

WHO/NHD/02/4(P)7
ORIGINAL: ENGLISH
DISTR: GENERAL

7. Involving mothers in care



WORLD HEALTH ORGANIZATION
DEPARTMENT OF NUTRITION FOR HEALTH AND DEVELOPMENT

**TRAINING COURSE ON THE
MANAGEMENT OF SEVERE MALNUTRITION**

**INVOLVING MOTHERS
IN CARE**



World Health Organization
Department of Nutrition for Health and Development

Training Course on the Management of Severe Malnutrition
was prepared by the
World Health Organization
Department of Nutrition for Health and Development (NHD), Geneva, Switzerland, and
Regional Office for South-East Asia (SEARO), New Delhi, India
in cooperation with the
Public Health Nutrition Unit of the
London School of Hygiene and Tropical Medicine, London, UK
through a contract with
ACT International, Atlanta, Georgia, USA.

© World Health Organization, 2002

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced and translated, in part or in whole, but not for sale for use in conjunction with commercial purposes.

The views expressed in documents by named authors are solely the responsibility of those authors.

Cover photo: UNICEF/5877/Roger Lemoyne
Cover design for modules: minimum graphic
Illustrations for modules: Susan Kress

CONTENTS

| | |
|---|----|
| Introduction..... | 1 |
| Learning Objectives | 1 |
| 1.0 Organize facility routine to encourage mothers' involvement | 2 |
| EXERCISE A..... | 3 |
| 2.0 Involve mothers in comforting, feeding and bathing children..... | 4 |
| EXERCISE B..... | 5 |
| 3.0 Teach groups of mothers about feeding and care | 6 |
| 4.0 Prepare for feeding the child at home | 9 |
| EXERCISE C..... | 11 |
| 5.0 Teach mothers the importance of stimulation and how to make and use toys | 12 |
| 6.0 Give general discharge instructions | 13 |
| EXERCISE D..... | 14 |
| 7.0 If early discharge is unavoidable, make special arrangements for follow-up | 15 |
| EXERCISE E (optional) | 16 |
| Annex: Sample Discharge Card..... | 17 |

TRAINING COURSE ON THE MANAGEMENT OF SEVERE MALNUTRITION: INVOLVING MOTHERS IN CARE

Introduction

It is essential for the mother (or other caregiver) to be with her severely malnourished child in the hospital. For the following reasons, she must be encouraged to feed, hold, comfort, and play with her child as much as possible:

- Emotional and physical stimulation are crucial for the child's recovery and can reduce the risk of developmental and emotional problems.
- The child's mother can provide more continuous stimulation and loving attention than busy staff.
- When mothers are involved in care at the hospital, they learn how to continue care for their children at home.
- Mothers can make a valuable contribution and reduce the workload of staff by helping with activities such as bathing and feeding children.

Learning Objectives

This module will describe and allow you to discuss and observe:

- ways to encourage involvement of mothers in hospital care; and
- ways to prepare mothers to continue good care at home, including proper feeding of the child and stimulation using play.

On the ward or in role plays, this module will allow you to practise:

- teaching a mother to bathe or feed a child; and
- giving complete discharge instructions.

1.0 Organize facility routine to encourage mothers' involvement

There are many ways to encourage mothers' involvement in hospital care. Mothers can be taught to:

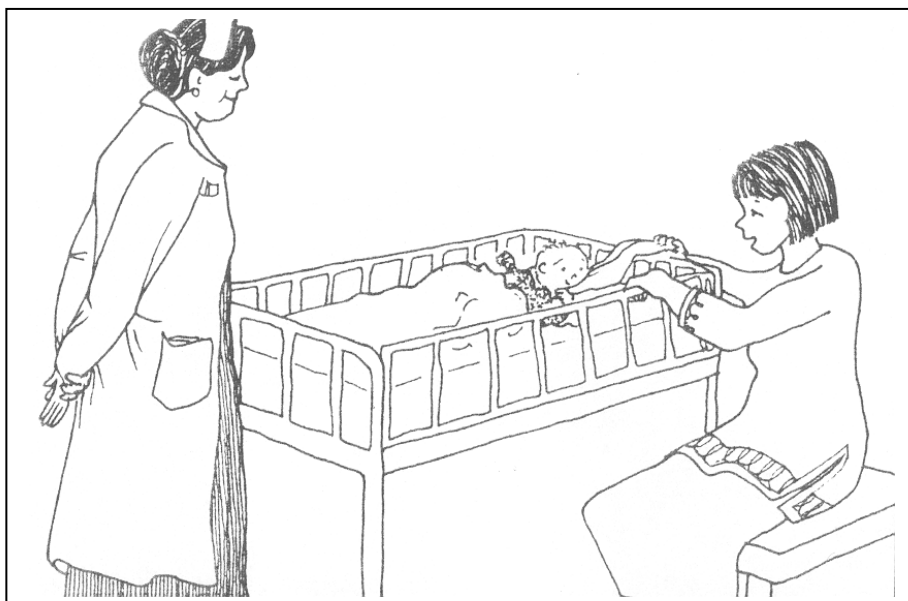
- prepare food
- feed children
- bathe and change children; and
- play with children, supervise play sessions, and make toys.

It may be necessary to provide mothers with money and transportation to enable them to stay with their children. In return, the mothers can help with the above tasks on the ward. It may be helpful to organize a rotation of mothers to do these tasks under supervision. In that way each mother can make a contribution to her child's care and still have some time off duty.

The staff must be friendly and treat mothers as partners in the care of the children. A mother should never be scolded or blamed for her child's problems or made to feel unwelcome. Teaching, counseling and befriending the mother are essential to long-term treatment of the child.

Mothers should have a place to sit and sleep on the ward. They also need washing facilities and a toilet, and a way to obtain food for themselves. Some mothers may need medical attention themselves if they are sick or anaemic.

The staff should also make other family members feel welcome. All family members are important to the health and well-being of the child. When possible, fathers should be involved in discussions of the child's treatment and how it should be continued at home. Fathers must be kept informed and encouraged to support mothers' efforts in care of the children.





EXERCISE A

The group will discuss ways that facilities encourage mothers and other family members to be involved, as well as things that may hinder involvement. You may discuss examples from your own facilities and from the ward that you have visited during this training course.

Prepare for the discussion by listing a few ideas below.

Ways to encourage mothers and other family members to be involved:

Things that hinder involvement of mothers and other family members:

Tell a facilitator when you are ready for the group discussion.

2.0 Involve mothers in comforting, feeding, and bathing children

Staff should informally teach each individual mother certain skills. First, they may need to show the mother how to hold her child gently and quietly, with loving care. Immediately after any unpleasant procedure, staff should encourage the mother to hold and comfort her child.

When teaching tasks such as feeding or bathing, staff should:

1. First show the mother how to do the task, explaining each step.
2. Let the mother try the task, assisting and encouraging her as she tries.
3. Ask checking questions to make sure the mother understands what to do. For example, if you have just explained how to feed the child, ask the mother such questions as:

What will you feed your child?

How often will you feed him?

How much will you give him for a serving?

4. Observe when the mother does the task independently the first time.
5. Give positive feedback, that is, tell the mother what she did well. Make suggestions for improvements without discouraging the mother. For example, say “Let’s try together to do it this way...”.

At all times staff must communicate clearly with mothers in a way that builds their confidence in their ability to take care of their children. For example, when a clinician examines the child, he should explain what is happening and show the mother how to hold the child during the exam. Staff must treat the mothers as partners in helping the child to health.

| |
|--|
| Tell a facilitator when you have reached this point in the module. |
|--|



EXERCISE B

This exercise will include two role plays of situations in which a nurse is teaching a mother to bathe or feed a child. Your facilitator may assign you the role of a nurse or a mother; if so, you will be given some information to help you prepare for your role. If you are an observer of the role play, you will take notes below.

Role Play 1

How would you feel if you were the mother in this situation?

How did the nurse encourage or discourage the mother?

Role Play 2

How would you feel if you were the mother in this situation?

How did the nurse encourage or discourage the mother?

3.0 Teach groups of mothers about feeding and care

There are many topics that can efficiently be presented to groups of mothers and other interested family members. Group teaching sessions may be held on topics such as nutrition and feeding, hygiene, making ORS to treat diarrhoea, family planning, etc.

Staff members with good communication skills should be assigned to teach these group sessions. There may be several staff members who can take turns presenting different topics. The selected staff must **know the important information to cover on a topic** and be able to:

- communicate clearly in a way that mothers understand
- prepare and use suitable visual aids such as posters, real foods, etc.
- demonstrate skills when necessary (e.g., cooking procedures, hand washing, making ORS)
- lead a discussion in which mothers can ask questions and contribute ideas.

The sessions should not be limited to lecture, but should include demonstrations and practice whenever possible. Encourage questions from the mothers so that the session is interactive.

Example outline of teaching session

On the following page is an outline of a teaching session that could be used with parents of malnourished children. The purpose of the training session is to teach parents how to prepare a nutritious food at home. This food, called khichuri, would be appropriate for children of ages 4 to 24 months when they have recovered and are eating at home. The recipe given makes 589 grams of cooked food (cooked soft). The recipe provides 115 kcal and 2.9 g protein per 100 g.

The outline contains information, examples and visual aids, and practice. It also includes opportunities for parents to ask questions and contribute ideas.

Although local foods in your area are likely to be different, a similar teaching outline could be used.

Teaching Session: Preparing khichuri (Home-Based Food)

Preparation: Before the teaching session, prepare a display tray with ingredients for khichuri. Also begin preparing a recipe for khichuri. (See outline for ingredients and recipe.) Have the water boiling with rice, dal, and spices as the session begins. During the teaching session you will finish the recipe.

I. What is khichuri?

- A. Information: Khichuri is a nutritious home-based food for children. It will help children continue to recover at home. This food should be given in addition to breast milk or breast-milk substitute. While this food should definitely be given to the child, the rest of the family may like this food too; if so, prepare enough for the whole family.
- B. Example: Display the following ingredients on a tray. Call attention to the amount of each.

| | | |
|--------------------------------------|-------------------------|--------------|
| Rice | 2 <i>moot</i> (fistful) | 75 g |
| <i>Dal</i> (lentils) | 1 <i>moot</i> | 50 g |
| <i>Shak</i> (leafy green vegetables) | 1 <i>moot</i> | 75 g |
| <i>Mishti kumra</i> (pumpkin) | 1 piece | 75 g |
| Onion (for flavour) | | 1 piece |
| Vegetable oil | 5 teaspoons | 25 g |
| Water to be absorbed by rice | | about 800 ml |

Spices (such as garlic, ginger) may be added for flavour. (If preparing for malnourished children who are still recovering, do not add salt, since sodium should be limited. Salt may be added when the recipe is made at home for the family.)

- C. Discussion: Ask the parents why they think these ingredients are good for children and all family members. In discussion, explain that:
- Oil, rice (or other staple such as potatoes) are needed to give energy
 - *Dal* is needed to build and grow the body
 - Leafy green and orange-coloured vegetables are needed to give strength and good health and also to prevent blindness.

II. How to make khichuri

- A. Information and example: Describe the recipe, pointing to each ingredient on the tray as you talk. If the parents can read, the recipe may be given to them in writing. If not, a picture recipe may be used. Tell parents what you have already done to begin the cooking.
- Wash hands before preparing food
 - Put rice, *dal*, pumpkin, spices, oil, and water in pot and boil
 - Keep pot covered during cooking
 - About 5 minutes before rice is cooked, add cleaned, chopped *shak* (leafy vegetables).
- B. Practice: When it is time to add the *shak*, have a parent do so. Have a parent clean and chop the leaves and add them to the pot.

III. Amount to serve

- A. Information and example: Children should be fed 5 times daily. Explain that the amount in the pot is enough for 2 meals for a one-year-old child. Cook it twice daily to make 4 meals. Increase amounts if the whole family will eat it.

Remind parents to wash hands before serving food and keep food covered. Do not store too long or the food may spoil.

Focus on giving this food to the discharged child until he is better. Then the child can shift to other nutritious family foods.

- B. Practice: Ask a parent to wash hands and serve 2 portions of food from the pot. Show parents that this is the correct serving size for a one-year-old. Show and describe the portion in relation to the size of the bowl or plate. Let parents (and children, if present) taste the khichuri. Explain that it can be cooked longer to make it softer if the child needs softer food.

IV. Discussion and review

- A. Discussion: Ask parents questions about how they can prepare khichuri at home. Encourage them to ask questions as well. Include in the discussion:

How much do you think khichuri costs? The price for this recipe is about 5 *Taka* (10 cents) including firewood.

Who goes shopping for food in your family? Will they be willing to buy ingredients for khichuri?

- B. Review:

What are the reasons to serve khichuri? To prevent and treat malnutrition, to prevent blindness, to ensure strong and good health.

How often should you feed your child khichuri? ___ times per day.

How much will you give at each meal? Show serving size.

How will you prepare khichuri? Review the ingredients and recipe.

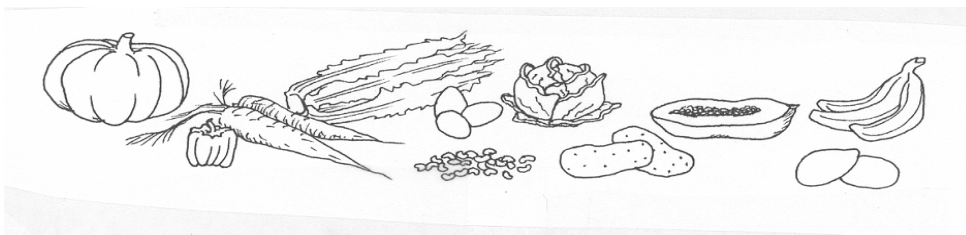
4.0 Prepare for feeding the child at home

After the child recovers and reaches $-1SD$ (90% of median weight-for-height), the child should be fed at home according to national IMCI recommendations or other MOH guidelines. For a child age 2 years or older, this means giving the child 3 meals each day, plus giving nutritious food between meals twice daily.

Before returning home, the child must become accustomed to eating family meals. While the child is on the ward, gradually reduce and eventually stop the feeds of F-100, while adding or increasing the mixed diet of home foods, until the child is eating as he or she will eat at home.

Appropriate mixed diets are the same as those recommended for a healthy child. They should provide enough calories, vitamins, and minerals to support continued growth. Home foods should be consistent with the guidelines below:

- The mother should continue breastfeeding as often as the child wants.
- If the child is no longer breastfeeding, animal milk is an important source of energy, protein, minerals and vitamins.
- Solid foods should include a well-cooked staple cereal. To enrich the energy content, add vegetable oil (5-10 ml for each 100 g serving) or margarine, ghee, or groundnut paste. The cereal should be soft and mashed; for infants use a thick pap.
- Give a variety of well-cooked vegetables, including orange and dark-green leafy ones. If possible, include fruit in the diet as well.
- If possible, include meat, fish, or eggs in the diet. Pulses and beans are also good sources of protein.
- Give extra food between meals (healthy snacks).
- Give an adequate serving size (large enough that the child leaves some).



Examples of healthy snacks that are high in energy and nutrients include:

- Bread, tortilla, or chapati with butter, margarine, or groundnut paste (peanut butter)
- Biscuits, crackers
- Beancakes
- Yoghurt, milk, puddings made with milk
- Ripe banana, papaya, avocado, mango, other fruits
- Cooked potatoes

To prepare the mother to continue appropriate feeding at home:

- Discuss with the mother (and other family members, if possible) the child's previous diet and the foods that are available at home. The "Dietary history" section of Appendix 2 of the manual can be used as a tool in this discussion.
- Discuss practical ways to address specific problems in the child's past diet. Be sure to involve the mother as a partner in deciding what to feed the child, so that the decisions will be practical. Explain how to use or adapt available foods for a healthy diet that will meet the criteria on the previous page.
- Summarize what to feed the child, how much to give at each meal, and how many meals and snacks to give. Write it down or give the mother a prepared card with feeding instructions. Use pictures for mothers who cannot read.
- Remind the mother to sit with the child and encourage the child to eat.
- Before discharge, when the child is adjusting to home foods under hospital supervision, have the mother practise preparing recommended foods and feeding them to her child.
- Review instructions before discharge and ask the mother checking questions to be sure she understands what to do, for example:
 - What will you feed your child? Where will you get the ingredients to prepare foods at home as you have done it here?
 - How many meals and snacks will you feed your child each day?
 - How much will you feed your child at each meal or snack?
- Provide additional information and instruction if the mother needs it.



Tell a facilitator when you have reached this point in the module. There will be a brief video showing an educational session about preparing home food.



EXERCISE C

This exercise will be a group discussion of how hospitals can successfully prepare mothers to continue proper feeding at home. To prepare for the discussion, consider the questions below.

1. In your hospital, what will mothers be taught about feeding children at home?
 - a. What mixtures of foods will make good meals in your area?
 - b. What will be the main messages taught about feeding?
 - c. Will you need more information before deciding what to teach?
 - d. What information is needed and how will you get it?

2. Who will teach mothers about home foods and how will they teach?
 - a. Who is most suited to teaching mothers about feeding?
 - b. How will demonstrations or examples be given in teaching sessions?
 - c. How can mothers practise making home foods in the hospital?
 - d. How can transition to home foods be supervised in the hospital?
 - e. How can nurses work with mothers to ensure that advice about home feeding is practical and will be followed?

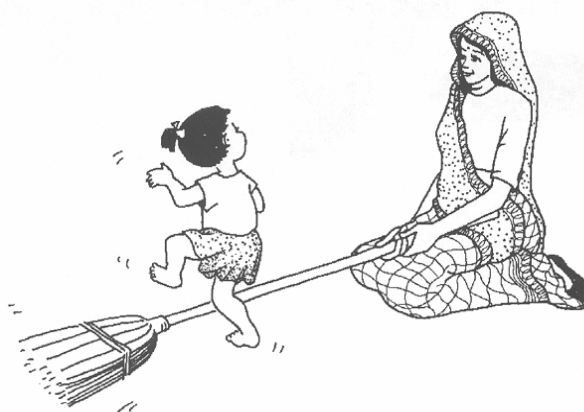
A group discussion of these questions will follow the video on preparing home food.

5.0 Teach mothers the importance of stimulation and how to make and use toys

Severely malnourished children have delayed mental and behavioural development. As the child recovers, he or she needs increasing emotional and physical stimulation through play. Play programmes that begin during rehabilitation and continue after discharge can greatly reduce the risk of permanent mental retardation and emotional problems.

The hospital can provide stimulation through the environment, by decorating in bright colours, hanging colourful mobiles over cots, and having toys available.

Mothers should be taught to play with their children using simple, homemade toys. It is important to play with each child individually at least 15-30 minutes per day, in addition to informal group play. Many ideas for toys and structured play are given in the manual *Management of Severe Malnutrition*.



Reading in the Manual:

Please read page 23 and Appendices 7 and 8 of the manual now.

Tell a facilitator when you have finished reading the above sections of the manual. When everyone is ready, there will be a showing of a video about how to play with children to stimulate mental development.

6.0 Give general discharge instructions

In addition to feeding instructions, mothers will need to be taught:

- how to continue any needed medications, vitamins (if available), folic acid (for 1 – 2 weeks), and iron (for 1 month) at home
- signs to bring the child back for immediate care:
 - not able to drink or breastfeed
 - stops feeding
 - develops a fever
 - has fast or difficult breathing
 - has a convulsion
 - has diarrhoea for more than a day, or blood in stool
 - has oedema (swelling in feet, legs, hands, or arms).
- when and where to go for planned follow-up:
 - at 1 week, 2 weeks, 1 month, 3 months, and 6 months;
 - then twice yearly visits until the child is at least 3 years old.
- when to return for next immunization (Schedule is in Appendix 2 of manual. Any currently needed immunizations should be given in the hospital.);
- when to go to the health centre for vitamin A (every 6 months);
- how to continue stimulating the child at home with play activities.

Example of discharge card

A sample discharge card is included with your course materials. There is a copy in the Annex of this module. The card includes home feeding instructions (with blanks to be filled in) and other instructions such as when to return for immunizations, next vitamin A, follow-up, etc. It is, of course, only an example and would need adaptation for local use.

A discharge card can be useful in several ways:

- It provides instructions for home care;
- It reminds the mother when and where to go for follow-up care;
- It can serve as a letter of introduction for a health care or nutritional rehabilitation facility close to the child's home;
- It serves as a record of the child's weight-for-height, immunizations, etc.



EXERCISE D

This exercise will be a role play about giving discharge instructions. Your facilitator may ask you to play the role of a nurse or a mother, or you may be an observer. If you are an observer, be prepared to answer the questions below based on your observations.

Background: This mother and child have been in the severe malnutrition ward for 18 days. The child, who is 2 years old, has reached -1 SD weight for height. The mother has already been taught carefully how to continue feeding at home and how to play with her child. The mother and child are ready for discharge. It is now time for the nurse to review instructions with the mother using a discharge card. The nurse will use the sample discharge card given in the module. (Extra copies are available in the classroom.)

Observers please note:

1. Did the nurse review all of the points on the discharge card?
2. Did the nurse speak clearly and simply so the mother could understand?
3. Did the nurse ask checking questions to be sure that the mother understood the instructions?
4. Did the nurse offer the mother a chance to ask questions?

7.0 If early discharge is unavoidable, make special arrangements for follow-up

If a child must be discharged before reaching -1 SD (90% of median), it is critical to make arrangements for follow-up of the child (for example, special visits by a health worker to the child's home, or outpatient care at a health facility or nutritional rehabilitation centre). Mothers will need special training to prepare feeds and give iron, folic acid, and multivitamins at home.

In no case should a child be discharged until the following conditions are met:

- The child is through transition to F-100 (is feeding freely on F-100);
- Antibiotic treatment is finished;
- The child is eating well;
- The child is gaining weight;
- The mother has been thoroughly trained in how to feed the child at home and give supplements;
- Arrangements have been made for support and follow-up (e.g., home visits, or visits to an outpatient facility).





EXERCISE E (OPTIONAL)

This exercise is an optional discussion for participants who work in hospitals where early discharge (before child reaches $-1SD$ or 90% of median) may be common.

If your group will have this discussion, be prepared to discuss such issues as the following:

1. What are the reasons for early discharge? Are the reasons institutional (e.g., limited space in the ward) or personal?
2. Is early discharge avoidable? If so, how?
3. If early discharge is not avoidable, what are the options for handling early discharge (e.g., home visits, follow-up by local health worker)? What are the advantages and disadvantages of these?
4. How can the mother be thoroughly prepared to feed the child at home?
5. Can F-100 be continued at home or can the home diet be adapted to meet the energy and nutritional needs of the child? (A nutritional expert may need to be consulted in order to develop adequate recipes using home foods.)

Annex:

Sample Discharge Card

This sample discharge card is intended to be folded. The outside of the card is shown on page 19 and the inside on page 20. This type of card would need to be adapted for local use.

A growth chart could be folded inside this card or attached to it.



DISCHARGE CARD
For Child Recovering from Severe Malnutrition
Hospital Name

Child's name: _____ M F Date of birth: _____
 Address: _____

| | | | |
|-----------|-------------|-----------------|---------------------|
| Date: | Weight (kg) | Ht./length (cm) | % weight-for-height |
| Admission | | | |
| Discharge | | | |



Instructions for Feeding at Home

What to feed? (Include recipe if needed) _____

How much and how often? _____

Medications and Supplements

Give _____ drops _____ (multivitamin preparation) with food once daily.

Give 1 tablet folic acid once daily for _____ days.

Give _____ iron twice daily for 1 month.

Other: _____

Danger Signs – Bring Child for Immediate Care if:

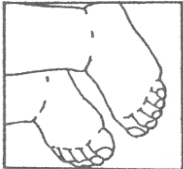
Not able to drink or breastfeed
 Stops feeding



Diarrhoea more than 1 day
 or blood in stool



Swelling in feet,
 hands, legs, or arms



Fever (feels hot)



Convulsion (fits)



Fast or difficult breathing



Come for Scheduled Follow-Up Visits

| Next Planned Follow-Up: | | Record of Visits: | | | |
|-------------------------|-------|-------------------|-----------|--------|-------------|
| Date | Place | Date | Ht/length | Weight | % wt-for ht |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Vitamin A – Bring Child for a Dose Every Six Months

| Next Dose Vitamin A : | | Record of Doses Received: | |
|-----------------------|-------|---------------------------|------|
| Date | Place | Date | Dose |
| | | | |
| | | | |
| | | | |
| | | | |

Immunizations Given

Tick or record date given:












| | | | | | | | |
|-------|--------------------------|-------|--------------------------|-------|--------------------------|---------|--------------------------|
| BCG | <input type="checkbox"/> | DPT 1 | <input type="checkbox"/> | DPT 2 | <input type="checkbox"/> | DPT 3 | <input type="checkbox"/> |
| OPV 0 | <input type="checkbox"/> | OPV 2 | <input type="checkbox"/> | OPV 3 | <input type="checkbox"/> | Measles | <input type="checkbox"/> |

Next Immunization

| Date | Dose(s) needed |
|------|----------------|
| | |
| | |
| | |
| | |

► Recommendations for Feeding During Sickness and Health*

A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal with added oil); meat, fish, eggs, or pulses; and fruits and vegetables.

| Up to 6 Months of Age** | 6 Months up to 12 Months | 12 Months up to 2 Years | 2 Years and Older |
|--|---|--|--|
|  <ul style="list-style-type: none"> Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours. Breastfeed when the child shows signs of hunger: beginning to fuss, sucking fingers, or moving the lips. Do not give other foods or fluids. Only if the child: <ul style="list-style-type: none"> - appears hungry after breastfeeding, or - is not gaining weight adequately, add complementary foods (listed under 6 months up to 12 months). Give these foods 1 or 2 times per day after breastfeeding. |  <ul style="list-style-type: none"> Breastfeed as often as the child wants. Give adequate servings of: <ul style="list-style-type: none"> _____ _____ _____ - 3 times per day if breastfed; - 5 times per day if not breastfed. - add nutritious snacks  <ul style="list-style-type: none"> Give small chewable items to eat with fingers. Let the child try to feed self, but provide help. |  <ul style="list-style-type: none"> Breastfeed as often as the child wants. Give adequate servings of: <ul style="list-style-type: none"> _____ _____ _____ or family foods 5 times per day.  <ul style="list-style-type: none"> Continue to actively help the child to eat. |  <ul style="list-style-type: none"> Give family foods at 3 meals each day. Also, twice daily, give nutritious food between meals, such as: <ul style="list-style-type: none"> _____ _____ _____  <ul style="list-style-type: none"> Offer a variety of foods. If a new food is refused, offer "tastes" several times. Show that you like the food. |
|  <ul style="list-style-type: none"> ► Play: Provide ways for your child to see, hear, feel, and move. ► Communicate: Look into your child's eyes and smile at him or her. When you are breastfeeding is a good time. |  <ul style="list-style-type: none"> ► Play: Give your child clean, safe household things to handle, bang and drop. ► Communicate: Respond to your child's sounds and interests. Tell your child the names of things and people. |  <ul style="list-style-type: none"> ► Play: Give your child things to stack up, and to put into containers and take out. ► Communicate: Ask your child simple questions. Respond to your child's attempts to talk. Play games like 'bye'. |  <ul style="list-style-type: none"> ► Play: Help your child count, name, and compare things. Make simple toys for your child. ► Communicate: Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games. |

* These recommendations are consistent with current WHO infant feeding policy.

** The decision when precisely to begin complementary feeding should be made in consultation with a health worker, based on the individual infant's specific growth and development needs.

Feeding Recommendations for a Child Who Has PERSISTENT DIARRHOEA

- If still breastfeeding, give more frequent, longer breastfeeds, day and night.
- If taking other milk:
 - replace with increased breastfeeding OR
 - replace with fermented milk products, such as yoghurt OR
 - replace half the milk with nutrient-rich semisolid food.
- For other foods, follow feeding recommendations for the child's age.

For further information, please contact:

Department of Nutrition for Health and Development
World Health Organization
20, Avenue Appia
CH-1211 Geneva 27, Switzerland

Fax: +41 22 791 4156

Website: <http://www.who.int/nut/publications>