REPUBLIC OF KENYA

MINISTRY OF HEALTH

Baby Friendly Community Initiative

A Training Manual for Community Health Volunteers (c-BFCI)

July, 2020

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Baby Friendly Community Initiative

A Training Manual for Community Health Volunteers (c-BFCI)

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Foreword

IN Kenya, child malnutrition is a significant public health challenge contributing close to a half of all deaths among children under five years of age, reduced productivity at adulthood and huge economic losses estimated at 6.9 percent of the Gross Domestic Product. One in four children under five years are stunted; a prevalence categorized as high threshold, while 4 and 11 percent are wasted and underweight respectively. Malnutrition is caused by inadequate dietary intake, diseases, inadequate child and maternal care, insufficient access to food, poor health services, unsafe water and poor sanitation.

The urgency for addressing malnutrition is evident in the Kenya Health Policy 2014-2030 which has identified child and maternal underweight and suboptimal breastfeeding as leading risk factors to morbidity and mortality.

Further, the Kenya Nutrition Action Plan (2018-2022) outlines key result areas for accelerating elimination of malnutrition. Over the past decade, the Ministry of Health has been implementing high impact health and nutrition interventions such as exclusive breastfeeding, complementary feeding and maternal nutrition, aimed at improving health and nutrition status of mothers and children. In spite of this, 4 out of 10 children are still not exclusively breastfed, with disparities existing across the 47 counties. Additionally, complementary feeding remains suboptimal with only 22 percent of children aged 6-23 months consuming diets that meet their daily nutritional needs. Therefore, a continuum of care is needed in the first 1000 days i.e., throughout pregnancy, childbirth and the postnatal period in order to improve maternal infant and child nutrition hence reduce morbidity and mortality and consequently improve child survival.

The Ministry is implementing the Universal Health Coverage (UHC), one of the "Big Four" Agenda with a lot of focus directed to strengthening delivery of health services at the community level. Noting that most of the high impact nutrition interventions (HINI) are implemented at the community level by Community Health Volunteers (CHVs) it is important that they (CHVs) have the requisite nutrition knowledge. The Ministry through the Division of Nutrition and Dietetics is promoting the Baby Friendly Community Initiative (BFCI), an innovative community based approach for empowering communities to adopt HINI, specifically optimal breastfeeding, appropriate complementary feeding and maternal nutrition, environmental sanitation and hygiene. The community-BFCI (c-BFCI) manual has been developed to facilitate training of CHVs and stakeholders providing nutrition sensitive services at community level. The manual covers a wide range of topics: basic nutrition, exclusive breastfeeding, complementary feeding, Breast Milk Substitutes Act, growth monitoring and promotion, early childhood development and stimulation, household food and nutrition security and establishment of baby friendly communities.

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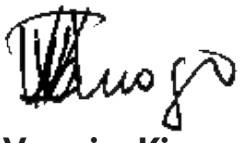

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Acronyms

AAA	Assess Analyse Act
ACF	Action Against Hunger
AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Ante-Natal Clinic
ART	Anti-Retroviral Therapy
ARV	Antiretroviral
BFCI	Baby Friendly Community Initiative
BFHI	Baby Friendly Hospital Initiative
c-BFCI	CHV – BFCI
CHA	Community Health Assistant
CHC	Community Heath Committee
CHEW	Community Health Extension Worker
CHMT	County Health management Team
CHS	Community Health Services
CHV	Community Health Volunteers
CMSG	Community Mother Support Group
CU	Community Unit
e-MTCT	Elimination of Mother To Child Transmission
EBF	Exclusive BreastFeeding
ECD	Early Childhood Development
FAO	Food and Agriculture Organization
FATVAH	Frequency, Amount, Texture, Variety, Active feeding, Hygiene
GIZ	German Corporation for International Cooperation
GMP	Growth Monitoring and Promotion
HAART	Highly Active Anti-Retroviral Therapy
Hb	Haemoglobin
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
IFAS	Iron and Folic Acid Supplementation
KAP	Knowledge Altitudes and Practices
KDHS	Kenya Demographic Health Survey
KHIS	Kenya Health Information System
KNAP	Kenya Nutrition Action Plan
KNH	Kenyatta National Hospital

KRCS	Kenya Red Cross Society
LAM	Lactation Amenorrhea Method
LLITN	Long Lasting Insecticide Treated Nets
MCH	Maternal Child Health
MIYCN	Maternal, Infant and Young Child Nutrition
MNPs	Micro Nutrient Powders
MOH	Medical Officer of Health
MtMSG	Mother-to Mother Support Group
MUAC	Mid-Upper Arm Circumference
OTT	Observe Think Try
PCF	Primary Care Facility
PMTCT	Prevention of Mother-To-Child Transmission
SCHMT	Sub County Health management Team
SMART	Standardized Methodology for Assessment of Relief and Transition
TOT	Training of Trainer
TT	Tetenus Toxoid
UNICEF	United Nations Childrens Fund
VDRL	Venereal Disease Research Laboratory
WHO	World Health Organization

Introduction

The Ministry of Health through the Division of Nutrition and Dietetics has adopted Baby Friendly Community Initiative (BFCI) as one of the outcome indicators in the Kenya Nutrition Action Plan (KNAP); Key Result Area 1:Maternal, Infant and Young Child nutrition (MIYCN) which aims to promote optimal nutrition amongst women of reproductive age (non-pregnant, pregnant and breastfeeding women 15-49 years), neonates, infants and young children. BFCI is a multifaceted program for community-based breastfeeding promotion as an expansion of 10th step of baby friendly hospital initiative, focusing on support for breastfeeding mothers after leaving the hospital.

Information on how to feed young children comes from family beliefs, community practices, information from health workers and community health volunteers. Advertising and commercial promotion by food manufactures is sometimes the source of information to many people, both families and health workers. It has often been difficult for health workers and community health volunteers (CHVs) to discuss with families how best to feed their young children due to the confusing, and often conflicting information available. Inadequate knowledge about how to breastfeed, the appropriate complementary foods to give and good feeding practices are often greater determinants of malnutrition than the availability of food. There is therefore need to train all those involved in infant and young child feeding counselling at all levels ,in the skills needed to protect, promote and support breastfeeding and optimal complementary feeding practices.

Purpose of the course

The c-BFCI course aims to provide Community Health Volunteers (CHVs), Community Mother Support Group (CMSG) members and lead mothers with knowledge and skills to support mothers/caregivers to adopt optimal maternal, infant and young child feeding practices as recommended by WHO & UNICEF through the implementation of the 8 steps to BFCI and compliance to the BMS (Regulation and Control) Act, 2012 in line with the international code of marketing of breast-milk substitutes.

Course Objectives

After completing this course, participants will be able to
1. Gain knowledge and skills on MIYCN.
2. Establish and maintain a baby friendly community unit which involves:

a) Establishing CMSG
b) Mapping of households
c) Establishment of Mother to Mother support groups.
d) Household visits.

3. Assess children growth monthly using MUAC measurement and check the growth curve and counsel or refer as appropriate
4. Document and report on monthly basis.

Note that each of the sessions has a set of learning objectives to guide training and participants track their acquisition of necessary skills and competencies.

Target Audience

This course is meant for all level one health or related workforce including:

1. Community health volunteers in established community units who should preferably be trained on the basic Community Health Services (CHS) module. Having training on technical module 8 is an added advantage but need not be a requirement.
2. Members of the community mother support group (CMSG) selected to support the particular community unit (CU).
3. Lead mothers of existing mother-to-mother support groups.
4. Extension workers from nutrition sensitive sectors e.g. ECD teachers, Agriculture, Livestock and Fisheries.

The Trainers

The trainers of this c-BFCI course should have completed the six day BFCI course for service providers and the five day c-BFCI trainer of trainer (TOT teach-back methodology) course.

It is essential that the trainers are practising training on MIYCN course and are competent on counselling skills required. It is recommended to have a master Trainer during c-BFCI training to backstop to standardize delivery of content.

The Course Layout

The course is divided into 9 units, which take approximately 40 hours inclusive of meal times and the opening and closing ceremonies. The course is best conducted consecutively in a working week. The sessions use a variety of teaching methods, including lectures, demonstrations, small group discussions/working groups.

Course materials

The training manual

The training manual contains what you, the trainer, need in order to lead participants through the course. The manual contains the information that you require including subtitles for each concept, what participants are expected to learn, duration per session and concept and step by step guide for logical flow. Further, the manual provides notes to help the trainer discuss different concepts presented as notes in information boxes. Detailed instructions on how to conduct the exercises that participants will undertake, together with answers, summary sheets, forms, checklists and stories used during the practical sessions of the course are also provided as steps.

This is your most essential tool as a trainer on the course. It is recommended that you use it at all times and add notes to it as you work. These notes will help you in future courses.

National MIYCN counselling cards

The National MIYCN counselling cards are one of the major teaching aids in the cBFCI course. Participants should have access to one as they are the main source of information for them. They contain key messages CHVs will communicate to mothers and caregivers during house hold visits, Mother-to-Mother support group meetings, community baby friendly gatherings, among other forums. As the main material to be used by the CHVs during implementation of BFCI participants need to be very conversant with the content thus the frequent referral throughout the training.

Participants' Handout

A Participant's handout is provided for each participant as a training aid. This contains information that the trainer will need participants to refer to in the course of the training. This handout can be used for reference after the course. Participants can add notes to it as the course progresses for future reference.

Training aids

A comprehensive cBFCI training checklist is available as annex 1 in the training manual. It is categorized into 1) equipment and stationery 2) demonstration items 3) food items and 4) items to print/photocopy including the time table, pre-post test and other teaching aids which are annexes in the training manual.

It is best to print out a copy for use during planning.

CLIMATE SETTING SESSION:

INTRODUCTION, EXPECTATIONS, COURSE OBJECTIVES, PRE-TEST

Objectives

By the end of this session, participants will be able to;

1. Get to know fellow participants, facilitators, and resource persons
2. Discuss Participants' expectations, compare with objectives of the training, and clarify the priorities/focus of the course
3. Identify the knowledge level of participants on BFCI

Duration: 1hr 15 minutes

Materials:

- Flip charts and stand (+ assorted markers + masking tape or sticky putty)
- Name tags – encourage use of local materials rather than use of purchased materials as they may not easily available in the community, e.g. use pieces of paper and tape or pins
- Participants' folders with a book and pen (Optional)
- Course timetable for c-BFCI
- Copies of pre-test **enough for each facilitator**
- Participants handout

Advance Preparation:

- Have ready a flip chart with course objectives
- Have other flip charts titled: Introduction, expectations, rules, leaders
- Ask a co-facilitator to assist with writing as participants brainstorm
- Agree on language of communication (including the pre and post-test language)
- Have ready one pre-test with filled answers and one blank for tallying the participants responses

Session outline

Time	Learning Objectives	Methodologies	Training Aids
20 Min	Get-to-know exercise	Self-introduction	
10 Min	Discuss Participants' expectations, compare with the objectives of the training and clarify the priorities/focus of the course.	Interactive presentation	Flip Charts, Felt pen
45 Min	Identify strengths and weaknesses of participant's BFCI knowledge.	Exercise on Non-written pre-test	Pre-test questionnaire with answers for Facilitators – Yes, No or don't know (Tally the responses)

Activity 1:

Climate setting

Step 1: Ask participants to brainstorm on what they would like to know about each other and write on the flip chart titled 'introduction' including one expectation e.g. (favourite food, hobbies and/or colour and why, something that others do not know about you, dream destination in the world, etc.)

Step 2: Write the expectations on the flip chart.

Step 2: Ask participants to brainstorm Group Norms and list on flip chart

Step 3: Ask participants to identify group leaders including time keeper, spiritual leader, group leader (Chairperson) and energizer. Keep the list posted throughout the training.

Step 4: The facilitator/partners informs on the administrative issues.

Step 5: Invite the designated MOH officer to make the opening remarks.

Activity 2:

Discuss the course objectives and compare with participants' expectations, and clarify the focus of the course (10 min)

Step1: Facilitator introduces the training objectives (includes the main objective of each session, which has been previously written on a flip chart), and compares them with the participant's expectations.

Course objectives

By the end of the training, participants should acquire knowledge and skills on the following topics;

1. Why BFCI
2. Food, nutrients and nutrition
3. Maternal nutrition
4. Feeding infants 0-6 months
5. Complementary feeding
6. Growth monitoring and promotion
7. Establishing BFCI communities
8. Household food security
9. Monitoring and evaluation

Step 2: Facilitator adds inspirational points:

- You can make a difference in your community!
- You have a role to play and with the knowledge and skills you will gain in this training you will help mothers, fathers, caregivers, babies and families in your community!
- We want you to feel empowered and energized because your role in the Community Unit– mothers, babies and families will be healthier

Step 3: Expectations and objectives remain displayed throughout the training week. Summarise the objectives

Activity 3

Assess knowledge level of participants **(45 minutes)**

Participants take the non-written knowledge test

Instructions for Activity:

Explain that 15 questions will be asked when the participants are standing in a circle with their backs towards the centre and their arms crossed at the back. The facilitator then demonstrates the responses as follows:

1. **Opening palm** if they think the answer is **'Yes'**
2. **Closed fist** if they think the answer is **'No'**
3. **2 fingers** if they **'Don't know'** or are not sure of the answer.

YES

NO

DON'T KNOW

Step 1: Ask participants to form a circle and stand so that their backs face the centre.

Step 2: One facilitator reads the statements from the pre-test and another facilitator records the answers

Step 4: Once done ask participants to go back to plenary and inform that the topics covered in the pre-test will be discussed in greater detail during the training.

Step 5: Summarise the session noting which topics (if any) had the most knowledge gaps on a flip chart and keep it posted on the wall for reference during training.

1

UNIT 1:

INTRODUCTION TO THE c-BFCI COURSE

This unit, aims to equip participants with the necessary knowledge and skills to support establishment and sustain a baby friendly community.

Session 1

Orientation to the MIYCN Counselling Cards and 1000 days Booklet (45 minutes)

Participants will learn about the MIYCN Counselling card and 1000 days Booklet

Objectives

By the end of the session, participants will be able to:

1. Name the 8 thematic areas in the counselling card and the concepts in each
2. Describe how to use the counselling cards during counselling/education sessions
3. State the key concepts in the '1000 days' booklet

Duration: 60 minutes

Methodology: Facilitative lecture, discussion, brainstorming, role play

Materials:

- Flip chart papers and stand (+ assorted marker pens + masking tape or sticky pads)
- National MIYCN counselling cards
- 1000 days booklets

Session plan

2 minutes: introduce the session			
Time	**Topics**	**Methodologies**	**Materials**
30 Min	The 8 thematic areas, colour codes and corresponding components of each thematic area	Facilitative lecture	MIYCN Counselling Cards
15 Min	Conduct the 'know your MIYCN counselling cards' drill	Group work	Counselling cards, flip chart
10 Min	Overview of 1000 days booklet	Discussion	The1000 days booklet
3 Min	Summarise the session	Questions and answers	

INTRODUCTION

MIYCN counselling cards will be the main material to be used by the CHVs during implementation of BFCI. They will be used to communicate and reinforce key messages to mothers and caregivers during house hold visits, Mother-to-Mother support group meetings, among others. The themes are colour coded with different colours representing different concepts. This is aimed at making it easy for users to access cards in the desired thematic area without having to flip over all cards.

The '1000 days' booklet contains abstract messages from the counselling cards for mothers caregivers to take home for reference. It is also arranged in themes that are colour coded in line with the counselling cards. It is recommended that Counties/ partners contextualize this booklet to enhance its use at all levels.

Activity 1

8 thematic areas in the counselling cards **(20 minutes)**

Participants will learn the themes and colours used in the MIYCN counselling cards

Step 1: Distribute the MIYCN counselling cards

Step 2: Explain that the counselling cards are going to be the main tools to use and they will take a few minutes to examine the content.

Step 3: Introduce the MIYCN counselling card colour codes and explain clearly using the points below

Maternal Nutrition	1
Feeding infants 0-6 months	2
Complementary feeding (6-23 months) and feeding of children (24-59 months)	3
Feeding in special circumstances	4
Essential hygiene actions	5
Growth monitoring & promotion	6
Developmental milestones, care and stimulation	7
Household food and nutrition security	8

Step 4: Explain the components of each theme using the following notes

MATERNAL NUTRITION:

- Nutrition for pregnant women
- Nutrition for breastfeeding mothers
- Care during pregnancy
- Protecting your baby from HIV infection
- Monitoring during pregnancy
- Danger signs during pregnancy

FEEDING INFANTS 0-6 MONTHS

- Exclusive breastfeeding
- Early initiation of breastfeeding
- Family support for breastfeeding
- Family planning and child spacing
- Common breastfeeding difficulties and calming a baby with colic pains
- Dangers of mixed feeding
- Positioning and attaching of a baby to the breast and breastfeeding positions
- Breastfeeding on demand
- Expressing breast milk, storage of expressed breast milk and feeding a baby by cup
- Common breast conditions related to breastfeeding

COMPLEMENTARY FEEDING FOR CHILDREN 6-23 AND CHILDREN 24 – 59 MONTHS

- Introduction of complementary feeding
- Complementary feeding at 6 months
- Complementary feeding for 7–8 months
- Complementary feeding for 9-11 months
- Complementary feeding for 12-23 months
- Complementary feeding for children 24-59 months
- Complementary feeding for non-breastfed children 6-23 months
- Adding Micronutrient Powders (MNPs) to complementary foods
- Modification of complementary foods 6-12 months
- Active/Responsive feeding

FEEDING IN SPECIAL CIRCUMSTANCES

- Feeding a preterm and a low birth weight baby
- Feeding sick children aged less than 6 months
- Feeding sick children aged more than 6 months
- Danger signs

ESSENTIAL HYGIENE ACTIONS

- Hand washing at 5 critical times to prevent illness
- Use of latrines and proper disposal of faeces
- Food safety and hygiene
- Healthy play areas/environment

GROWTH MONITORING & PROMOTION

Importance and activities of growth monitoring and promotion

DEVELOPMENTAL MILESTONES

- Developmental milestones
- Early childhood stimulation

HOUSEHOLD FOOD AND NUTRITION SECURITY

- How to establish a kitchen garden
- Small animal breeding

Activity 2

How to use the cards during counselling/education **(15 minutes)**

Participants will learn how to use the MIYCN counselling cards

Step 1: Explain how to use the MIYCN counselling cards using the notes below

- Each of the cards has two sides, one with a large picture and the other with a small picture and notes
- When using the counselling cards, the large picture is shown to the client(s) while the side with notes faces the counsellor.
- Facilitator/counsellor should not read the notes. Rather they should internalize the key points prior to the session to facilitate face-to-face communication and avoid the cards becoming a barrier
- Reference to the notes is only done when necessary

Step 2: Explain how to use a counselling card using: Observe/Assess Think/ Analyze, Try/Act ('OTT'/"AAA")

OTT / AAA approach	
Observe/Assess:	• Home environment • Condition of the child, • Condition of the mother • Childs growth chart
Think/Analyze	• Consider the effects of what you have observed • Decide on appropriate actions • Discuss options with mother/caregiver
Try/Act	• Negotiate on actions/practices to be undertaken to effect the desired behaviour

EXERCISE : Conduct the 'know your MIYCN counselling cards' drill

The exercise involves locating the counselling card relevant to the topic given. Have a flip chart ready with columns and rows equal to the number of groups formed fo**r scoring purposes, ask a co-trainer to help you record the scores.**

Step 3: Divide participants into groups of 5 (depending on number of participants in a class)

Step 4: Ensure each group have access to a counselling card

Step 5: Ask participants to locate relevant MIYCN counselling cards as shown in the table below.

NOTE:

- The team that finds the card first will earn one mark.
- As soon as the team locates the card, let them clap then give them the first priority to answer the question
- If the card they mention is wrong, the second team that clapped is given an opportunity to answer.
- The teams should locate the cards within 30 seconds or 1 minute at most. If none of the teams has located the card when time lapses, then all teams score a zero on that.
- The facilitator guides the participants on the same activity.

Step 6: Use the format below to conduct the drill. Read out the card title, wait for responses and score

Card title	Grp 1	Grp 2	Grp 3	Grp 4	Grp 5	Grp 6	Correct card number
Hand washing at 5 critical times							
Exclusive breastfeeding							
Feeding a sick child<6 months							
Monitoring during pregnancy							
Small animal breeding							
Child stimulation							
Feeding a child 9-11 months							
Growth monitoring and promotion							
Total							

Activity 3

Participants will learn how to use the '1000 days' booklet

The '1000 days' booklet – Key messages **(5 Minutes)**

Step 1: Discuss and explain the content of the '1000 days' booklet.

Step 2: Explain the importance and use of the '1000 days' booklet using the notes below

- The booklet contains key messages from key thematic areas in the MIYCN counselling cards
- The booklet is take-home material for mothers and caregivers. To enhance their use, mothers/caregivers should be oriented on the contents of the booklet in the same way as orientation to the counselling cards

Step 3: Ask participants to turn to 1000 days handout as you read every theme and title there-in, taking note the colour codes are similar to those in the counselling Cards.
Summarise the session using the table below

1000 DAYS BOOKLET SUMMARY

1	**Eating for good health of the mother and baby during pregnancy**
	Pre pregnancy period
	How to eat during pregnancy
	Care during pregnancy
	Monitoring during pregnancy
	Danger signs during pregnancy
2	**Exclusive breast feeding**
	Early initiation to breast feeding
	Proper positioning , attachment and effective suckling
	How to express breast milk
	Storage of expressed breast milk
	Warming of expressed breast milk
	Cup feeding
3	**Giving other foods to your baby 6-23 months old (complementary feeding)**
	Food groups for children
	Feeding your baby at 6 months
	Feeding babies 7-8 months old
	Feeding babies 9-11 months old
	Feeding babies 12-24 months old
	Responsive/active feeding
	Feeding non breast fed children from 6-23 months
	Adding Micronutrient Powder(MNPs) to complimentary foods
4	**Food safety and hygiene**
	Cleanliness of food and food preparation is important to prevent illness in children and adults
	Demonstration of hand washing with soap and water
5	**Feeding in special circumstances**
	Sick baby less than 6 months
	Sick baby older than 6 months
	Always look out for the danger signs

Summarize the session **3 minutes**

Ask participants if they have any questions or seek clarification

Session 2

Why BFCI matters

Participants will learn the importance of BFCI

Objectives:

By the end of this session, the participants will be able to:

1. Define the terms; Baby Friendly Community Initiative (BFCI), exclusive breastfeeding and complementary feeding.
2. Identify key health and nutrition interventions needed for optimal growth and development of a child
3. Discuss common feeding practices among children, pregnant and breastfeeding mothers in their community
4. Discuss County and Sub county updated nutrition situation

Duration: 1hr 25 minutes

Methodology: Brainstorming, interactive lecture, discussion, group work and role play.

Materials:

- Flip chart, marker pens, masking tape , copy of 8 steps to BFCI (One copy per participant),dry beans

Session plan

5 minutes introduce the session			
Time	**Learning Objectives**	**Methodologies**	**Training Aids**
25 Min	Define the terms BFCI, exclusive breastfeeding and complementary feeding	Brainstorming	Flip chart and marker pens
20 Min	Key health and nutrition interventions important for optimal growth and development of a child.	Discussion Role play	Coloured Cards with MIYCN themes Picture of a healthy child
30 Min	Common feeding practices among children, pregnant and breastfeeding mothers in the community. County and Sub- county nutrition situation	Brainstorming Discussion	• Flip chart • Marker pens • Masking tape
5Min	Summarize the session		

Activity 1

Defining terms: Baby Friendly Community Initiative (BFCI), exclusive breastfeeding, complementary feeding **(20 minutes)**

Participants will learn the definition of BFCI

Define the term BFCI

Step 1: Define Baby Friendly Community Initiative (BFCI) and what it entails using the notes below

Baby Friendly Community Initiative (BFCI):

Is a community-based initiative to protect, promote and support breastfeeding, optimal complementary feeding and maternal nutrition.

- It includes feeding of children in special circumstances, environmental sanitation and hygiene, early childhood stimulation, referral to MCH, HIV services and other nutrition sensitive interventions.
- It entails implementation of the 8 steps to BFCI
- It works through:-
    1. Formation of Community Mother support groups
    2. Formation and training of Mother- to-Mother Support Groups
    3. Close links to Health Centres and local authorities
    4. Home visitation
    5. Community campaigns e.g. world breastfeeding week, Malezi Bora weeks,
    6. Community dialogue
    7. Community action days
    8. Bi-monthly Community baby-friendly meetings

Why baby friendly community initiative?

- Mothers who give birth in hospitals return to their communities and homes to care for their babies.
- In some instances mothers in both urban and rural areas give birth at home.
- In Kenya, 2 in every 5 mothers (39%) deliver at home (KDHS 2014).
- Continuous and additional interventions are needed to create conducive environments that are supportive of mothers and children at community level

Step 2: Ask:

1. How common is home delivery in this community?
2. What contributes to home deliveries?
3. What can you do about the home deliveries?

Step 3: Summarize the responses

Step 4: Ask participants to turn to handout on '8 STEPS TO BFCI'

Step 5: Read and explain each step briefly and inform the steps will be discussed in details later

Define Exclusive Breastfeeding (EBF)

Define breastfeeding using the notes below.

Exclusive breastfeeding

Means feeding of an infant with breastmilk ONLY (including expressed breastmilk) for the first six months of life without giving any other foods or drinks, not even water. Medicines prescribed by a qualified health worker are allowed.

Define complementary feeding

Define complementary feeding using the notes below

Complementary feeding:

The process of introducing solid and semi-solid foods in addition to breastmilk at six months of age. When breast milk alone is no longer sufficient to meet the nutritional requirements of an infant.

Activity 2

Key health and nutrition interventions needed for optimal growth and development of a child. (20 minutes)

Methodology

- Brief 8 participants on the roles they will play beforehand.
- Pin the picture of a healthy child on one end of the room
- Have the role-players take steps towards the picture of the healthy child

Conduct the activity

Step 1: Ask 8 individuals to play the roles of young children less than 2 years

Step 2: Hold up a card with the theme(s) written

Step 3: Ask the child to read out the content and take one step forward.

Step 4: Repeat the process from theme 2 to theme 8, with the children taking steps forward as per the number of themes handed until the 8th theme is achieved

Step 5: Discuss the role play as per the theme using the notes below

The window of opportunity for improving nutrition is critical – from pre-pregnancy, during pregnancy, and the first 2 years of a child's life (first 1000 days).
Any damage to physical growth and brain development that occurs during this period is likely to be extensive and, if not corrected, irreversible.
For optimal growth and development, a child requires all of the above interventions.

⧗ Activity 3

Participants will discuss common feeding practices among children, pregnant and breastfeeding mothers in their community (20 minutes)

Step 1: Divide participants into 3 groups

Step 2: Assign different groups to discuss feeding practices for: Children, pregnant women and breastfeeding mothers

Step 3: Ask participants to write responses on a flip chart

Step 4: Ask each group to present findings in plenary

Step 5: Ask other participants to make additions

Summarize the discussion using participants written responses, affirming the positive practices and noting the negative practices for further discussion

⧗ Activity 4:

Discuss County and sub county nutrition indicator (10 minutes)

Step 1: Ask participants to brainstorm on effects of poor feeding practices for pregnant women, breastfeeding mothers and children

Step 2: List down their responses on a flip chart

Step 3: Present data on nutrition indicators in relation to their responses *(Source: KAP, SMART, KDHS, KHIS)*

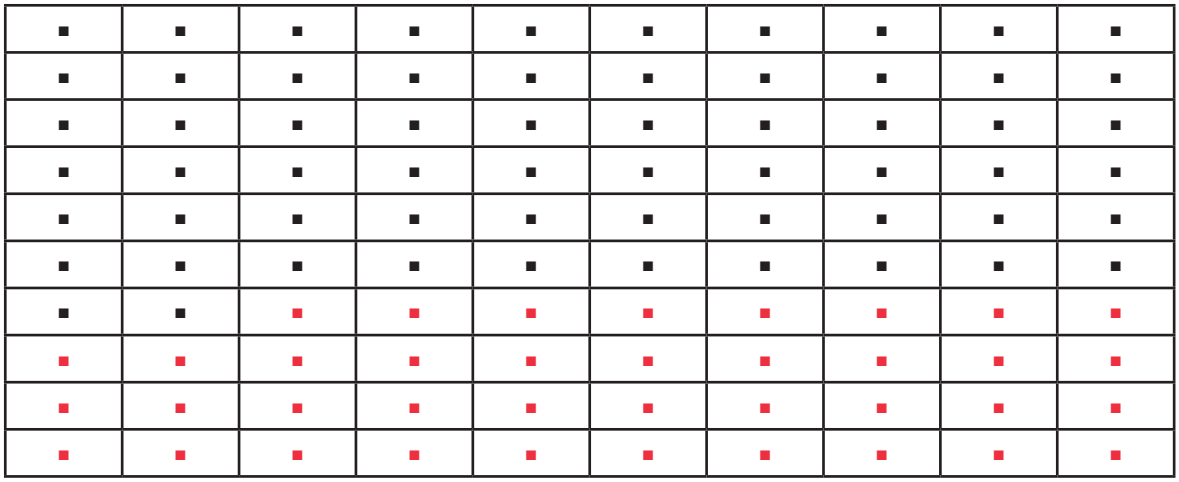
Step 4: Form groups depending on data available (Early initiation, EBF, wasting, stunting, minimum food frequency, minimum dietary diversity, minimum acceptable diet, water treatment, hand washing at critical times)

Step 5: Assign each group one indicator and ask them to count 100 beans, then separate the beans according to the percentage of the indicator given.

Step 6: Using the bean distribution activity ask participants to discuss and list activities they would undertake to help improve health and nutrition situation in their community.

See example below

Early initiation to breastfeeding: For example, initiation of breastfeeding within 1 hour after birth is at 62 out of 100 mothers.



Step 7: Summarize each group's discussion commenting on suggested activities Summarize the discussions using the notes below

- The first 1000 days' window of opportunity
- From pregnancy to the first two years of life is a window of opportunity for growth promotion.
- There is need for prenatal and early-life interventions to prevent the growth failure that primarily happens during pregnancy and in the first two years of life, including the promotion of appropriate infant feeding practices.
- Some stunting occurs during pregnancy, thus good maternal nutrition during pregnancy should be enhanced to prevent preterm birth , low birth weights, and other deformities during pregnancy.
- The rate of stunting is highest during complementary feeding 6 -23 months.
- The deficiencies acquired by this age are difficult to reverse later.
- Strategies to improve nutritional status and growth in children should include interventions to improve nutrition of pregnant and breastfeeding women, support early initiation of breastfeeding with exclusive breastfeeding for the first six months; promotion, protection, and support of continued breastfeeding up to two years and beyond alongside appropriate complementary feeding from six months (180 days).

Summarize the session — 3 minutes

Ask participants if they have any questions or seek clarification

2

UNIT 2

FOOD, NUTRIENTS AND NUTRITION

The unit is intended to orient the participants on the importance of Food, Nutrients and Nutrition

Objectives

After completing this session, participants will be able to:

1. Explain the meaning of food, nutrients and nutrition
2. Explain dietary diversity and its importance
3. Explain the importance of nutrition
4. Explore the 10 food groups for women and their food sources
5. Develop a food calendar using locally available foods per season
6. Describe the relationship between nutrition, health and growth

Duration: 3 hours

Methodologies: Buzzing, brainstorming, discussion, group work, facilitative Lecture

Materials: Flip charts, marker pens, masking tape/glue, Samples of locally available foods from the various food groups

Session plan

Duration	Topics	Methodology	Materials
5 minutes	Introduction of the session	Lecture	Flip chart and marker pens
10 minutes	Definition of food, nutrients, nutrition and its importance	Lecture, brain storming, group work	Foods, flip charts, marker pens
10 minutes	Dietary diversity and its importance	Demonstration, discussion	Food samples
10 minutes	Importance of nutrition	Brainstorming and Facilitative Lecture	Flip chart and marker pens
100 minutes	The 10 food groups for women and their food sources	Demonstrations, group work discussion, Facilitative lecture and	Food samples, flip charts, marker pens
35 minutes	Development of food calendar	Group work	Copies of food calendar template

5 minutes	Relationship between nutrition, health and growth	Facilitative Lecture	Flip charts, marker pens
5 minutes	Session summary	Facilitative Lecture	

Activity 1

Definition of food, nutrients and nutrition **(10 minutes)**

Participants will place food stuff from home to a designated table

Step 1: Place foodstuffs purchased on a designated table labeled Market

Step 2: Ask participants: 'Is food a human right?'

Step 3: Ask the participants to buzz in pairs on what food, nutrients and nutrition is.

Step 4: List the participant's responses on a flip chart

Step 5: Summarize using the notes below

Food

Any nutritious substance that people eat or drink in order to produce energy, maintain life and growth.

Nutrients

A substance that provides nourishment essential for growth, repair of worn out tissues, etc like carbohydrates, proteins, vitamins, minerals and fats.

Nutrition

The process of providing or obtaining the nutrients necessary for health and growth

Participants will brainstorm on the importance of nutrition

Step 1: Ask the participants to brain storm on the importance of nutrition

Step 2: List their responses on a flip chart

Summarize the discussion using the notes below

Importance of Nutrition

Food contains nutrients that:

- Produce energy to keep the body warm and working well.
- Build muscles, bones and other parts of the body.
- Repair and heal injuries in the body.
- Help body resist and fight disease.

Activity 2

Demonstrating Dietary diversity **(10 minutes)**

Participants will demonstrate on dietary diversity

Step1: Display all food stuffs on the designated table

Step 2: Ask two participants to compose a common family meal from the foodstuffs displayed

Step 3: Assess and analyze the composed family meal

Step 4: Explain and demonstrate intra (within the same food group) and inter food group (across different food groups) dietary diversity using the composed meal . Pick additional foods from the demonstration table as you explain dietary diversity

Step 5: Ask participants if family members would remain healthy if they feed on the earlier composed meal everyday

Step 6: Summarize the discussion

Step 7: Ask participants to brainstorm on the importance of dietary diversity for pregnant, breastfeeding mothers and children

Step 8: List the responses on a flip chart

Summarize the discussion using the notes below

- Foods have different nutrients that the body requires.
- It is therefore important to eat a variety of foods to meet the daily nutrient needs.
- Various foods need to be combined and served together to enable the body to obtain all the required nutrients which are important for normal body functioning.
- Dietary diversity is important for diet quality through daily consumption of recommended food groups.
- Repetitive diets dominated by one or a few staple foods fail to meet many micronutrients needs (e.g millet flour has higher levels of Iron compared to maize flour therefore it is good practice to alternate, while maize flour has higher levels of B6 compared to millet flour)
- Inadequate micronutrient intake harm both women and their infants

Activity 3

Discuss the 10 food groups for women and their food sources **(100 minutes)**

Participants will work in groups and arrange the 10 food groups

Step 1: List the 10 food groups adopted for women of reproductive age as shown below

NO.	FOOD GROUPS FOR WOMEN
1.	Grains, grain products and all other starchy foods,
2.	Pulses/ Legumes (dried beans, peas, lentils)

3.	Nuts and seeds
4.	Dairy and dairy products
5.	Flesh foods - Meat, poultry and fish
6.	Eggs
7.	Dark green leafy vegetables
8.	Other vitamin A rich fruits and vegetables
9.	Other vegetables
10.	Other fruits

Source: Minimum dietary diversity for women, FAO, 2016

Step 2: List the 7 food groups adopted for children as shown below

NO.	FOOD GROUPS FOR CHILDREN
1.	Grain, grain products and other starchy foods
2.	Legumes/ Pulses, nuts and seeds
3.	Dairy and dairy products
4.	Flesh foods (meat, fish, poultry, live/organs)
5.	Eggs
6.	Vitamin A rich fruits and vegetables.
7.	Other fruits and vegetables

Source: WHO

Step 3: Ask participants to move to the 'market' table with food samples

Step 4: Discuss the 10 food groups for women dietary diversity one after the other and arrange the foods according to the food groups using the notes below.

Food Group	Functions	Sources
Grain, grain products and other starchy foods	• Provide energy and varying amounts of micronutrients • Helps in digestion, absorption and utilization of other nutrients	All products of maize, wheat, sorghum, millet or cassava, potatoes, white fleshed sweet potatoes white yams, rice, arrowroots, corn /maize, oats, green bananas

Facilitator notes

- This group is sometimes called "starchy staples"
- Green maize is not grouped in this group since the starch is only available when the maize dries. This is grouped in the 'other vegetables' food group
- Green bananas are grouped in this category while ripe bananas are classified as other fruits

NB: only white fleshed sweet potatoes fall in this group as yellow or orange fleshed sweet potatoes provide vitamin A and are therefore grouped with vitamin A rich foods

Food	Functions	Sources
Pulses/ Legumes	• High in protein • Important for body building and repair of worn out tissues	All types of beans (e.g black, kidney, pinto, chickpea, lentils, soya etc) All products of beans e.g soya milk, soya chunks, chick pea (Gram flour)

Facilitator notes

- Pulses/Legumes should be harvested when mature and dry
- Can be used as food or processed into a variety of food products
- The group does not include those harvested and consumed green, immature or in the pods. Such are included in the 'other vegetables' food group

Food	Functions	Sources
Nuts and seeds	Source of healthy fats that the body easily breaks down.	Common nuts include ground nuts, pea nuts, cashew nuts, macadamia nuts. Commonly consumed seeds include simsim, sunflower, pumpkin, melon seed, Chia seeds, baobab seed.

Facilitator notes

- They are typically high in fat content e.g. Simsim paste (Tahini)
- Fats obtained from nuts and seeds are healthy
- Coconut is not included in this group. When the flesh is consumed, it is grouped as 'other fruits' while coconut milk is grouped as a seasoning

Food	Functions	Sources
Dairy and dairy products	Good sources of Calcium for healthy bones and teeth. Good source of protein for growth and repair of worn out tissues	Fresh whole, low-fat and skim milk, reconstituted powdered or evaporated milk, cheese, Fermented milk, yogurt / curd

Facilitator notes

- This group includes almost all liquid and solid dairy products from cows, goats, sheep or camels.
- Tinned, powdered or ultra-heat treated milk, soft and hard cheeses, yoghurt and locally fermented milk e.g. mursik are included
- Butter, sour cream, ice cream, sweetened condensed milk are not included in this category.
- Butter and sour cream are grouped with fats due to their high fat content while ice cream and condensed milks are grouped with sweets

Food	Functions	Sources
Flesh foods	• Good sources of high-quality protein. • Provide micronutrients, like iron and zinc good for increasing the blood volume and helping the body fight diseases.	Beef, goat, lamb, mutton, pork, game meat Chicken, duck, goose, guinea fowl, turkey, pigeon or other wild or domesticated birds Fresh, frozen, processed or dried fish, large or small, all species. Other edible sea animals

Food	Functions	Sources
Eggs	• Good source of proteins, vitamins and minerals.	Chicken eggs Duck eggs Guinea fowl eggs Quail eggs

Facilitator notes

- This group includes eggs from domesticated or wild birds.
- This does not include fish roe (egg masses from fish) these are grouped with small protein foods

Food	Functions	Sources
Dark green leafy vegetables	• Rich in folate and iron, that is useful in increasing the blood volume. • Rich in vitamin A, C and other micronutrients that strengthen the immune system • Source of fiber that helps in digestion	Dark green leaves such as cassava, bean, pumpkin, amaranth, spinach, sukuma wiki (kales), 'moringa', sweet potatoes leaves, kanzera, etc.

Facilitator notes

- All dark green leafy vegetables are rich in vitamin A, iron, folate, and other micronutrients.

Food	Functions	Sources
Other vitamin A rich fruits and vegetables	• Good sources of vitamin A important for vision and immunity	• Vitamin A rich fruits include: ripe mangoes, ripe papaya, passion fruit, apricot • Vitamin A-rich vegetables include orange-fleshed sweet potato, carrot, pumpkin and deep yellow- or orange-fleshed squash

Facilitator notes

- When Mangoes or papayas are consumed before they ripen, they are not classified under vitamin A rich but are classified as other fruits and vegetables
- The red water melon is not classified under this group but is classified as other fruits.
- Passion fruits which have yellow/orange flesh are classified under this group.
- Oranges are not grouped in this family although they contain little amounts of vitamin A as they are more rich in vitamin C and are therefore grouped as 'other fruits'
- Key colors that aid in grouping this family of food is deep yellow and orange on the flesh not skin

Food	Functions	Sources
Other vegetables	Good sources of vitamin C useful for wound healing and keeping the gum healthy	Cauliflower, cabbage cucumber, green pepper, onion, lettuce mushroom, okra, tomato, green peas, courgette, eggplant, green beans, green, maize

Facilitator notes

- This group includes vegetables not classified as dark green vegetables or other vitamin A rich vegetables.
- They are fruits and vegetables associated with positive health outcomes. They are good sources of vitamin C.
- This group includes legumes when consumed green e.g. (green peas, snow peas, snap beans, green beans)

Food	Functions	Sources
Other fruits	• Good sources of vitamin C and E among other micronutrients • Vitamin E helps reduce levels of toxic metals in the body. • Vitamin C that is useful in healing of wounds and keeping the gum healthy	Apple, avocado, banana, all berries, grape fruits, guava, jackfruit, kiwi, lemon, dates, lime, tangerine, orange.

Facilitator notes

- This group includes most fruits excluding those that are rich in vitamin A
- Fruits with a sour taste are good sources of vitamin C

Conduct food grouping exercise

Step 4: Divide participants into 6 groups and assign food groups as below

Group 1:

- Grain, grain products and starchy foods
- Nuts and seeds

Group 2:

- Pulses/legumes
- Flesh foods
- Dairy and dairy products
- Eggs

Group 3: Dark green leafy vegetables

Group 4: Other vitamin A rich fruits and vegetables

Group 5: Other vegetables

Group 6: Other fruits

Step 5: Ask each group to pick different food samples from the demonstration table and place them in their assigned food groups.

Step 6: Ask the participants to make a list of other locally available foods that are missing in the 'market' table on a flip chart.

Step 7: Lead participants in a gallery walk to each group as they present their findings

Step 8: Move misplaced foods to their correct group, as you do so explain to the participants the reasons why

Step 9: Inform participants that they can find summary of minimum dietary diversity for women

Activity 5

Development of food calendar **(35 minutes)**

Participants will develop the annual food calender

Step 1: Ask participants to work in the 6 groups earlier formed

Step 2: Distribute the food calendar templates

Step 3: Allocate each group two months to fill in the template beginning from January to December

Step 4: Ask the participants in their groups to fill in the food calendar listing locally available foods in their community at their own time and submit the filled forms by the end of day two

NB: This consolidated food calendar will be used in unit 5 session 2; foods that fill energy, iron and vitamin A gaps

Activity 6

Describe the relationship between nutrition, health and improved performance (10 minutes)

Participants will brain storm on the relationship between nutrition, health and performance

Step 1: Ask participants to brainstorm on the relationship between nutrition, health and improved performance.

Step 2: List their responses on a flip chart.

Step 3: Distribute the handout on ***relationship between nutrition, health and improved performance***

Relationship between nutrition, health and improved performance

Step 4: Ask the participants to say what they observe
Summarize the discussion using the points below

- Good nutrition is achieved by consuming foods in adequate amounts and this helps to improve health.
- When people are healthy, they engage in productive activities that improve their quality of life.
- Women who are well nourished during childhood and adolescence have the best chance of long and active lives, of giving birth to healthy babies and of having energy to provide good care and meals to their families.
- Children who are well nourished will be healthy, grow well, have better concentration and retention of information thus perform well in school. This will enable them engage in productive activities in their adulthood.
- Well-nourished adolescents and adults will lead productive lives
- A well-nourished family will fall sick less often and therefore spend less on treatment.

Session summary (5 minutes)

Ask participants if they have any questions or seek clarification

3

UNIT 3

MATERNAL NUTRITION

In this unit participants will learn the importance of optimal nutrition during pregnancy and the breastfeeding period.

Objectives:

By the end of the unit, the participants will be able to:

1. Explain the importance of optimal nutrition during pregnancy and breastfeeding
2. Give nutrition recommendation during pregnancy and breastfeeding
3. Explain the causes of and ways to prevent anemia in pregnancy
4. Discuss the package of care during pregnancy
5. Explain the monitoring done for a pregnant mother during ANC visits
6. Explain how to prevent transmission of HIV from mother to child
7. Discuss the danger signs in pregnancy

Duration: 1 hour 40 Minutes
Methodologies: Facilitative lecture, group work, buzzing, brainstorming, role-plays, questions and answers
Materials: Flip charts, Marker pens, masking tape, copies of Mother and Child handbook, , MIYCN counselling cards 1-6 and IFAS policy

Session plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction	Lecture	
10 minutes	Explain the importance of optimal nutrition during pregnancy and breastfeeding	Discussions, lecture	Marker pens, flip charts, masking tapes
30 minutes	• Give nutrition recommendations during pregnancy and breastfeeding • Food groups for women of reproductive age	Lecture , group work	Marker pens, flip charts, MIYCN counselling cards

15 minutes	• Explain the causes and prevention of anaemia in pregnancy • Prevention of anaemia in pregnancy	Lecture , group work, buzzing	Marker pens, flip charts, MIYCN counselling cards
15 minutes	Discuss the package of care during pregnancy	Lecture , group work, buzzing	Marker pens, flip charts, MIYCN counselling cards
10 minutes	Explain the monitoring done for a pregnant mother during ANC visits	Lecture , group work, buzzing	Marker pens, flip charts, MIYCN counselling cards
11 minutes	Explain how to prevent transmission of HIV from mother to child • Modes of HIV transmission from mother to child • Current recommendations on prevention of mother-to-child transmission of HIV • Factors that affect mother to child transmission of HIV	Lecture , brainstorming	Marker pens, flip charts, MIYCN counselling cards
5 minutes	Discuss the danger signs in pregnancy	Lecture	Marker pens, flip charts, MIYCN counselling cards
3 minutes	Session summary		

Introduce the session (2 minutes)

It is important that women have good nutrition during pregnancy and breastfeeding. This will influence the health of their children.

The period before pregnancy, during pregnancy, after delivery and during breastfeeding is of critical importance for the health of the mother and the child's growth and development.

Activity 1

Importance of optimal nutrition during pregnancy and breastfeeding (10 minutes)

Participants will discuss the importance of optimal nutrition during pregnancy and breastfeeding

Step 1: Divide the participants into three groups

Step 2: Assign the groups to discuss the importance of good nutrition as follows: Group 1 - before pregnancy, group 2- during pregnancy and group 3 - during breastfeeding

Step 3: Place three flip charts with titles ***'Importance of nutrition before pregnancy'*** ***'Importance of nutrition in pregnancy'*** and ***'Importance of nutrition during breast feeding',***

Step 4: Ask each group to write responses on the different colored cut out pieces of manila papers/sticky notes and stick on the designated flip charts

Step 5: Ask one member from each group to present in plenary

Summarize using the notes below

Importance of maternal nutrition

Before pregnancy

- Influences a woman's ability to conceive and meet the nutrition demands during pregnancy,
- Determines the fetal growth and development
- Promotes development of a healthy placenta
- Improves the overall health of the mother.

During pregnancy

- It is important to ensure that the mother-to-be eats a healthy, adequate diet and establishes good eating habits to optimally nourish the foetus during the pregnancy.
- Good nutrition during pregnancy makes the placenta to develop fully therefore, it can optimally nourish the foetus.
- Ensures a successful pregnancy
- Helps maintain a good nutrition status. Underweight and overweight women experience more complications during pregnancy and delivery than normal women.
- Prevention of anaemia; Supplementation with particular nutrients can be done when necessary.
- Prevention of birth defects caused by Micronutrients deficiency

During breastfeeding:

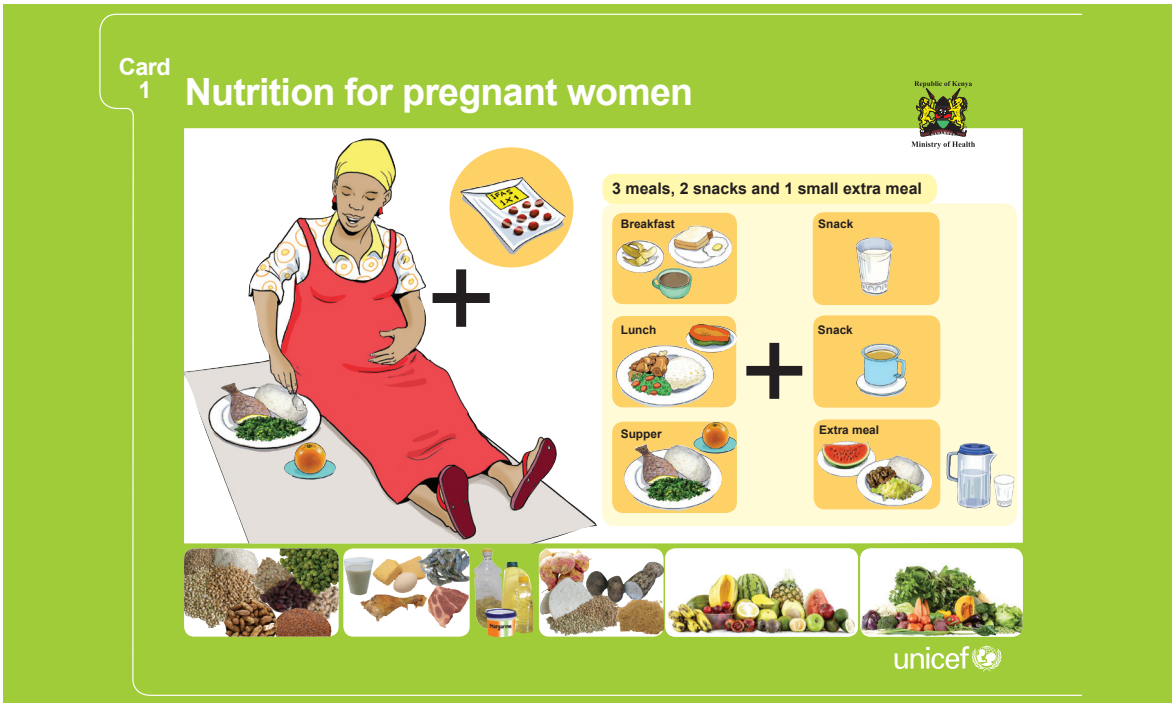
- Important for the provision of increased nutrients' needs.
- To enhance quality composition of breastmilk
- To facilitate recovery from pregnancy and child birth
- Replacement of maternal nutrient stores depleted during pregnancy and child birth

Activity 2

Nutrition recommendations during pregnancy and breastfeeding (30 minutes)

Participants will discuss the various nutrition recommendations during pregnancy and breastfeeding

Step 1: Ask participants to pair up as they are seated and look at counseling card 1



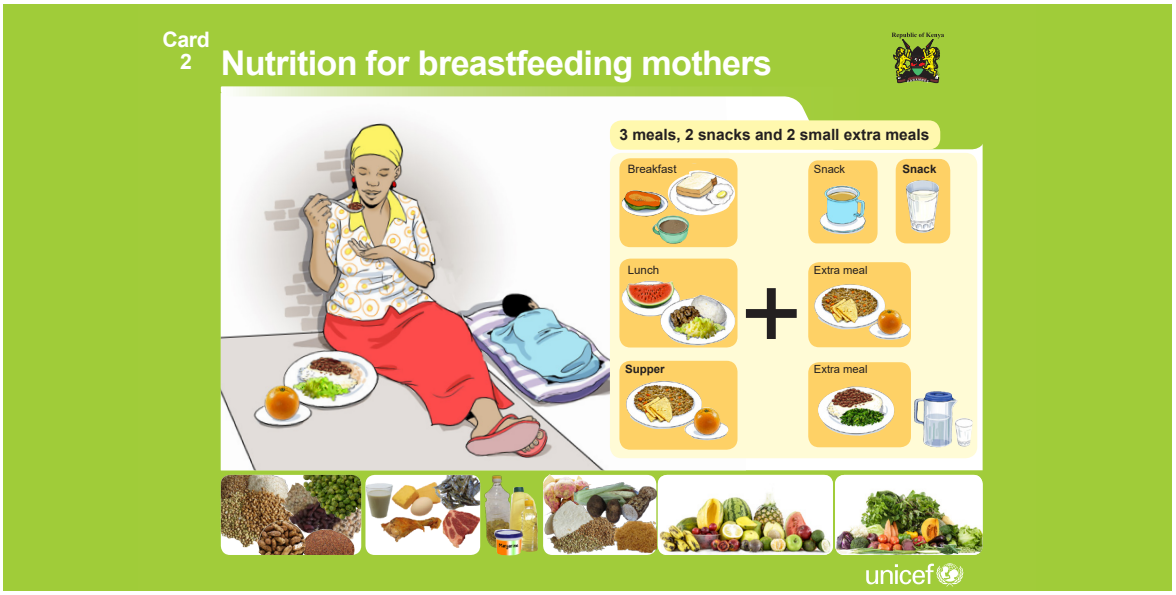
Step 2: Ask participants to say what they have observed
Summarize using the notes below

Nutrition recommendation for pregnant women

- Some girls have their first pregnancy during the teen years when they are still growing
- The teenage mother and the growing baby compete for nutrients
- The teenage mother has not completed her growth cycle, hence is at risk of difficult labour since her pelvis is small
- A teenage mother needs extra care, more food and more rest than an older mother. She needs to nourish her own body, which is still growing, as well as her growing baby.
- All pregnant women should eat a variety of locally available foods.
- They need an extra meal in addition to three regular meals and 2 snacks to support their nutrition and that of the unborn baby.
- They also need a lot of nutritious fluids like soup, fresh fruit juice, porridge and water.
- In addition, they need to eat foods high in fibre (e.g. fruits and vegetables) to prevent constipation.
- Calcium and phosphorus are essential in bone formation during pregnancy and fetal development.

- Anaemia in pregnancy contributes to high rates of intrauterine growth retardation and premature birth, increased post-partum bleeding, and a greater risk of maternal mortality.
- All pregnant women should therefore take Iron and Folic Acid supplements (IFAS) daily throughout the pregnancy period.
- Iodized salt should be consumed by the pregnant woman to provide sufficient iodine for physiological and brain development of the child.
- Pregnant women are advised to reduce activity level to conserve their energy while at the same time engaging in appropriate physical activities to stay healthy.
- Teenage girls who are pregnant have increased nutritional needs especially for iron, folic acid, vitamin A, calcium, phosphorous; they need closer monitoring by a healthcare provider.
- Pregnant mothers should drink plenty of clean safe water.
- Separate your meals from beverages to prevent interference with iron absorption. It is better to drink tea or coffee an hour before or after a meal.
- Use iodized salt to prevent delivering a baby of short stature and to prevent mental retardation. Lack of iodine during pregnancy can lead to miscarriage or still births.
- Pregnant women are advised to minimize heavy work and maintain light exercises to stay healthy.
- Avoid alcohol and smoking
- Pregnant women should be advised to read the Mother Child Health Handbook and other materials from reliable sources.

Step 3: Ask participants in their pairs to look at counselling card 2 and report what they observe.



Summarize using the notes below

Nutrition recommendations for breastfeeding mothers

- A breastfeeding woman should eat a variety of locally available foods.
- She needs 2 extra small meals in addition to her 3 regular meals and 2 snacks to support nutritional needs for herself and the baby.
- She also needs lots of nutritious fluids like soup, fresh fruit juice, and porridge.
- Breastfeeding mothers should drink plenty of clean safe water.
- Avoid alcohol and smoking
- Separate your meals from beverages such as tea or coffee to prevent interference with iron absorption. Limit the intake of tea or coffee an hour before or after a meal.
- Breastfeeding women are advised to engage in light physical activities to stay healthy. Take adequate rest.
- Breastfeeding women should be advised to read the Mother Child Health Handbook and other materials from reliable sources

Food groups for women of reproductive age.

Participants brainstorm on the 10 food groups for women.

Step 1: Ask the participants to mention the food groups for women that they learnt in unit 2 – food, nutrients and nutrition.
Summarize using the table below

NO.	FOOD GROUPS FOR WOMEN
1.	Grains, grain products and other starchy foods
2.	Pulses/legumes (dried beans, peas, lentils)
3.	Nuts and seeds
4.	Dairy anddairy products
5.	Flesh foods (beef, poultry and fish)
6.	Eggs
7.	Dark green leafy vegetables
8.	Other vitamin A rich fruits and vegetables
9.	Other vegetables
10.	Other fruits

Source: Food and Agriculture Organization (FAO), 2016

Facilitator notes

- The meals should include consumption of at least 5 of the 10 food groups per day as listed above
- The recommendation for at least 5 of the 10 food groups is based on the needs of women diet quality, with a specific focus on micronutrient adequacy.
- Women consuming foods from 5 or more food groups have a greater likelihood of meeting their micronutrient needs than women consuming foods from fewer food groups

Step 2: Divide participants into 2 groups

Step 3: Assign one group to discuss and develop a day's sample menu for a pregnant mother and the other group for a breastfeeding mother using locally available foods and to list the cultural practices, myths and misconceptions surrounding feeding of pregnant and breast feeding women.

Step 4: Ask each group to present the menu they developed and the list of the cultural misconceptions and myths.

Step 5: Facilitator to discuss each menu with the participants, filling the gaps identified and demystifying the myths and misconceptions

Activity 3

Causes and prevention of anemia in pregnancy (15 minutes)

Anaemia is common in pregnant women, we will look at the causes and how we can prevent anaemia in pregnancy

Causes, signs and symptoms of anaemia

Participants brainstorm on the possible causes of anaemia

Step 1: Ask participants to brainstorm the possible causes of anemia in pregnant women as you write their responses on a flip chart.

Summarize using the points below

Causes of anaemia during pregnancy:

- Inadequate iron in maternal stores pre-pregnancy,
- Insufficient dietary intake of iron, folic acid, vitamin B 12 and vitamin C.
- Poor absorption of iron
- Illnesses such as malaria and worm infestation

Step 2: Ask participants to brainstorm on the signs, symptoms and effects of anaemia as you write their responses on a flip chart.

Summarize using the points below.

Signs and symptoms:

- Dizziness
- Oedema
- Pallor (Pale Skin)
- Fatigue,

Effects of anaemia during pregnancy

- Increased risk of maternal death during pregnancy or immediately after a delivery;
- Low birth weight babies
- Early delivery (before 38 weeks)
- Child birth complications

Prevention of anaemia in pregnancy

Participants will brainstorm on how to prevent anaemia in pregnancy

Step 1: Ask participants to brainstorm on how to prevent anaemia in pregnancy

Step 2: List their responses on a flip chart
Discuss and summarize using the notes below

How to prevent anaemia

Approaches

1. Adequate and appropriate dietary intake of iron rich foods; plant and animal sources

Plant source examples: legumes, dark green leafy vegetables.
Animal source examples; animal meats and animal organ meats. The body uses this type of iron easily.

Factors influencing availability of iron from plant source

- The body needs vitamin C to use plant source of iron. For example citric fruits (lemons, oranges) and other vitamin C rich fruits e.g. pineapple, mango, berries, pawpaw, passion fruits, and water melon.

Factors reducing iron absorption

- Intake of tea or coffee together with iron rich foods.
- Intake of calcium rich foods example milk, yoghurt

Preparation and cooking methods that improve iron availability

- Soaking
- Fermentation
- Roasting
- Germination

2. Routine intake of iron and folic acid tablets (IFAS)

Taking iron and folic acid (IFAS) during pregnancy prevents; maternal anaemia, birth defects, premature labour, birth and low birth weight.

(show the IFAS policy and discuss the information contained in it)

3. **Food fortification;** food fortification increases the content of essential micronutrients – (vitamins and minerals).You can easily identify fortified foods in the market by looking for the special fortification logo.

(Pass around a packet of oil or flour or salt for participants to see the fortification logo.)

4. **Malaria prevention and control.** This can be done through using, **Long Lasting Insecticide Treated Nets (LLITN).** Those living in malaria endemic areas, should be given anti- malaria tablets to protect them against malaria.
5. **Routine deworming of pregnant mothers for Helminths control.**

De-worm pregnant women from the second trimester (within 4th to 9th month).

Activity 4

Discuss the package of care during pregnancy **(15 minutes)**

Immediately a woman conceives, it is advisable that she attends the antenatal care clinic. At the clinic, she will receive a number of services

Step 1: Ask participants to brainstorm on the services provided for pregnant mothers during ANC visits in the facilities within their community.

Step 2: Write down their responses on the flip charts

Step 3: Ask participants to open counselling card 3.

Step 4: Ask participants to say what they observed.
Summarize using the notes below

Package of care during pregnancy

As soon as a woman learns or suspects that she is pregnant she is encouraged to attend her first ANC visit and make at least four ANC visits during the pregnancy.

Early ANC attendance ensures that she gets services for the health outcome of her baby

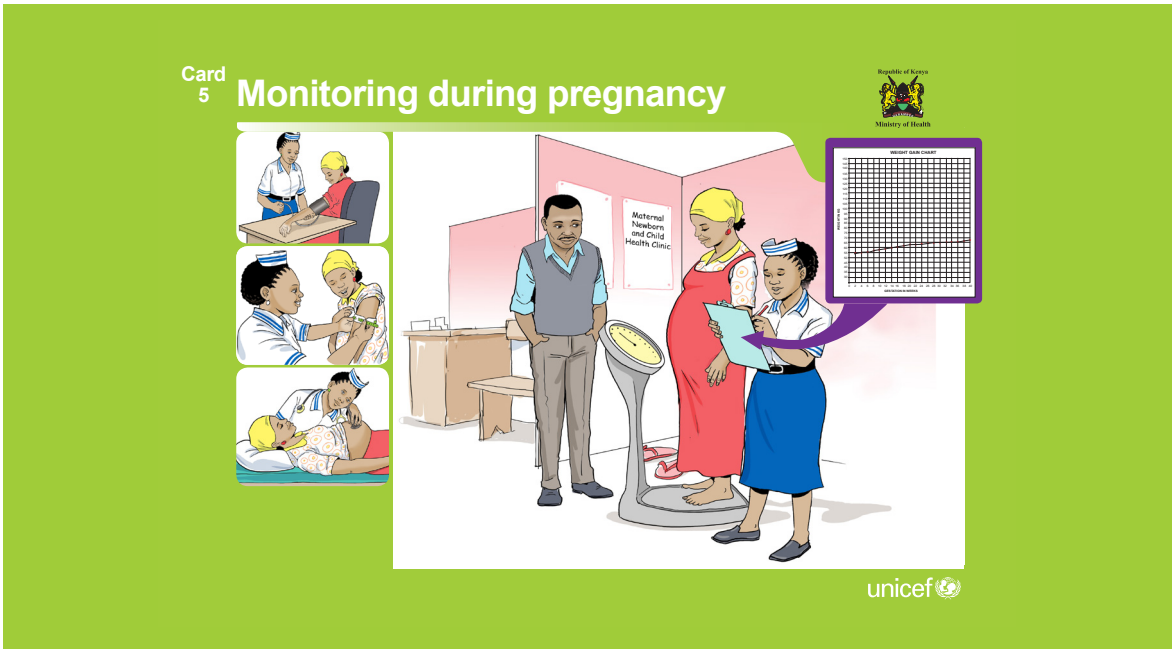
- ANC profile for all pregnant women to test for syphilis by taking the Venereal Disease Research Laboratory (VDRL test, Haemoglobin level (Hb), Blood group, Rhesus factor and serology etc.
- Pregnant women and their partners are counselled and tested for HIV infection to protect their unborn baby from being infected (e-MTCT)
- A pregnant woman is given Tetanus Toxoid injection (TT) according to the prescribed schedule to prevent neonatal sepsis.
- In malaria endemic areas pregnant mothers are supplied with LLITNs and malaria prophylaxis in most public health facilities.
- The pregnant woman will be given IFAS supplements. Mothers are encouraged to take IFAS with meals to prevent side effects e.g. nausea.
- Pregnant women are encouraged to reduce their activity level to conserve their energy.
- Encourage birth spacing by discussing with the mother on the available and most appropriate family planning method.

Activity 5

Monitoring during pregnancy **(10 Minutes)**

Participants will brainstorm on the monitoring done during pregnancy

Step 1: Ask participants to turn to card 5



Step 2: Ask participants to brainstorm on the services given to the pregnant woman during an ANC visit and list the responses on a flip chart

Summarize using the notes below

Monitoring pregnant mother during ANC

- The health care provider will assess the level of activity of the fetus on each visit.
- The mother's blood pressure will be checked during each visit to monitor the risk of developing high blood pressure, which may affect her health and that of the unborn baby.
- Mother's Mid Upper Arm Circumference is measured and if it is less than 23 cm she is referred for a nutrition intervention.
- Her weight should be monitored during each visit, documented on the mother and child handbook. Pregnant women should gain adequate weight during pregnancy. Weight gain determines birth outcomes

Recommended weight gain:

1st trimester - 0.5 kg per month
2nd trimester - 1-1.5kg per month
3rd trimester - 2 kg per month

A total weight gain of about 12.0kgs is recommended

Activity 6

Prevention of HIV transmission from mother to child **(11 minutes)**

Prevention of mother-to-child transmission of HIV (PMTCT) should be offered as part of a comprehensive package of fully integrated, routine antenatal care interventions.

Modes of HIV transmission from mother to child

Participants will brainstorm on the modes of HIV transmission from mother to child

Step 1: Ask participants to brainstorm on the modes of HIV transmission from mother to child

Step 2: Write their responses on a flip charts

Summarize the discussion with notes below

Modes of HIV transmission from mother to child

HIV transmission from mothers to infants can occur during:

- Pregnancy
- Labour and delivery
- Breastfeeding.

Note: Refer to the latest National guidelines on infant feeding in the context of HIV.

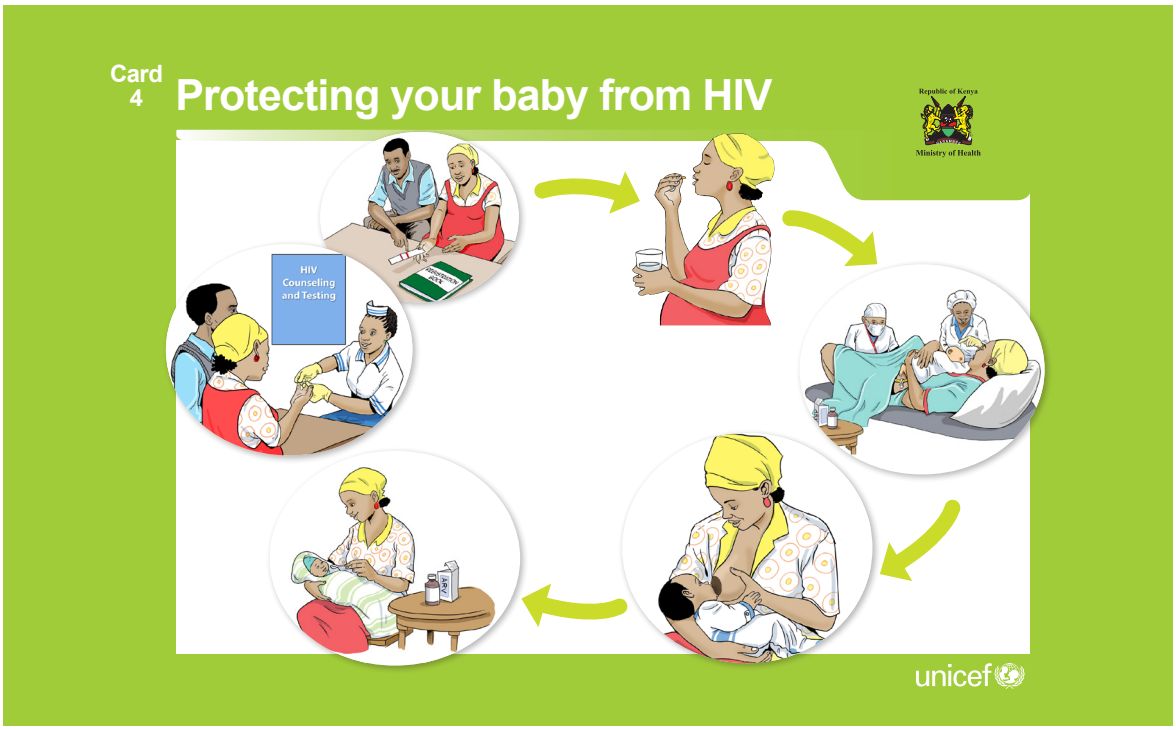
Current recommendations on prevention of mother-to-child transmission of HIV

Participants will brainstorm on the current recommendations by MOH about prevention of mother-to-child transmission (PMTCT)

Step 1: Ask participants to brainstorm on the current recommendations by MOH about prevention of mother-to-child transmission (PMTCT) that they know.

Step 2: List their responses on a flip chart

Step 3: Ask participants to open counselling card 4 and use it to discuss PMTCT



Current recommendations on prevention of mother-to-child transmission of HIV

- Pregnant women are encouraged to be accompanied by their partners to the health facility for counselling and HIV testing to protect their unborn baby.
- Testing for HIV can protect the baby from getting infected by taking appropriate prevention measures early
- All HIV infected pregnant women are started on lifelong HAART
- It is important to deliver at a health facility so that adequate care and treatment for mother and baby can be given.
- After delivery, the mothers are given ARV prophylaxis to give to their babies which should be continued until 6 weeks after complete cessation of breastfeeding
- Mothers should exclusively breastfeed their infants for the first 6 months, introduce timely, appropriate, adequate and safe complementary foods at 6 months, and continue breastfeeding up to 24 months or beyond. Giving other foods and drinks (mixed feeding) during the first 6 months puts the baby at a greater risk of contracting the HIV virus. It also increases the baby's chances of dying from other illnesses like diarrhea and pneumonia.

Factors that affect mother to child transmission of HIV

Participants will discuss the factors that affect mother to child transmission of HIV infection

Step 1: Ask participants to mention factors that affect mother to child transmission of HIV infection
Summarize with the notes below

Factors that affect mother to child transmission of HIV

- The risk of a mother transmitting the virus to her baby depends on a number of factors such as: WHO staging (how ill the mother is), viral load (how much virus is in her blood-CD4 Count), whether she is taking ART and how long breastfeeding lasts.

Recent infection with HIV

- If a woman becomes infected with HIV during pregnancy or while breastfeeding, she has higher levels of virus in her blood, and her baby is more likely to be infected.
- All sexually active men and women need to know that unprotected sex exposes them to infection with HIV. They may infect their partners, and their baby too will be at a higher risk. Using condoms during sexual intercourse is crucial to reducing HIV infections.

Severity of HIV infection

- If the mother is already ill with an HIV-related disease or AIDS and is not receiving antiretroviral therapy, she has more viruses in her body and transmission to her baby is more likely.

Procedures during labour and delivery

- During labour and delivery, any interventions, which can damage the mother's, or the baby's skin and cause bleeding, should be avoided

Exclusive breastfeeding or mixed feeding

- The risk of transmission is greater if a baby is given other foods or drinks at the same time as breastfeeding during the first 6 months of life, which is known as mixed feeding. The risk is less if breastfeeding is exclusive and if the mother is receiving antiretroviral therapy. Other food or drinks besides breastmilk, may cause diarrhea and damage the gut, which might make it easier for the virus to enter the baby's blood.

Duration of breastfeeding

- The virus can be transmitted at any time during breastfeeding, in general, the longer the duration of breastfeeding, the greater the risk of transmission. The mother should be receiving antiretroviral therapy during the period of breast feeding and the baby should be on prophylaxis until 6 weeks after complete cessation of breastfeeding.

Condition of the breasts

- Nipple cracks (particularly if the nipple is bleeding), mastitis or breast abscess may increase the risk of HIV transmission through breastfeeding. Good breastfeeding technique helps to prevent these conditions, and

reduces transmission of HIV.

- Timely identification and management of breast conditions will help prevent HIV transmission during breastfeeding.

Condition of the baby's mouth

- Mouth sores or thrush in the baby may make it easier for the virus to get into the baby's body through the damaged skin.
- Timely identification and management of baby's mouth sores will help prevent HIV transmission during breastfeeding.

Antiretroviral therapy given to the mother

- HIV-infected mothers provided with antiretroviral therapy for life have a much lower risk of passing HIV on to their babies.

ARV prophylaxis given to the baby

- ARV prophylaxis given to the baby immediately after birth also reduces the risk of mother-to-child transmission. The baby should be on prophylaxis until 6 weeks after complete cessation of breastfeeding (Refer to the current National PMTCT and ART guidelines).

Activity 7

Discuss the danger signs in pregnancy **(5 minutes)**

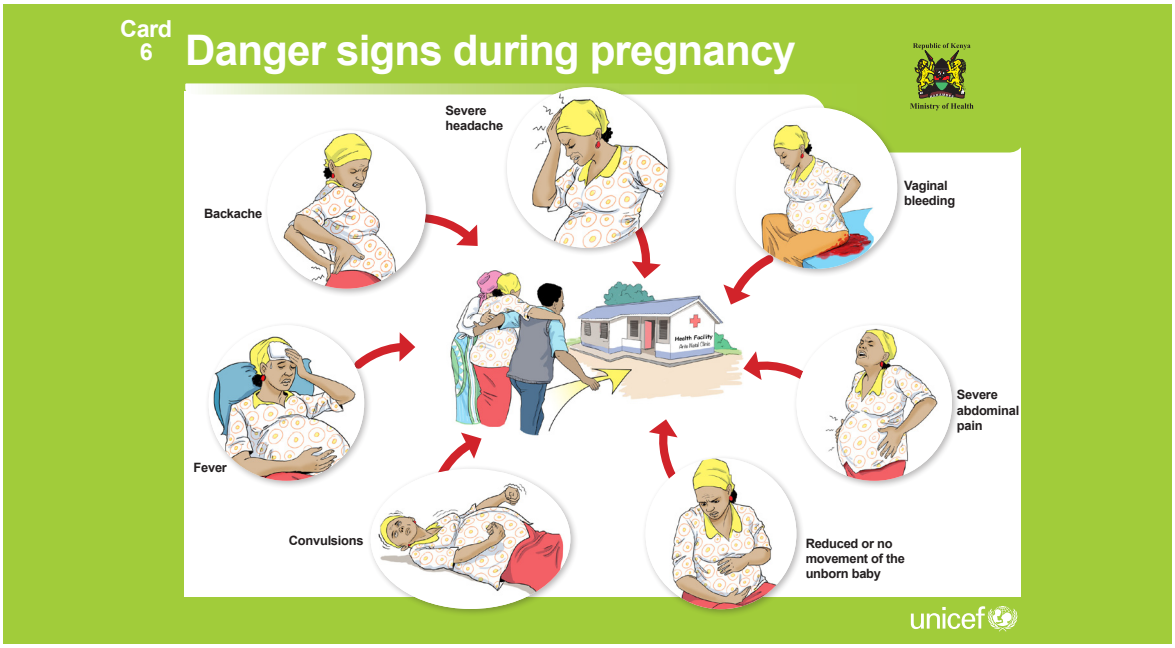
Participants will brainstorm on the danger signs during pregnancy

Step 1: Ask participants to brainstorm on danger signs to look out for during pregnancy

Step 2: Write their responses on a flip chart

Step 3: Ask participants to open card number 6 and mention the danger signs that they have not mentioned earlier.

Summarize the discussion using card number 6 and notes below.



The pregnant woman and her family should be advised to always be prepared to go to the health facility to seek skilled care in case of any of the above signs.

Other signs may include breaking of water, getting tired easily, swelling of the face and hands, breathlessness among others

Summarise the session **(3 minutes)**

Ask participants if they have any questions or seek clarification

4

UNIT 4

FEEDING CHILDREN 0 – 6 MONTHS

In this unit participants will be equipped with knowledge on skills and attitudes required to support Mothers/ caregivers in feeding children aged 0-6 months.

Session 1

Importance of Breastfeeding

Participants will be taken through the significance of breastfeeding to the baby, the family and the community

Objectives

By the end of this session, participants will be able to:

1. Explain the benefits of breastfeeding
2. List the advantages of exclusive breastfeeding
3. Describe the main differences between human milk and animal milks
4. List the dangers of mixed feeding
5. Explain the support required from family for breastfeeding mothers

Duration: 1 hour
Methodologies: Group work, discussion, facilitative lecture
Materials: Flip charts, marker pens, masking tape, coloured Manila paper, MIYCN counselling cards, hand outs

Session Plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction	Facilitative lecture	
15 minutes	Advantages of breastfeeding	Group work, discussion	Flip charts, masking tape, marker pens
10 minutes	Advantages of exclusive breast feeding	Group work & discussion	Flip charts, masking tape, marker pens
15 minutes	Differences between human milk and animal milk	Discussion, facilitative lecture	Flip charts, masking tape, marker pens, handouts
10 minutes	Dangers of mixed feeding	Group work, discussion	VIPP cards
5 minutes	Family support for breastfeeding mothers	Discussion	Flip charts, masking tape, marker pens

3 minutes	Session summary	Questions and anaswers	

Activity 1

Advantages of Breastfeeding **(15 minutes)**

Participants will discuss the advantages of breastfeeding for the baby, mother, family and community

Step 1: Post four flip charts titled "Baby, Mother, Family and Community at different points on the wall

Step 2: Divide participants into four groups and assign each group a chart, let them walk to where flip charts are posted

Step 3: While at each flip chart, ask participants to brainstorm on benefits of breastfeeding as per the title

Step 4: List down their responses in the flip chart

Step 5: Take a gallery walk on each titled flip chart

Tell participants that they can find the benefits of breastfeeding in their handouts

Summarize using the notes below

Infants	Mother	Family	Society
• Reduced mortality, infectious morbidity and hospitalization • Gastrointestinal development and function • Reduced risk of infections due to diarrhea and upper respiratory compared to formula fed infants • Development of immune system • Cognitive development • Reduced risk of obesity later in life compared to formula fed infants • Lower risk of diabetes	• Reduced post-delivery bleeding and anaemia • Delays next pregnancy • Protects against breast and ovarian cancer • Reduce risk of diabetes	• Low health costs • Less illnesses • Family bonding • Increased productivity associated with higher intelligence • Poverty eradication due to reduced costs of infant formula and health care expenditure • Food security	• Eco-friendly • Human resource development • Economic progress and development • Environmental sustainability-resource intense processing of formula, packaging, storage and transportation • Heating and preparation at home

Infants	Mother	Family	Society
• Reduced risk of sudden infant death Hodgkin's lymphoma, leukemia • Lower risk of infections e.g. otitis media, lower respiratory tract infections			

Activity 2

Definition and Advantages of Exclusive Breastfeeding **(10 Minutes)**

Participants will discuss the advantages of exclusive breastfeeding

Step 1: Ask the participants to brainstorm on the different ways that children aged 0-6 months are fed in their community

Step 2: Ask a co-facilitator to list the responses on a flip chart

Summarize the different ways that children aged 0-6 months are fed by explaining the different terms used in feeding using the notes below.

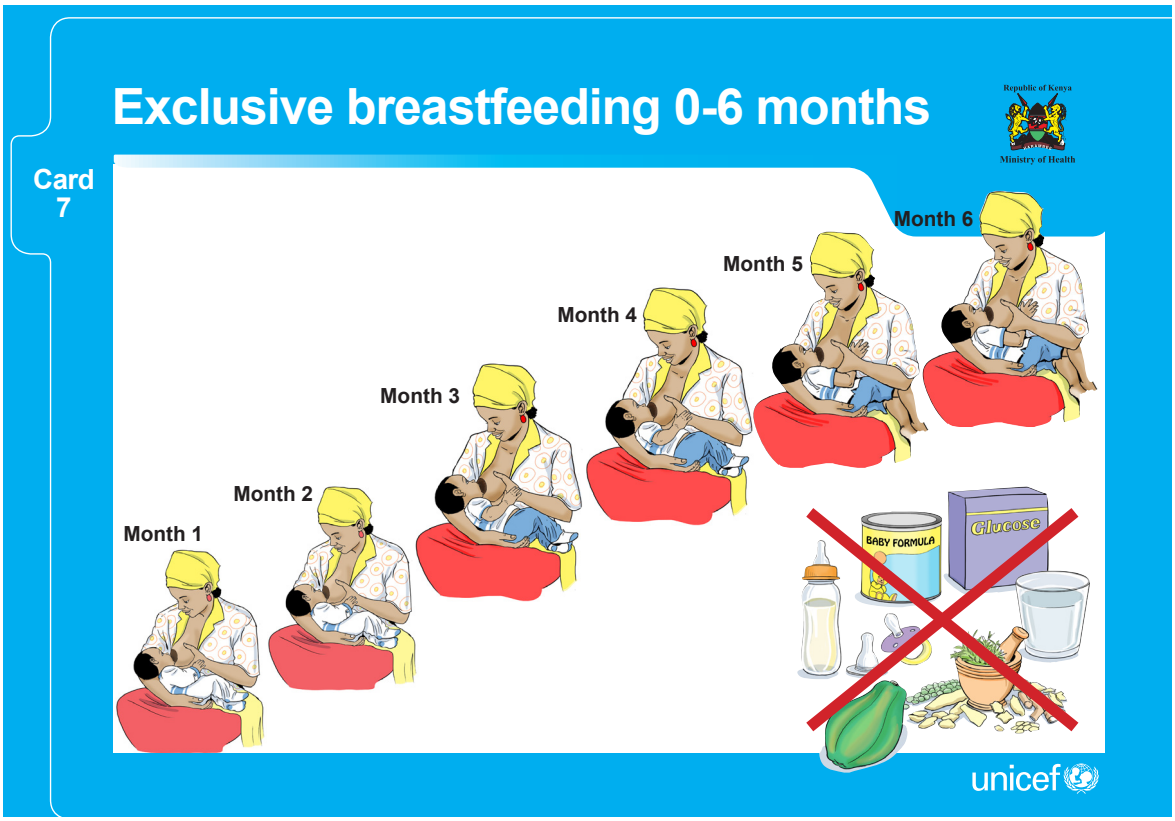
Exclusive breastfeeding: The child takes ONLY breast milk and no additional food, water, or other fluids except medicines prescribed by a health worker.

Partial breastfeeding or mixed feeding: The child is given some breast milk and other foods - either milk, other foods, fluids or water.

Bottle-feeding: The child is feeding from a bottle, regardless of what is in it including expressed breast milk.

Replacement feeding: The process of feeding a child who is not receiving any breast milk with a diet that provides all the nutrients the child needs.

Step 3: Ask participants to turn to card 7 and say what they see from the picture



Summarise using the note below

- It is recommended that mothers give ONLY BREASTMILK for the first 6 months without giving any other foods or drinks, not even water.

Step 4: Ask participants the reasons why mothers should give their babies ONLY BREASTMILK for the first 6 months of life?

Step 5: List down their responses on the flip chart

Summarize advantages of breast milk and of breastfeeding using notes below

It is useful to think of the advantages of both breast milk (listed on the left) and the process of breastfeeding (listed on the right)

Advantages of breastmilk	Advantages of breastfeeding
• It contains all the nutrients a baby needs in the first 6 months of life. • It is easily digested and well used in the baby's body • It protects a baby against infections like diarrhoea and chest infections • It provides long-term protection against diseases such as obesity, high blood pressure and diabetes • "Colostrum" acts as the first immunization thus reduces risk of sickness, hospitalization and death	• It costs less than other milks and/or foods. • It helps a mother and baby to develop a close, loving relationship. • It can help to delay a new pregnancy. • Protects against cancer of the breast and the ovaries • It helps the uterus to return to its previous size. • It helps to reduce bleeding, and may help to prevent anaemia.

Facilitator notes

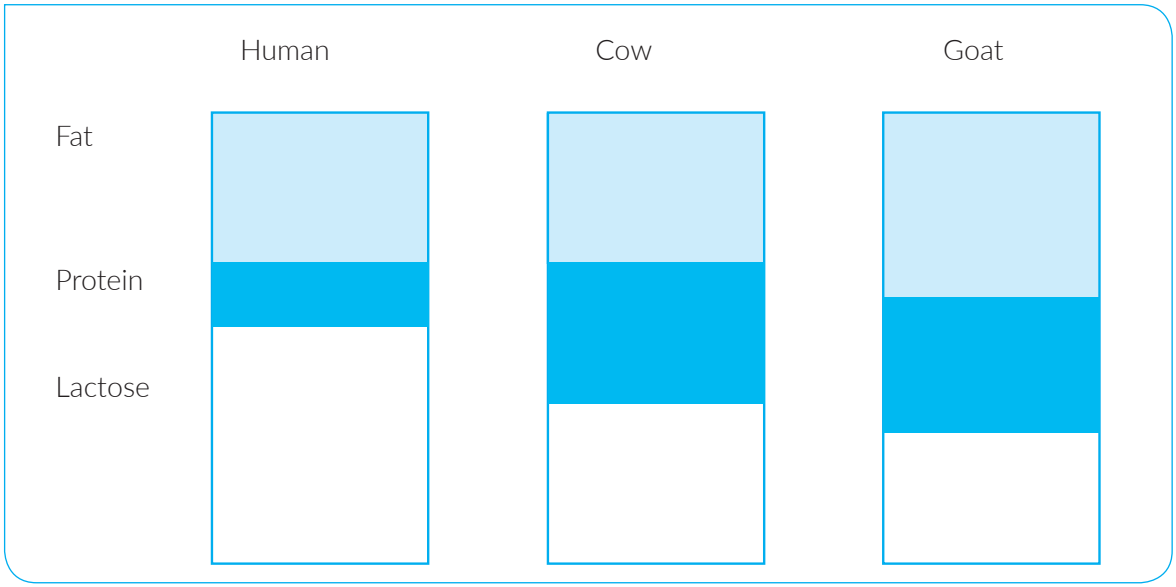
- A baby should not be separated from the mother when she has an infection, because her breast milk protects against the infection.
- Colostrum is the milk produced in the first few days

Activity 3

Differences between human milk and animal milk **(15 minutes)**

Participants will identify the difference between human and animal milk

Step 1: Ask participants to refer to the handout on **'DIFFERENCE BETWEEN HUMAN AND ANIMAL MILK**



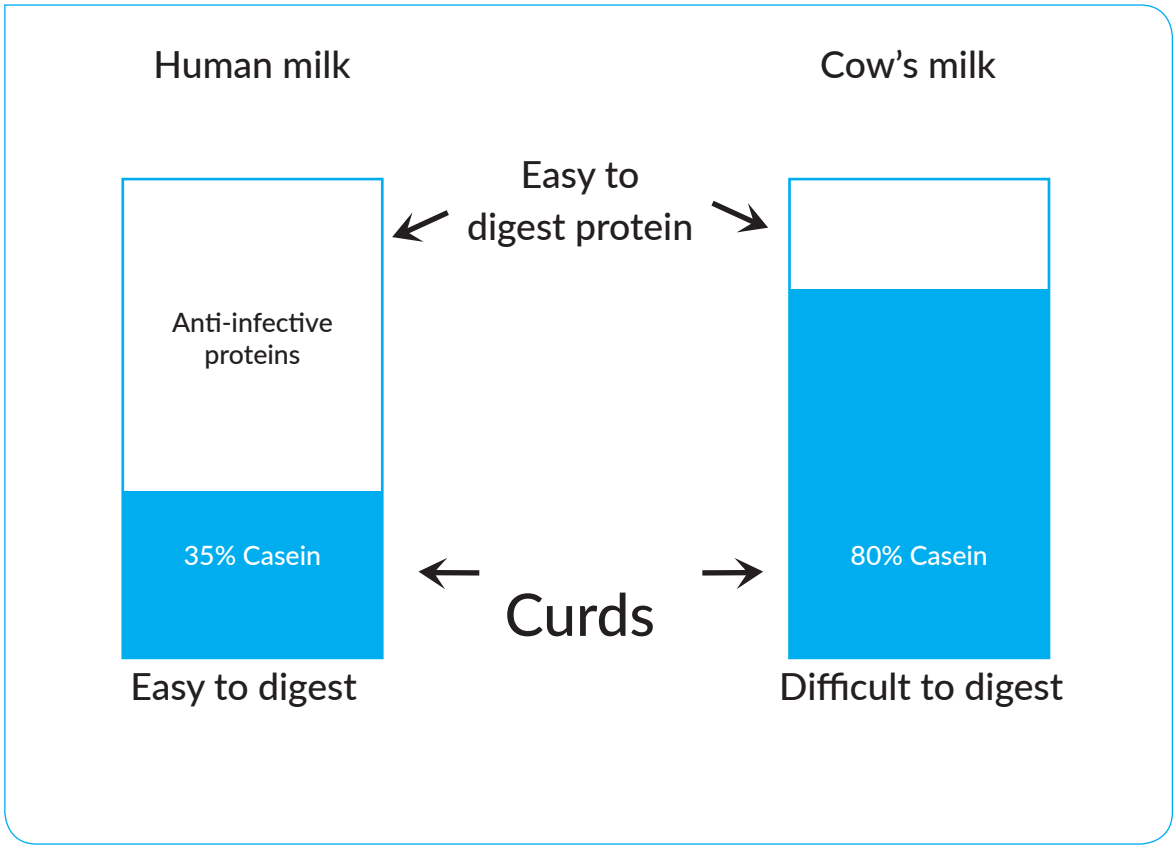
Summarize their ideas using the notes below

- All the 3 types of milk contain fat which provides energy, protein for growth and milk sugar which also provides energy.
- Both cow and goat milk contain more protein than human milk.
- It is difficult for a baby's immature kidneys to remove the extra waste from the protein in animal milk.
- Human milk also contains special fats that are needed for a baby's growing brain and eyes, and for healthy blood vessels. These fats are not present in animal milk

Difference between types of protein in human and animal milk

Participants will discuss the difference in quality and quantity of proteins in human and animal milk.

Step 1: Ask participants to refer to the handout on **'DIFFERENCES IN QUALITY OF PROTEINS IN DIFFERENT MILK**



Step 2: Ask participants to observe and say what they see
Summarize their ideas using the notes below

Key points on quality of different types of milk

- The protein in different types of milk varies in quality as well as in quantity.
- Most of the protein from animal milk forms thick, indigestible curds in a baby's stomach.
- The easy to digest protein is higher in human milk than that in animal milk
- The easy to digest protein is the one that protects a baby against infections.
- Babies fed on artificial milk may develop intolerance to protein from animal milk.
- They may develop diarrhea, abdominal pain, rashes and other symptoms when they have feeds that contain the different kinds of protein.

Activity 4

Dangers of mixed feeding **(10 minutes)**

Participants will discuss in groups on the dangers associated with mixed feeding at the community

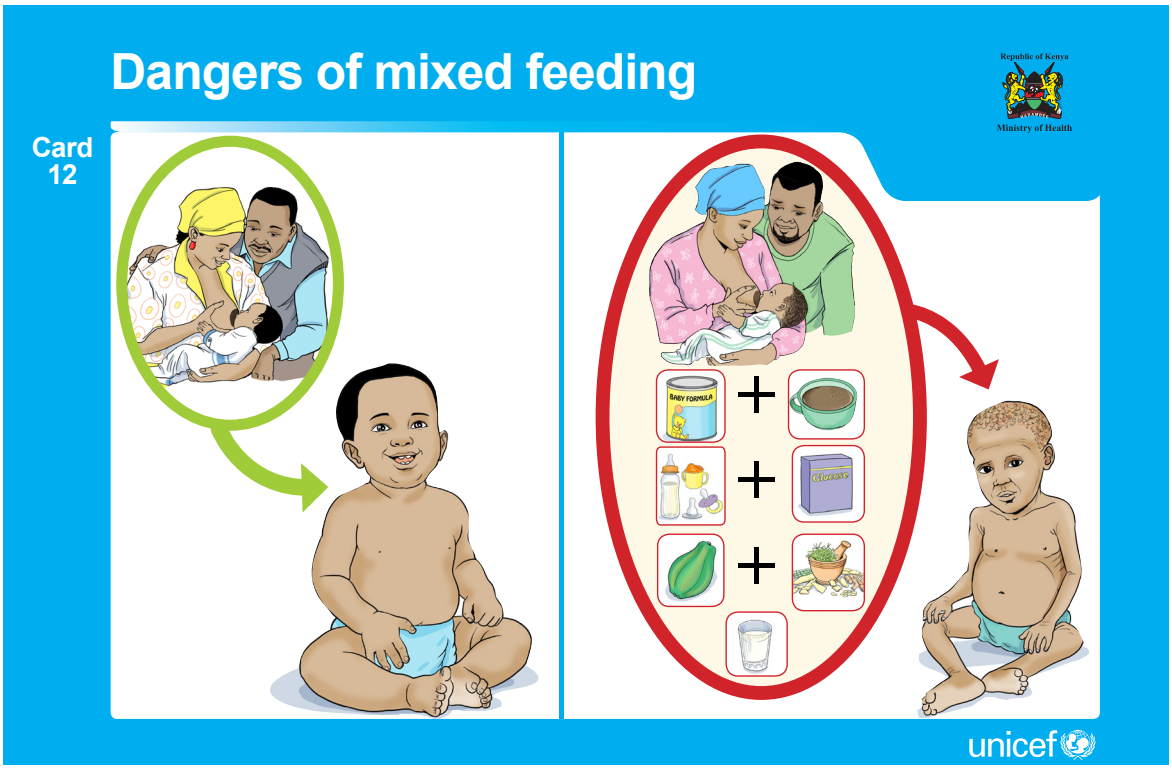
- The digestive system of a baby less than 6 months is not able to digest other foods and drinks easily.
- Giving foods or drinks at this age may interfere with proper development of gastrointestinal gut.

Step 1: Divide participants into 5 groups

Step 2: Ask participants to list on a flip chart the dangers associated with mixed feeding in their community

Step 3: Ask groups to present their discussions in plenary

Step 4: Ask participants to turn to card 12 and say what they see as you compare with group discussions



Summarise the discussion using the notes below

Dangers of mixed feeding in the first 6 months of life

- Interferes with bonding: the mother and baby may not develop a close, loving relationship.
- The babies get sick more often and more severely, especially with diarrhoea and chest infections
- Babies are more likely to get malnourished as other foods/fluids are not easily digested and they displace the more nutritious breast milk
- Babies gets less breast milk: As the baby suckle less, the mother makes less milk
- Babies have greater risk of allergies and milk intolerance
- They have increased risk of obesity and some chronic diseases later in life
- Babies may have lower scores on intelligence tests and more difficulties learning in school
- A mother may become pregnant sooner: the less a mother breastfeeds, the higher the chances of getting pregnant
- Babies have a higher risk of death due to increased risk of infections.
- Less breastfeeding for mothers may lead to increased risk of anaemia, ovarian cancer, and breast cancer

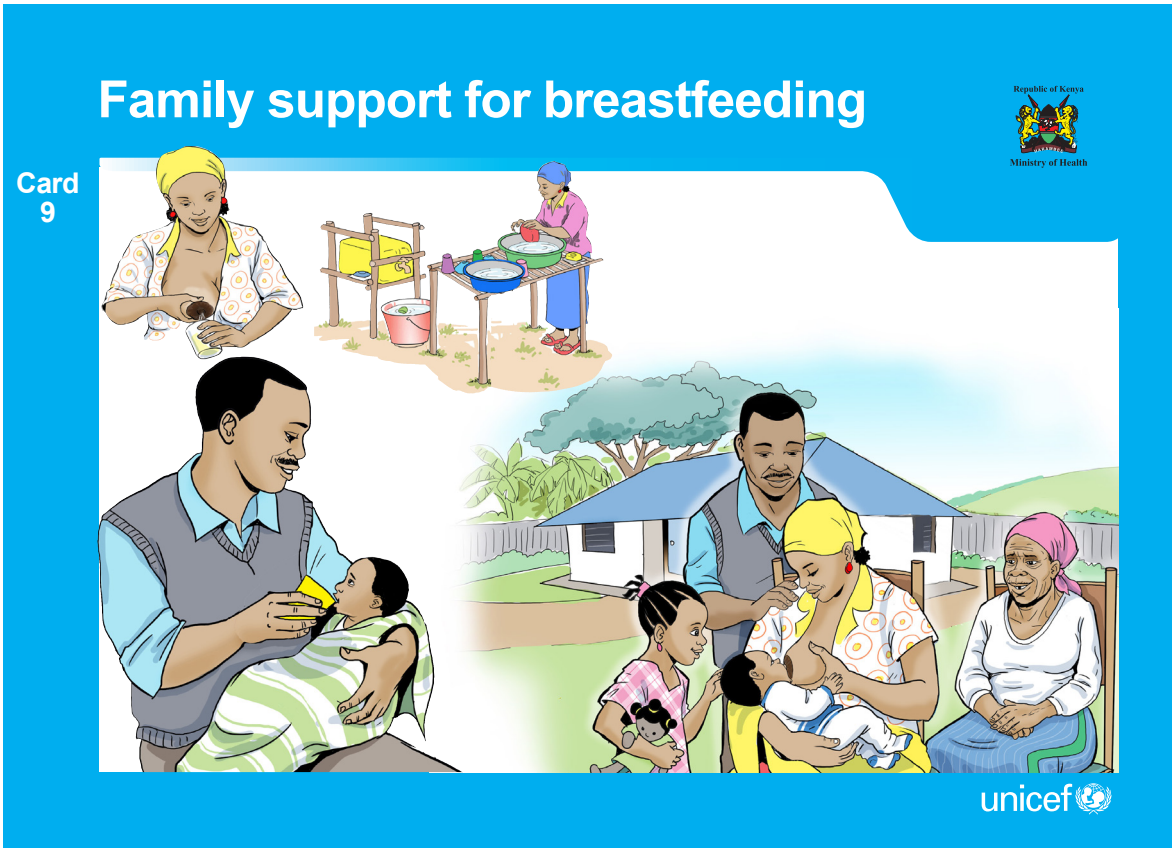
Activity 5

Family support for breastfeeding mothers **(5 minutes)**

Participants will discuss different forms of family support for breastfeeding mothers.

In order for mothers to succeed with breastfeeding, they need the support of their spouse, parents, older siblings, friends, neighbours and the community/ society.

Step1: Ask participants to turn to card 9 and say what they see



Step 2: List their responses on a flip chart

Summarize using the notes below

Family support for breastfeeding mothers

For mothers to successfully breastfeed they require support from all family members through:

Allowing time and space for mothers to breastfeed while at home (providing a comfortable sitting area, assisting to take care of older children, allowing the baby to breastfeed adequately)

- Providing emotional and physical support for mothers to exclusively breastfeed (helping with household chores, assisting the mother in feeding the baby with expressed breast milk, among others)
- Supporting mothers to eat healthy diets (Ask participants to recall information on feeding during pregnancy and breastfeeding)

Summarize session **(5 minutes)**

Ask participants if they have any question or seek clarification

Session 2

How Breastfeeding Works

Participants will learn how breastfeeding works

In order to help mothers, you need to understand how breastfeeding works. There is no specific way of counselling for every situation or every difficulty with breastfeeding but if you understand how breastfeeding works, you can work out what is happening and decide what is best for the mother and counsel her.

Objectives

After completing this session, participants will be able to:

1. Name the main parts of the breast and describe their function
2. Explain the hormonal control of breast milk production and let down
3. Explain the importance and benefits of early initiation of breastfeeding
4. Give the importance of the first milk after delivery (colostrum) to the baby
5. Give the difference between colostrum and mature milk
6. Explain the importance of breastfeeding on demand
7. Give signs that indicate that a baby is hungry

Duration: 1 hour 25 Minutes
Methodologies: Group work, brainstorm, demonstration, discussion, video (optional), Q&A and facilitative lecture
Material: Flip charts, marker pens , masking tape, colored manila paper, manilla cards, MIYCN counselling cards, breast model, (projector, laptop, speakers where possible), videos, c-BFCI handout

Session plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction	Facilitative lecture	
15 minutes	Main parts of the breast	Discussion , facilitative lecture	Breast model, flip chart, marker pens, c-BFCI Hand out
10 minutes	Hormonal control of breast milk and let down	Discussion, Q &A. Facilitative lecture	Projector/laptop, c-BFCI Hand out
30 minutes	Importance and benefits of early initiation	Group work, facilitative lecture	Stationaries, Speakers, projector, laptop, card 8 c-BFCI Hand out
5 minutes	Importance of the first milk after delivery (colostrum)	Group discussion, facilitative lecture	Stationaries, c-BFCI Hand out
5 minutes	Differences between colostrum and mature milk	Discussion, facilitative lecture	Stationaries c-BFCI Hand out
10 minutes	Breastfeeding on demand and recognizing that a baby is hungry	Buzzing, discussion, lecture	Stationaries, Card 15 c-BFCI Hand out,
5 minutes	Exclusive breastfeeding and child spacing	Discussion, Facilitative lecture	Stationaries, Card 10 c-BFCI Hand out
3 minutes	Session summary	Questions and answers	

Activity 1

Main parts of the breast **(15minutes)**

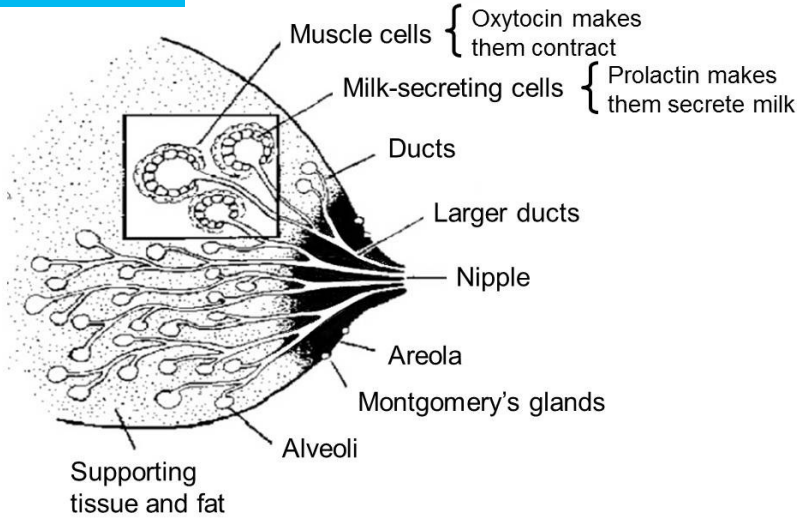
Participants will understand the main parts of the breast using an illustration

Step 1: Have a ready illustration of the breast with all parts labelled.

Step 2: Ask participants to turn to hand out on 'MAIN PARTS OF THE BREAST'

Step 3: Use the illustration below to explain the parts and their functions using the drawn illustration as you point at the parts for participants to see.

Anatomy of the breast



Main parts and functions of the breast –revisit

- **Nipple:** This is where milk flows from
- **Dark skin area (areola):** This is where small glands which secrete an oily fluid to keep the skin healthy (clean and oily) are found
- **Small tubes or ducts:** They carry milk from the small sacs to the outside. Milk is stored in the alveoli and small ducts between feeds.
- **Large ducts:** They are found beneath the dark area of the breast which expand during feeding and hold the breast milk temporarily during the feed.
- **Supporting tissue and fat:** This is the flesh that surrounds alveoli and ducts.
- **Oil secreting glands:** Found in the areola, and on the nipple itself. They make oily secretions to keep the areola and the nipple lubricated and protected.

Step 5: Ask participants to brainstorm on the difference between large breasts and small breasts?

Step 6: List their responses on a flip chart

Summarize the discussion using the notes below

- Some mothers think their breasts are too small to produce enough milk.
- Small breasts and large breasts both contain about the same amount of gland tissue, so they can both make plenty of milk.
- It is the fat and other tissues which give the breast its shape, and which make most of the difference between large and small breasts.

Activity 2

Hormonal control of breastmilk production and let down **(10 Minutes)**

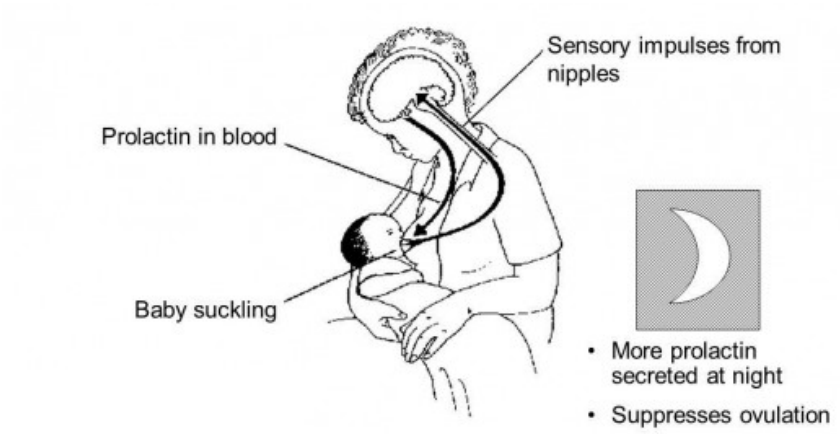
Participants will understand breastmilk production and let down through discussions using illustrations on hormonal control

Breastmilk production and milk flow is influenced by milk production hormone and milk let down hormone

Step 1: Ask participants to look at the handout on **"Milk production hormone"**

Step 2: Ask participants to discuss in pairs what they see in the illustration

- **Secreted *during* and *after* feed to produce *next* feed**



Step 3: Explain the illustration to the participants
Summarize the discussion using the notes below

How the milk production hormone works

- When a baby suckles at the breast, messages are sent from the nipple to the brain then the milk producing hormone is released
- The milk production hormone goes through the blood to the breast, and makes the milk-producing cells produce milk.
- If a baby suckles more, the breasts make more milk therefore increasing the amount of milk produced

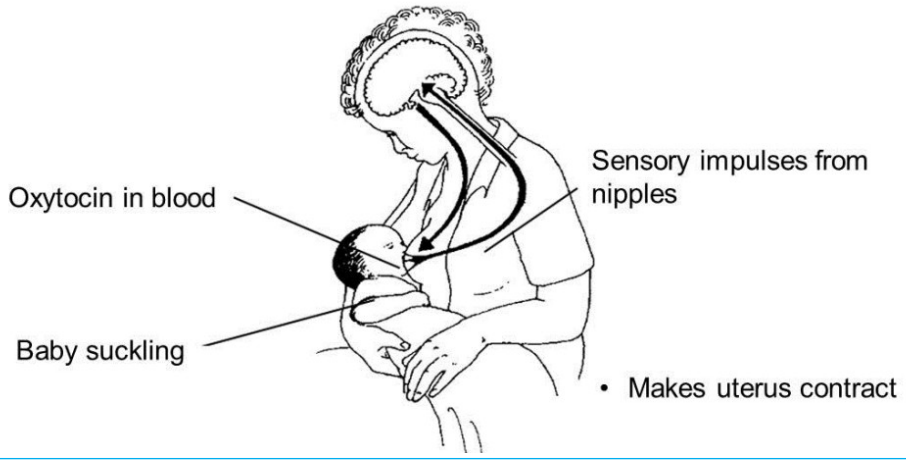
Sometimes people suggest that for a mother to produce more milk, we should give her more to eat, more to drink, more rest, or medicines.
While it is important for a mother to eat and drink enough, these things do not help her to produce milk if her baby does not suckle effectively.

- If a mother has two babies, and they both suckle, her breasts make milk for two.
- If a baby breastfeeds few times, the breasts make less milk
- More milk-production hormone is produced at night; therefore breastfeeding at night is especially helpful for keeping up the milk supply.
- Hormones related to milk-production hormone suppress return of menses so breastfeeding can help to delay a new pregnancy. Breastfeeding at night is also important for this reason.

Discuss milk flow hormone

Step 1: Ask participants to turn to the handout on 'Milk flow hormone
Step 2: Ask participants to discuss in pairs what they see from the illustration
Step 3: Explain the illustration to participants

- **Works *before* or *during* feed to make milk flow**



Summarize the discussion using the notes below

Milk flow hormone

- When a baby breastfeeds, messages go from the nipple to the brain which releases the milk flow hormone.
- This hormone goes through the blood to the breast, and contracts ducts, pushing out the milk with the help of the milk ejection reflex.
- If the milk ejection reflex does not work well, the baby may have difficulty in getting the milk. It may seem as if the breasts have stopped producing milk. However, the breasts are producing milk, but it is not flowing out.
- Another important point about milk ejection refelex is that it makes a mother's uterus contract after delivery. This helps to reduce bleeding, but it sometimes causes uterine pain and a rush of blood during a feed for the first few days. The pains can be quite strong

Factors that help or slow/stop the milk flow process

Step 1: Ask participants to refer to their hand out and find **"HELPING AND HINDERING OF "MILK-FLOW"** hormone.

These *help* reflex

- Thinks lovingly of baby
- Sounds of baby
- Sight of baby
- Touches baby
- Confidence

These *hinder* reflex

- Worry
- Stress
- Pain
- Doubt

Step 2: Ask participants to brainstorm what they see as you write their ideas on a flip chart
Summarize the discussion using the notes below

Helping and hindering of the milk flow process

- The milk flow hormone is easily affected by a mother's thoughts and feelings.
- Good feelings, like feeling pleased with her baby, or thinking lovingly of him/her, and feeling confident that her milk is the best for him/her, can help the hormone to work and her milk to flow. Feelings such as touching or seeing her baby, or hearing him/her cry, can also help milk flow.
- But bad feelings, such as pain, or worry, or doubt that she has enough milk, can hold back the hormone and stop her milk from flowing. Fortunately, this effect is usually temporary
- A mother needs to have her baby near her all the time, so that she can see, touch and respond to the baby. If a mother is separated from her baby between feeds, her milk flow hormone may not work so easily.
- You need to remember a mother's feelings whenever you talk to her. Try to make her feel good and build her confidence.
- Try not to say anything which may make her doubt her breast milk supply.
- Mothers are often aware of their milk flow hormone.

Signs of an active milk-flow hormone

Step 1: Ask participants to brainstorm on signs of an active milk flow hormone
Step 2: List their responses on a flip chart
Summarize the discussion using the notes below

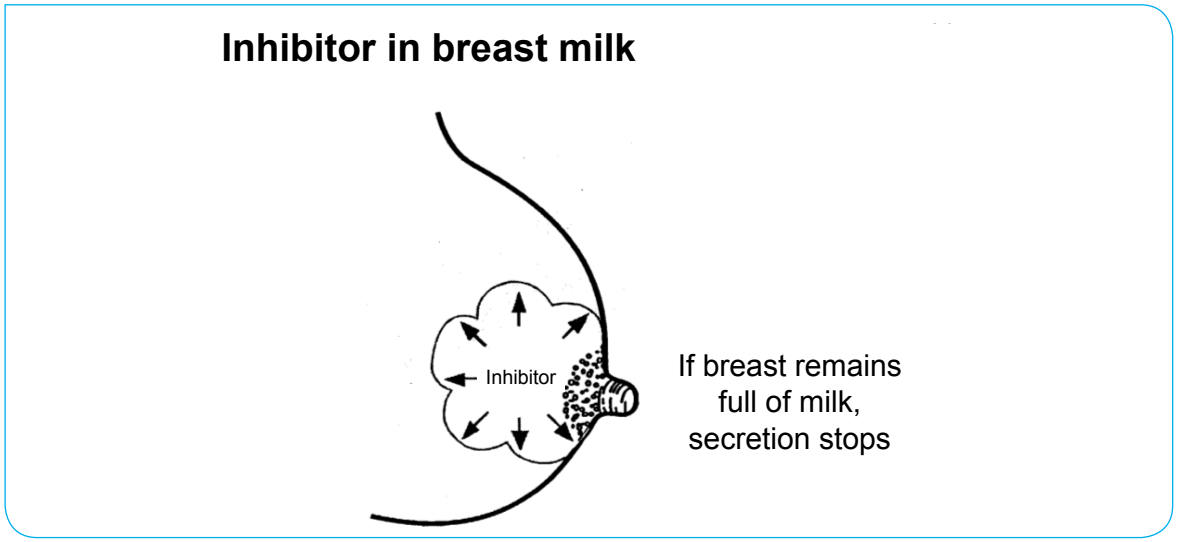
Signs of an active milk-flow hormone

A mother may notice:

- A squeezing or tingling sensation in her breasts just before she feeds her baby, or during a feed.
- Milk flowing from her breasts when she thinks of her baby, or hears the baby crying.
- Milk flowing from her other breast, when her baby is breastfeeding on the other.
- Milk flowing from her breasts in fine streams, if her baby comes off the breast during a feed.
- Pain in the womb sometimes with some bleeding, during a breastfeed in the first week after delivery.
- Slow deep sucks and swallowing by the baby, which show that breast milk is flowing into his/her mouth.

Factors that stop production of breast milk

Step 1: Ask participants to turn to handout on **"Inhibitor in breast milk"** and ask them to say what they see
Step 2: List their responses on a flip chart



Summarize the discussions using the notes below

Factors that stop production of breast milk

- Breast milk production is also controlled within the breast itself.
- You may wonder why sometimes one breast stops making milk, while the other breast continues to make milk - although the hormones go equally to both breasts.
- There is a substance in breast milk which can reduce or stop milk production.
- If a lot of milk is left in a breast, the breast stops producing milk. This helps to protect the breast from the harmful effects of being too full. It is obviously necessary if a baby dies or stops breastfeeding for some other reason.
- If breast milk is removed, by breastfeeding or expressing, the breasts start producing milk.

This helps you to understand why:

- If a baby stops breastfeeding from one breast, that breast stops making milk.
- If a baby breastfeeds more from one breast, that breast makes more milk and becomes larger than the other.

It also helps you to understand why:

- For a breast to continue making milk, it must be emptied.
- If a baby cannot breastfeeding from one or both breasts, the breast milk must be removed by expressing to enable production to continue. This is an important point which we will discuss later in the course when we talk about expressing breast milk.

Activity 3

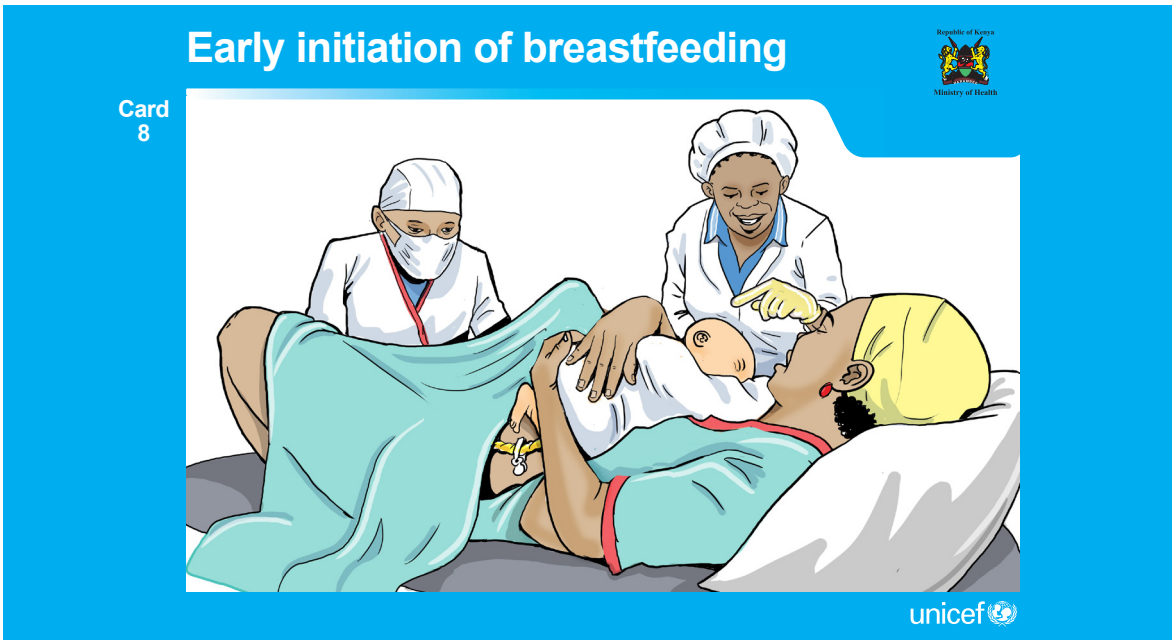
Importance and Benefits of Early Initiation **(30 Minutes)**

Participants will discuss the importance of early initiation of breastfeeding.

Having learnt about how breastfeeding works, we will now see some of the practices that can help a mother to breastfeed successfully. One of such practices is early initiation

Early initiation of breast feeding

Step 1: Ask participants to open card no.8 on early initiation of breastfeeding



Step 2: Ask participants to say what they see in the card
Step 3: List their responses on a flip chart

Optional methodology

Note: In situation where a technology is available, use of a video is recommended

Step 1: Show the video on early initiation of breast feeding
Step 2: Ask the participants to mention what they saw from the video and list them on a flip chart

Summarize the discussion using the notes below (for both methodologies)

Early initiation to breast feeding

- Babies should be placed in skin-to-skin contact with their mothers immediately following birth for at least an hour and mothers should be encouraged to recognize when their babies are ready to breastfeed, offering help if needed.
- Avoid drying the baby's hand as the smell of the amniotic fluid helps the baby to locate the position of the nipple
- Cover the mother and baby to keep baby warm.
- Early initiation of breastfeeding is a natural way where a baby breastfeeds from its mother when born. Baby is left to find their mother's nipple on their own. Babies are not forced to the nipple.
- Mothers should start breastfeeding within the first one hour of birth with assistance from the health care worker.
- Mothers should be encouraged to recognize when their babies are ready to breastfeed
- Delay activities like bathing, feeding the mother, wiping the baby etc that are not urgent and give priority to initiation of breastfeeding.
- Do not give anything after birth. No other food or drinks to the new born baby including glucose, gripe water, formula milk and herbal medicine

Benefits of early initiation of breastfeeding

Step 1: Divide participants into 5 groups

Step 2: Ask participants to discuss on the benefits of starting breastfeeding within 1hour after birth and write their responses on a flip chart.

Step 3: Ask each group to present their points

Step 4: summarize using the notes below.

Benefits of early initiation/ skin-skin

- Helps to establish a baby rooting, sucking and swallowing reflexes
- Increases the likelihood of exclusive breastfeeding and the overall duration of breastfeeding
- Keeps baby warm
- Mother and baby feel calmer, so that helps breathing and the baby's heartbeat is more stable. Thus, the baby will be less fussy, thereby reducing energy consumption.
- It stimulates the babies senses: touch ,taste, sight, smell, hearing; it comforts the child; and stimulates his/her eyes
- The smell of the breast causes the baby to move towards the nipple. The baby's sense of smell is well developed. They are able to smell a substance released by the nipple similar to the smell of the substance in the amniotic fluid that surrounds the baby in the womb and reach out to the nipple and start breastfeeding.
- Promotion of early bonding between the mother and the baby
- Helps in reducing bleeding after delivery

- Prevents death among babies by reducing the risk of infectious diseases.
- Avoid rushing the baby to the breast or pushing the breast into the baby's mouth
- Infants get the first milk called colostrum which is a precious liquid that is rich in antibodies (antibodies) and other important substances that are important for intestinal growth. Baby's intestines at birth are still very young, not ready to process food intake.
- There should be no pressure on the mother or baby regarding how soon the first feed takes place, how long a first feed lasts, how well attached the baby is or how much colostrum the baby takes. The first time of suckling at the breast should be considered an introduction to the breast rather than a feed

Activity 4

Colostrum "the first milk" **(5 Minutes)**

Participants will brainstorm on definition of colostrum and its importance to baby

Step 1: Ask participants to brainstorm on what colostrum is and enquire the local name from the community
Step 2: List their responses on a flip chart

Explain what colostrum is using the notes below

- Colostrum is the first milk produced immediately after birth which is usually thick yellow in colour (although the colour may vary between women for some it could be a clear liquid)
- It is full of antibodies which help protect the baby from illness
- Taking colostrum within the first hour of life has been shown to prevent death of babies in the first month of life

Importance of the first milk (colostrum)

Step 1: Ask participants to brainstorm on the importance of the "first milk" (colostrum).
Step 2: List their responses on a flip chart.
Summarize using the notes below.

Importance of Colostrum

- Protects against and prevents allergy and intolerance.
- Protects against infection
- Helps to clear first dark stool
- Helps to prevent developing yellow colour
- Helps intestines to mature
- Rich in vitamin A which reduces severity of infection

Facilitator notes

Colostrum contains special properties and is therefore important

- Colostrum contains more proteins than mature milk.
- It contains more white blood cells than mature milk.
- Colostrum helps to prevent the bacterial infections that are a danger to new-born babies and provides the first immunization against many of the diseases that a baby meets after delivery.
- Colostrum helps to clear the baby's gut of the first dark stools.
- Colostrum contains many growth factors which help a baby's immature intestine to develop after birth. This helps to prevent the baby from developing allergies and intolerance to other foods.
- Colostrum is rich in vitamin A which helps to reduce the severity of any infections the baby might have.
- Therefore, it is very important for babies to have colostrum for their first few feeds. Colostrum is ready in the breasts when a baby is born.
- Babies should not be given any drinks or foods before they start breastfeeding. Artificial feeds given before a baby has colostrum are likely to cause allergy and infection.

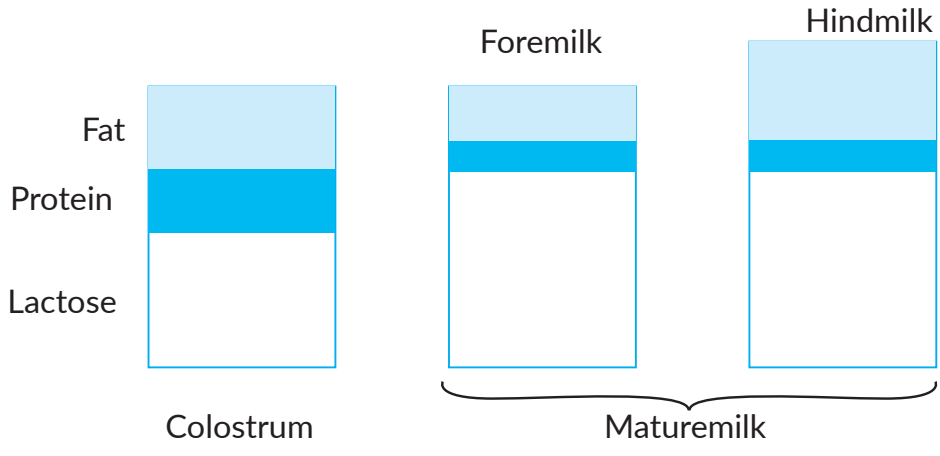
Activity 5

Difference between Colostrum and Mature Milk (5 minutes)

Participants will learn the difference between colostrum and mature milk using an illustration.

- The composition of breast milk is not always the same. It varies according to the age of the baby, and from the beginning to the end of a feed.
- Colostrum - the milk produced in the first few days after delivery – is quite different from the milk produced after that.

Step 1: Ask participants to turn to handout on **'DIFFERENT TYPES OF BREASTMILK'**



Step 2: Ask participants what they see between the different types of breastmilk in the illustration.

Summarize the differences using the notes below

Difference between colostrum and mature milk

- Colostrum is the special breast milk that women produce in the first few days after delivery.
- It is thick, and yellowish or clear in colour. It contains more protein than later milk (Point to the area on the graph)
- After a few days (3-5 days), colostrum changes into mature milk.
    - Mature milk: is a larger amount of milk and the breasts feel full, hard and heavy.
    - Foremilk: is the thinner milk that is produced in the first few minutes of a feed. It is produced in large amounts and provides plenty of protein, lactose, water and other nutrients. Babies do not need other drinks of water before they are six months old, even in a hot climate
    - Hind milk: is the whiter milk that is produced later in a feed. It contains more fat than foremilk which is why it looks whiter (Point to the area on the graph). This fat provides much of the energy of a breastfeed which is why it is important not to take the baby off a breast too quickly
- Mothers sometimes worry that their milk is 'too thin'. Milk is never 'too thin'. It is important for a baby to have both foremilk and hind milk to get a complete 'meal', which includes all the water that he needs.

Activity 6

Breast feeding on demand and recognizing signs of hunger in a baby (10 Minutes).

Participants will discuss in groups the importance of breastfeeding on demand as well as how to recognize signs of hunger in a baby.

- Breastfeeding on demand means breastfeeding whenever the baby or mother wants, with no restrictions on the length or frequency of feeds
- Breastfeeding your baby on demand – both day and night (8-12 times/day) – helps to build up your milk supply

Step 1: Display 2 flip charts titled 'Importance of breastfeeding on demand' and 'signs of hunger' on different ends of the classroom

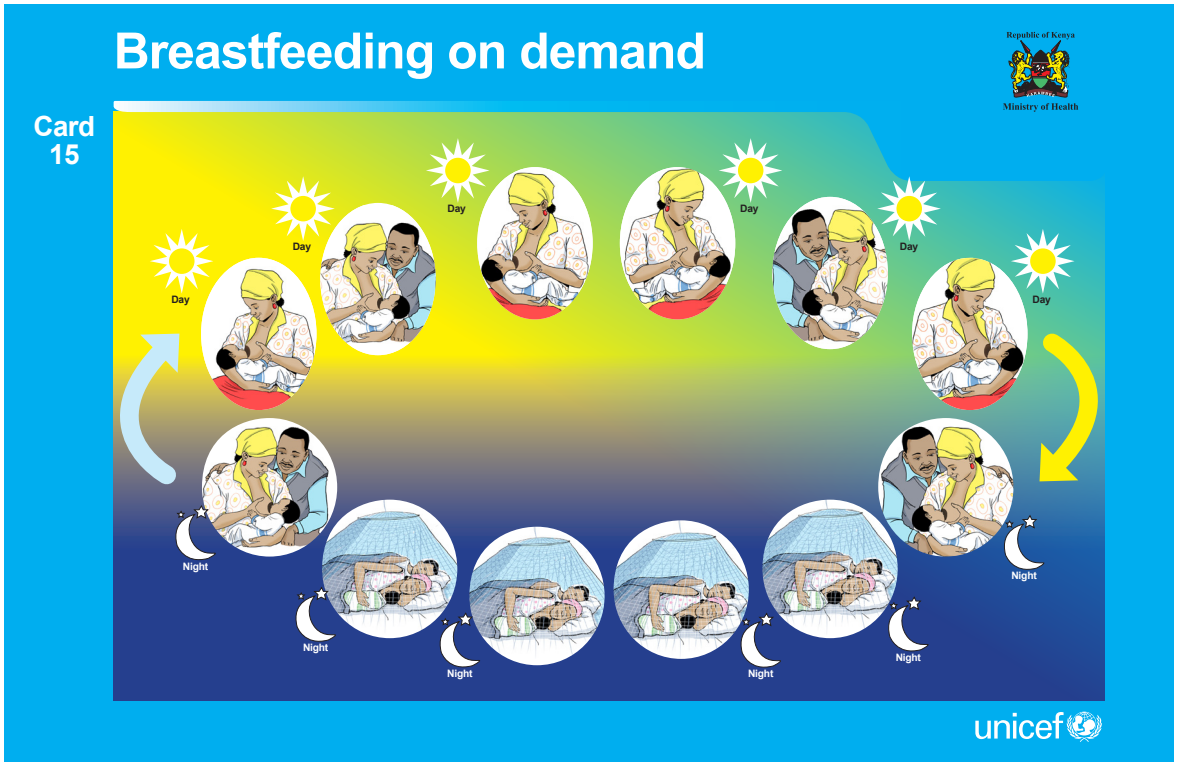
Step 2: Divide the participants into 2 groups and assign them tasks based on step one

Step 3: Issue manila cards to the 2 groups to write their ideas on 'Importance of breastfeeding on demand' and 'signs of hunger' respectively

Step 4: Ask the Participants to stick the manila cards on the designated flip charts

Step 5: Lead participants to a gallery walk starting with the flip chart on 'Importance of breastfeeding on demand' then 'signs of hunger'

Step 6: Ask participants to open card no 15 and to say what they see



Summarize ideas for each group using the notes below

Importance of breastfeeding on demand

- Earlier passage of the first dark stool 'meconium'
- Breast-milk production increases sooner
- Larger volume of milk produced by day 3
- Less occurrence of yellow skin for the baby
- Reduces risk of excessive bleeding after delivery

Demand and Supply

- Frequent breastfeeding or milk removal causes the breasts to produce more milk
- The amount of breastmilk removed at each feed determines the amount of milk to be produced in the next few hours
- Milk removal must be continued during separation to maintain supply

How can a mother recognize signs of hunger from her baby

- Baby opens mouth and searches for the breast
- Makes sucking/clicking movements or sounds - licks lips
- Sticks out his/her tongue
- Puts hand in his/her mouth
- Makes rapid eye movement before his/her eyes are open
- Moves head back forth frowning
- Gets restless and may cry

Activity 7

Lactation Amenorrhea and Child Spacing (5 Minutes)

Participants will learn how exclusive breastfeeding can help prevent a pregnancy.

Step 1: Explain to the participants about Lactation Amenorrhea Method (LAM) and how it works as a way family planning using the notes below

Lactation Amenorrhea and family planning

One of the benefits of EBF is that it can help prevent pregnancy
The lactation amenorrhea method (LAM) is a method of family planning based on natural infertility resulting from EBF

LAM:

- Lactation = EBF, on demand, day and night
- Amenorrhea = No menstrual period after 2 months after delivery
- Method = modern method, temporary-6 months after delivery

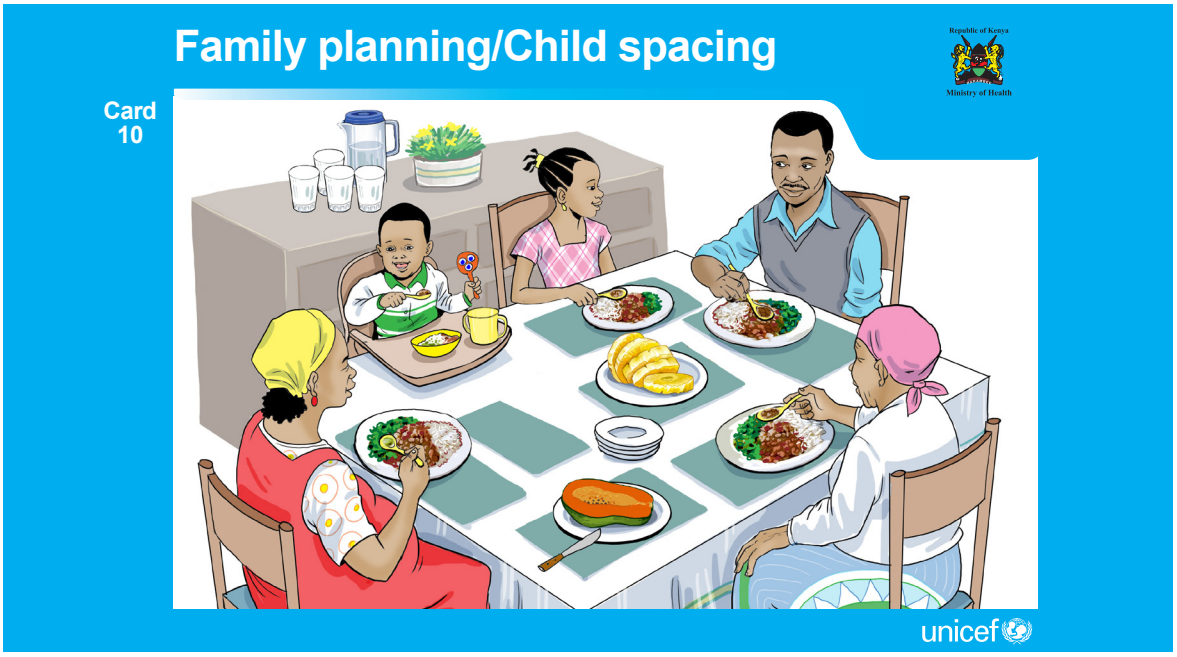
To use LAM, a woman must meet three criteria:

- The woman's menstrual periods have not returned after delivery.
- The baby must be exclusively breastfed on demand, frequently, day and night.
- The baby must be under 6 months' old

Advantages of family planning

Step 1: Ask participants to brainstorm on the advantages of family planning and write their responses on a flip chart

Step 2: Ask participants to open card 10 (family planning/child spacing) and say what they see



Summarize the discussion using the notes below

Advantages of family planning

- Mothers are less likely to die in childbirth
- Mothers are less likely to lose pregnancy
- Their new-borns are less likely to die, be underweight or be born early
- Babies grow bigger, stronger and healthier
- Older children are more likely to be healthy and grow well
- Good health of the mother
- Good health of the baby
- Baby grows well
- Allow for enough time to breastfeed

Summarize session **(3 minutes)**

Ask participants if they have any questions or seek clarification

Session 3

Breastfeeding Techniques

Participants will learn key points of positioning and attachment, as well as the various breastfeeding positions.

Session Objectives

After completing this session, participants will be able to:

1. Describe the 4 key points of positioning (use memoir)
2. Describe C-shape support of the breast while breastfeeding
3. Describe the 4 key points of attachment(use memoir)
4. Describe the 4 key points of suckling
5. Demonstrate the main positions – sitting, lying down, underarm and across
6. Watch a video on attachment and positioning (optional)
7. Identify good and poor positions and attachments (observe a breastfeed)

Duration: 1 hour 30 Minutes
Methodologies: Group work, discussion, brainstorming, role play, video (optional) facilitative lecture, Q&A,
Material: Flip charts, marker pens , masking tape, colored manila paper, manila cards, MIYCN counseling cards, breast model, (projector, laptop, speakers where possible)

Session plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction		
5 minutes	Role play mother (A and B)	Brainstorming, role play, lecture	Flip charts, marker pens
15 minutes	Four key points of positioning	Facilitative lecture, demonstration	Flip charts, marker pens, Counselling card 13

5 minutes	Supporting the breast for feeding (C shape)	Demonstration, Discussion facilitative lecture	Flip charts, marker pens
10 minutes	Four key points of attachment	Demonstration, Discussion, facilitative lecture	Flip charts, marker pens, Baby dolls, Breast model, Counselling card 13
5 minutes	Four key points of suckling	Buzz groups, Discussion, facilitative lecture	Flip charts, marker pens
15 minutes	Main breastfeeding positions	Demonstration, Discussion, facilitative lecture	Baby dolls Counselling card 14
10 minutes	Watching a video on/ discuss attachment and positioning (Optional)	Watching video, Discussion	Video, TV screen/ projector and laptop, Flip charts, marker pens
20 minutes	Identifying good and poor positioning and attachment (observe a breastfeed)	Demonstration, Discussion, facilitative lecture	Mother/baby pair
3 minutes	Session summary	Questions and answers	

Activity 1

Role play (mother A and B) **(5 minutes)**

Participants learn to how to position a baby at the breast through a role play (mother A and mother B)

Step 1: Ask co-facilitators to come forward and conduct the mother A and B role-play.

Step 2: Ask participants to observe the two mother-baby pairs keenly as they will be required to share their observations.

Case scenario

Mother A (name) *sits comfortably and relaxed, acts being happy and pleased with her baby*
Holds baby close facing her breast and she supports baby's whole body
she looks at her baby and touches him / her lovingly
she supports her breast with her fingers against her chest wall below her breast, while her thumb is above and away from the nipple

Mother B (name) *sits un comfortably, acts being sad and not interested in her baby. She holds baby loosely and not close with neck twisted and does not support the whole body*
she does not look at him/her or touch, but shakes him/her few times to make him/her go on breastfeeding. She uses a scissor grip to hold her breast

Step 3: Ask participants to share out their observations of the role play.

Step 4: Ask mother A and B to go back to their sits

Step 5: Tell participants that from observations mother B has challenges breastfeeding her baby. we shall learn how to help mother B with positioning, attachment and suckling

Four key points of positioning (15 Minutes)

Step 1: Ask participants to open card 13 and take a few minutes to look at the Card.

Step 2: Ask participants to say what they see from the card and list responses on a flip chart

Summarize the discussion with the notes below

Four key points of positioning

1. Baby's head and body in line
2. Baby held close to the mother
3. Baby's whole body supported
4. Baby approaches breast, nose to nipple

Resource notes

Importance of correct positioning

- Correct positioning and attachment helps to ensure that your baby suckles well and you produce a good supply of breast milk.
- The mother should use a pillow or folded clothes to help the baby come close to the breast
- She should sit comfortably in an upright position

Use the description below to help participants remember positioning a baby to the breast

Breastfeeding position

1. Fold your left hand at a right angle and use the right hand to slap the left hand at the point where baby's head lies, demonstrating head and body inline.
2. Slap the palm of the left hand using the right hand at the point where mother supports baby's buttocks (not holds) demonstrating whole body supported.
3. Slap palm and whole of left arm against stomach to demonstrate that baby is held close to mother and turns towards mother.
4. Lift the left arm supporting the baby so that the baby approaches the breast from below the nipple, to demonstrate baby approaching the breast nose to nipple.
5. Swing the right hand and arm behind waist to demonstrate that baby's hand and arm should be behind mother.

Activity 3

Supporting the Breast for feeding **(5 Minutes)**

Participants learn how to help a mother support her breast using a model breast

- It is important to show a mother how to support her breast with her hand when breastfeeding.
- If she has small and high breasts, she may not need to support them

Step 1: Demonstrate to participants the right way to support the breast during a breastfeed.

Proper breast support

- She should place her fingers flat on her chest wall under her breast, so that her first finger forms a support at the base of the breast.
- She can use her thumb to improve the shape of the breast so that it is easier for her baby to attach well (C-shape).
- She should not hold her breast too near to the nipple.
- Mothers should avoid 'scissor' hold as it can block milk flow.

Resource notes

Poor breast support

- Holding the breast with the fingers and thumb close to the areola
- Pinching up the nipple or areola between your thumb and fingers, and trying to push the nipple into a baby's mouth
- Holding the breast in the 'scissor' hold – index finger above and middle finger below the nipple

Activity 4

Four key points of good attachment **(10 Minutes)**

Participants will learn the four key points of good attachment while breastfeeding

- In an earlier session, we learnt that there are four key points of positioning a baby to the breast.
- We will now discuss the 4 key points of attachment

Step 1: Ask participants to look at counselling card 13 and say what they see

Step 2: List their responses on a flip chart
Summarize using the notes below

4 key points of attachment

1. More areola seen above baby's top lip
2. Baby's mouth wide open
3. Lower lip turned outwards
4. Baby's chin touches the breast

Facilitator notes

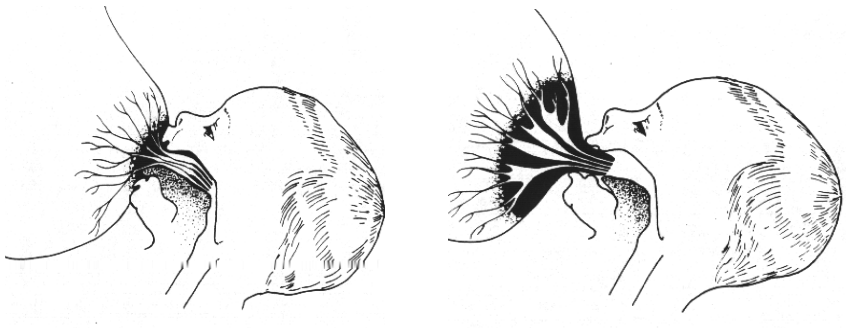
Good attachment to the breast

- The diagram shows how a baby takes the breast into his mouth to suckle
- He has taken much of the dark part of the breast (areola) into his mouth.
- The larger milk tubes (ducts) are inside this dark part of the breast.
- The baby has pulled the breast tissue out to form a long 'teat'.
- The nipple forms only a small part of the 'teat'.
- The baby is suckling from the breast, not from the nipple
- The baby's tongue is cupped round the 'teat' of breast
- The role of the tongue is to press milk out of the breast into the baby's mouth.

Step 5: Refer participants to hand out on **'GOOD AND POOR ATTACHMENT'**

Good And Poor Attachment

What differences do you see?



1 2

Attachment (outside appearance)

What differences do you see?

1 2

Step 6: Ask participants to say what they see and list their responses on a flip chart Summarize using the notes below

Comparison between good and poor attachment

Here you see two pictures.
In picture 1 the baby is well attached to the breast as earlier discussed
In picture 2 the baby is not well attached to the breast because:

- Only the nipple is in the baby's mouth, not including the dark part
- The larger milk tubes (ducts) are outside the baby's mouth, where his tongue cannot reach them.
- The baby's tongue is pulled back inside his mouth, and not pressing on the larger milk tubes.
- The baby in picture 2 is 'nipple sucking'.

Resource notes

Attachment memoir (CALM)

C - Chin touches the breast
A - Areola seen more above than below
L - Lower lip turned outwards
M - Mouth wide open

Results of poor attachment

- Painful nipples
- Damaged nipples
- Engorgement
- Baby unsatisfied and cries a lot
- Baby feeds frequently and for a long time
- Decreased milk production
- Baby fails to gain weight

- If the baby is poorly attached, and 'nipple sucks', it is painful for the mother.
- Poor attachment is the most direct cause of sore nipples.
- As the baby sucks hard to try to get milk, they pulls the nipple in and out. If a baby continues to suck in this way, they can damage the nipple skin and cause cracks.
- As the baby does not remove breast milk effectively, the breasts may become engorged.
- Because the baby does not get enough breast milk, they are unsatisfied and cry a lot. They may want to feed often or for a very long time at each feed.
- Eventually as breast milk is not removed the breasts may make less milk.
- A baby will fail to gain weight and the mother may feel like she is a breastfeeding failure.
- To prevent this from happening all mothers need skilled help to position and attach their babies.
- Babies should not be given feeds using bottles as they may have difficulty suckling effectively because of nipple/teat confusion. Babies who start bottle feeds after a few weeks may also begin to suckle ineffectively.

Activity 5

Four key points of Suckling **(5 Minutes)**

Participants will learn the key points of effective suckling.

- A baby who has been well positioned and attached to the breast should be able to suckle effectively
- If the baby does not breastfeed effectively, they may fail to gain weight as they will not be able to get the adequate amount of milk from the breast.
- Previously, we learnt about the proper positioning, attachment and the three main reflexes in a child that enable them to suckle effectively

Step 1: Ask participants to brainstorm on how to tell that a baby is breastfeeding well

Step 2: List their responses on a flip chart

Summarize using the notes below

A baby who is suckling effectively should:

- Take slow, deep sucks with pauses in between
- Not make clicking sounds while breastfeeding
- Have rounded cheeks
- Release the breast on their own when satisfied
- Mother should notice signs of milk flow reflex like milk flowing from the opposite breast

Note: Remind participants that proper positioning and correct attachment is key to effective suckling

Resource notes

- Look and listen for the baby taking slow deep sucks. This is an important sign that the baby is getting breast milk and is suckling effectively. If a baby takes slow, deep, sucks then he is probably well attached.
- If the baby is taking quick shallow sucks all the time, this is a sign that the baby is not suckling effectively.
- If the baby is making clicking sounds as he sucks this is a sign that he is not well attached.
- Notice whether the baby releases the breast himself after the feed, and looks sleepy and satisfied.
- If a mother takes the baby off the breast before he/she has finished, he may not get enough hind milk.

Activity 6

Main Breastfeeding Positions **(15 Minutes)**

Participants will learn the different positions a mother can hold her baby while breastfeeding through observation and demonstration.

- A mother can hold her baby in different positions while breastfeeding.
- We will now learn different positions that may be useful to mothers in different circumstances
- All key points of positioning and attachment should be applied regardless of the breast feeding position that the mother may choose

Step 1: Ask participants to refer to counselling card 14 and ask them to observe the different positions

Step 2: Ask volunteer participants to come forward and demonstrate the different positions using a baby doll

Step 3: Facilitator to assist the volunteer participants to ensure that each position is clearly demonstrated

Resource notes

- **Cradle position:**
  - Comfortable and most commonly used for a healthy mother and baby
- **Cross arm position:**
  - For small or ill babies. You have good control of baby's head and body, so helpful when a baby is learning to breastfeed.
- **Underarm position:**
  - For twins or to help to drain all areas of the breast.
  - Gives you a good view of the attachment.
- **Side lying position:**
  - Comfortable after a caesarean section
  - Helps a mother to rest.

Resource notes

A common reason for difficulty attaching when lying down, is that the baby is too 'high' near the mother's shoulders, and their head has to bend forward to reach the breast.

- Place a pillow under the mother's head and another under her chest. This may help her get comfortable. (use two pillows or clothing to achieve the most 'comfortable' position for the 'mother')
- Explain that the 4 key points of positioning apply for a mother who is lying down as well.
- She can support her baby with her lower arm, she can support her breast if necessary with her upper arm.
- If she does not support her breast, she can hold her baby with her upper arm.

Note: In situations where technology is available, show video on "helping a mother breastfeed" (10 Minutes)

NOTE: the video is meant to emphasize the key points of attachment, positioning and suckling and skip step 8

Set up for watching a video titled 'helping a mother breastfeed' and invite participants to pay attention as they will be required to give feedback on key points.
Run the video

Step 8: Debrief the video and clarify any issues that were not clear

Summarize session **(3 minutes)**

Ask participants if they have any questions or seek clarification

Session 4

Counselling skills: Listening &learning skills

Participants will learn appropriate skills necessary for counselling mothers and care givers on infant and young child feeding.

Objectives

After completing this session, participants will be able to:

1. List the 6 listening and learning skills
2. Give an example of each skill
3. Demonstrate the appropriate use of the skills when counselling on infant and young child feeding

Duration: 1 Hour

Methodologies: Role plays, discussion, demonstrations, facilitative lectures, brainstorming and Q&A

Material: Flip charts, marker pens, masking tape

Session plan

Duration	Topic	Methodology	Materials
2 minutes	Session introduction	Facilitative lecture	Flip charts, marker pens, masking tapes
55 minutes	Demonstration of the listening and learning skills	Facilitative lecture, Demonstrations, Discussion	Flip charts, marker pens, masking tapes, demo 4.1A – 4.1 O (c-BFCI handout)
3 minutes	Sessions summary	Questions and answers	

Introduction to the session **(5 minutes)**

We are going to illustrate the counselling skills to mothers who are either breastfeeding, giving complementary feeds, or, in some cases, giving replacement feeds to their infants and young children

Step 1: Ask participants if they can remember the OTT/AAA approach discussed in unit 1?

Summarize the discussion by referring participants to handout on OTT/AAA

Step 1: Ask participants to brainstorm on the definition of counselling

Summarize using the notes below

Definition of Counselling

- Counselling is a way of working with people by trying to understand how they feel and help them to decide what they think is best to do in their situation.
- These skills can also be used when talking to other caregivers about infant feeding
- Counselling mothers about feeding their infant is not the only situation in which counselling is useful.

Step 3: Ask participant in pairs to brainstorm on qualities of a good counsellor

Step 4: Write their responses on a flip chart.

Step 5: Draw a face with big eyes, ears and a small mouth on a flip chart for all to see

Summarize the discussion using the illustration and notes below

Qualities of a good cousellor

- Good listener
- Observant
- Knowledgeable on the subject matter
- Maintains confidentiality
- Respectful

Activity 1

State and demonstrate: Listening and Learning Skills (55 minutes)

Participants learn how counsel a mother/caregiver using listening and learning skills

Step 1: Write the heading ***Flip chart 1*** and a title ***'Listening and Learning Skills'*** on a flip chart with blank spaces for six points below it

Step 2: Write each skill on the blank spaces provided in step 1 above while explaining and demonstrating

Skill 1:Using Helpful Non-Verbal Communication (15 minutes)

Participants learn the five different kinds of non-verbal communication

Step 1: Write 'Use Helpful Non-Verbal Communication' on Flip chart 1, and 'Helpful Non-Verbal Communication' on another labelled as flip chart 2, with room for a list of five points below it

Step 2: Ask participants to brainstorm on the Non-Verbal Communication skill

Summarize using the notes below

"Non-verbal communication means showing your attitude through your posture, your expression, everything except through speaking".

Step 3: Place a chair at the front of the room so that all participants can see then ask the participant prepared earlier to sit down, hold a baby doll, and act as a mother.

Step 4: Facilitator demonstrates the five different kinds of non-verbal communication - (Demonstration 4.1.A below)

Step 5: Ask a co-facilitator to write the lessons for each non-verbal skill on a flip chart.

Step 6: Facilitator demonstrates each skill approaching the 'mother' in two ways:

- first, in the way that hinders communication and
- Second in the way which helps communication

Demonstration 4.1.A 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, Susan. How is feeding going for you and your baby?"

1. Posture:

Hinders: Stand with your head higher than the other person's

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

- Write – 'Keep Your Head Level' on the flip chart (Flip chart2).

2. Eye contact:

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

Helps: Look at her and pay attention as she speaks

- Write – 'Pay Attention' on the flip chart.

(Note: eye contact may have different meanings in different cultures. Sometimes when a person looks away it means that he or she is ready to listen. If necessary, adapt this to your own situation)

3. Barriers:

Hinders: Sit and hold the MIYCN couselling card, in way blocking the mother from seeing your face.

Helps: Hold the couselling card in way that is not blocking the mothers face

- Write – 'Remove Barriers' on the flip chart.

4. Taking time:

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

Helps: Make her 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

- Write – 'Take Time' on the flip chart.

5. Touch:

Hinders: Touch her in an inappropriate way

Helps: Touch the mother appropriately (if applicable)

- Write – 'Touch appropriately' on the flip chart.

(Note: Discuss appropriate touch in this community and have the list written on Flip chart 2 and post it up on the wall. If you cannot demonstrate an inappropriate touch, simply demonstrate not

touching. In infant feeding, it may be helpful to touch the baby and not the mother.)

- Our non-verbal communication often demonstrates to a mother or caregiver our approval or disapproval of a situation.
- We should be careful to avoid allowing our own views on certain subjects, e.g. religion, to be expressed in a counselling situation where it might appear as though we are judging a mother.

Skill 2: Asking open ended questions (7 minutes)

Participants learn how to ask open ended questions

- The next 5 skills deal with what we say to mothers. In other words 'verbal communication'.
- Remember that the tone of our voice is important during verbal communication.
- During counselling we are trying to find out how people feel, thus the need to sometimes probe beneath the surface if we wish to learn their real worries and their concerns.

Step 1: Write, 'Ask Open Ended Questions' on the list of listening and learning skills (Flip chart 1).

Step 2: Explain the skill of asking open ended questions.

Asking Open Questions

- To start a discussion with a mother, or to take a history from her, you need to ask some questions.
- It is important to ask questions in a way that encourages a mother to talk to you and to give you information.
- This saves you from asking too many questions, and enables you to learn more in the time available.
- Open questions are usually the most helpful. To answer them, a mother must give you some information.
- Open questions usually start with 'How? What? When? Where? Why? Who?'for example, "How are you feeding your baby?"
- Closed questions are usually less helpful. They tell a mother the answer that you expect, and she can answer them with a 'Yes' or 'No'.
- Closed questions usually start with words like 'Are you?' or 'Did he?' or 'Has he?' or 'Does she?' For example: "Did you breastfeed your last baby?"
- If a mother says 'Yes' to this question, you still do not know if she breastfed exclusively, or if she also gave some artificial feeds.
- If you continue to ask questions to which the mother can only answer 'yes' or 'no', you can become quite frustrated, and think that the mother is not willing to talk, or that she is not telling the truth.

Step 3: Demonstrate listening and learning skills using demonstrations 4.1 B – 4.1 I

Step 4: Identify 2 participants and ask 1 to read the words of the mother while the other reads the part of the Community health volunteer. Follow the reading to ***ask*** and ***comment*** when it is indicated.

Demonstration 4.1 B Closed Questions to Which she can Answer 'Yes' or 'No'	
Community health volunteer:	"Good morning, (name). I am (name), the community midwife. Is (child's name) well?"
Mother:	"Yes, thank you."
Community health volunteer:	"Are you breastfeeding him?"
Mother:	"Yes."
Community health volunteer:	"Are you having any difficulties?"
Mother:	"No."
Community health volunteer:	"Is he breastfeeding very often?"
Mother:	"Yes."
Ask:	What did the Community health volunteer learn from this mother?
Comment:	**The Community health volunteer got 'yes' and 'no' for answers and didn't learn much. It can be difficult to know what to say next.**

Demonstration 4.1.C Open Ended Questions	
Community health volunteer:	"Good morning, (name). I am (name), the community midwife. How is (child's name)?"
Mother:	"He is well, and he is very hungry."
Community health volunteer:	"Tell me, how are you feeding him?"
Mother:	"He is breastfeeding. I just have to give him one bottle feed in the evening."
Community health volunteer:	"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 Community health volunteer learn from this mother?
Comment:	**The Community health volunteer asked open ended questions. The mother could not answer with a 'yes' or a 'no', and she had to give some information. The Community health volunteer learnt much more.**

Step 5: Introduce the role-plays demonstrating using questions to start and continue a conversation.
The Community health volunteer is talking to a mother who has a young baby whom she is breastfeeding.

Demonstration 4.1.D Starting and Continuing a Conversation	
Community health volunteer:	"Good morning, (name). How are you and (child's name) getting on?"
Mother:	"Oh, we are both doing well, thank you."
Community health volunteer:	"How old is (child's name) now?"
Mother:	"He is two days old today."
Community health volunteer:	"What are you feeding him on?"
Mother:	"He is breastfeeding, and having drinks of water."
Community health volunteer:	"What made you decide to give the water?"
Mother:	"There is no milk in my breasts, and he doesn't want to suck."
Ask:	What did the Community health volunteer learn from this mother?
Comment:	***The Community health volunteer asks an open question, which does not help much. Then she asks two specific questions, and then follows up with an open question. Although the mother says at first that she and the baby are well, the Community health volunteer later learns that the mother needs help with breastfeeding.***

Skill 3: Use responses and gestures that show interest (7 Minutes)

Participants learn how to show that they are listening, and that they are interested.

- If you want a mother to continue talking, you must show that you are listening, and that you are interested in what she is saying.
- A mother may not talk easily about her feelings, especially if she is shy, and with someone whom she does not know well. You will need the skill to listen and to make her feel that you are interested in her. This will encourage her to tell you more. She will be less likely to 'turn off' and say nothing

Step 1: Write 'Use responses and gestures which show interest' on Flip chart 1.

Step 2: Demonstrate the skill by asking a participant to read the words of the mother in Demonstration 4.1.E below, while they play the part of the Community health volunteer. Facilitator will give simple responses, and nod, and show by facial expression that they are interested and want to hear more from the mother

Step 3: Ask participants to follow the role-play as they will be required to report their observations:

Demonstration 4.1.E Using Responses and Gestures Which Show Interest

The Community health volunteer is talking to a mother who has a one-year-old child

Community health volunteer:	"Good morning, (name). How is (child's name) now that he has started solids?"
Mother:	"Good morning. He's fine, I think."
Community health volunteer:	""Mmm." (Nods, smiles.)
Mother:	"Well, I was a bit worried the other day, because he vomited."
Community health volunteer:	"Oh dear!" (Raises eyebrows, looks interested.)
Mother:	"I wondered if it was something in the stew that I gave him."
Community health volunteer:	"Aha!" (Nods sympathetically).
Ask:	How did the Community health volunteer encourage the mother to talk?
Comment:	**The Community health volunteer asked a question to start the conversation. Then she encouraged the mother to continue talking with responses and gestures.**

Step 4: Lead a discussion on locally appropriate responses noting that in different places, people use different responses.

Step 5: List the responses people use in the local setup on a flip chart.

Skill 4: Reflecting back what the Mother Says (7 Minutes)

Participants will learn how to repeat back or reflect on what a mother says.

Step 1: Write 'Reflect Back What the Mother Says' on the list of listening and learning skills (Flip chart1).

Step 2: Explain the skill of refection using the notes below.

Reflecting back on what a mother says

Community health volunteers sometimes ask mothers a lot of factual questions. However, the answers to factual questions are often not helpful. The mother may say less and less in reply to each question.

- For example, if a mother says: "My baby was crying too much last night", you might want to ask: "How many times did he wake up?" But the answer is not helpful.
- It is more useful to repeat back or reflect what a mother says. This is another way to show you are listening and encourages the mother or caregiver to continue talking and to say what is important to her. It is best to say it in a slightly different way, so that it does not sound as though you are copying her.
- For example, if a mother says: "I don't know what to feed my child, she refuses everything." You could reflect back by saying: "Your child is refusing all the food you offer her?"

Step 3: Demonstrate the skill by asking a participant to read the words of the mother in Demonstrations 4.1.F and 4.1.G while reading the part of the Community health volunteer.

Step 4: Introduce the two role-plays to demonstrate this skill.

Demonstration 4.1.G Reflecting Back

Community health volunteer:	"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!"
Community health volunteer:	"(Child's name) is feeding very often?"
Mother:	"Yes. This week he is so hungry. I think that my milk is drying up."
Community health volunteer:	"He seems more hungry this week?"

Mother:	"Yes, and my sister is telling me to breastfeed him more often"
Community health volunteer:	"Your sister says that he needs to breastfeed more?"
Mother:	"Yes. How often should i breastfeed?"
Ask:	What did the Community health volunteer learn from the mother?
Comment:	**The Community health volunteer reflects back what the mother says, so the mother gives more information.**

Skill 5: Empathize- Showing that you understand how the mother feels(7 minutes)

Participants will learn how to show that they understand what a mother feels

Step 1: Facilitator writes 'Empathize – Show that you understand how she feels' on the list of listening and learning skills (flip chart 1).

Step 2: Explain the skill of empathize using the notes below.

Empathizing with a mother

- Empathy is a difficult skill to learn. It is difficult for people to talk about feelings. It is easier to talk about facts.
- When a mother says something which shows how she feels, it is helpful to respond in a way which shows that you understand her feelings from her point of view.
- For example, if a mother says: "My baby wants to feed very often and it makes me feel so tired!" you respond to what she feels, perhaps like this: "You are feeling very tired all the time then?"
- Empathy is different from sympathy. When you sympathize you are sorry for a person, but you look at it from your point of view.
- If you sympathize, you might say: "Oh, I know how you feel. My baby wanted to feed often too, and I felt exhausted." This brings the attention back to you, and does not make the mother feel that you understand her.
- You could reflect back what the mother says about the baby.
- So empathy is more than reflecting back what a mother says to you.
- It is also helpful to empathize with a mother's good feelings. Empathy is not only to show that you understand her bad feelings.

Step 3: Facilitator demonstrates the skill of empathy by using comparison. Ask two participants prepared earlier to read the words of the mother and community health volunteer in demonstrations 4.1.H - 4.1.K below.

Step 4: Introduce the role-plays by making these points:

- We will see a demonstration of this skill.
- The Community health volunteer is talking to a mother of a ten-month-old child.
- As you watch, look for empathy – is the Community health volunteer showing she understands the mother's point of view?

Demonstration 4.1.I Empathy	
Community health volunteer:	"Good morning, (name). How are you and (child's name) today?"
Mother:	"He is not feeding well, I am worried he is ill"
Community health volunteer:	"You are worried about him?"
Mother:	"Yes, some of the other children in the village are ill and I am frightened he may have the same illness."
Community health volunteer:	"It must be very frightening for you."
Ask:	Do you think the Community health volunteer showed sympathy or empathy?
Comment:	**Here the Community health volunteer used the skill of empathy twice. She said "You are worried about him" and "It must be very frightening for you." In this second version the mother and her feelings are the focus of the conversation.**

Step 5: Introduce two more demonstrations making these points:

- We will see another pair of demonstration of this empathy skill.
- The Community health volunteer is talking to a mother is HIV-positive and pregnant and is coming to talk to the Community health volunteer about how she will feed her baby after birth
- Again listen for empathy – is the Community health volunteer showing she understands the mother's point of view?

Demonstration 4.1 K Empathy.

CHV talking to a pregnant mother who is HIV positive

Community health volunteer:	"Good morning, (name). You wanted to talk to me about something? "Smiles.
Mother:	"I tested for HIV last week and am positive. I am worried about my baby."
Community health volunteer:	"You're really worried about what's going to happen."
Mother:	"Yes I am. I don't know what I should do?"
Ask:	Do you think the Community health volunteer showed sympathy or empathy?
Comment:	**In the second version the Community health volunteer concentrated on the mother's concerns and worries. The Community health volunteer responded by saying "You're really worried about what's going to happen." This was empathy.**

Skill 6: Avoiding words which sound Judging (7 minutes)

Participants will discuss the importance of avoiding words which sound judgemental to the mother

Step 1: Write 'Avoid Words Which Sound Judging' on the list of listening and learning skills (flip chart 1).

Step 2: Explain the skill using the notes below

Avoiding words that sound judgemental

- 'Judging words' are words like: right, wrong, well, badly, good, enough, properly.
- If you use judging words when you talk to a mother about feeding, especially when you ask questions, you may make her feel that she is wrong, or that there is something wrong with the baby. A breastfeeding mother may feel there is something wrong with her breast milk.
  - For example: Do not say: "Are you feeding your child **properly**?" Instead say: "How are you feeding your child?"
  - Do not say: "Do you give her **enough** milk?" Instead say: "How often do you give your child milk?"

Step 3: introduce the role-play and ask participants to note any 'judging words' in the conversation:

Identifying Judging Words

Demonstration 4. 1.N Using Judging Words	
The Community health volunteer is talking to a mother of a five-month-old baby. As you watch, look for judging words	
Community health volunteer:	"Good morning. Is (name) breastfeeding normally?"
Mother:	"Well - I think so."
Community health volunteer:	"Do you think that you have enough breast milk for him?"
Mother:	"I don't know.....I hope so, but maybe not ..." (She looks worried.)
Community health volunteer:	"Has he gained weight well this month?
Mother:	"I don't know....."
Community health volunteer:	"May I see his growth chart?"
Ask:	What did the Community health volunteer learn about the mother's feelings?
Comment:	**The Community health volunteer is not learning anything useful, but is making the mother very worried**

Avoiding Judging Words

Demonstration 4.1. O Avoiding Judging Words	
Community health volunteer: (child's name)?"	"Good morning. How is breastfeeding going for you and
Mother: else."	"It's going very well. I haven't needed to give him anything
Community health volunteer:	"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."
Community health volunteer:	"He is obviously getting all the breast milk that he needs."
Ask:	What did the Community health volunteer learn about the mother's feelings?
Comment:	**This time the Community health volunteer learnt what she needed to know without making the mother worried. The Community health volunteer used open questions to avoid using judging words.**

Step 4: Make these additional points on the 'Avoiding Judging Words' skill:

Avoiding Judging Words

- Mothers may use judging words about their own situation. You may sometimes need to use the positive judging words, when building a mother's confidence. But practise avoiding them as much as possible, unless there is a really important reason to use one.
- You may have noticed that judging questions are often closed questions. Using open questions often helps to avoid using a judging word.

Refer to the list of the **six skills** on Flip chart 1 earlier posted on the wall, read the list through to remind participants.

Summarize session (3 minutes)

Ask participants if they have any questions or seek clarification

Session 5

Counselling Skills: Building Confidence and Giving Support

Participants will be equipped with skills required to build confidence and to give support to mothers/caregivers when counselling on infant and young child feeding.

Objectives

After completing this session, participants will be able to:

1. List the 6 confidence and support skills
2. Give an example of each skill and demonstrate the appropriate use of the skills when counselling on infant and young child feeding.

Duration: 50 Minutes
Methodology: Brainstorming, role-play, question and answers, discussions, buzzing, illustration/demonstration, lecture.
Materials: Flip charts, marker pens, masking tapes, colored manila papers.

Session Plan

Duration	Topic	Methodology	Materials
2 minutes	Introduction to session	Facilitative lecture	Flip charts
15 minutes	Present the Six skills for building confidence and giving support	Discussion	Flip charts, marker pens, masking tapes, colored Manilla papers ,
30 minutes	Give an example of each skill and demonstrate the appropriate use of the skills when counselling on infant and young child feeding.	Brainstorming, role-play, question and answers, discussions, buzzing, illustration/ demonstration	Flip charts, marker pens, masking tapes, colored Manilla papers , Counselling cards, print out (handout)
3 minutes	Sessions Summary	Questions and answers	

Activity 1

Six skills for building confidence and giving support **(15 Minutes)**

Participants will learn skills for building confidence and giving support

- In this session, you will learn a second set of counselling skills - 'Building confidence and giving support' skills.
- Tell participants that you will now explain and demonstrate six skills for building a mother's confidence and giving her support.
- Explain that these skills are also important when counselling caregivers and other family members.

Step 1: Write the heading Flip chart 3 and a title Confidence and Support Skills' on the flip chart, with blank spaces for six points below it

Step 2: Write each skill on the blank spaces provided in step 1 above while explaining and demonstrating

Step 3: Explain the importance of these skills using the points below

- A mother easily loses confidence in herself. This may lead to her feeling that she is a failure and giving in to pressure from family and friends.
- You may need these skills to help her to feel confident and good about herself.
- It is important not to make a mother feel that she has done something wrong.
- A mother easily believes that there is something wrong with herself, how she is feeding her child, or with her breast milk if she is breastfeeding. This reduces her confidence.
- It is important to avoid telling a mother what to do.
- Help each mother to decide for herself what is best for her and her baby. This increases her confidence.

Skill 1: Accept what a mother thinks and feels (5 Minutes)

Sometimes a mother thinks something that you do not agree with – she has a mistaken idea.

A mother may also feel very upset about something that you know is not a serious problem.

Accept what a mother thinks

Step 1: Introduce the role-play by making the following points:

> We will now see a role-play showing acceptance of what a mother thinks. This mother has a one-week-old baby.

Step 2: Ask two participants whom you have prepared upfront to give Demonstration 5.1.A

Step 3: Ask one to read out the words of the mother and the other those of the Community Health Volunteer.

Step 4: After each response from the Community Health Volunteer ask the participants whether the response was agreeing, disagreeing or accepting then summarize with the notes below

Demonstration 5.1 A Accepting What a Mother Thinks	
Mother:	"My milk is thin and weak, and so I have to give bottle feeds."
Community health volunteer:	"Oh no! Milk is never thin and weak. It just looks that way." (nods, smiles.)
Ask: accept?	Did the Community Health Volunteer agree, disagree or
Comment:	**This is an inappropriate response, because it is disagreeing.**
Mother:	"My milk is thin and weak, so I have to give bottle feeds."
Community health volunteer:	"Yes – thin milk can be a problem."
Ask: accept?	Did the Community Health Volunteer agree, disagree or
Comment:	**This is an inappropriate response because it is agreeing.**
Mother:	"My milk is thin and weak, so I have to give bottle feeds."
Community health volunteer:	"I see. You are worried about your milk."
Ask: accept?	Did the Community Health Volunteer agree, disagree or
Comment: acceptance.	**This is an appropriate response because it shows**

Accepts what the mother feels

Step 1: Introduce the role-play by making the following points:

> The last role-play showed acceptance of what a mother thinks. We will now see a role-play showing acceptance of what a mother feels.

Step 2: Ask the two participants whom you have prepared to give Demonstration 5.2B

Step 3: Ask one to read out the words of the mother and the other those of the Community Health Volunteer.

Step 4: After each response from the Community Health Volunteer ask the participants whether the response was appropriate as you summarize with the notes below

Demonstration 5.1 B Accepting What a Mother Feels

This mother has a nine-month-old baby

Mother (in tears):	"It is terrible, (child's name) has a cold and his nose is completely blocked and he can't breastfeed. He just cries and I don't know what to do."
Community health volunteer:	"Don't worry, your baby is doing very well."
Ask:	Was this an appropriate response?
Comment:	**This is an inappropriate response, because it did not accept the mother's feelings and made her feel wrong to be upset.**
Mother (in tears): completely	"It is terrible, (child's name) has a cold and his nose is blocked and he can't breastfeed. He just cries and I don't know what to do."
Community health volunteer:	"Don't cry – it's not serious. (Child's name) will soon be better"
Ask:	Was this an appropriate response?
Comment:	**This is an inappropriate response. By saying things like "don't worry" or "don't cry" you make a mother feel it is wrong to be upset and this reduces her confidence.**
Mother (in tears):	"It is terrible, (child's name) has a cold and his nose is completely blocked and he can't breastfeed. He just cries and I don't know what to do."
Community health volunteer:	"You are upset about (child's name) aren't you?"
Ask:	Was this an appropriate response?
Comment:	**This is an appropriate response because it accepts how the mother feels and makes her feel that it is alright to be upset. Notice how, in this example, empathizing was used to show acceptance. So this is another example of using a listening and learning skill to show acceptance.**

Summarize the skill using the notes below

- Reflecting back and simple responses are useful ways to show acceptance. Later in the discussion, you can give information to correct a mistaken idea.
- In a similar way, empathizing can show acceptance of a mother's feelings.
- If a mother is worried or upset, and you say something like, "Oh, don't be upset, it is nothing to worry about," she may feel that she was wrong to be upset.
- This reduces a mother's confidence in her ability to make her own decisions.

Skill 2: Recognize and Praise what a Mother and Baby are doing right (5 Minutes)

As Community Health Volunteers, we commonly look for problems. Often, this may mean that we see only what we think people are doing wrong, and try to correct them

Step 1: Ask participants to reflect and brainstorm how it makes a mother feel if you tell her that she is doing something wrong, or that her baby is not doing well

Step 2: List their responses on a flip chart

Summarize the replies using the notes below

- As feeding counselors, we must look for what mothers and babies are doing right.
- We must first recognize what they do right; and then we should praise or show acceptance of the good practices.
- Praising good practices has these benefits:
- It builds a mother's confidence
- It encourages her to continue those good practices
- It makes it easier for her to accept suggestions later.
- In some situations, it can be difficult to recognize what a mother is doing right.
- But any mother whose child is living must be doing some things right, whatever her socio-economic status or education

Step 3: Ask participants to open card 38 'Growth monitoring and promotion' and say what they see

Step 4: Read to the participants the points below

- Here is a baby (give a local name) being weighed
- The baby is exclusively breastfed.
- Beside the mother and baby is the baby's growth chart.
- His growth chart shows that he has gained a little weight over the last month. However, his growth line is not following the reference curves. It is rising too slowly.
- This shows that the baby's growth is slow.

Step 5: Ask participants to buzz in two and give one remark per pair which would help build mama (give local name) confidence

Step 6: List their remarks on a flip chart

Step 7: Read out the remarks (earlier prepared), and ask participants to say which one helps to build the mother's confidence.

- Your baby's growth line is going up too slowly."
- "I don't think your baby is gaining enough weight."
- "Your baby gained weight last month just on your breast milk."

Step 8: Read out the following statement

The correct response is the last one: "Your baby gained weight last month just on your breast milk".

Skill 3: Give practical help (5 minutes)

Step1: Ask participants to turn to handout 'Mother in need of practical help' with the picture below and discuss in groups of 3.

Mother in need of practical help

Step 2: Facilitator reads out the story of Mama ..... (give a local name)

> *Mama (name) is lying in bed soon after delivery. She looks miserable and depressed. She is saying to the Community Health Volunteer: "No, I haven't breastfed him yet. My breasts are empty and it is too painful to sit up."*

Step 3: Ask participants to state the kind of practical help they might offer to the mother

Step 4: List their responses on a flip chart

Step 5: Read out the following remarks, and ask participants to say which response is the more appropriate.

- ***"You should let your baby suckle now to help your breast milk to come in."***
- ***"Let me try to make you more comfortable, and then I'll bring you a drink."***

Step 6: Give the following explanation:

- The appropriate response is the second one, in which the Community Health Volunteer offers to give practical help. She will make the mother comfortable before she helps her to breastfeed.
- It is important for the baby to breastfeed soon.
- But it is more likely to be successful if the mother feels comfortable.

Step 7: Explain the skill:

Sometimes practical help is better than saying anything. For example

- When a mother feels tired or dirty or uncomfortable
- When she is hungry or thirsty
- When she has had a lot of information already
- When she has a clear practical problem.

Some ways to give practical help are:

- Help to make her clean and comfortable.
- Give her a drink, or something to eat.
- Hold the baby yourself, while she gets comfortable, or washes, or goes to the toilet.
- It also includes practical help with feeding, such as
    - *Helping a mother with positioning and attachment,*
    - *Expressing breast milk,*
    - *Relieving engorgement*
    - *Preparing complementary feeds*

Skill 4: Give a Little, Relevant Information (5 Minutes)

Step 1: Read the story below to the participants

Baby (local name) is 3 months old. His mother has recently started giving some formula feeds in a bottle in addition to breastfeeding. The baby has developed diarrhoea. The mother is saying to the Community Health Volunteer: "He has started to have loose stools. Should I stop breastfeeding?"

Step 2: Ask participants what kind of support/information the mother needs

Step 3: List the responses on a flip chart

Step 4: Ask one participant to read the responses that the facilitator has posted on the flip chart stand (prepared before the session)

- ***"It is good that you asked before deciding. Diarrhoea usually stops sooner if you continue to breastfeed."***
- ***"Oh no, don't stop breastfeeding. He may get worse if you do that."***

Step 5: Ask participants to say which one gives information in a positive way.

Step 6: After their response, conclude using the notes below

Response 2 is critical, and may make her feel wrong and lose confidence. The correct response is the first one as it is positive, and will not make her feel wrong or lose confidence.

Facilitator notes

- Mothers often need information about feeding. It is important to share your knowledge with them. It may also be important to correct mistaken ideas.
- However, sometimes Community Health Volunteers know so much information that they think they need to tell it all to the mother.
- It is a skill to be able to listen to the mother and choose just two or three pieces of the most relevant information to give at this time.
- Try to give information that is relevant to her situation now. Tell her things that she can use today, not in a few weeks' time.
- Explaining the reason for a difficulty is often the most relevant information when it helps a mother to understand what is happening.
- Try to give only one or two pieces of information at a time, especially if a mother is tired, and has already received a lot of information.
- Give information in a positive way, so that it does not sound critical, or make the mother think that she has been doing something wrong. This is especially important if you want to correct a mistaken idea.
- For example, instead of saying "Thin porridge is not good for your baby", you could say: "Thick foods help the baby to grow".
- Before you give information to a mother build her confidence. Accept what she says, and praise what she does well. You do not need to give new information or to correct a mistaken idea immediately.

Skill 5: Use Simple Language (5 Minutes)

Step 1: Inform participants that this skill will be explained by comparing 2 demonstrations

Step 2: Ask two participants whom you have prepared prior to give Demonstration 5.2 C to read the words of the mother and Community Health Volunteer.

Demonstration 5.1 C Using Simple Language	
Community health volunteer:	"Good morning (name). What can I do for you today?"name)?"
Mother:	"Can you tell me what foods to give my baby, now that she is six months old."
Community health volunteer:	"I'm glad that you asked. Well now, the situation is this. Most children need more nutrients than breast milk alone when they the need for other micronutrients like vitamin A is higher than what is provided by breast milk. "However, if you add foods that aren't prepared in a clean way it can increase the risk of diarrhoea and if you give too many poor quality foods the child won't get enough calories to grow well."
Ask:	What did you observe?
Comment:	**The health worker is providing too much information. It is not relevant to the mother at this time. She is using words that are unlikely to be familiar to the mother.**

Step 3: Ask participants what they have observed and writes their responses on a flip chart

Step 4: Discuss what the participants have observed

Step 5: Make the following comment

> *The Community Health Volunteer is providing too much and complex information. It is not relevant to the mother at this time. She is using words that are not common or familiar to the mother*

Demonstration 2

Step 1: Ask two participants whom you have prepared earlier to give demonstration 5.2 D and read the words of the mother and Community Health Volunteer.

Demonstration 5.1 D Using Simple Language	
Community health volunteer:	"Good morning (name). How can I help you? "
Mother:	"Can you tell me what foods to give my baby, now that she is six months old?"
Community health volunteer:	"You are wondering about what is best for your baby. I'm glad you have come to talk about it. It is usually a good idea to start with a little porridge to get him used to the taste of different foods. Just two spoons twice a day to start with."

Ask:	What did you observe this time?
Comment:	**The Community Health Volunteer explains about starting complementary foods in a simple way.**

Step 2: Ask participants what they have observed and notes down their responses on a flip chart
Make this comment;

> ***The Community Health Volunteer explains about starting complementary foods in a simple way***

Summarize this skill using the notes below

- Community Health Volunteers learn about nutrition using technical terms. When these terms become familiar, it is easy to forget that people who are not Community Health Volunteers may not understand them.
- It is important to use simple, familiar terms, to explain things to mothers.

Skill 6: Make One or Two Suggestions, Not Commands (5 Minutes)

Read the following story of *(local name)* to the participants

> ***Amy breastfeeds only four times a day, and she is gaining weight too slowly. Her mother thinks that she does not have enough breast milk.***

Step 1: Ask participants to buzz in pairs and come out with one advice for mama ..... *(local name)*

Step 2: Discuss with the participants their responses/advice they have given (suggestion or commands)

Step 3: Display responses (earlier prepared by facilitator) on a flip chart and ask participants to read the responses silently then say which statement is a command and which is a suggestion

- ***"You must feed Amy at least 10 times a day." (response 1)***
- ***"It might help if you feed Amy more often."(response 2)***

Summarize using the notes below

- Response 1 is a command as it tells mama (local name) what she must do. She will feel bad and lose confidence if she cannot do it.
- The second response is a suggestion. It allows mama (local name) to decide if she will feed (local name) more often or not so it is the correct response
- You may decide that it would help a mother if she does something differently – for example, if she feeds the baby more often, or holds him in a different way.
- When you counsel a mother, you suggest what she could do. Then she can decide if she will try it or not. This leaves her feeling in control, and helps her to feel confident

Summarize session **(3 minutes)**

Ask participants if they have any questions or seek clarification

Session 6

Common Breastfeeding Difficulties/Barriers

Participants will learn how to recognize breastfeeding difficulties and how they can help mothers to manage them.

Objectives

After completing this session participants will be able to:

1. Identify the causes of, and help mothers with, the following difficulties:
    - *Not enough milk'*
    - *A crying baby*
    - *Breast refusal*
    - *Cultural practises, myths and misconceptions*
2. Give the circumstances when a child needs replacement feeding
3. List the danger signs to look out for in a child for referral.

Duration: 1 Hour 30 Minutes
Methodologies: Role plays, discussion, demonstrations, facilitative lectures, brainstorming and Q&A
Material: Flip charts, marker pens, masking tape

Session plan

Duration	Topic	Methodology	Materials
2 minutes	Session introduction	Facilitative lecture	
60 minutes	Common breastfeeding difficulties /Barriers	Brainstorming	Volunteer participants Flip charts, marker pens, masking tapes
15 minutes	Replacement feeding	Facilitative lecture Demonstrations Discussion	Flip charts, marker pens, masking tapes
10 minutes	Danger signs	Brainstorming	Flip charts, marker pens, masking tapes
3 minutes	Session summary	Q & A	

Activity 1

Common breastfeeding difficulties /Barriers **(60 Minutes)**

Participants will be taught on how to identify common breastfeeding difficulties and how to help mothers address them.

Community health workers have important roles to support mothers through breastfeeding difficulties/barriers, as mothers may not visit a health facility to seek help.

Finding out how mothers are managing with breastfeeding

- In previous sessions we have looked at ways to find out how mothers are managing with breastfeeding. These include:
  - Good counselling skills to encourage a mother to tell you what is worrying her
  - Assessing a breastfeed, using your skills of observation to see if a baby is well positioned and well attached
  - Taking a detailed feeding history
- When helping mothers with difficulties, you will need to use all the skills you have learnt so far.

Step 1: Ask participants to brainstorm on common breastfeeding difficulties/barriers

Step 2: List the responses on a flip chart

Summarise using the notes below

Common breastfeeding difficulties /barriers

- Not enough milk
- A crying baby
- Breast refusal
- Cultural practises, myths & misconceptions

Identifying the causes of, and helping mothers with the breastfeeding difficulties/barriers

Step 1: Introduce how to identify the causes of, and help mothers with the breastfeeding difficulties/barriers using the point below

In this session, we shall learn to identify the different causes of breastfeeding difficulties, and how to go about helping mothers on the same.

"Not Enough Milk"

Participants will discuss how "not enough milk" contributes to mothers not breastfeed successfully

Step 1: Ask participants what makes mothers think that they do not have enough milk

Step 2: List their responses on a flip chart.

Summarize the discussion using the notes below

"Not Enough Milk"

- One of the most common reasons for a mother to stop breastfeeding is that she thinks she does not have enough milk.
- Usually, even when a mother thinks that she does not have enough breast milk, her baby is, in fact, getting all that he needs.
- Almost all mothers can produce enough breast milk for one, two or more babies.
- They can almost all produce more than their babies need.
- Sometimes a baby does not get enough breast milk. But it is usually because he is not suckling enough, or not suckling well (effectively). It is rarely because his mother cannot produce enough.
- So it is important to think not about how much milk a mother can produce, but about how much milk a baby is getting.

Resource notes

"Not enough milk"

- The first step in helping mothers with insufficient milk is to confirm if the baby is receiving enough breast milk or not.
- There are only two reliable signs that a baby is not receiving enough breast milk.
- For the first six months of life, a baby should gain at least 500g in weight each month. One kilogram is not necessary, and not usual.
- If a baby does not gain 500g in a month he is not gaining enough weight.
- Look at the baby's growth chart if available, weigh the baby now, and arrange to weigh him again in one week's time.
- An exclusively breastfed baby who is getting enough milk usually passes dilute urine at least 6-8 times in 24 hours.
- A baby who is not getting enough breast milk passes urine less than six times a day (often less than four times a day).
- His urine is also concentrated, and may be strong smelling and dark orange in colour.
- If a baby is having other drinks, for example water, as well as breast milk, you cannot be sure he is getting enough milk if he is passing a lot of urine.

Step 3: Ask participants to brainstorm on the reliable signs that a baby is not getting enough breast milk.

Step 4: Write their responses on a flip chart.

Summarize the discussion using the notes below

Possible signs that the baby is not getting enough breast milk

- Baby not satisfied after breastfeeds
- Baby cries often
- Very frequent breastfeeds
- Very long breastfeeds
- Baby refuses to breastfeed
- Baby has hard, dry, or green stools
- Baby has infrequent small stools
- No milk comes out when mother expresses
- Breasts did not enlarge (during pregnancy)
- Milk did not 'come in' (after delivery)

Although these signs may worry a mother, there may be other reasons for them, so they are not reliable. For example, a baby may cry often because he has colic, although he might be getting plenty of milk (we will discuss colic later in this session).

Step 5: Ask participants to turn to their hand out titled **"REASONS WHY A BABY MAY NOT GET ENOUGH BREAST MILK".**

REASONS WHY A BABY MAY NOT GET ENOUGH BREAST MILK			
BREASTFEEDING FACTORS	MOTHER: PSYCHOLOGICAL FACTORS	MOTHER: PHYSICAL CONDITION	BABY'S PHYSICAL CONDITION
Delayed start Feeding at fixed times Infrequent feeds No night feeds Short feeds Poor attachment Bottles, pacifiers Other foods Other fluids (water, teas)	• Lack of confidence • Worry, stress • Dislike of breastfeeding • Rejection of baby • Tiredness	• Contraceptive pill, diuretics • Pregnancy • Severe malnutrition • Alcohol • Smoking • Retained piece of placenta (rare) • Poor breast development	• Illness • Abnormality
THESE ARE COMMON		**THESE ARE NOT VERY COMMON**	

Step 6: Summarize the discussion using the notes below

The reasons are arranged in four columns:

- Breastfeeding factors – these are common
- Mother: psychological factors – these are common
- Mother: physical condition- are not common
- Baby's condition - are not common

- So it is not common for a mother to have a physical difficulty in producing enough breast milk.
- You should think about these uncommon reasons only if you cannot find one of the common reasons.

Step 7: Discuss the different ways to help a mother with 'not enough milk'

- We have already found out whether the baby is really getting enough breast milk or not.
- If the baby is not getting enough breast milk you need to find out why so that you can help the mother.
- If the baby is getting enough breast milk, but the mother thinks that he isn't, you need to find out why she doubts her milk supply so that you can build her confidence.
- Use your counselling skills to take a good feeding history.

Babies who are not getting enough breast milk:

- Observe the mother breastfeeding to check positioning and attachment as taught earlier.
- Use your observation skills to look for illness or physical abnormality in the mother or baby.
- Use your counselling skills to take a good feeding history and support the mother

Always remember to arrange to see the mother again soon. If possible see the mother and baby daily until the baby is gaining weight and the mother feels more confident. It may take 3-7 days for the baby to gain weight.

Babies who are getting enough milk but the mother thinks they are not:

- Use your counselling skills to take a good feeding history.
- Try to learn what may be causing the mother to doubt her milk supply.
- Get to hear the mother's ideas and feelings about her milk and pressures she may be getting from other people regarding breastfeeding.
- Observe the mother breastfeeding to check positioning and attachment as taught earlier.
- Praise the mother about good points about her breastfeeding technique and good points about her baby's development.
- Correct mistaken ideas without sounding judgemental.

Always remember to arrange to see the mother again soon. These mothers are at risk of introducing other foods and fluids and need a lot of support until their confidence is built up again.

"The Crying Baby"

Participants will brainstorm on the reasons why babies cry

> Many mothers start unnecessary foods or fluids because of their baby's crying. These additional foods and drinks often do not make a baby cry less. Sometimes a baby cries more.
> A baby who cries a lot can upset the relationship between him and his mother, and can cause tension among other members of the family

Step 1: Ask participants to brainstorm on the reasons why babies cry.

Step 2: List their responses on a flip chart

Step 3: Ask participants to turn to their hand out and read **"REASONS WHY BABIES CRY".**

Summarize using the hand out below

REASONS WHY BABIES CRY	
Illness or pain	Too many visitors
Tiredness	Dirty, hot, cold
Discomfort	Not getting enough, milk growth spurts
Hunger	Any food, sometimes cow's milk when given to the baby gives them stomach upset
Mothers food	When she eats a particular food, some substances from the food pass into her milk
Drugs mother takes	Caffeine cigarette and other drugs
Colic	The baby cries continuously at certain times of day, often in the evening. Such a baby may have a very active gut, or wind, but the cause is not clear.
"High needs" babies	Babies who love to be held & carried

Step 4: Discuss with the participants how to help mothers whose babies cry a lot using the notes below:

How to help mothers whose babies cry a lot

- As with 'not enough' milk, you have to try to find the cause of the crying so that you can help the mother. Use your counselling skills to take a good history.
- Help the mother to talk about how she feels and empathize with her..
- Try to learn about pressures from other people and what they think the cause of the crying is.
- Assess a breastfeed to check baby's position and attachment, and the length of a feed.
- Make sure the baby is not ill or in pain.
- Check the growth and refer if necessary.
- Where relevant, praise her that her baby is growing well and is happy and healthy.
- Offer to talk to the family. It is important to help reduce tensions so that the mother does not feel under pressure to give unnecessary foods in addition to breast milk.
- Demonstrate ways to carry and comfort a crying baby – holding him close, with gentle movement and pressure on his abdomen

Step 5: Ask participants to open card 11 on calming a baby with colic pains

Step 6: Take the participants through card 11 on calming a baby with colic and lets them describe the pictures here.

Summarize the discussion using the notes below

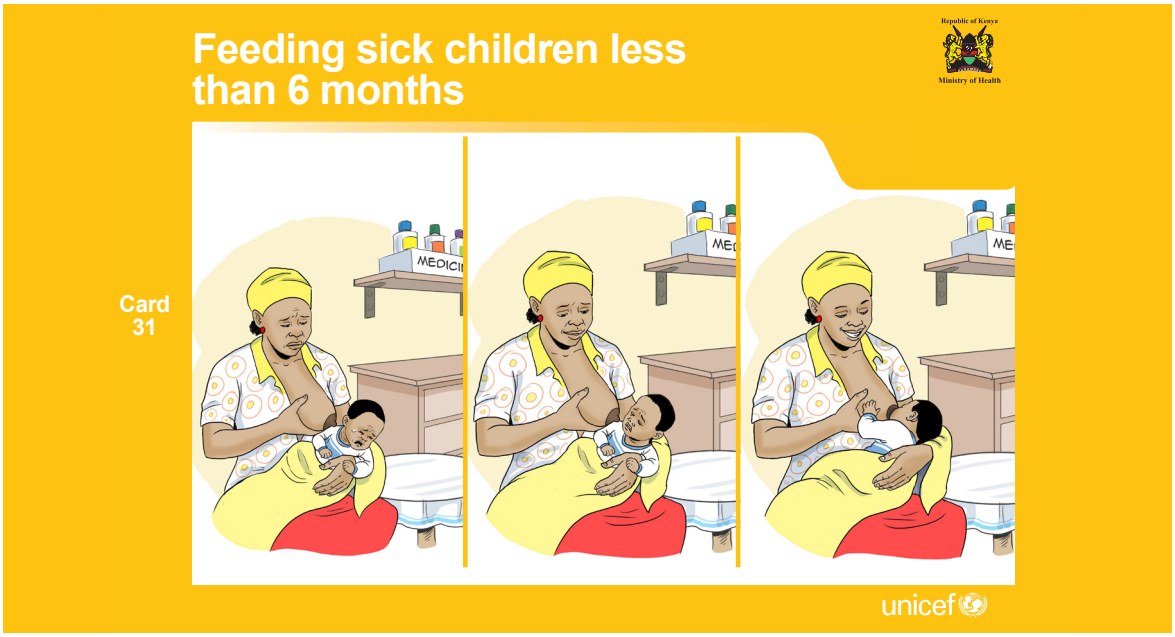
Babies are most often comforted with closeness, gentle movement, and gentle pressure on the abdomen. There are several ways to provide this.

"Refusal to Breastfeed"

Participants will learn how refusal to breastfeed is common reason for stopping breastfeeding.

For some mothers, refusal is a common reason for stopping breastfeeding. However, it need not lead to complete cessation of breastfeeding, and can often be overcome.

Step 1: Ask participants to open card 31 on "refusal to breastfeed" and say what they see



Step 2: List their responses on a flip chart

Summarize the pictures on the card using the notes below:

Refusal to Breastfeed

- Refusal can make a mother feel rejected and frustrated by the experience.
- There are different kinds of refusal.
    - Sometimes a baby attaches to the breast, but then does not suckle or swallow, or suckles very weakly.
    - Sometimes a baby cries and fights at the breast, when his mother tries to breastfeed him.
    - Sometimes a baby suckles for a minute and then comes off the breast choking or crying. He may do this several times during a single feed.
    - Sometimes a baby takes one breast, but refuses the other.
- You need to know why a baby is refusing to breastfeed, before you can help the mother and baby to enjoy breastfeeding again.

Step 3: Ask participants to turn to their handout and find **"CAUSES OF BREAST REFUSAL"** and explain the points to them.

CAUSES OF BREAST REFUSAL	
Illness, pain or sedation	• Infection • Brain damage • Pain from bruise (vacuum, forceps) • Blocked nose • Sore mouth (thrush, teething)
Difficulty with breastfeeding technique	• Use of bottles and pacifiers whilst breastfeeding • Not getting much milk (e.g. poor attachment) • Pressure on back of head while positioning • Mother shaking breast • Restricting length of feeds • Difficulty coordinating suckle
Changes which may upset baby (especially aged 3-12 months)	• Separation from mother(e.g. if mother returns to work • New baby carer or too many carers • Change in the family routine • Mother ill • Mother has breast problem e.g. mastitis • Mother menstruating • Change in smell of mother
Apparent refusal	• New-born- rooting • Age 4-8- distraction • Above one year- self weaning

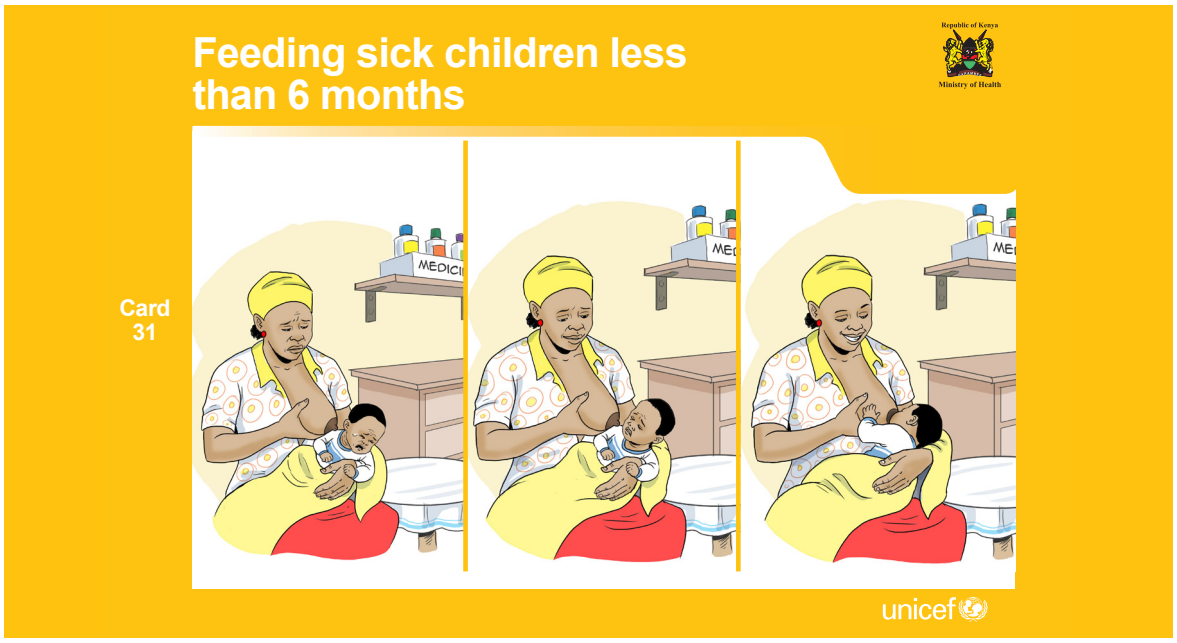
Step 4: Explain the importance of continued breastfeeding during illness using the notes below

The importance of continued breastfeeding during illness

- Breast milk contains anti-infective factors which enhance the body's ability to fight infection
- Breastfeeding provides ideal nutrition which will help in preservation of their immune system
- Continued breastfeeding helps reduce the risk of weight loss that would otherwise result from illness
- Breastfeeding is soothing and offers comfort to the sick child

Step 5: Ask participants to turn to counselling card 31 on feeding a sick child less than 6 months

Step 6: Explain that even healthy babies may also refuse to breast feed and so CHVs will need to apply the listening and learning skills and building confidence skills to help the mothers' breastfeed their babies again.



Step 7: Ask participants to brainstorm on ways to help a mother to breastfeed her baby again'

Step 8: List their responses on a flip chart

Summarize using the notes below:

Help the mother to do the following:

Keep her baby close her - no other carers

- Give plenty of skin-to-skin contact at all times, not just at feeding times
- Sleep with her baby
- Ask other people to help in other ways.

Offer her breast whenever her baby is willing to suckle

- When her baby is sleepy, or after a cup-feed
- When she feels her milk flow hormone working

Help her baby to take the breast by:

- Expressing breast milk into his mouth
- Positioning the baby so that he can attach easily to the breast – try different positions
- Avoid pressing the back of his head or shaking her breast.

Feed her baby by cup

- Give her own expressed breast milk if possible; if necessary give artificial feeds
- void using bottles, teats, pacifiers.

Common practices, myths and misconceptions related to breastfeeding
(5 Minutes)

Participants will explore how certain myths and misconceptions influence breastfeeding

Step 1: Ask participants to BUZZ in twos on the common cultural practices, myths and misconceptions related to breastfeeding in the local setup

Step 2: List responses of each buzz group on a flip chart

Summarize using the notes below

Examples of cultural practices, myths and misconceptions ;

- Giving water/herbs immediately after birth,
- Giving gripe water, glucose water, honey, giving ghee,
- No breastfeeding before naming
- Men breastfeeding from one breast
- Colostrum is believed to be spoilt milk

Step 10: Try to demystify the harmful ones while applauding and upholding the helpful ones

Activity 2

Replacement Feeding in Special circumstances **(15 Minutes)**

Participants will learn when replacement feeding is acceptable

Step 1: Ask participants to buzz in groups of threes and discuss 'What is replacement feeding? Ask them to take 3 minutes and to appoint one person to write their ideas on a note book.

Step 2: List their responses on a flip chart as group's reports on their discussion. Summarize the discussion using the definition below

Replacement feeding

- Is the process of feeding a child who is not breastfeeding with a diet that provides all the nutrients the child needs until the age at which she/he can be fully fed with complementary foods

Step 3: Ask participants, in the same buzz groups to state special circumstances that may require replacement feeding to be offered.

Step 4: Ask a different participant to report on what they wrote

Step 5: List their responses on a flip chart

Summarize the discussion using the notes below while affirming any that they brought up and adding those they did not raise.

The special circumstances include but not limited to:

- Abandoned children
- Orphaned children
- Children with special medical conditions
- Mothers with special medical conditions e.g. breast condition which may not allow expression of breast milk like cancer medication, chronic infective mastitis.

Resource notes

- In special medical circumstances determined by a clinician where an infant cannot breastfeed the caretaker/mother should use exclusive replacement feeding for the first 6 months with appropriate complementary feeds introduced thereafter.
- Mixed feeding should completely be avoided.

Step 6: Explain the Conditions needed for safe replacement feeding

Conditions needed for safe replacement feeding

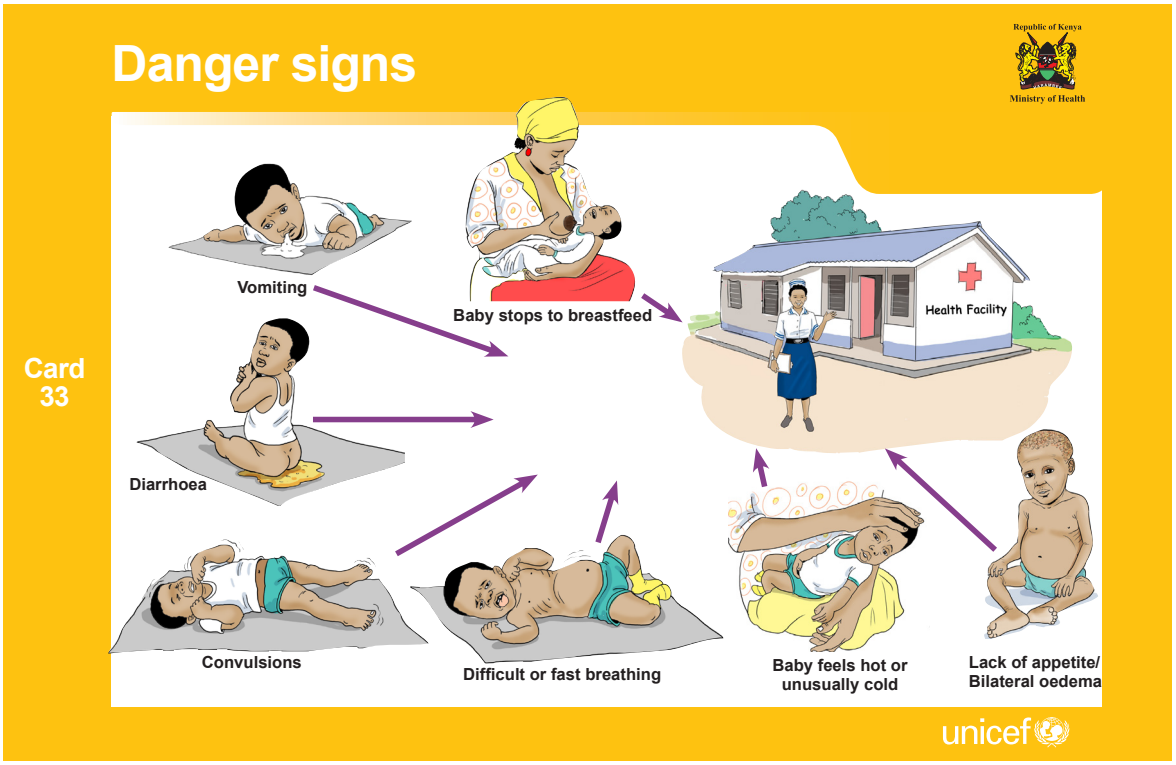
- Safe water and sanitation are ensured at household level and in the community
- The mother and other care givers can reliably provide sufficient infant formula milk to support normal growth and development
- The mother or care giver can prepare it cleanly and frequent enough so that it is safe and carries a low risk of diarrhea and malnutrition
- The mother or care giver can, in the first six months, exclusively give infant formula milk

Activity 3

Danger Signs **(10 Minutes)**

Participants will be taken through signs to note when a baby requires attention of a trained health care worker.

Step 1: Ask participants to open card 33 and identify the danger signs listed.



Step 2: List their responses on a flip chart

Summarize the common danger signs using the notes below:

Danger signs and the action to take

Take your child immediately to a trained health care worker or clinic if any of the following symptoms are present:

- Refusal to feed and excessive weakness
- Vomiting (cannot retain anything
- Diarrhoea (more than 3 loose stools a day for two days or more, and/ or blood in the stool).
- Convulsion (rapid and repeated contractions of the body, shaking)
- Difficult or fast breathing
- Fever (possible risk of malaria)
- Malnutrition (visible wasting or swelling of the body)

Summarize session (3 minutes)

Ask participants if their have any questions or seek clarification.

Session 7

Expressing Breast Milk and Cup Feeding

Participants will learn when and how to express and give breast milk to a baby

Objectives:

By the end of the unit, the participants will be able to:

1. List the situations when expressing breast milk is useful
2. Demonstrate how to stimulate the milk let down (oxytocin) reflex
3. Describe how to express Breast milk
4. Describe how to handle breastmilk (Hygiene, storage, warming)
5. List the advantages of cup-feeding and disadvantages of bottle feeding
6. Demonstrate how to cup-feed safely

Duration:

Methodologies: Group work, discussion, demonstration, Brainstorming, questions and answers

Material: Flip charts, marker pens , masking tape, colored manila paper, manilla cards, MIYCN counselling cards, baby doll, breast model, cup, breast pump, measuring jug

Session Plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction	Facilitative lecture	Flip chart, marker pens
10 minutes	Situation for expressing breast milk	Brainstorming, facilitative lecture	Flip chart , marker pens
10 minutes	Stimulation of the milk let down reflex	Brainstorming, facilitative lecture	Flip charts, marker pens,
15 minutes	Expressing breast milk	Demonstration, facilitative lecture	Flip chart , marker pens, handout on expressing breastmilk
5 minutes	Storage and warming breast milk	Brainstorming, facilitative, lecture	Flip chart , marker pens, counseling cards
8 Minutes	Cup Feeding	Brainstorming, facilitative lecture	Flip chart, marker pens
7 Minutes	Demonstrate on how to cup-feed	Demonstration, facilitative lecture	Baby doll, cup, measuring jug
3 Minutes	Session summary	Question and Answer	

Activity 1

Situations for expressing breast milk **(10 Minutes)**

Expressing breast milk is useful and important to enable a mother to initiate or to continue breastfeeding in many situations

Expressing breast milk is helpful in a number of situations. Difficulties can arise, but they are often due to poor technique.

Step 1: Ask participants to brainstorm on the situations useful for a mother to express her breast milk

Step 2: List their responses on a flip chart

Summarize using the note below

Expressing Breast milk is useful to:

- Leave breast milk for the baby when the mother goes to work
    - Expressing breast milk while you are away from your baby will help maintain milk flow and prevent breast conditions.
    - You should express as often as your baby would breastfeed (every 2-3 hours)
- Feed a low birth weight baby who cannot breast feed
- Feed a sick baby who cannot feed from the breast
- Keep up milk supply of breast milk when mother or baby is ill
- Ease breasts when they are too full
- Prevent a lot of leakage when mother is away from baby
- Help a baby to attach to a full breast
- Help with breast conditions e.g. engorgement

Activity 2

Stimulation of the milk let down reflex **(10 Minutes)**

Participants will learn though observation how the milk let down hormone is stimulated.

Encourage participants to remember what they learnt about how breastfeeding works.

Step 1: Ask participants to brainstorm why is it helpful to stimulate a mother's oxytocin reflex before she expresses milk

Step 2: List their responses on a flip chart

Summarize using the notes below

How to stimulate the milk let down reflex

- It is important that the milk let down reflex works to make the milk flow from her breasts.
- The milk let down reflex may not work as well when a mother expresses as it does when a baby suckles. A mother needs to know how to help her oxytocin reflex, or she may find it difficult to express her milk.

Help the mother psychologically:

- Build her confidence
- Try to reduce any sources of pain or anxiety
- Help her to have good thoughts and feelings about the baby.

Help the mother practically. Help or advise her to:

Sit quietly and privately or with a supportive friend.
Some mothers can express easily in a group of other mothers who are also expressing for their babies.

Hold her baby with skin-to-skin contact if possible.
She can hold her baby on her lap while she expresses. If this is not possible, she can look at the baby. If this is not possible, sometimes even looking at a photograph of her baby helps.

Warm her breasts.
For example, she can apply a warm compress, or warm water, or have a warm shower. Warn her that she should test the temperature to avoid burning herself.

Stimulate her nipples.
She can gently pull or roll her nipples with her fingers.

Massage or stroke her breasts lightly.
Some women find that it helps if they stroke the breast gently with fingertips. Some women find that it helps to gently roll their closed fist over the breast towards the nipple.

Ask a helper to rub her back.

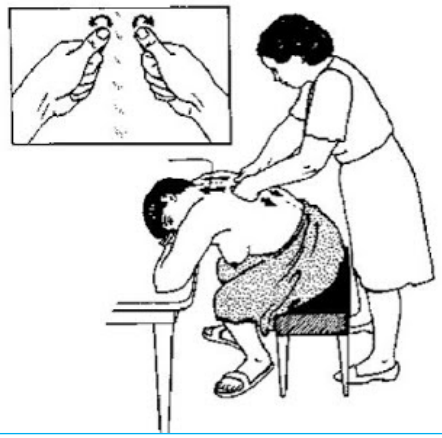
Step 3: Ask participants to turn to handout on **'STIMULATING THE MILK FLOW HORMONE'** and do the demonstration using the notes and illustration below.

Step 4: Ask one participant to volunteer for the demonstration.

Demonstration - How to stimulate the milk flow hormone'

- Ask the participant who has volunteered to sit down as she leans forward on a table and have the facilitator stand behind him/her
- The facilitator performs the rubbing demonstration on a volunteer participant
- Provide step by step process to participants
- She remains clothed , but explain that with a mother it is important for the breasts and her back to be naked
- Make sure that the chair is far enough away from the table for her breast to hang free. Explain what you will do and ask her permission to do it.
    - Rub both sides of her spine with your thumbs, making small circular movements, from her neck to her shoulders blades, and back again(see slide the figure above)
- Ask her how she feels, and if it makes her feel relaxed.

How to stimulate milk flow hormone



Step 5: Ask participants to work in pairs and briefly practice the technique of rubbing a mother's back.

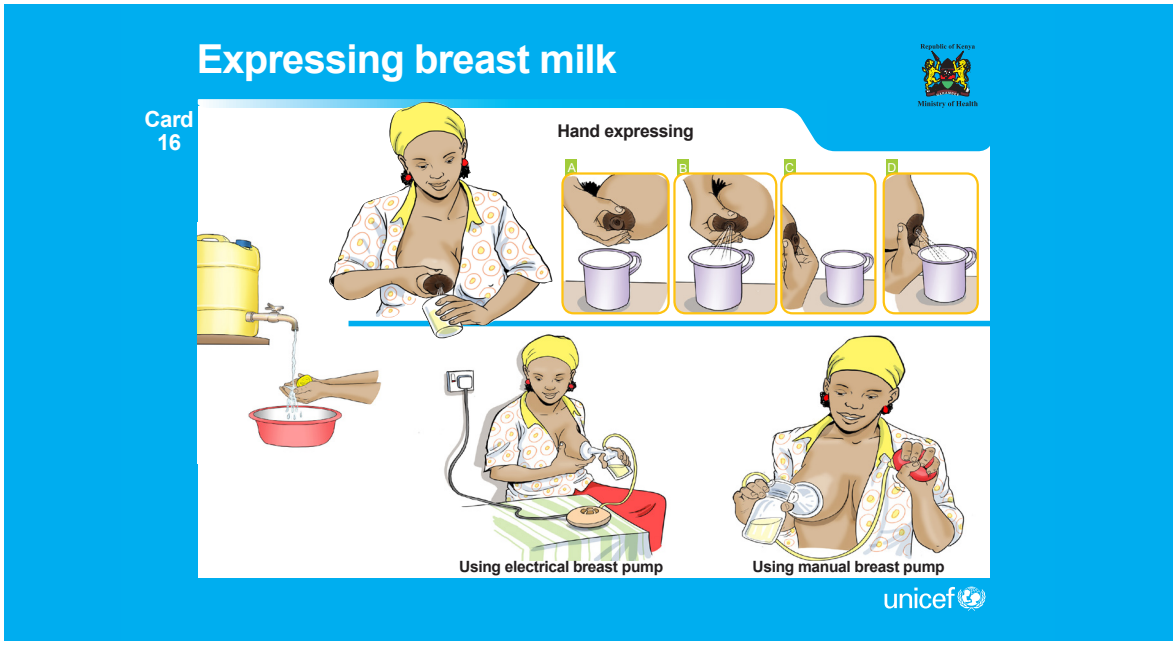
Activity 3

Expressing breast milk **(15 minutes)**

Participants will be taught on how to express breast milk

All mothers should learn how to express their milk, to enable them know what to do if the need arises. Certainly all those who care for breastfeeding mothers should be able to teach mothers how to express their milk.

Step 1: Ask participants to open card number 16 and say what they see



Step 2: List their responses on a flip chart
Summarize using the notes below

Expressing breast milk

- There are different ways of expressing breast milk: hand expression and pump expression (manual or electrical)
- Hand expression is the most useful way to express milk. It needs no appliance, so a mother can do it anywhere, at any time.
- It is less likely to carry infections as compares to a pump, and is more readily available.
- It is important for mothers to learn to express their milk by hand, and not to think that a pump is necessary.
- To express milk effectively, it is helpful to stimulate the oxytocin reflex.
- A mother should express her own breast milk. The breasts are easily hurt if another person tries.
- Explain how to prepare a container for the expressed breast milk (EBM).
    - Choose a cup, glass, jug or jar with a wide mouth.
    - Wash the cup in soap and water (She can do this the day before).
    - Pour boiling water into the cup, and leave it for a few minutes. Boiling water will kill most of the germs.
- When ready to express milk, pour the water out of the cup.
- Do this demonstration quickly. Do not let it take a long time.
- Show participants some of the containers to hold the expressed breast milk that you have collected.

The techniques of expressing breastmilk by hand expression

Technique of expressing breast milk

- Wash hands thoroughly
- Prepare a sterile/clean container
- Sit or stand comfortably, and hold the container near her breast
- Gently massage breasts in a circular motion with her fingers
- Position thumb on the upper edge of the areola and the first two fingers on the underside of the breast behind the areola
- Press behind the nipple and areola between the finger and thumb
- Press her thumb and first finger slightly inwards towards the chest wall.
- She should avoid pressing too far or she may block the milk ducts.
- She should press on the larger duct beneath the areola.
- Sometimes in a breastfeeding breast it is possible to feel the ducts they are like pods or peanuts if she can feel the she can press on them.
- Compress/press release, press release. This should not hurt if it hurts the technique is wrong. At first milk may not come but after pressing a few times milk starts to drip out.
- It may flow in streams if the oxytocin reflex is active
- Some mothers find that pressing in towards the chest wall at the same time as compressing helps the milk to flow.

- Compress and release the breast with the fingers and the thumb a few times
- Press from all the sides to empty all segments/parts
- If no milk is expressed, move thumb and fingers towards or further away from the nipple and try again
- Repeat compressing and releasing rhythmically
- Rotate the thumb and finger positions to remove milk from other parts of the breast
- Avoid squeezing the breast, pulling out the nipple and breast, and sliding the finger along the skin
- Use the following rhythm: position, push, press; position, push, press.

Step 1: Ask two participants to volunteer and demonstrate on how to express breast milk using hand

Step2: Give the two participants a model of breast earlier made

Step 3: Ask participants to practice the technique learnt above

Step 4: Ask them to practice the rolling action of the fingers on a model breast or on their arms. Step 5: Ask them to make sure that they avoid pinching. Participants to demonstrate at a time

Show video (optional)

Step 6: Debrief the video and summarize the key concepts

Expressing breast milk using a Manual Pump or Electric Pump

- You can also use a manual or electric pump as long as it is comfortable for you
- A pump is easier to use when the breasts are full. It is not so easy to use when the breasts are soft.
- If breasts are engorged and painful, it is sometimes difficult to express milk by hand.
- It can be helpful to express with a pump.
- If breast pumps are available in your setting, you can demonstrate them here.

How often to express breast milk

Step 1: Ask participants to brainstorm on how often should a mother express her breast milk

Step 2: List their responses on a flip chart.

Summarize using the notes below

How often to express breast milk

- It depends on the reason for expressing the milk, but usually it should be done as often as the baby would breastfeed.

To establish lactation/feed a low-birth-weight (LBW) or sick new-born

- The mother should start to express milk on the first day, as soon as possible after delivery.
- She may only express a few drops of colostrum at first, but it helps breast milk production to begin, in the same way that a baby suckling soon after delivery helps breast milk production to begin.
- She should express as much as she can as often as her baby would breastfeed. This should be at least every three hours, including during the night. If she expresses only a few times, or if there are long intervals between expressions, she may not be able to produce enough milk.

To keep up her milk supply to feed a sick baby

- She should express at least every three hours.

To build up her milk supply, if it seems to be decreasing after a few weeks

- Express very often for a few days (every 2 hours or even every hour), and at least every three hours during the night.

To leave milk for a baby while she is out at work

- Express as much milk as possible before she goes to work, to leave for her baby to take while she is away. It is also very important to express while at work to help keep up her supply.

To relieve symptoms, such as engorgement, or leaking

Express only as much milk as is necessary.

Activity 4

Storage and warming breast milk **(5 Minutes)**

Participants will learn how to handle (hygiene, storage and warming) of breastmilk

Proper storage and warming of expressed breast milk will maintain its quality

Step 1: Ask participants to open counseling card number 17, and say what they see

List their responses on a flip chart
Summarize using the notes below

Storage and warming of breast milk	
Storage	**Warming**
• Ensure proper hygiene • Keep the milk covered • Before refrigeration, ensure proper labelling so that the first to be put in will be used first • You can store expressed breast milk for about ; • 8 hours - room temperature • 24 hours - refrigerator, • 2 weeks - freezer compartment with one door • 3-6 months - freezer compartment with separate doors • 6-12 months - deep freezer	• Ensure proper hygiene. • Boil water • Place the expressed milk in the boiled water. • Allow the milk to rest for some time until it is at the right temperature for your baby

Activity 5

Cup Feeding **(8 Minutes)**

Participants will discuss the advantages of, and how to do cup feeding through a demonstration.

> Participants should know why cup –feeding is safer than bottle-feeding
> Cup feeding may not be familiar to a mother. You will need to help her with the technique and give her support so she is confident to feed her baby at home.

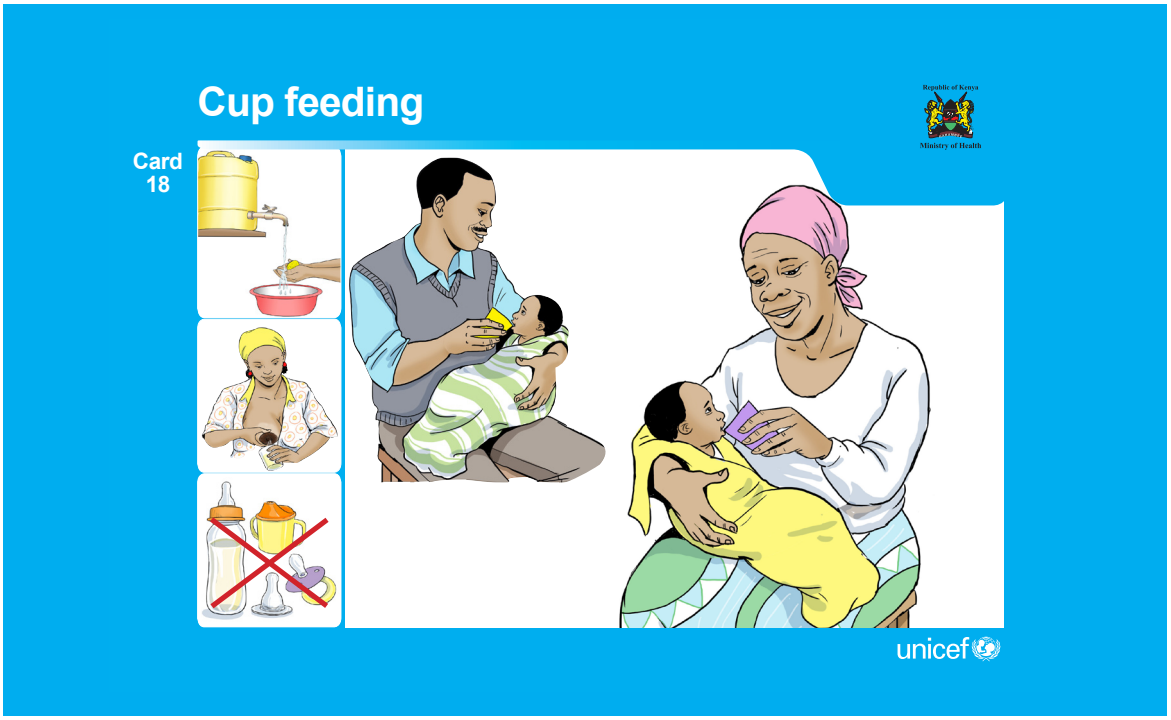
Step 1: Ask participants to brainstorm why cups are safer and better than bottles for feeding a baby

Step 2: List their responses on a flip chart.
Summarize using the notes below

Advantages of cup feeding

- Cups are easy to clean with soap and water, if boiling is not possible.
- Cups are less likely than bottles to be carried around for a long time giving bacteria time to breed.
- It is associated with less risk of diarrhoea, ear infections and tooth decay.
- A cup cannot be left beside a baby, for the baby to feed himself. The person who feeds a baby by cup has to hold the baby and look at him, and give him some of the contact that he needs.
- A cup does not interfere with suckling at the breast
- A cup enables a baby to control his own intake.

Step 3: Ask participants to open counselling card 18 and say what they see



How to feed a baby by cup (7 Minutes)

Step 4: List their responses on a flip chart
Summarize their ideas using the notes below

How to feed a baby by cup

- Wash your hands.
- Hold the baby-sitting upright or semi-upright on your lap.
- Place the estimated amount of milk for one feed into the cup.
- Hold the small cup of milk to the baby's lips.
    - Tip the cup so that the milk just reaches the baby's lips.
    - The cup rests lightly on the baby's lower lip, and the edges of the cup touch the outer part of the baby's upper lip.
- The baby becomes alert, and opens his mouth and eyes.
    - A low-birth-weight (LBW) baby starts to take the milk into his mouth with his tongue.
    - A full term or older baby sucks the milk, spilling some of it.
- Do not pour the milk into the baby's mouth. Just hold the cup to his lips and let him take it himself (sipping or lapping).
- When the baby has had enough, he closes his mouth and will not take any more. If he has not taken the calculated amount, he may take more next time, or you may need to feed him more often.
- Measure his intake over 24 hours - not just at each feed.

Step 5: Carry out a demonstration on cup feeding

Step 6: Ask 2 volunteer participants to do a return demonstration, one at a time as you make corrections as necessary

Disadvantages of bottle-feeding

Disadvantages of bottle feeding

- Increased risk of infection
- Reduced duration of breastfeeding
- Decreased frequency or effectiveness of suckling
- Some infants have difficulty attaching to the breast if fed by bottle
- Delays milk production
- Reduced milk supply

Summarize session (3 minutes)

Ask participants if they have any questions, or seek clarification as may be necessary.

Session 8

Breast Conditions Related to Breastfeeding

Participants will learn more about breast conditions related to breastfeeding and how to manage them

Objectives

After completing this session, participants will be able to recognize and manage common breast conditions including:

1. Flat and inverted nipples
2. Full and engorged breast
3. Blocked ducts and mastitis
4. Sore nipple and nipple fissures
5. Candida infection

Duration: 55 Minutes

Methodologies: Facilitative lecture, role plays, discussion, demonstrations, brainstorming and Q&A

Material: Flip charts, marker pens, masking tape, 20 cc syringe, surgical blade or knife, breast model, counselling card 19 *(breast conditions related to breastfeeding)*

Duration	Topics	Methodology	Materials
2 minutes	Session introduction	Facilitative lecture	Flip chart, marker pens
50 minutes	Breast conditions related to breastfeeding.	Discussions, illustrations demonstration, interactive lecture	Handout , counselling card 19
3 minutes	Session summary	Questions and answers	

Activity 1

Introduction to breast conditions related to breastfeeding (5 minutes)

Participants will discuss the breast conditions related to breastfeeding and how to manage them, using demonstrations and illustrations

- Diagnosis and management of common breast conditions are important both to relieve the mother of pain and discomfort and to enable breastfeeding to continue.
- Treatment differs for some breast conditions e.g. if the mother is HIV-infected. There are different shapes and sizes of breasts for different mothers.
- No matter the shape or size of the breasts, they are all normal, and they can all produce enough of milk for a baby – or two or even three babies.
- Many mothers worry about the size of their breasts.
- Mothers with small breasts often worry that they cannot produce enough milk.

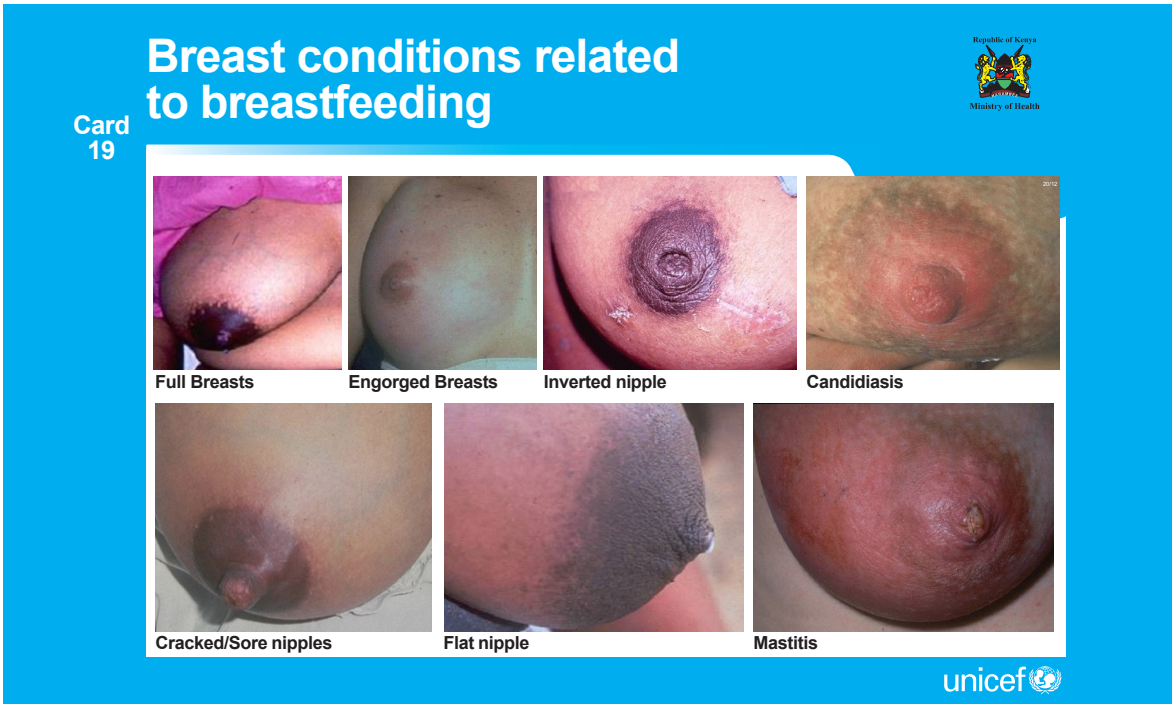
Step 1: Ask participants to brainstorm on some factors that affect breastfeeding

Step 2: List their responses on a flip chart

Summarize their ideas using the notes below

- Differences in the sizes of breasts are mostly due to the amount of fat, and not the amount of tissue that produces milk.
- It is important to reassure women that they can produce enough milk, whatever the size of their breasts.
- The nipples and the dark areas are different shapes and sizes too.
- Sometimes the shape of a nipple may make it difficult for a baby to get well attached to the breast.
- Such a mother may need extra help at first to make sure that her baby can breastfeed well.
- However, babies can breastfeed quite well from breasts of any size, with almost any shape of nipple.

Step 1: Ask participants to refer to the counselling card 19 picture of a "flat nipple" and describe how it may affect breastfeeding.



Flat nipples

Step 2: List their responses on a flip chart

Summarize using the notes below

- A baby does not suck from the nipple. He takes the nipple and the dark area around it (areola) into his mouth to form a 'teat'.
- Soon after delivery, the nipple stretches easily making it easy for her baby to stretch it to form a 'teat' in his mouth.
- Therefore a baby is able to suckle from a breast with flat nipple with no difficulty.

Inverted nipples

Step 1: Ask participants to refer to the counselling card 19 no. picture "Inverted nipple" and ask them to observe the illustration

Step 2: Ask participants to brainstorm on how the breast in the illustration may affect breastfeeding

Step 3: List their responses on a flip chart

Summarize using the notes below

- An inverted nipple does not stretch like the flat nipple.
- When a mother tries to pull out, the nipple goes inward instead of coming out
- This makes it difficult for a baby to be well attached and so milk removal is not effective
- This often leads to abscesses which have to be removed through a surgical procedure thus scarring the breast tissue
- Fortunately, inverted nipples are not very common.
- With skilled help, a mother with inverted nipple (s) can be supported to breastfeed successfully.

Management of flat and inverted nipples

Step 4: Refer participants to the counselling card on management of flat and inverted nipples

- **Antenatal treatment**
  - Antenatal treatment like stretching nipples or wearing nipple shells is not helpful as most nipples improve around the time of delivery without any treatment.
  - Help is most important soon after delivery, when the baby starts breastfeeding.
- **Build the mother's confidence (use skills learnt earlier)**
  - It may be difficult to feed from flat and inverted nipples at the beginning, but with patience and persistence she can succeed.
  - Her breasts will improve and become softer in a week or two after delivery.
  - A baby suckles from the breast - not from the nipple. Her baby needs to take a large mouthful of breast.
  - As her baby breastfeeds, they will stretch her nipple out.
  - Encourage her to give plenty of skin-to-skin contact, and to let her baby explore her breasts.
- **Let him try to attach to the breast on his own, whenever he is interested as some babies learn best by themselves**
- **Help the mother to position her baby**
  - If a baby does not attach well by himself, help his mother to position him so that he can attach better.

- Give her this help early, in the first day, before her breast milk starts to flow and her breasts are too full.
- Mothers should try different positons to establish which one is best for their baby.
- Sometimes making the nipple stand out before a feed helps a baby to attach.
- Sometimes shaping the breast makes it easier for a baby to attach. To shape her breast, a mother supports it from underneath with her fingers, and presses the top of the breast gently with her thumb.

- **If a baby cannot breastfeed properly in the first week or two, help his mother to try the following:**
  - Express her milk and feed it to her baby with a cup. This way, the breasts become soft so that it is easier for the baby to attach to the breast
  - She should not use a bottle, because that makes it more difficult for her baby to take her breast.
  - Alternatively she could express/squeeze a little milk directly into her baby's mouth.

Resource notes

- Antenatal treatment is not helpful, for example stretching nipples. Most nipples improve around the time of delivery without any treatment. Help is most important soon after delivery when the baby starts breastfeeding.
- It is important to build the mother's confidence. Explain that with patience and persistence she can succeed. Explain that her breasts will become softer in the week or two after delivery, and that the baby suckles from the breast and not from the nipple. Encourage her to practice plenty of skin-to-skin contact
- If a baby does not attach well by himself, help his mother to position him so that he can attach better. Give her this help early, in the first day, before her breast milk 'comes in' and her breasts are full. Sometimes putting a baby to the breast in a different position makes it easier for him to attach, for example the underarm position.
- If a baby cannot suckle effectively in the first week or two, help his mother to try to express her milk and feed it to her baby by cup.
- Expressing milk also helps to keep the breasts soft, so that it is easier for the baby to attach.
- Expressing milk also helps to keep up the supply of milk. She should not use a bottle because that makes it more difficult for her baby to take her breast.

The syringe method for managing inverted nipples.

Step 1: Ask participants to look at the handout - preparation of the syringe for managing inverted nipples

Step 2: Ask participants to take turns to read the key points below

Step 3: Explain and clarify any issues arising as participants read

Preparation of the syringe for managing inverted nipples

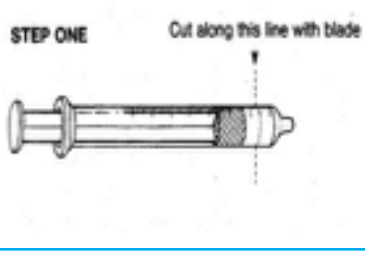
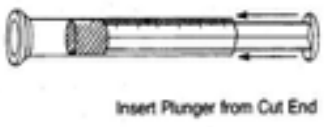
Show participants the 20 ml syringe that you have prepared, and explain how you cut off the adaptor end of the barrel.

- Put the plunger into the cut end of the barrel (that is, the reverse of its usual position).
- Use a model breast, and put the smooth end of the barrel over the nipple. Pull out the plunger to create suction on the nipple.
- Explain use of the syringe for treating inverted nipples after delivery, and to help a baby to attach to the breast.
- Explain that the mother must use the syringe herself.
- Explain how to teach the mother to use the syringe:
    - Put the smooth end of the syringe over her nipple, as you demonstrated
    - Gently pull the plunger to maintain steady but gentle pressure
    - Do this for 30 seconds to 1 minute, several times a day
    - Push the plunger back to decrease the suction, if she feels pain.

This prevents damaging the skin of the nipple and areola.
A mother should use the syringe to make her nipple stretch every time just before she starts to breastfeed.

Demonstrate preparation and use of a syringe for management of inverted nipples

Step 4: Ask participants to open the handout and find **'PREPARING AND USING A SYRINGE'**

Step 1	Step 2	Step 3
		

Full and engorged breasts

Step 1: Ask participants to refer to the counselling card no.19 on "full and engorged breasts" and say what they see:

Step 2: List their responses on a flip chart

Summarize using the notes below for picture 1 and 2

- The mother in picture 1 has full breasts.
- This is a few days after delivery, and her milk has started flowing. Her breasts feel hot, heavy and hard.
- However, her milk is flowing well and milk is coming out from her breasts.
- This is normal fullness. Sometimes full breasts feel quite lumpy.
- The only treatment that she needs is for her baby to breastfeed frequently, to remove the milk.
- The heaviness, hardness, or lumpiness decreases after a feed, and the breasts feel softer and more comfortable.
- In a few days, her breasts will adjust to the baby's needs, and they will feel less full.
- The mother in picture 2 has engorged breasts.
- Engorgement means that the breasts are too full, partly with milk, and partly with increased tissue fluid and blood, which interferes with the flow of milk.
- The breasts in this picture look shiny, because it is oedematous. Her breasts feel painful, and her milk does not flow well.
- The nipple appears flat, because the skin is stretched tight
- When a nipple is stretched tight and flat like this, it is difficult for a baby to attach to it, and to remove the milk.
- Sometimes when breasts are engorged, the skin looks red, and the mother has a fever. This may make you think that she has mastitis. However, the fever usually settles in 24 hours.

Step 3: Ask participants to turn to their handouts and find the box titled **SUMMARY OF DIFFERENCES BETWEEN FULL AND ENGORGED BREASTS.**

Step 4: Read out the points in the column entitled 'Full breasts' and in the column entitled 'Engorged breasts'.

SUMMARY OF DIFFERENCES BETWEEN FULL AND ENGORGED BREASTS	
Full Breasts	**Engorged Breasts**
Hot	Painful
Heavy	Oedematous
Hard	Tight, especially nipple
Milk flowing	Shiny
No fever	May look red
	Milk NOT flowing
	Fever may occur within 24 hours

Step 5: Ask participants to brainstorm reasons why breasts may become engorged and write their responses on a flip chart

Step 6: List their responses on a flip chart

Summarize using the notes below

- Delay in starting breastfeeding after birth
- Poor attachment to the breast so breast milk is not removed effectively
- Infrequent removal of milk – for example, if breastfeeding is not on demand
- Restricting the length of breast feeds

  Engorgement can be prevented by breastfeeding the babies as soon as possible after delivery; making sure that the baby is well positioned and attached to the breast; and encouraging unrestricted breastfeeding
- Expressing when breasts are very full and baby can't finish so that milk does not then build up in the breast.

Step 7: Ask participants to turn to their handouts and find the box **'MANAGEMENT OF BREAST ENGORGEMENT'.**

Step 8: Read out the points below and briefly explains

MANAGEMENT OF BREAST ENGORGEMENT

- Do not 'rest' the breast. To treat engorgement it is essential to remove milk. If milk is not removed, an abscess may form and breast milk production decreases.
- The best way to remove milk is to breastfeed frequently. Help the mother to position and attach her baby well.
- If baby is not able to suckle help his mother to express her milk. Sometimes it is only necessary to express a little milk to make the breast soft enough for the baby to breastfeed.
- Some things that you or the mother can do to help milk to flow are:
- Put a warm compress on her breasts
- Massage her back and neck
- Massage her breast lightly
- Stimulate her breast and nipple skin
- Help her to relax
- After a feed, put a cold compress on her breasts. This will help to reduce oedema.
- Build the mother's confidence. Explain that she will soon be able to breastfeed comfortably again.

ENGORGEMENT IN A MOTHER WHO IS STOPPING BREASTFEEDING

- Engorgement may occur in a mother who stops breastfeeding abruptly.
- When breasts are too full, a mother should only express little milk to relieve the discomfort.
- Medicines to reduce the milk supply are not recommended. However, a pain killer may be used to help the discomfort while the mother's milk supply is decreasing.

Mastitis

Step 1: Ask participants to turn to counselling card no.19 and find the picture on "Mastitis" and say what they see

Step 2: List their responses on a flip chart

Summarize the using the notes below

- In this condition, part of the breast looks red and swollen. There is a crack on the tip of the nipple.
- The woman has severe pain, and hotness of the body, and she feels ill.
- Part of the breast is swollen and hard, with redness of the overlying skin.
- Unlike full breasts which affects the whole breast, and often both breasts, Mastitis affects part of the breast, and usually only one breast.

Blocked ducts

Step 3: Describe the signs and symptoms of blocked ducts and mastitis.

Lump	**If not managed, progresses to**	Hard area
Tenderness		Feels pain
localised redness		Red area
No fever		Fever
Feels well		Feels ill

- Failure to identify and manage most breast conditions may develop in an engorged breast, or due to unmanaged blocked duct.
- A blocked duct occurs when the milk is not removed from part of a breast. Sometimes this is because the duct to that part of the breast is blocked by thickened milk stasis
- The symptoms are a lump that is tender and often redness of the skin over the lump. The woman has no fever and feels well.
- When milk stays in part of a breast, because of a blocked duct, or because of engorgement, it is called milk stasis. If the milk is not removed, it can cause inflammation of the breast tissue, which is called non-infective mastitis.
- Sometimes a breast becomes infected with bacteria, and this is called infective mastitis.
- It is not possible to tell from the symptoms alone if mastitis is non-infective or infective. If the symptoms are all severe, however, the woman is more likely to need treatment with antibiotics.

Step 4: Discuss the causes of blocked ducts and mastitis

Causes of blocked duct and mastitis

- The main cause of a blocked duct is poor drainage of all or part of a breast
- Poor drainage of the whole breast may be due to infrequent breastfeeds or or poor positioning and attachment
- Infrequent breastfeeds may occur when a mother is very busy, when a baby starts feeding less often e.g sleep all night, or because of a changed feeding pattern for another reason, for example the mother returning to work.
- Poor drainage of part of the breast may be due to ineffective suckling, pressure from tight clothes, especially a bra worn at night, or pressure of the mother's fingers which can block milk flow during a breastfeed.
- Remember that if a baby is poorly attached and positioned and is suckling at the breast, this may cause a nipple fissure which provides a way for bacteria to enter the breast tissue and may lead to mastitis.

Treatment of blocked duct and mastitis

- The most important part of treatment is to improve the flow of milk from the affected part of the breast.
- Look for a cause of poor drainage and correct it.
- Look for poor attachment, pressure from clothes (particularly a tight bra) and notice what the mother does with her fingers e.g. scissor-hold as she breastfeeds. Does she hold the areola and possibly block milk flow?
- Whether or not you find a cause, there are several suggestions to offer to the mother.
    - Breastfeed frequently. The best way is to rest with her baby, so that she can respond to him and feed him whenever he is willing.
    - Gently massage the breast while her baby is suckling. Show her how to massage over the blocked area right down to the nipple. This helps to remove the block from the duct. She may notice that a plug of thick material comes out with her milk. This is safe for the baby to swallow.
    - Apply warm compresses to her breast between feeds.
- Sometimes it is helpful to start the feed on the unaffected breast. This may help if pain seems to be preventing the oxytocin reflex. Change to the affected breast after the reflex starts working. Try feeding the baby in different positions.
- Sometimes a mother is unwilling to feed her baby from the affected breast, especially if it is very painful. In these situations it is necessary to express the milk. If the milk stays in the breast, an abscess is more likely to develop.
- Usually blocked duct or mastitis heals faster when drainage to that part of the breast improves.

- However, a mother needs additional treatment if there are any of the following: severe symptoms when you first see her, or a fissure through which bacteria may enter, or no improvement after 24 hours of improved drainage.

Resource Notes

- In a woman who is HIV-infected, mastitis or nipple fissure (especially if bleeding or oozing) may increase the risk of HIV transmission. Therefore, the recommendation to increase the frequency and duration of feeds in mastitis is not appropriate for these women.
- If an HIV-infected woman develops mastitis or a fissure she should avoid breastfeeding from the affected side while the condition persists. It is the same if she develops an abscess.
- She must express milk from the affected breast, to ensure adequate removal of milk. This is essential to prevent the condition becoming worse, to help the breast recover, and to maintain milk production. The health worker should help her to ensure that she is able to express milk effectively.
- If only one breast is affected, the infant can feed from the unaffected side, feeding more often and for longer to increase milk production. Most infants get enough milk from one breast. The infant can feed from the affected breast again when it has recovered.
- If both breasts are affected, she will not be able to feed from either side. The mother will need to express her milk from both breasts. Breastfeeding can resume when the breasts have recovered as long as the mother is on HAART.
- The health worker will need to discuss other feeding options for her to give meanwhile. The mother may decide to heat-treat her expressed milk, or to give home-prepared or commercial formula. The infant should be fed by cup.
- Give antibiotics for 10-14 days to avoid relapse. Give pain relief and suggest rest as in the HIV-uninfected woman.

Nipple fissure

Step 1: Ask participants to turn to counselling card 19 and find pictures on nipple cracks. Encourage participants to think systematically through the 4 key points of positioning and attachment.

Step 2: Ask participants to say what they notice about the baby's position and attachment

Step 3: List their responses on a flip chart

Summarize using the notes below

- The baby is poorly positioned.
- His body is twisted away from his mother so his head and body are not in line.
- His body is not held close to his mother's.
- His body is unsupported.
- He is poorly attached
- There is more areola seen above baby's top lip.
- His mouth is closed, and his lips are pointing forwards. His lower lip is pointing forward.
- His chin is not touching the breast.
- This poor attachment may have caused both the breast engorgement and the fissure.
- The most common cause of sore nipples is poor attachment.

Resource notes

- If a baby is poorly attached, he pulls the nipple in and out as he sucks, and rubs the skin of the breast against his mouth. This is very painful for his mother.
- At first there is no fissure. The nipple may look normal; or it may look squashed with a line across the tip when the baby releases the breast. If the baby continues to suckle in this way, it damages the nipple skin, and causes a fissure.
- If a woman has sore nipples:
    - Suggest to the mother not to wash her breasts more than once a day, and not to use soap or rub hard with a towel. Washing removes natural oils from the skin and makes soreness more likely.
    - Suggest to the mother not to use medicated lotions and ointments, because these can irritate the skin, and there is no evidence that they are helpful.
    - Suggest that after breastfeeding she rubs a little expressed breast milk over the nipple and areola with her finger. This promotes healing.

Fungal/Candida infection

Step 1: Ask participants to refer to counselling card 19 on candidiasis infection and buzz in twos and list what they see

Step 2: Write their responses on a flip chart

Summarize using the notes below

- Candida infection also known as thrush makes the mother have sore and itchy nipples. There is a shiny red area of skin on the nipple and areola. .
- Candida infections often follow the use of antibiotics to treat mastitis, or other infections.

- Some mothers report that burning or stinging continues after a feed.
- Sometimes the pain shoots deep into the breast. A mother may say that it feels as though needles are being driven into her breast.
- The skin may look red, shiny and flaky. The nipple and areola may lose some of their pigmentation. Sometimes the nipple looks normal.
- Suspect Candida if sore nipples persist, even when the baby's attachment is good. Check the baby for thrush. He may have white patches inside his cheeks or on his tongue, or he may have a rash on his bottom.
- Treat both mother and baby with nystatin.
- Advise the mother to stop using pacifiers (dummies). Help her to stop using teats, and nipple shields. If these are used, they should be boiled for 20 minutes daily and replaced weekly.
- In women who are HIV-infected it is particularly important to treat breast thrush and oral thrush in the infant promptly.
- All mothers with candida should be referred to the health facility for treatment.
- Their babies should also be treated for the same.

Summarize session **(3 minutes)**

Ask participants if they have any questions, or seek clarification as may be necessary.

5

UNIT 5

COMPLEMENTARY FEEDING

In this unit participants will learn what complementary feeding is and how to give complementary foods.

Session 1

Importance of complementary feeding

Objectives:

After completing this session participant will be able to:

1. Explain the meaning of complementary feeding
2. Explain the ideal age to start complementary feeding
3. Explain the risk of introducing complementary feeds too early or too late
4. Describe the energy needs for complementary feeding for children 6-23 months
5. Give the conditions for complementary feeding
6. Food safety and hygiene in complementary feeding

Duration: 1 hour 13 minutes

Methodologies: Discussions, brainstorming group work, demonstration, observations and lecture

Materials: Flip charts, mark pens, masking tapes, basin, clean water, soap, jug, disposable paper towel, counselling card , handouts on copy of graphs and copy of hand washing steps

Session plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction		
3 minutes	Explain the meaning of complementary feeding	Facilitative Lecture	Flip charts, marker pens, masking tape
15 minutes	Explain the ideal age to start complementary feeding	Brainstorming, Facilitative lecture	Flip charts, marker pens masking tape,
10 minutes	Explain the risk of introducing complementary feeds too early or too late	Buzzing , Facilitative lecture	Flip charts, marker pens, masking tape

10 minutes	Describe the energy needs for complementary feeding for children 6-23 months	Observations, brain storming, discussions	Copy of graphs
10 minutes	Give the conditions for complementary feeding	Buzzing , discussions	Counselling cards
20 minutes	Food safety and hygiene in complementary feeding	Discussions, practical's, observations	Clean water for hand washing, soap, disposable paper towel, basin, counselling cards copy of hand washing steps
3 minutes	Session summary		

Session introduction (2 minutes)

In UNIT 4, we learnt about breastfeeding and how to effectively support mothers' to breastfeed their babies. We will now learn about complementary feeding.

Activity 1

Explaining the meaning of complementary feeding **(3 minutes)**

Participants will learn the meaning of complementary feeding

Complementary feeding is giving children other foods or drinks in addition to breastmilk at 6 months of age.

These foods are called complementary foods and should be nutritious and adequate in amount so that the child can continue to grow.

Activity 2

Explain the ideal age to start complementary feeding **(15 minutes)**

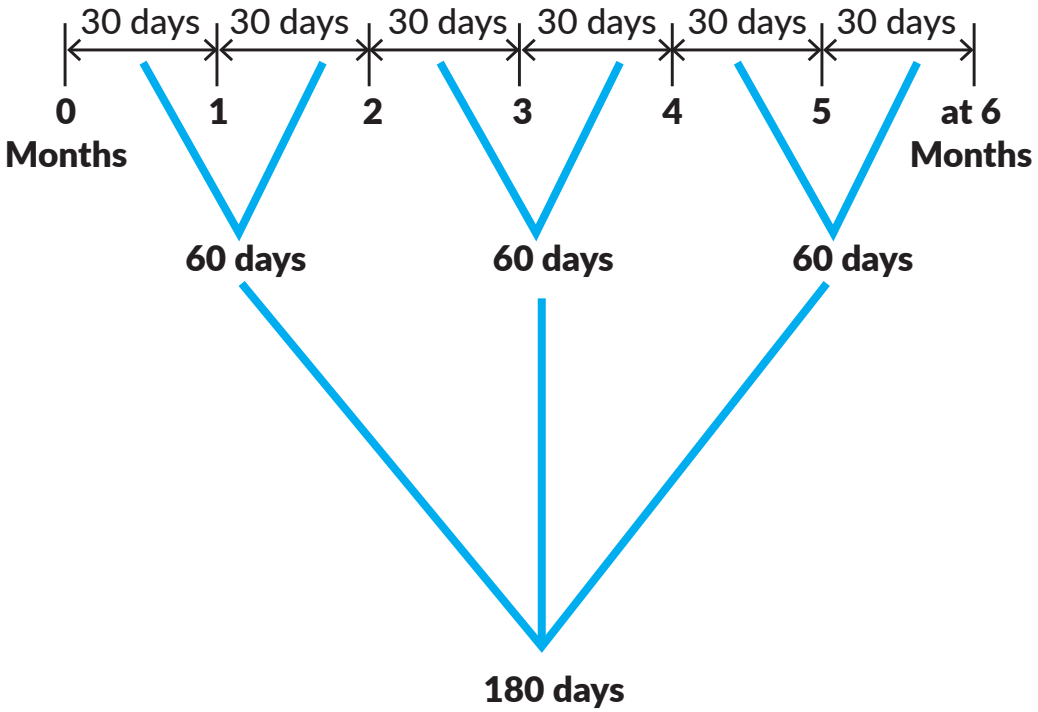
Participants will learn the age at which complementary feeding should be started

Step 1: Ask participants to brainstorm on when complementary feeding starts in their community

Step 2: List the responses on a flip chart

Step 3: Draw the illustration shown below on a flip chart as you summarize

At 6 months means: The baby has completed 180 days from birth on breastmilk only



Resource notes

The period from 0-6 months of age until two years is of critical importance in the child's growth and development. You, as CHVs, have an important role in helping families during this time

- During the period of complementary feeding, the young child gradually becomes accustomed to eating family foods. Feeding includes more than just the foods provided. How the child is fed can be as important as what the child is fed on.
- The nutritional requirements of a growing baby increases with increasing age.
- After 6 months of age, breast milk alone is not sufficient. Starting other foods in addition to breast milk at 6 months helps a child to grow well. The energy requirements and demands are increased.
- At that age, a baby has grown so that there is more space in the mouth and the tongue has the skills to move food from the front to the back of the mouth for swallowing

Activity 3

Explain the risk of introducing complementary foods too early or too late

(10 minutes)

Participants will learn the risks associated with early or late introduction of complementary foods

Step 1: Divide participants in two groups, side A and side B according to the sitting arrangement in class

Step 2: Ask participants in side A to buzz in two's on what might happen if complementary foods are started too soon (before six months)

Step 3: Ask participants in side B to buzz in two's on what might happen if complementary foods are started too late (older than six months).

Step 4: Ask one participant from each side (A and B) to read out their responses

Step 5: Ask the other participants to add on those responses

Step 6: Repeat the process for the second question

Summarize the discussion using the notes below

Starting foods too soon

- Introducing complementary feeds too soon impacts negatively on the health and nutrition status of the child as it take the place of breast milk, resulting in low nutrient diet that is less in protective factors increasing the risk of diarrhoea and other allergic conditions
- It also increases the mother's risk of another pregnancy if breastfeeding is less frequent.
- Waiting to introduce complementary foods until a baby is six months gives a baby's digestive system time to develop to better cope with solid foods.

Starting foods too late

Starting complementary foods too late may:

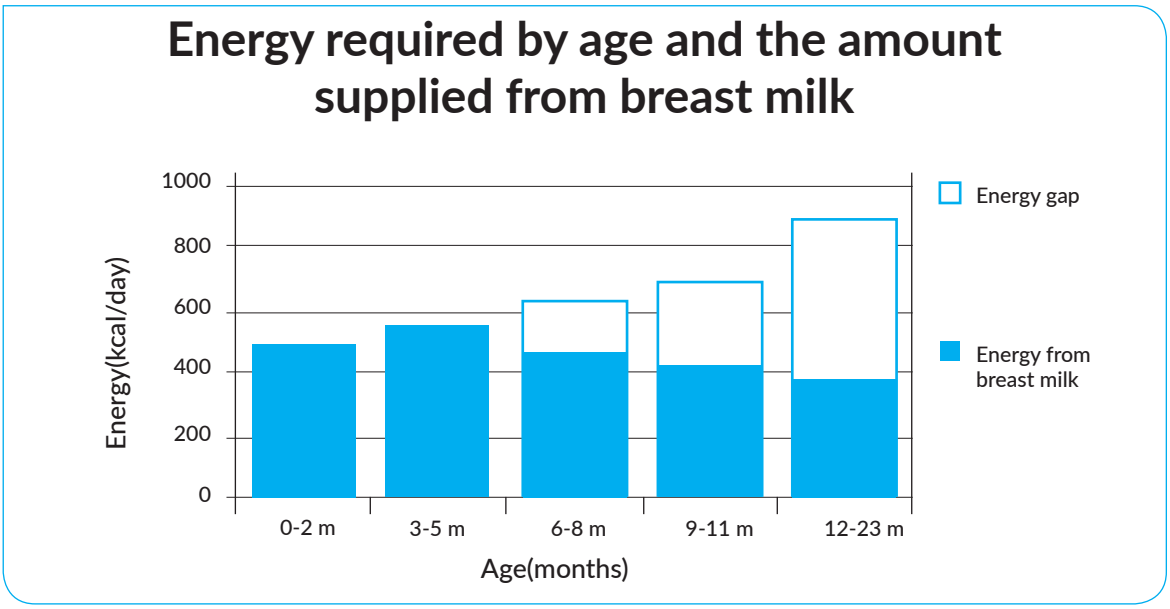
- Results in the child not receiving the required nutrients thus causing deficiencies and malnutrition
- Slow child's growth and development
- Starting complementary foods too late is also a risk because the child does not receive the extra food required to meet his/her growing needs

Activity 4

Describe the energy needs for complementary feeding for children 6-23 months (10minutes)

Participants will learn about the energy needs for children 6-23 months

Step 1: Refer the participants to the handout on energy gaps graph



Step 2: Ask participants to brainstorm on the energy requirements for a growing baby while making reference to the graph.

Ask: Is breast milk adequate to supply these requirements?

Summarize the discussion using the notes below

- On this graph, each column represents the total energy needed at that age. The columns become taller to indicate that more energy is needed as the child becomes older, bigger and more active. The dark part shows how much of this energy is supplied by breast milk (Point to the dark area on the graph).
- You can see that from about six months onwards there is a gap between the total energy needs and the energy provided by breast milk. The gap increases as the child gets bigger (Point to the white area on the graph).
- This graph is of an 'average' child and the nutrients supplied by breast milk from an 'average' mother. A few children may have higher needs and the energy gap would be larger. A few children may have smaller needs and thus a smaller gap.
- Therefore, six months of age is a good time to start complementary foods. Complementary feeding at 6 months helps a child to grow well and be active.
- Breast milk continues to be an important part of the diet and provides half of the child's nutritional requirement up to 12 months, a quarter up to 18 months and a third up to 2 years.
- Breastfeeding continues to provide protection to the child against many

illnesses and provides closeness and contact that helps psychological development

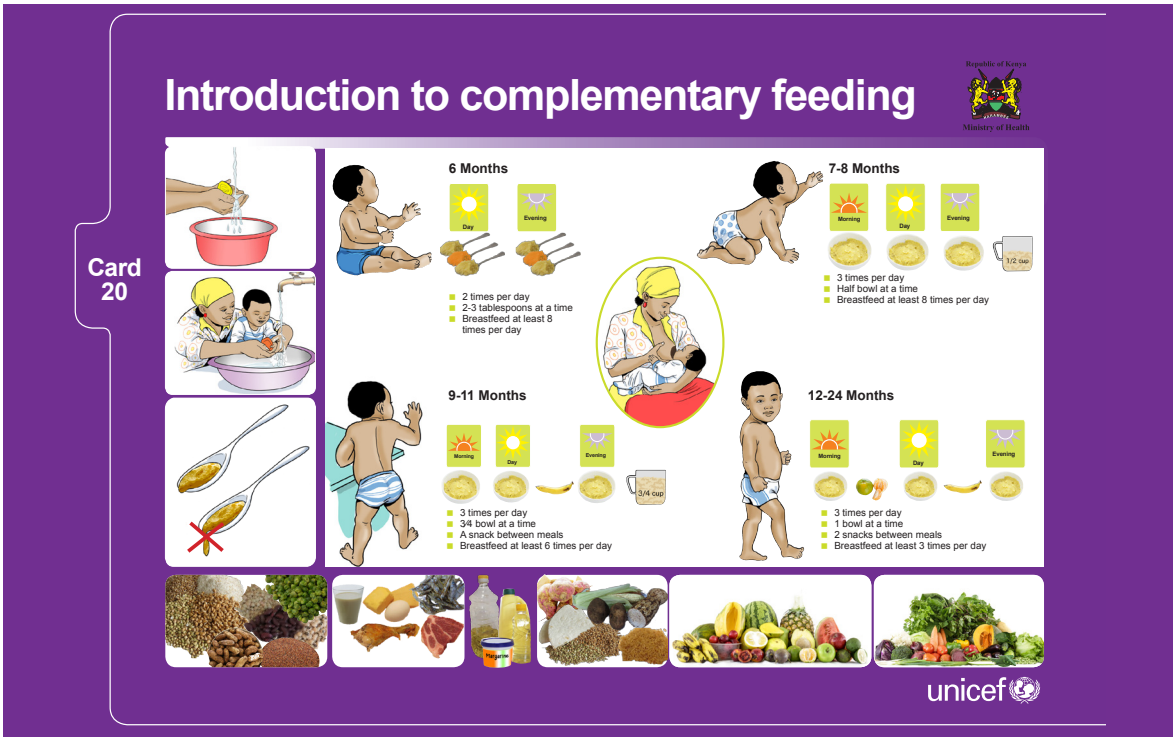
- Our body uses food for energy to keep alive, to grow, to fight infections, to move around and be active. Food is like the wood for the fire – if we do not have enough good wood, the fire does not provide good heat or energy. In the same way, if young children do not have enough good food, they will not have the energy to grow and be active.
- Children who are not receiving breast milk should receive another source of milk and need special attention. There are special recommendations for feeding the non-breastfed child 6 up to 24 months.

Activity 5

Give the conditions for complementary feeding **(10 minutes)**

Participants to learn important conditions for complementary feeding

Step 1: Ask the participants to open counselling card 20



Step 2: Ask them to discuss in buzz groups of 2-3 what they see concerning complementary feeding

Step 3: Ask volunteer participants to give feedback

Summarize the discussion using the notes below

Foods should meet the basic criteria for complementary feeding which includes Frequency, Amount, Texture (thickness), Variety, Active Feeding/ Responsive feeding and Hygiene (FATVAH)

- **Frequency:** The meal frequency should be based on age appropriate recommendations.
- **Amount:** The amount of food given to the young child at each meal should be adequate for the age and provide sufficient energy, protein and micronutrients to meet the growing child's nutritional needs.
- **Texture:** The food consistency should be age appropriate and adapted to the child's requirements and abilities.
- **Variety:** A child should eat a variety of foods that provide different nutrients to meet the child's nutritional needs.
- **Active feeding:** Supervising and encouraging a child to eat enough food at each meal.
- **Hygiene:** Foods should be hygienically prepared, stored and fed with clean hands using clean utensils – bowls, cups and spoons.

THINK! Hygiene, Frequency, Amount, Thickness, Variety, and Responsive feeding

Activity 6

Food safety and hygiene in complementary feeding **(20 minutes)**

Participants to learn about hygiene as a very critical part of complementary feeding

Before handling any complementary foods, Hygiene should be observed. Hygiene is a very critical part of complementary feeding

Participants discuss on the importance of hygiene

Step 1: Ask participants to brainstorm on the importance of hygiene?

Step 2: List their responses on a flip chart

Summarize using the notes below

Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.

The critical moments in food management that require attention at all times include:

- During food preparation and serving
- During cooking
- During consumption
- During storage

Participants discuss ways of minimizing contamination of complementary foods

Step 1: Ask participants to brainstorm on the various ways of minimizing contamination of complementary foods?

Step 2: Ask participants to open card 36 and say what they say see from the card

Summarize the discussion using the notes below

Ways of minimizing contamination of complementary food items

- Cover food while cooking
- Protect food from flies, other insects and rodents by covering it.
- Wash hands with soap and running water before handling food (before preparing and serving)
- Wash utensils and serve food in clean utensils
- Dry utensils in a clean dish rack.
- Prepare baby's food on a clean surface.
- Store cooked food in clean containers with lids (covers)
- Proper washing of food before cooking
- Separate cooked and uncooked food
- Cook meat, fish and eggs until they are well cooked.
- Wash vegetables, cook immediately for a short time and eat immediately to preserve nutrients.
- Wash raw fruits and vegetables with running water before eating.
- Ensure that food that has been cold for two hours or more is well reheated before giving to young children
- Treat drinking water with chlorine or by boiling to make it safe
- After treating the water with chemical, wait for 30 minutes before drinking the water

- Use a clean spoon to feed a baby.
- Use a clean cup to give baby milk or fluids.
- If a caregiver wants to put some of the baby's food into her mouth to check the taste or temperature, she should use a different spoon, not the baby's spoon.
- It is important to ensure safe water and food for infants and young children

How to avoid consumption of mouldy grains, nuts and other food items

- Mouldy grains, nuts and other food items may contain aflatoxins which are poisonous cancer causing chemicals. Avoid consumption of such grains
- To avoid molds, properly store grains, nuts and other food items by;
  - Proper drying of grains and other food items
  - Sorting of food materials and
- Proper storage food materials

Participants demonstrate on how to wash hands

Proper hand washing and hygiene practices should be observed when preparing complementary foods.

Besides other food safety and hygiene practices it is critical that one knows how to wash hands properly.

Step 1: Ask participant to brainstorm on what are the steps of proper hand washing?

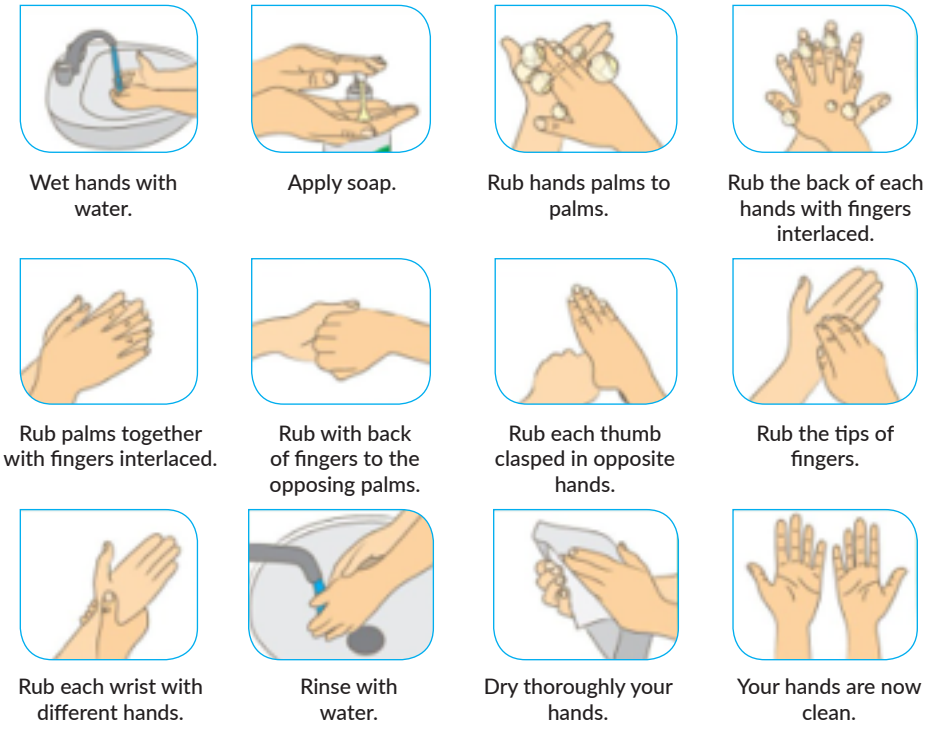
Step 2: List their responses on a flip chart

Step 3: Ask a volunteer participant to demonstrate on hand washing steps using the clean water and soap provided

Summarize the hand washing steps using the illustration below.

Step 4: Tell the participants that the steps of hand washing are available in their hand out

Demonstrating hand washing procedure (practical session)



Summarize with the notes below

- Use running water to wash your hands
- Use soap: bar or liquid, ordinary or antiseptic (bar soap must be allowed to drain between uses; use soap racks)
- Use friction to remove dirt from under the fingernails
- Timing (20-30 seconds) is the standard acceptable length of time for hand washing
- Use clean disposable towels for drying, or allow to air dry

Participants discuss the critical times for hand washing

Step 1: Ask participants to brainstorm when is it important to wash hands?

Step 2: List their responses on a flip chart

Step 3: Ask participants to open card number 34 and mention what they see

Step 4: List their responses on a flip chart
Summarize using the notes below

The 5 critical times for hand washing to avoid infections are:

- After visiting toilet
- After changing baby diapers/nappies
- Before eating or breast feeding
- Before cooking
- Before and after handling a sick person

Hand washing with soap and water prevents some illnesses like diarrhea

Participants discuss use of latrines and proper disposal of faeces

Step 1: Ask participants to brainstorm on how they dispose faeces in their community?

Step 2: Ask participants to look at card number 35 and mention what they see

Step 3: List their responses on a flip chart
Summarize the discussion using the notes below

- Always defecate in a latrine and encourage other family members to do so as well
- Have young children defecate in a container (potty) if it is not practical for them to use the latrine
- Dispose child faeces and diapers in a latrine
- Wash the container with soap and water after the faeces are disposed
- Immediately wash the child's hands with soap and running water after the child defecates or uses the latrine
- Wash your hands with soap and running water for 20 seconds immediately after defecation or helping a small or sick person defecate

Participants discuss healthy play areas/ environment

Step 1: Ask participants to brainstorm on how they provide play space for children under the age of 2 years?

Step 2: Ask participants to open card number 37 and mention what they see