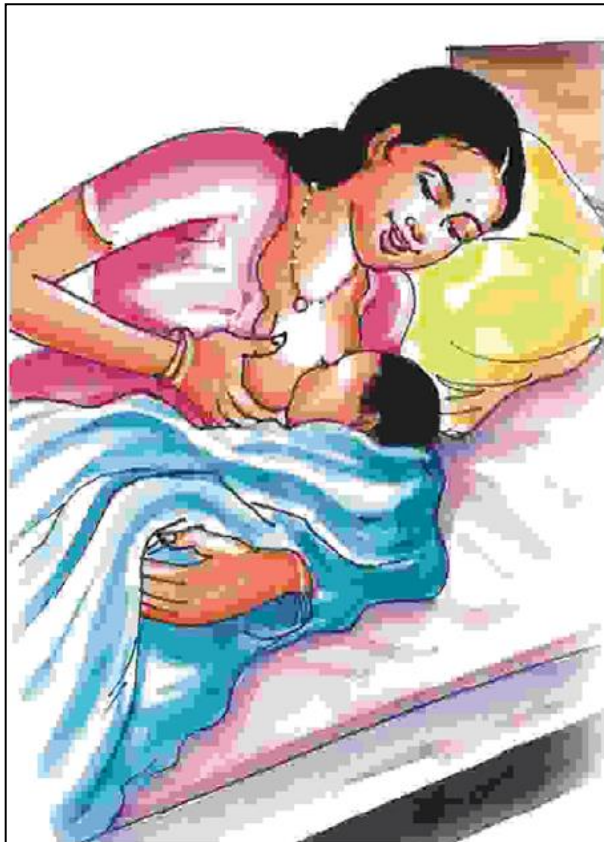
Immediate breastfeeding after birth

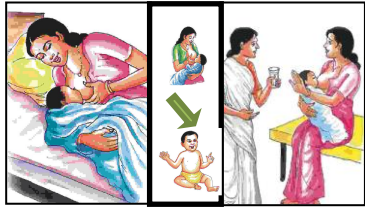
- ❖ Hold your newborn skin-to-skin immediately after birth and continue for one hour. This will keep your baby warm and breathing well. Helps the baby to reach breast easily, and establish bonding between you and your baby.
- ❖ Begin breastfeeding within the first hour of birth. Early breastfeeding helps the baby learn to breastfeed while the breast is still soft and helps reduce your bleeding.
- ❖ Colostrum, the first thick yellowish milk, is good for your baby. Your baby's stomach is very small and the baby needs only colostrum during the first few days after birth.
- ❖ Colostrum helps protect your baby from illness and helps your baby pass his/her first dark stool.
- ❖ Breastfeed frequently to help your breast milk 'come in' and to ensure plenty of breast milk.
- ❖ Do not give water or other liquids to your baby during the first days after birth. Your baby does not need water or other liquids. They are not necessary and are dangerous for your newborn.

Extra note:

There may be a period of 24 hours in the first day or two when the baby feeds only 2 to 3 times. After the first few days, frequent breastfeeding is important for establishing a good supply of breast milk.

During the first 6 months, give **ONLY** breast milk
Exclusive breastfeeding during the first 6 months





Counseling Card 3

During the first 6 months, give ONLY breast milk

- ❖ Breast milk is a complete food for your baby during the first 6 months of life.
- ❖ Do not give anything else, not even water, during your baby's first 6 months. Even during very hot weather breast milk will satisfy your baby's thirst.
- ❖ Giving your baby anything else will make your baby sick and cause him or her to suckle less and will reduce the amount of breast milk that you produce.
- ❖ You can give medicines, vitamin drops etc. ONLY if they are recommended by your health care provider.

Exclusive breastfeeding during first 6 months

- ❖ Exclusive breastfeeding means feeding your baby ONLY breast milk for the first 6 months.
- ❖ Breast milk provides all of the nutrients and water that your baby needs during the first six months of life.
- ❖ Exclusive breastfeeding for the first 6 months protects your baby from many illnesses, such as diarrhoea and respiratory infections.
- ❖ Mixed feeding means feeding your baby both breast milk and other food or liquids including infant formula, animal milks or water.
- ❖ Mixed feeding before 6 months can damage your baby's health and may cause diarrhoea, pneumonia and malnutrition. This reduces the protection that exclusive breastfeeding gives, and the benefits that your baby gets from your breast milk.

Breastfeed on demand, both day and night





Counseling Card 4

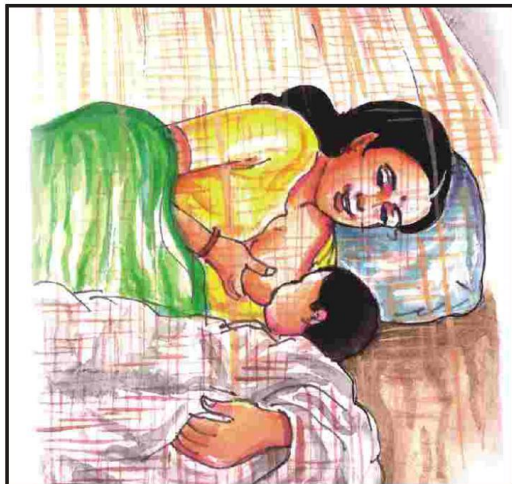
Breastfeed on demand, both day and night

- ❖ Breastfeed the baby as often as the baby wants to drink, both day and night.
- ❖ The more your baby suckles (with good attachment), the more breast milk you will produce.
- ❖ Early signs that your baby wants to breastfeed include:
 - Restlessness
 - Opening mouth and turning head from side-to-side
 - Putting tongue in an out
 - Suckling on fingers and fists
- ❖ Crying is not necessarily a sign of hunger or sickness. Do not give your baby herbs, infant formula, other milks or teats. If your baby is crying, maybe he or she needs your attention or is uncomfortable. Check to make sure that he or she is clean and comfortable.
- ❖ Switching back and forth from one breast to the other is not good. Let your baby finish one breast before offering the other.
- ❖ This helps the baby to get both the 'fore milk' and the 'hind milk'. The 'fore milk' has more water and satisfies the baby's thirst. The 'hind milk' has more fat and satisfies your baby's hunger.
- ❖ If your baby is ill or sleepy, you may need to wake him or her to offer the breast often. Babies need to breastfeed often, every 2 to 3 hours.
- ❖ Take time, sit or lay down to breastfeed, and pay attention to your baby. Keep your baby close to you, day and night.
- ❖ When giving expressed breast milk, do NOT use bottles, teats or spouted cups. They are difficult to clean and can cause your baby to become sick.

Extra note:

- ❖ If a mother is concerned about her baby getting enough milk, encourage the mother and build her confidence. Review how to attach and position the baby to her breast. Review the mother's diet and work load.
- ❖ Reassure the mother that her baby is getting enough milk when her baby is:
 - Gaining weight (Refer to the baby's health card. Counsel the mother on breastfeeding. If you are not sure if the weight gain is adequate, or if you have other health concerns, refer the child to the nearest health facility)
 - Responsive and active (appropriately for his or her age)
 - Passing light-colored urine 6 times a day or more while being exclusively breastfed

There are many breastfeeding positions



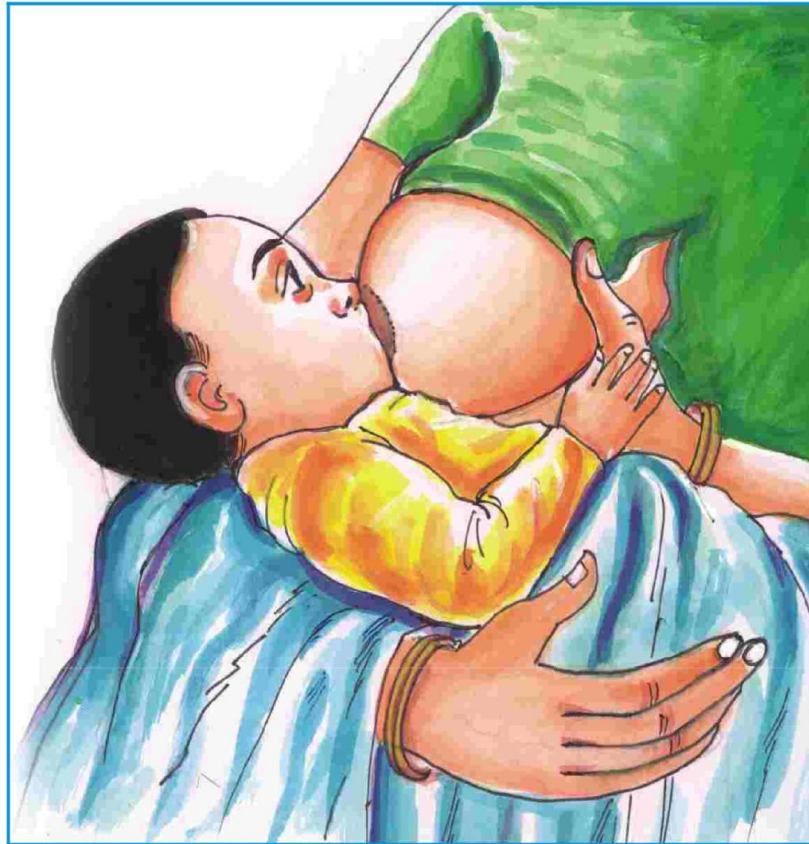
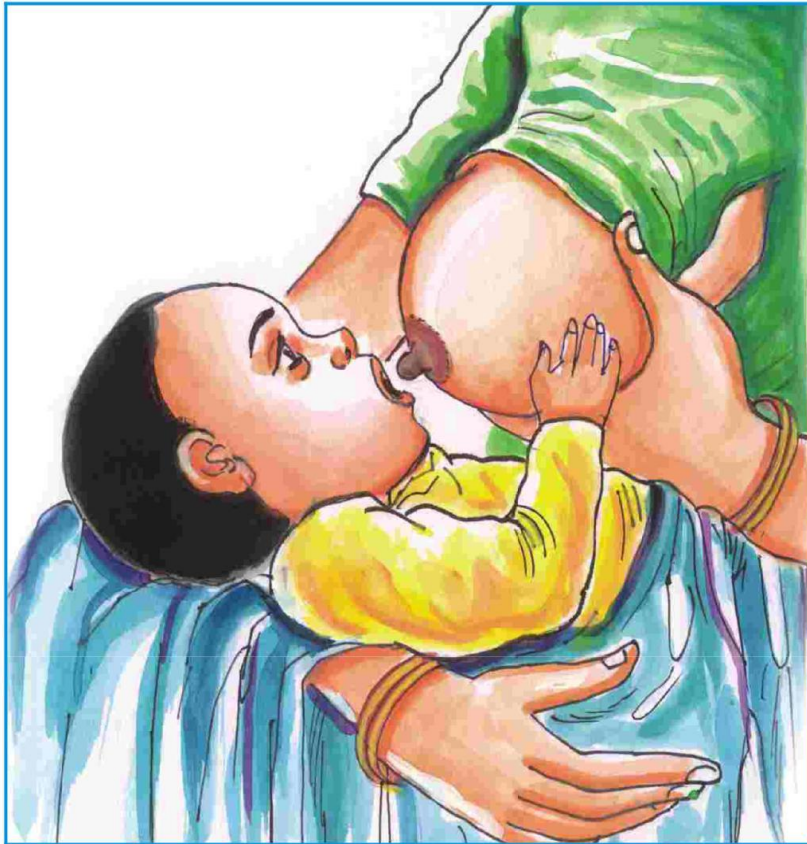


Counseling Card 5

There are many breastfeeding positions

- ❖ Good positioning helps to ensure that your baby suckles well and helps you to produce a good supply of breast milk.
- ❖ **The four key points about your baby's position are: straight, facing you, close and supported.**
 - Whole body of the baby is turned towards the mother
 - Head, neck and body of the baby are in a straight line
 - Face of the baby is opposite the breast (chest to chest, abdomen to abdomen)
 - You should support the baby's whole body including the neck, shoulders and the bottom of the baby with your hand and forearm
- ❖ **There are different ways to position your baby:**
 - Cradle position (most commonly used)
 - Side-lying position (use to rest while breastfeeding and at night)
 - Cross cradle position (good for small babies)
 - Under-arm position (use after caesarean section, if your nipples are painful or if you are breastfeeding twins or a small baby)
 - Twins - cradle position
 - Twins - under-arm position
- ❖ If your nipples hurt or your breasts feel uncomfortable when the baby is breastfeeding, review how the baby is attached to the breast, and try using another position

Good attachment is important



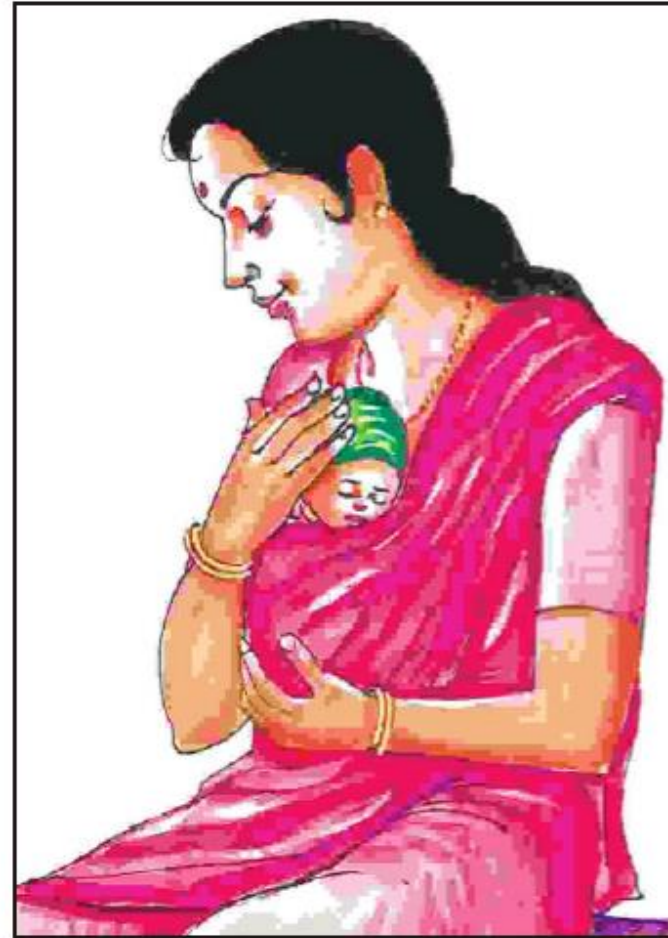


Counseling Card 6

Good attachment is important

- ❖ Make sure you begin to breastfeed within the first hour after birth.
- ❖ The more your baby suckles (with good attachment), the more breast milk you will produce.
- ❖ Good attachment helps to prevent sore and cracked nipples.
- ❖ Breastfeeding should not be painful.
- ❖ Get help to improve the attachment if you experience pain.
- ❖ **There are 4 signs of good attachment:**
 1. Baby's mouth is wide open
 2. You can see more of the darker skin (areola) above the baby's mouth than below
 3. Baby's lower lip is turned outwards
 4. Baby's chin is touching mother's breast
- ❖ **The signs of effective suckling are:**
 - a. The baby takes slow deep suckles, sometimes pausing
 - b. You may be able to see or hear your baby swallowing after one or two suckles
 - c. Suckling is comfortable and pain free for you
 - d. Your baby finishes the feed, releases the breast and looks contented and relaxed
 - e. The breast is softer after the feed
- ❖ Effective suckling helps you to produce milk and satisfy your baby.
- ❖ After your baby releases one breast offer your baby the other breast. This will ensure that your baby stimulates your milk production in both breasts, and also gets the most nutritious and satisfying milk.

Care and feeding of a low birth weight baby





Counseling Card 7

Care and feeding of a low birth weight baby

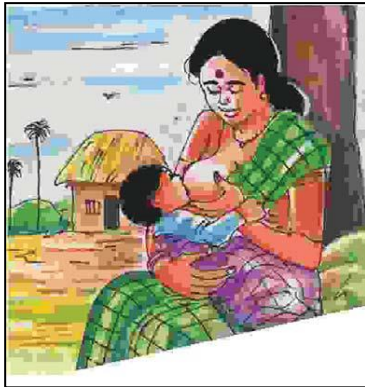
- ❖ The best milk for a low birth weight infant, including babies born early, is the breast milk from the baby's own mother.
- ❖ Breast milk is especially adapted to the nutritional needs of low birth weight infants.
- ❖ The cross cradle and under-arm positions are good positions for feeding a low birth weight baby.
- ❖ Breastfeed frequently to get baby used to the breast and to keep the milk flowing.
- ❖ Long slow feeds are fine. It is important to keep the baby at the breast.
- ❖ If the baby sleeps for long periods of time, you may need to unwrap the baby or take off some of his or her clothes to help waken him or her for the feed.
- ❖ Do not wait until your baby cries to breastfeed. Crying is a late sign of hunger.
- ❖ Kangaroo Mother Care (KMC) is often been used as a treatment for premature or preterm or low birth weight babies. This works because the baby on the mother's chest will not become cold and the lungs function better. The baby in skin-to-skin contact also feels safe with the mother's familiar heart beat and voice so they do not become stressed and the heart rate, blood pressure, blood sugar and breathing stabilize faster.
- ❖ Earlier signs of hunger include a COMBINATION of the following signs: being alert and restless, opening mouth and turning head, putting tongue in and out, sucking on hand or fist.
- ❖ Feeding a very small baby directly from the breast may not be possible for several days or even weeks. Mothers should be taught and encouraged to express breast milk and feed the breast milk to the infant using a cup or spoon.

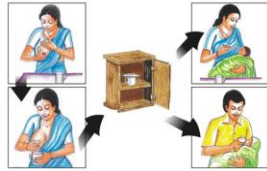
Extra note:

- Kangaroo mother care provides skin-to-skin contact, warmth and closeness to the mother's breast.
- Kangaroo mother care encourages early and exclusive breastfeeding, either by direct feeding or using expressed breast milk given by cup or spoon.
- Different caregivers can also share in the care of the baby using the same Kangaroo method position.

Give breast milk, even when away from home

How to hand express and cup feed





Counseling Card 8

Give breast milk, even when away from home

- ❖ Breastfeed exclusively and frequently for the whole period that you are with your baby.
- ❖ Learn to express your breast milk soon after your baby is born. This means increasing night and weekend feedings.

How to hand express and cup feed.

- ❖ Wash your hands and utensils with soap and clean running water.
- ❖ Clean and boil the container you will use to express your breast milk.
- ❖ It is sometimes helpful to massage your breasts. A warm cloth may help stimulate the flow of milk.
- ❖ Put your thumb on the breast above the dark area around the nipple (areola) and the other fingers on the underside of the breast behind the areola.
 - With your thumb and first 2 fingers just push in towards chest wall and then press towards the dark area (areola).
 - Milk may start to flow in drops, or sometimes in fine streams. Collect the milk in the clean container.
 - Avoid rubbing the skin, which can cause bruising or squeezing the nipple, which stops the flow of milk.
 - Rotate the thumb and finger positions and press/compress and release all around the areola.
- ❖ Express one breast for at least 3 to 5 minutes until the flow slows, then express other breast, then repeat both sides again (take 20 to 30 minutes total time).
- ❖ If the milk has been kept and cooled in the refrigerator the stored milk has to be kept outside in the room temperature for some time and then fed to the baby.
- ❖ When giving the baby expressed breast milk from a cup, bring the cup to the baby's lower lip and allow baby to take small amounts of milk, licking the milk with his or her tongue. Do not pour. Avoid use of bottles, teats and spouted cups as it is unsafe.
- ❖ It will be easy for the baby on cup feeding to switch over to direct breast feeding.
- ❖ Express breast milk while you are away from your baby. This will keep the milk flowing and prevent breast swelling.
- ❖ Breast milk can be stored in a clean, covered container. Expressed breast milk can be stored 6 to 8 hours in a cool place, up to 24 hours in ordinary compartment of the refrigerator at 2-8⁰ C.

Note for a working mother with formal employment:

- Get your employer's consent for breastfeeding breaks at your work place and flexible working hours.
- Make mother aware of The Maternity Benefit (Amendment) Act, 1961- 2017

Age - appropriate complementary feeding starting at the completion of 6 months to 24 months



Completion of 6 months



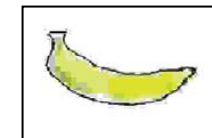
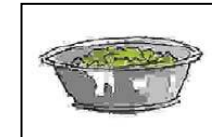
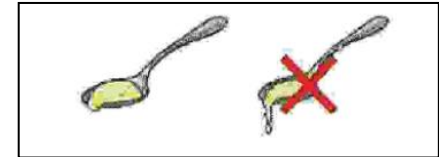
7-9 months



9-11 months







12-24 months



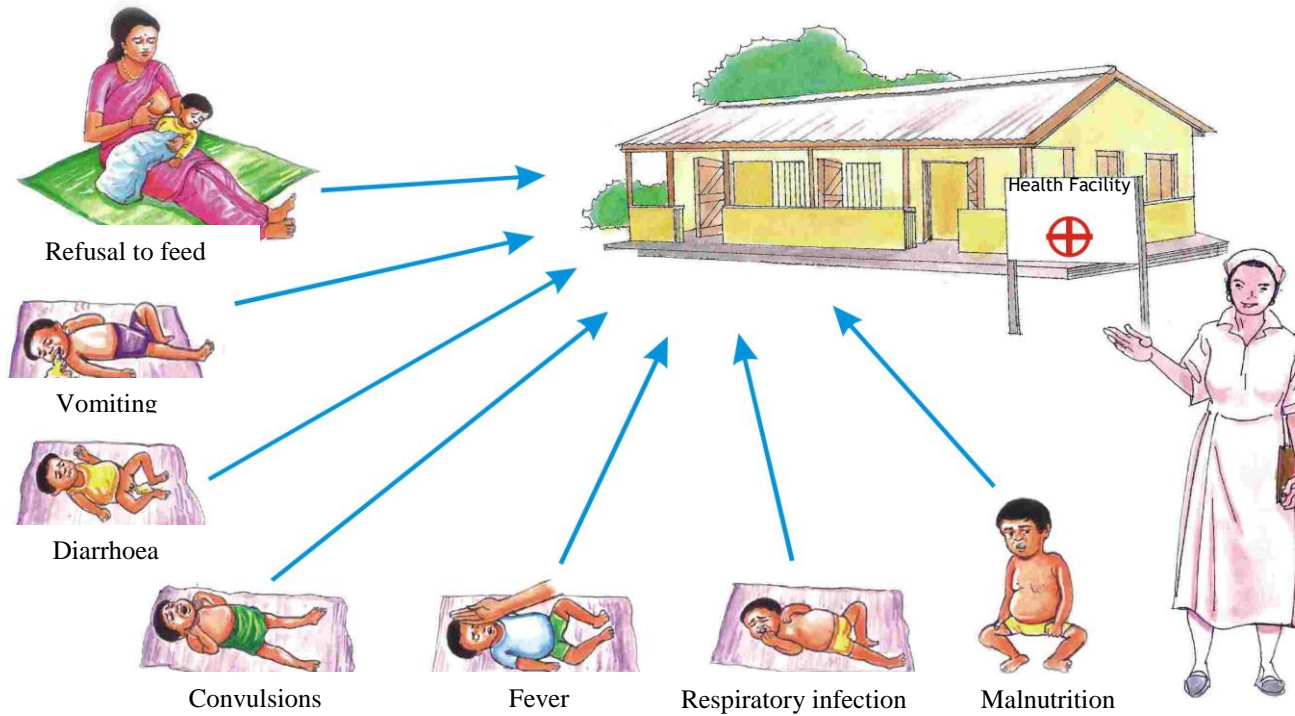
Counseling Card 9

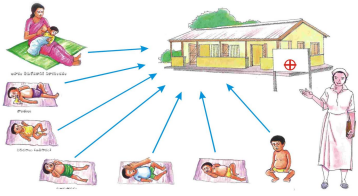
Age - appropriate complementary feeding starting at the completion of 6 months to 24 months

Slide Images	Age	Frequency	Amount at each meal	Thickness	Variety	Active/responsive feeding
	Completion of 6 months	2 times per day plus frequent breastfeeds	Start from 2 or 3 full table spoons	The food should be thick enough so that it does not slide off the spoon.	Begin with the staple foods like porridge (corn, wheat, rice, millet, and sorghum, mashed banana or mashed potato.	Baby may need time to get used to eating foods other than breast milk. Be patient, actively encourage your baby to eat, but do not force him or her to eat. Use a separate bowl to feed the baby to make sure he or she eats all the food given.
	7-9 months	3 times per day plus frequent breastfeeds	Increasing gradually to 2/3 of a 250 ml cup at each meal	Give mashed/pureed family foods. The food should be thick enough so that it does not slide off the spoon. By 8 months your baby can begin eating finger foods.	Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs and dairy products) Staples (grains, roots and tubers); Legumes and seeds; Vitamin A rich fruits and vegetables and other fruits and vegetables.	Be patient and actively encourage your baby to eat. Don't force your baby to eat. Use a separate bowl to feed the baby to make sure he or she eats all the food given.
	9-11 months	3 meals plus 1 snack between meals plus breastfeeds	3/4 of a 250 ml cup/bowl at each meal	Give finely chopped family foods, finger foods, sliced foods.	Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs and dairy products); Staples (grains, roots and tubers); Legumes and seeds; Vitamin A rich fruits and vegetables and other fruits and vegetables.	Be patient and actively encourage your baby to eat. Don't force your baby to eat. Use a separate bowl to feed the baby to make sure he or she eats all the food given.
	12-24 months	3 meals plus 2 snacks between meals plus breastfeeds	A full 250 ml cup/bowl at each meal	Give family foods cut into small pieces, finger foods, sliced food	Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs and dairy products); Staples (grains, roots and tubers); Legumes and seeds; Vitamin-A rich fruits, vegetables and other fruits.	Be patient and actively encourage your baby to eat. Don't force your baby to eat. Use a separate plate to feed the baby to make sure he or she eats all the food given.

When your baby is sick, seek advice

When to bring your child to the health facility





Counseling Card 10

When your baby is sick, seek advice

- ❖ If your child becomes sick, seek advice from your community health worker.
- ❖ Your community health worker will know if your child should be taken to the nearest health facility or hospital.
- ❖ Certain illnesses or conditions require a consultation and special medicines that are only available from your facility health worker.
- ❖ Remember to take your 'referral form' and 'mother and child health card' with you when you go to the health facility.

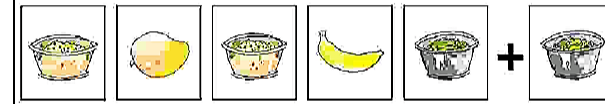
When to bring your child to the health facility

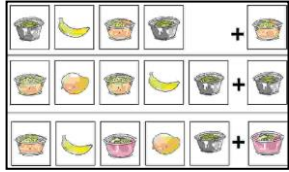
- ❖ **Take your child immediately to a trained health worker or clinic if any of the following symptoms are present:**
 - Refusal to feed and being very weak
 - Vomiting (cannot keep anything down)
 - Diarrhoea (more than 3 loose stools a day for two days or more and/or blood in the stool, sunken eyes)
 - Convulsions/fits (rapid and repeated contractions of the body, shaking)
 - The lower part of the chest sucks in when the child breathes in, or it looks as though the stomach is moving up and down (respiratory infection)
 - Fever (possible risk of malaria)
 - Malnutrition (loss of weight or swelling of the body)

Feeding your sick baby less than 6 months of age



Feeding your sick baby more than 6 months of age





Counseling Card 11

Feeding your sick baby less than 6 months of age

- ❖ Breastfeed more frequently during illness, including diarrhoea, to help the baby fight sickness, reduce weight loss and recover more quickly.
- ❖ Breastfeeding also provides comfort to your sick baby. If your baby refuses to breastfeed, encourage your baby until he or she takes the breast again.
- ❖ Give only breast milk and medicines recommended by your doctor/ health care provider.
- ❖ If the baby is too weak to suckle, express breast milk to give the baby. This will help you to keep up your milk supply and prevent breast difficulties.
- ❖ After each illness, increase the frequency of breastfeeding to help your baby regain health and weight.
- ❖ When you are sick, you can continue to breastfeed your baby. You may need extra food and support during this time.

Feeding your sick baby more than 6 months of age

- ❖ Breastfeed more frequently during illness, including diarrhoea, to help your baby fight sickness, reduce weight loss and recover more quickly.
- ❖ If the baby has diarrhoea or vomiting, give him or her oral rehydration salts as recommended by your health care worker, to avoid dehydration.
- ❖ Avoid giving your baby traditional herbs.
- ❖ Your baby needs more food and liquids. If your child's appetite is decreased, encourage him or her to eat small frequent meals.
- ❖ Offer the baby simple foods like porridge. Avoid spicy - fatty foods. Even if the child has diarrhoea, it is better for him or her to keep eating.
- ❖ After your baby has recovered, actively encourage him/her to eat one additional meal of solid food each day during the following two weeks. This will help your child regain the weight and make up for missed growth.
- ❖ When you are sick, continue to breastfeed your baby.
- ❖ You may need extra food, plenty of liquids and support during this time.
- ❖ If your child is congested, clean his/her nose using clean water/ saline with a cotton wick.

How to feed a baby above 6 months with poor appetite



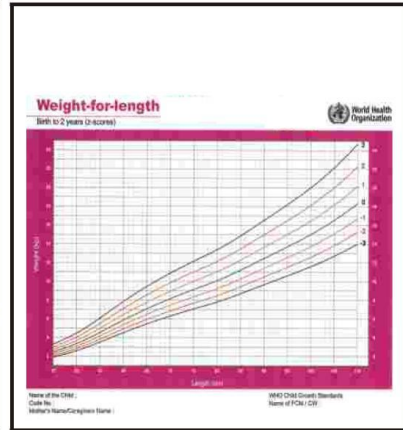
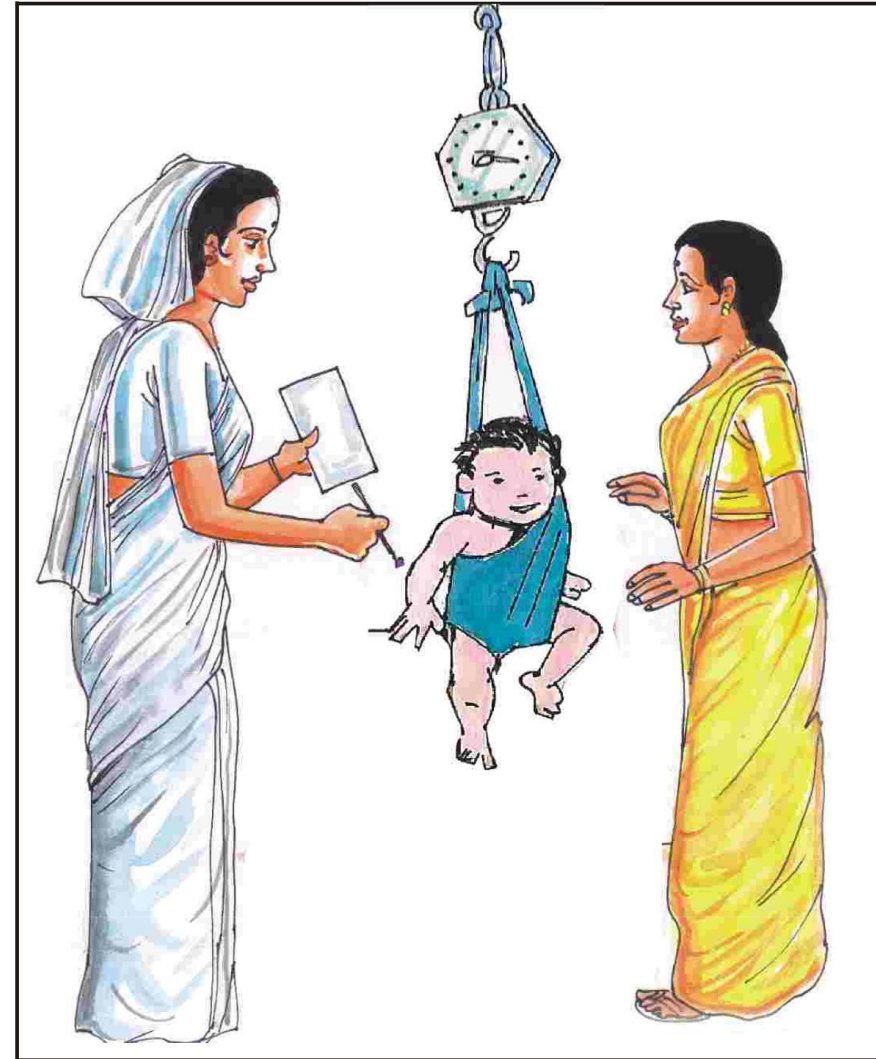
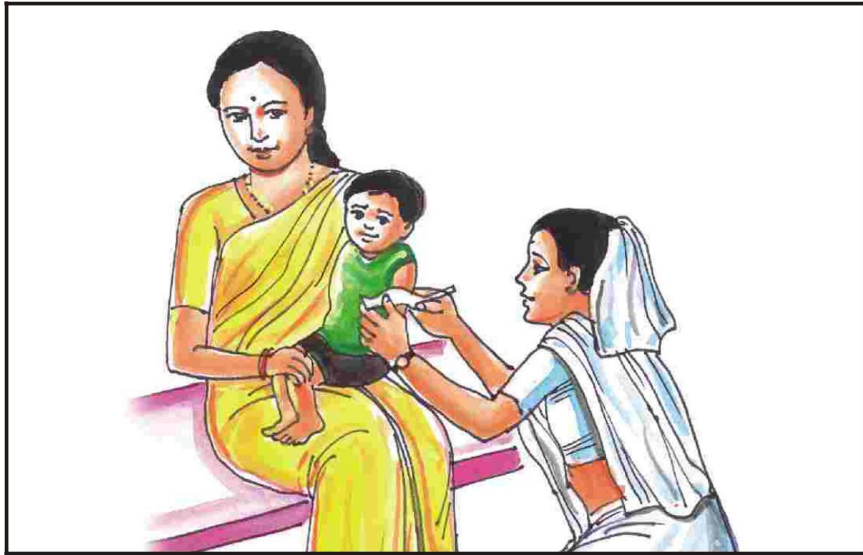


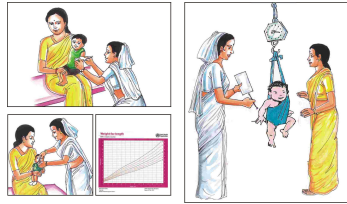
Counseling Card 12

How to feed a baby above 6 months with poor appetite

- ❖ Children need to learn to eat new foods. Sometimes they do not like foods that are bitter or mushy, and will reject a meal served with a food they don't like.
- ❖ If this happens, select and offer the foods the child seems to like. Introduce new foods one at a time to learn what is acceptable. Try foods such as egg, potatoes, and soft, cooked carrots in small pieces rather than mashed.
- ❖ Especially during the second year of life, children can go through periods when they seem like they do not want to eat. Caregivers need to be patient, but persistent in feeding them. When the child is fussy other family members should help.
- ❖ Often the child will eat with an older sibling, but not with the mother. Try different eating situations.
- ❖ Allow the child to eat smaller portions, but feed the child more frequently. For example, if the child only eats a small amount of his or her food in the middle of the day, offer some of the food later, cut up in small pieces, and offer the child a piece of fruit. Instead of three meals a day with a snack or two, this child might be eating at least 6 times a day.
- ❖ It is a critical situation when the child reaches the point of showing no interest in eating or has lost his or her appetite completely. This often happens after being allowed to get extremely hungry.
- ❖ A child with no appetite should be offered small amounts of any favorite foods like fruit or soft rice porridge and should be coaxed to eat with patience, increasing the quantity gradually.
- ❖ A child's appetite can be stimulated by adding a pinch of salt or making a food sweet and sour. When sugar and something sour like yogurt or a few drops of lemon juice are added to a food (rice or a soft porridge) it becomes sweet and sour.
- ❖ Continue to breastfeed your baby.

Regular growth monitoring and promotion



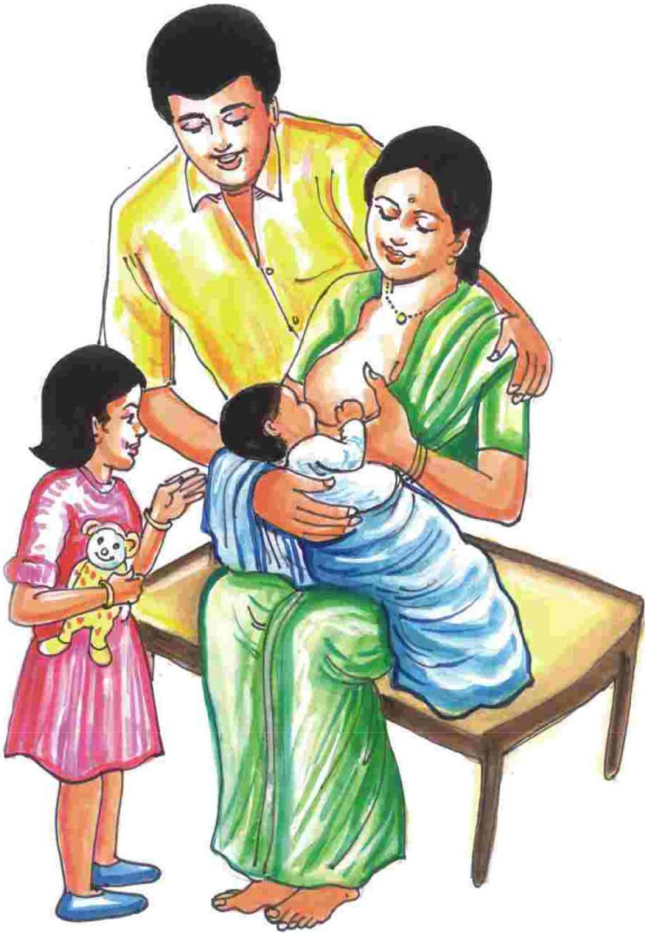
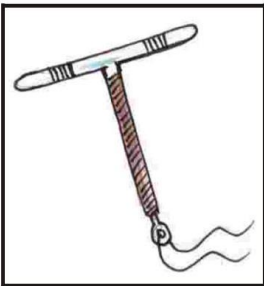
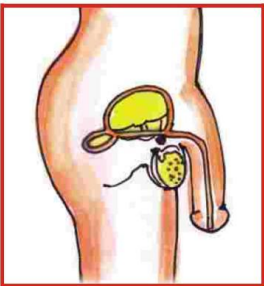
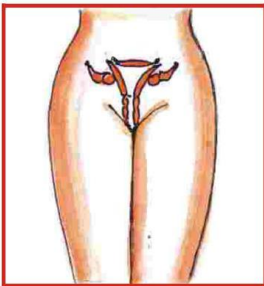
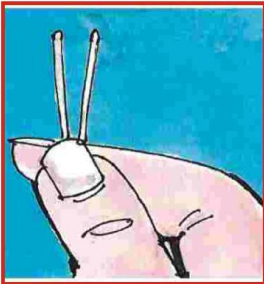
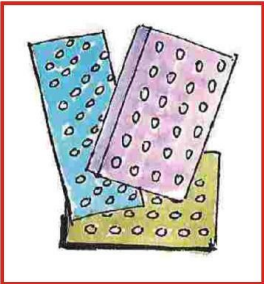


Counseling Card 13

Regular growth monitoring and promotion

- ❖ Attend regular growth monitoring and promotion sessions (GMP) to make sure your baby is growing well.
- ❖ A healthy child who is growing well always gains a certain amount of weight every month. If your child is not gaining weight or is losing weight, there is a problem
- ❖ Attending growth monitoring and promotion sessions can help identify nutrition problems your child may have, such as severe thinness or swelling.
- ❖ Nutrition problems may need urgent treatment with special (therapeutic) foods.
- ❖ Measuring the upper arm of a child over 6 months (MUAC) also identifies severe thinness.
- ❖ During growth monitoring and promotion sessions, you can ask questions about your child's growth, health and nutrition.
- ❖ It is important to address poor growth and other signs of poor nutrition quickly, as soon as they are identified. If the problem is severe, you should immediately take your child to the nearest health facility.
- ❖ When you go to the health centre for growth monitoring, ask about family planning too.
- ❖ You should also ask about your baby's immunization schedule. Immunizations protect babies against several diseases.

Family planning improves health and survival



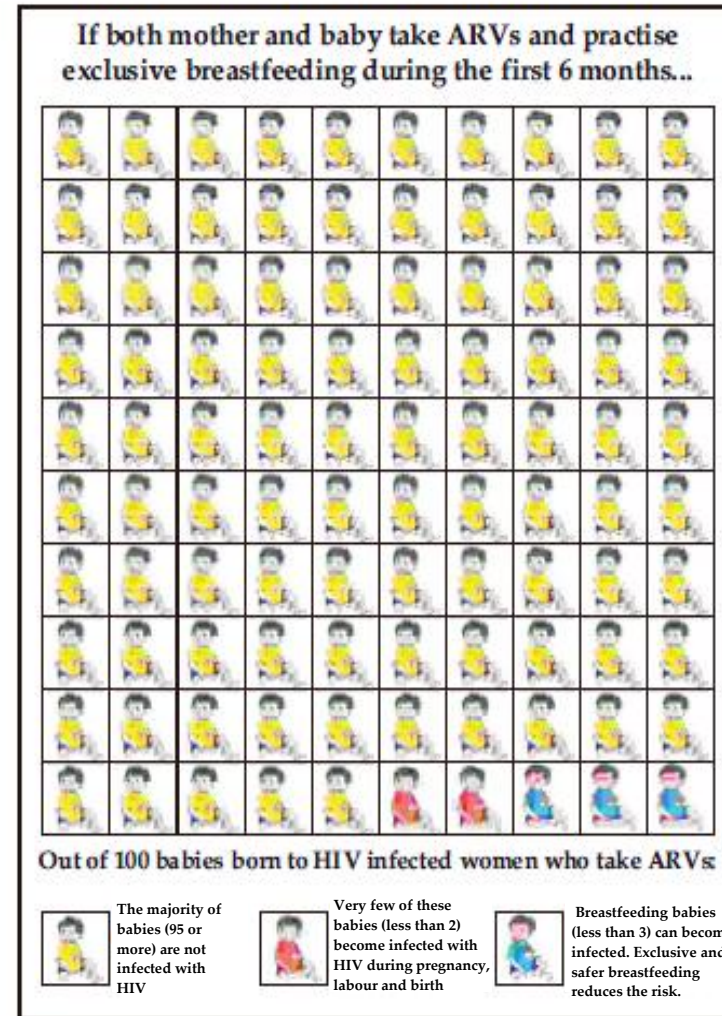
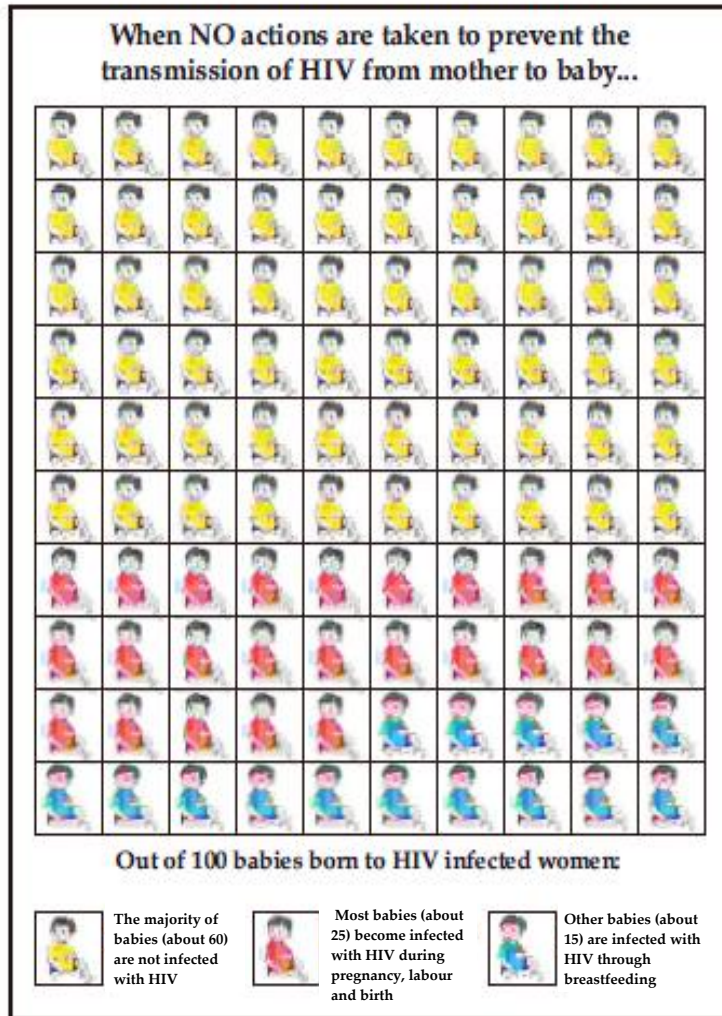


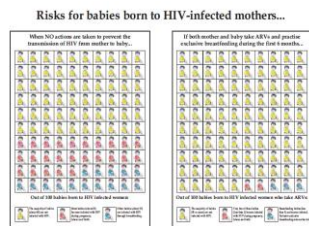
Counseling Card 14

Family planning improves health and survival

- ❖ Healthy timing and spacing of pregnancy means waiting at least 2 to 3 years before becoming pregnant again.
Spacing your children allows:
 - More time to breastfeed and care for each child
 - More time for your body to recover between pregnancies
 - More money because you have fewer children, and thus fewer expenses for school fees, clothing, food, etc.
- ❖ Feeding your baby only breast milk for the first 6 months helps to space births in a way that is healthy for both you and your baby.
- ❖ By exclusively breastfeeding your baby for the first 6 months you can prevent pregnancy **ONLY** if:
(This family planning method is called the Lactational Amenorrhea Method, or LAM)
 - you feed the baby only breast milk
 - your menstrual period has not returned
 - your baby is less than 6 months old
- ❖ If any of these three conditions change, you are 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, as well as when and how to use them.

Risks for babies born to HIV-infected mothers...





Counseling Card 15

Risks for babies born to HIV-infected mothers...

- ❖ A woman infected with HIV can pass HIV to her baby during pregnancy, labour - delivery or through breastfeeding.
- ❖ Not all babies born to women with HIV become infected with HIV, however.
- ❖ Without any intervention, the risk of transmission of HIV from infected pregnant women to her children is estimated to be around 20-45%.

Risk of HIV transmission if mother is on Life-Long ART (Triple Drug Regimen) and baby is given Syr. NVP/AZT from birth to 6/12 weeks of age:

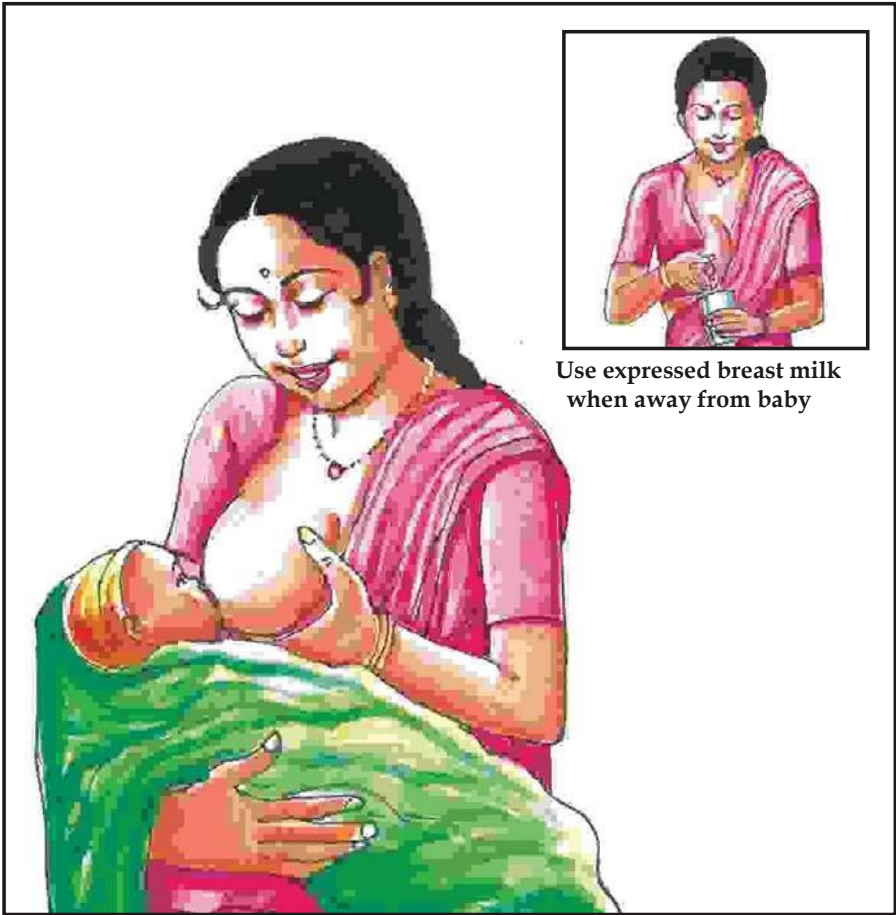
- ❖ All pregnant and breast feeding women living with HIV, receive a triple drug ART regimen, both for their own health and to prevent vertical HIV transmission from mother-to-child.
- ❖ Taking ARVs greatly decreases the risk of passing HIV to her infant during pregnancy, birth, or breastfeeding.
- ❖ Baby born to a woman who is HIV-positive should also receive Syr. NVP/AZT for the first 6/12 weeks after birth to decrease the risk of getting HIV.
- ❖ If an HIV-positive mother and her baby practice exclusive breastfeeding during the first 6 months, the mother takes lifelong ART, and her baby takes ARVs during the first 6/12 weeks after birth, the risk of HIV infection passing from the mother to the baby decreases tremendously.
- ❖ If these preventive actions are taken, the risk of mother-to child transmission of HIV will be reduced to less than 5 per cent in the breastfeeding populations.
- ❖ All women with HIV should prevent HIV re-infection by practising safer sex. This means using condoms during pregnancy and during breastfeeding.

Note about extra protection:

All breastfeeding mothers infected with HIV should seek help from their community health worker or seek treatment at their nearest health facility if they have any breast infections or other breast problems.

Take life-long ART and exclusively breastfeed for 6 months

Only Breast Milk



ART for the mother



ARVs for the baby



Counseling Card 16

Take life-long ART and exclusively breastfeed for 6 months

- ❖ Exclusive breastfeeding (giving ONLY breast milk) for the first 6 months together with Life Long ART for the mother and Syp. NVP/AZT as prophylaxis for the baby, for 6 weeks - may be extended to 12 weeks if recommended by the doctor.
- ❖ Early initiation of breast feeding within 1st hour of birth.
- ❖ When an HIV-infected mother exclusively breastfeeds, her baby receives all the benefits of breastfeeding including protection from diarrhoea and other illnesses.
- ❖ Use counseling cards on exclusive breastfeeding and building your milk supply.
- ❖ All breastfeeding babies who test HIV positive at 6 weeks should breastfeed exclusively until 6 months, and then continue to breastfeed for up to two years or longer. Complementary foods should be introduced at completion of 6 months, as recommended.
- ❖ All breastfeeding babies who test negative at 6 weeks should exclusively breastfeed for 6 months.
- ❖ Start complementary feeding at the end of 6 months. The complementary feed must be age-appropriate with respect to type, quantity and frequency. In case the exposed infants test negative, continue breast feeding for one year. If confirmed to be HIV positive, continue breastfeeding for two years.
- ❖ Breastfeeding should not be stopped abruptly and should stop gradually, over a one-month period.
- ❖ Explain the benefits of ART, both for the mother's health if she needs them and for preventing transmission of HIV to her baby.
- ❖ Support the HIV-positive women to go to the ART Centre. Reinforce the ART messages at all contact points with HIV-positive women and at infant feeding support contact points.
- ❖ Remind mothers that HIV-exposed babies should be tested for HIV when they are 6 weeks old, at 6 months, 12 months and 18 months.
- ❖ Remind mothers that HIV-exposed babies who are still on breastfeeding after 6 months / 12 months or 18 months should be tested 6 weeks after breastfeeding has completely stopped.

Extra notes:

- Infant feeding counseling for HIV-infected women is generally done at the health facility. Community health workers have an important role, however, in supporting mothers in better infant feeding practices.
- Use counseling cards on exclusive breastfeeding and building your milk supply (Counseling Cards 3 to 6).
- Support the mother in how to feed her baby; following recommended breastfeeding practices, and avoiding mixed feeding.
- Refer HIV-positive mother with breast conditions/problems to the health facility for treatment.