

INFANT AND YOUNG CHILD FEEDING COUNSELLING: AN INTEGRATED COURSE

Guidance on the use
of counselling cards



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Infant and young child feeding counselling: an integrated course. Guidance on use of counselling cards

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Contents

Acknowledgements	iv
Introduction	1
Orientation to the Counselling cards	1
Order of the Counselling cards	1
Positive counselling skills	2
LISTENING AND LEARNING SKILLS	2
SKILLS FOR BUILDING CONFIDENCE AND GIVING SUPPORT	2
INFANT AND YOUNG CHILD FEEDING THREE-STEP COUNSELLING	3
How to use a Counselling card	4
Counselling cards: key practices and discussion points	5
COUNSELLING CARD 1: DURING THE FIRST 6 MONTHS, YOUR BABY NEEDS ONLY BREAST MILK	5
COUNSELLING CARD 2: THE IMPORTANCE OF EXCLUSIVE BREASTFEEDING DURING THE FIRST 6 MONTHS	6
COUNSELLING CARD 3: GOOD ATTACHMENT	7
COUNSELLING CARD 4: BREASTFEEDING POSITIONS	8
COUNSELLING CARD 5: GROWTH MONITORING	9
COUNSELLING CARD 6: EXPRESSING BREAST MILK AND CUP-FEEDING	10
COUNSELLING CARD 7: WHEN YOU ARE SEPARATED FROM YOUR BABY	11
COUNSELLING CARD 8: SUPPORTING WOMEN LIVING WITH HIV WHO BREASTFEED	12
COUNSELLING CARD 9: CONDITIONS NEEDED FOR SAFE USE OF REPLACEMENT FEEDING	13
COUNSELLING CARD 10: HOW TO HEAT-TREAT BREAST MILK	14
COUNSELLING CARD 11: SUPPORTING WOMEN LIVING WITH HIV WHO USE REPLACEMENT FEEDING	15
COUNSELLING CARD 12: THE NON-BREASTFED CHILD FROM 6 UP TO 24 MONTHS	16
COUNSELLING CARD 13: GOOD HYGIENE (CLEANLINESS) PRACTICES PREVENT DISEASE	17
COUNSELLING CARD 14: ANTENATAL COUNSELLING AND EARLY SKIN-TO-SKIN CONTACT	18
COUNSELLING CARD 15: BREASTFEED ON DEMAND	19
COUNSELLING CARD 16: START COMPLEMENTARY FEEDING AT 6 MONTHS	20
COUNSELLING CARD 17: FOOD VARIETY	21
COUNSELLING CARD 18: COMPLEMENTARY FEEDING FROM 6 UP TO 9 MONTHS	22
COUNSELLING CARD 19: COMPLEMENTARY FEEDING FROM 9 UP TO 12 MONTHS	23
COUNSELLING CARD 20: COMPLEMENTARY FEEDING FROM 12 UP TO 24 MONTHS	24
COUNSELLING CARD 21: HOW TO ADD MICRONUTRIENT POWDER (MNP) TO COMPLEMENTARY FOODS	25
COUNSELLING CARD 22: FEEDING THE SICK CHILD AGED OVER 6 MONTHS	26
COUNSELLING CARD 23: FEEDING A LOW-BIRTH-WEIGHT BABY	27
COUNSELLING CARD 24: HAND-WASHING	28

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The *Infant and young child feeding counselling: an integrated course* includes a *Director's guide*, *Trainer's guide* and *Participant's manual*. Additional tools include: *Course handouts*; *Guidelines for follow-up after training*; *Supportive supervision/mentoring and monitoring* and an accompanying toolkit; this set of 24 Counselling cards and *Guidance on the use of counselling cards*. These materials can be found online to facilitate their dissemination and adaptation.

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Introduction

Orientation to the Counselling cards

The Counselling cards depict key infant and young child feeding concepts and behaviours for health workers to share with mothers, fathers, grandparents and other caregivers. (The term “caregiver” will be used for the rest of the document to refer to any one of these persons in charge of the care of the infant.) These job aids are designed for use at specific contact points, based on priorities identified during each individual counselling session.

Designed as job aids without accompanying written material on the reverse side, the cards allow the health worker to respond to the caregiver’s particular situation without relying solely on “messaging”.

It is important for participants to become familiar with the Counselling cards by examining their content. For example, at the start of training, orient participants to the cards by asking them to find:

- a health worker talking with a caregiver
- a sign or symbol that indicates that something should happen during “the day and at night”
- a sign or symbol that indicates that the child should have “a meal or a snack”
- a sign or symbol that indicates that a young child should eat three times a day and have two snacks
- a sick baby aged less than 6 months
- the card with the message that “hands should be washed with soap and water”.

Throughout the training, participants will continue to use the cards as they learn and consolidate key information and practice, discussing it with caregivers.

The food groups displayed at the bottom of the complementary feeding COUNSELLING CARDS 18–20, and included in COUNSELLING CARD 17, are used to elicit responses from caregivers as to what foods they have in their home that day; OR a counsellor might ask: “What foods are you planning to prepare for your family meal today?”, OR “What foods will you purchase at the market today?”. The food images at the bottom of COUNSELLING CARDS 18–20 are grouped into the same seven categories used to construct the World Health Organization infant and young child feeding indicator for minimum dietary diversity. Thus, these cards can be used for training interviewers as well as counselling caregivers. Note that “oils” are not included as a food group for the indicator. However, an image of “oils and fats” has been included at the extreme right side of the seven food groups, so that the addition of oil/fats to a child’s food can be discussed, as appropriate, for an individual child (or all children).

Order of the Counselling cards

The cards are ordered to allow health workers to find individual cards easily. Since the cards are meant to be used **flexibly**, it is important that workers know where to find the images and card content relevant to the issue being discussed with a caregiver.

The images on each card summarize and prompt a worker to remember key information that is relevant to the feeding and care of mothers or children at a particular age or stage of life. While messages and information could be included on the back of each card (and some countries have opted to do so), during individual counselling it is preferable to discuss with a caregiver those issues most relevant to their child’s feeding and nutrition at that time. The images on the card can be used to focus and illustrate that discussion, as opposed to delivering all the key messages on the back of the card.

Positive counselling skills

The set of Counselling cards was developed for health workers to help counsel caregivers about infant and young child feeding. Appropriate counselling skills are important for your success. Some basic counselling skills presented next include LISTENING AND LEARNING SKILLS, as well as SKILLS FOR BUILDING CONFIDENCE AND GIVING SUPPORT.

LISTENING AND LEARNING SKILLS

1. Use helpful non-verbal communication:
 - Keep your head level with the mother/caregiver
 - Pay attention
 - Remove physical barriers
 - Take time/allow the mother or caregiver time to talk
 - Use appropriate touch
2. Ask open questions
3. Use responses and gestures that show interest
4. Reflect back what the mother/caregiver says
5. Empathize – show that you understand what the mother/caregiver feels
6. Avoid using words that sound judging

SKILLS FOR BUILDING CONFIDENCE AND GIVING SUPPORT

1. Accept what a mother/caregiver thinks and feels
2. Recognize and praise what a mother/caregiver and baby are doing right
3. Give practical help
4. Give a little, relevant information
5. Use simple language
6. Make one or two suggestions, not commands

INFANT AND YOUNG CHILD FEEDING THREE-STEP COUNSELLING

The following three-step counselling will help you to counsel, problem-solve and reach an agreement with a caregiver about infant and young child feeding. The three steps are **ASSESS**, **ANALYSE** and **ACT**.

STEP 1: ASSESS – ask, listen and observe

- Greet the caregiver, using friendly language and gestures.
- Ask some initial questions that encourage them to talk.
- Listen to what is being said and observe what is going on, using your **LISTENING AND LEARNING SKILLS**, and **SKILLS FOR BUILDING CONFIDENCE AND GIVING SUPPORT**.
- Assess the age-appropriate feeding practice(s) and the condition or health of the child and caregiver.

STEP 2: ANALYSE – identify difficulty and, if there is more than one, prioritize the difficulties

- Decide whether the feeding you observe is age-appropriate and whether the condition or health of the child and caregiver is good.
- If there are no apparent difficulties, praise the caregiver and focus on providing information needed for the next stage of the child's development.
- If one or more feeding difficulties are present, or the condition or health of the child or caregiver is poor, prioritize the difficulties.
- Answer the caregiver's questions (if any).

STEP 3: ACT – discuss, suggest a small amount of relevant information, agree on do-able action

- Depending on the factors analysed above, select a small amount of information to share with the caregiver that is most relevant to their situation.
- Be sure to praise the caregiver for what they are doing well.
- Present options for addressing the feeding difficulty or condition of health of the child or caregiver, in terms of small do-able actions. These actions should be time-bound (within the next few days or weeks).
- Share key information with the caregiver, using appropriate Counselling cards and/or pamphlets and answering questions as needed.
- Help the caregiver select one option that they agree to try, in order to address or overcome the difficulty or condition that has been identified. This is called "reaching an agreement".
- Suggest where the caregiver can find additional support. Refer if appropriate, and/or encourage participation in educational talks or infant and young child feeding support groups in the community.
- Confirm that the caregiver knows where to find a community volunteer and/or other health worker.
- Agree on when you will meet again, if appropriate.
- Thank the caregiver for their time.

HOW TO USE A COUNSELLING CARD

Introduce yourself

Take time to show the Counselling card to the caregiver and ask what they:

OBSERVE

- What do you see in this card?
- What does each image represent?
- What recommended practice(s) is/are shown?

THINK

- What do you think about this card?
- Is there anything you disagree with – or think would not be possible? Please explain.
- What are the advantages of adopting the recommended practice(s)?

TRY

- If mothers/caregivers in this community were in the same situation, would they be willing to try the recommended practice(s)? Why? Why not?
- If YOU were the mother/caregiver in the Counselling card, would YOU be willing to try the new practice(s)?
- What difficulties might you experience?
- How would you be able to overcome them?

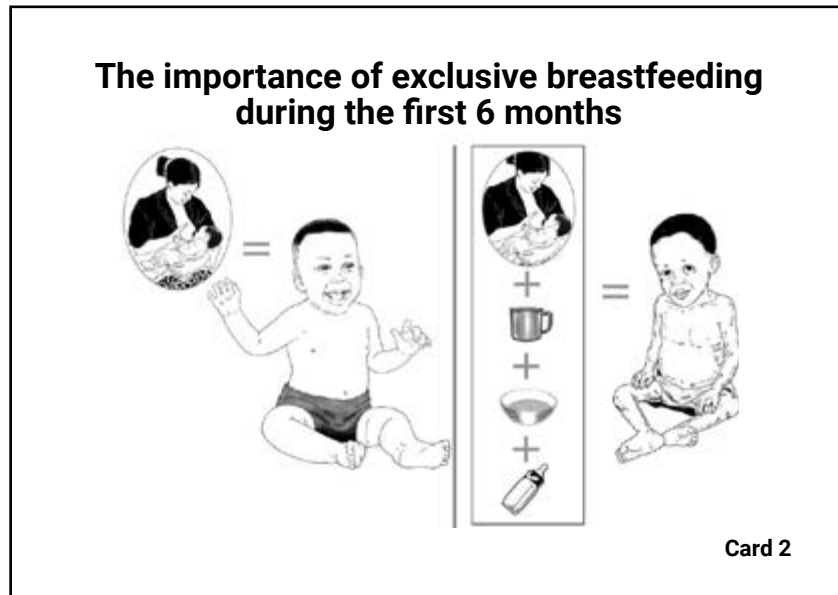
Counselling cards: key practices and discussion points

**During the first 6 months, your baby needs
ONLY breast milk**



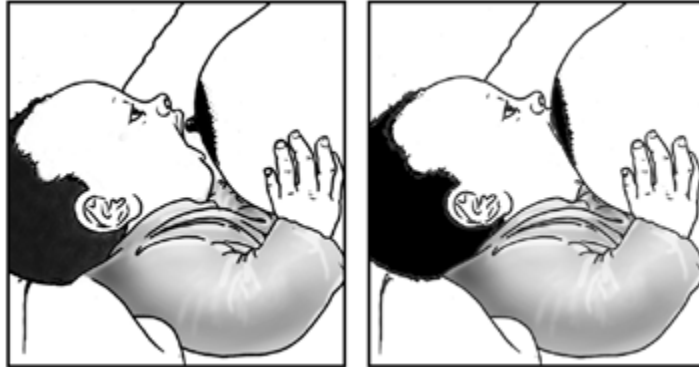
Card 1

- Breast milk provides all the food and water that your baby needs during the first 6 months.
- Do not give anything else, not even water, during your baby's first 6 months.
- Even during very hot weather, breast milk will satisfy your baby's thirst.
- Giving your baby anything else will cause them to suckle less and will reduce the amount of breast milk that you produce.
- Water and other liquids or foods can make the baby sick.
- You can give medicines if they are recommended by your health provider.



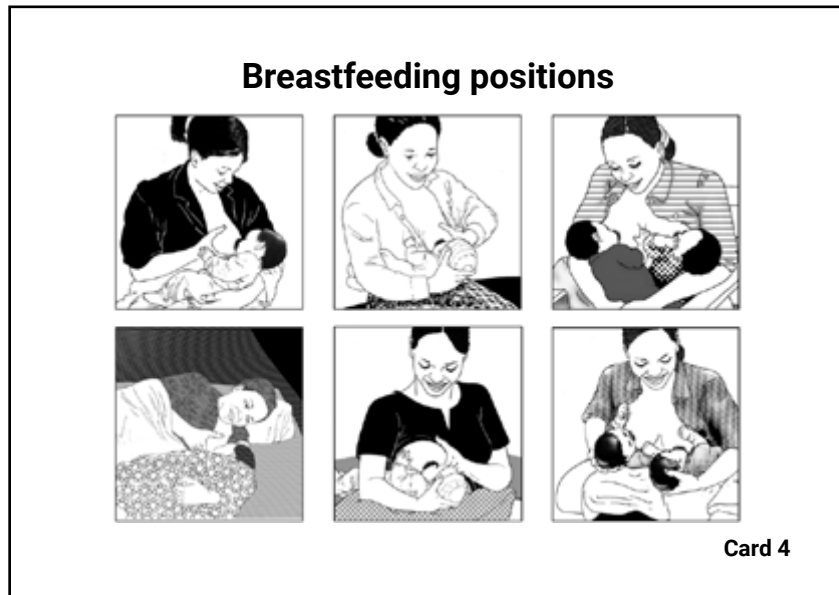
- Exclusive breastfeeding means feeding your baby **ONLY** breast milk for the first 6 months.
- Breast milk provides all the food and water that your baby needs during the first 6 months of life.
- Exclusive breastfeeding for the first 6 months protects your baby from many illnesses, such as diarrhoea and respiratory infections.
- Mixed feeding means feeding your baby with both breast milk and any other foods or liquids, including infant formula milk, animal milks or water.
- Mixed feeding before 6 months can damage your baby's stomach.
- Mixed feeding increases the chances that your baby will suffer from illnesses such as diarrhoea and pneumonia, and from malnutrition (over- or undernutrition).
- Giving your baby foods or any kind of liquids other than breast milk, including infant formula milk, animal milks or water, before 6 months can damage your baby's stomach. This reduces the protection that exclusive breastfeeding gives, and all of the benefits that your baby gets from your breast milk.

Good attachment



Card 3

- Good attachment helps to ensure that your baby suckles well and helps you to produce a good supply of breast milk.
- Good attachment helps to prevent sore and cracked nipples.
- Breastfeeding should not be painful.
- There are four signs of good attachment:
 1. The baby's mouth is wide open.
 2. The baby's lower lip is turned outwards.
 3. The baby's chin is touching the mother's breast.
 4. More of the darker skin (areola) is seen above the baby's top lip than below the bottom lip.
- The signs of effective suckling are:
 1. The baby takes slow deep sucks, sometimes pausing.
 2. You may be able to see or hear your baby swallowing after one or two suckles.
 3. Suckling is comfortable and pain free for you.
 4. Your baby finishes the feed, releases the breast and looks contented and relaxed.
 5. The breast is softer after the feed.
- Effective suckling helps you to produce milk and satisfy your baby.
- After your baby releases one breast, offer them the other breast. This will ensure that your baby stimulates your milk production in both breasts, and also gets the most nutritious and satisfying milk.



- Good positioning helps to ensure that your baby suckles well and helps you to produce a good supply of breast milk.
- The four key points about your baby's position are: straight, close, supported and facing the breast:
 1. The baby's body should be straight, not bent or twisted, but with the head slightly back.
 2. The baby should be close to you.
 3. You should support the baby's whole body, not just the neck and shoulders, with your hand and arm.
 4. The baby's body should be facing the breast, not held flat to your chest or stomach, and they should be able to look up into your face.
- There are different ways to position your baby:
 1. Cradle position (most commonly used)
 2. Cross-cradle position (good for small babies)
 3. Side-lying position (use to rest while breastfeeding and at night)
 4. Underarm position (use after caesarean section, if your nipples are painful, or if you are breastfeeding twins or a small baby)

Growth monitoring



Card 5

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



Expressing breast milk

- Wash your hands thoroughly. Sit or stand comfortably, and hold the container near your breast.
- Put your thumb on your breast above your nipple and areola, and your first finger or first two fingers on the breast below the nipple and areola, opposite the thumb. Support the breast with your other fingers.
- Press your thumb and first finger or first two fingers slightly inwards towards the chest wall. Avoid pressing too far, or you may block the milk ducts.
- Press your breast behind the nipple and areola between your first finger or first two fingers and thumb. Press on the larger ducts beneath the areola. Sometimes in a lactating breast, it is possible to feel the ducts. They are like pods, or peanuts. If you can feel them, press on them.
- Press and release, press and release. This should not hurt – if it hurts, the technique is wrong. At first no milk may come, but after pressing a few times, milk starts to drip out. It may flow in streams if the oxytocin reflex is active.
- Press the areola in the same way from the sides, to make sure that milk is expressed from all segments of the breast.
- Avoid rubbing or sliding your fingers along the skin. The movement of the fingers should be more like rolling.
- Avoid squeezing the nipple itself. Pressing or pulling the nipple cannot express the milk. It is the same as the baby sucking only the nipple.
- Express one breast for at least 3–5 minutes until the flow slows; then express the other side; and then repeat both sides. You can use either hand for either breast, and change when they tire.
- To express breast milk adequately takes 20–30 minutes, especially in the first few days when only a little milk may be produced. It is important not to try to express in a shorter time.

Feeding 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 their mouth and eyes.
- A low-birth-weight baby starts to take the milk into their mouth with their 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 their lips and let them take it themselves (sipping or lapping).
- When the baby has had enough, they will close their mouth and will not take any more. If the baby has not taken the calculated amount, they may take more next time, or you may need to feed them more often.

When you are separated from your baby



Card 7

- Learn to express your breast milk soon after your baby is born.
- Breastfeed exclusively and frequently for the whole period that you are with your baby.
- Express and store breast milk before you leave your home, so that your baby's caregiver can feed your baby while you are away.
- Express breast milk while you are away from your baby. This will keep the milk flowing and prevent breast swelling.
- Teach your baby's caregiver how to use a clean open cup to feed your baby while you are away.
- Expressed breast milk (stored in a cool, covered place) stays in good condition for 8 hours, even in a hot climate.
- Take extra time for the feeds before separation from your baby and when you return home.
- Increase the number of feeds while you are with your baby. This means increasing night and weekend feedings.
- If possible, carry the baby with you to your workplace or any time you have to go out of the home for more than a few hours. If this is not possible, consider having someone bring the baby to you to breastfeed when you have a break.
- Get extra support from family members in caring for your baby and other children, and for doing household chores.



- Learn to express your breast milk soon after your baby is born.
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- Express breast milk while you are away from your baby. This will keep the milk flowing and prevent breast swelling.
- Teach your baby's caregiver how to use a clean open cup to feed your baby while you are away.
- If possible, carry the baby with you to your workplace or any time you have to go out of the home for more than a few hours. If this is not possible, consider having someone bring the baby to you to breastfeed when you have a break.
- Get extra support from family members in caring for your baby and other children, and for doing household chores.
- Comply with the antiretroviral therapy (ART) recommended to you by your health provider. Remember that you have to follow ART lifelong.

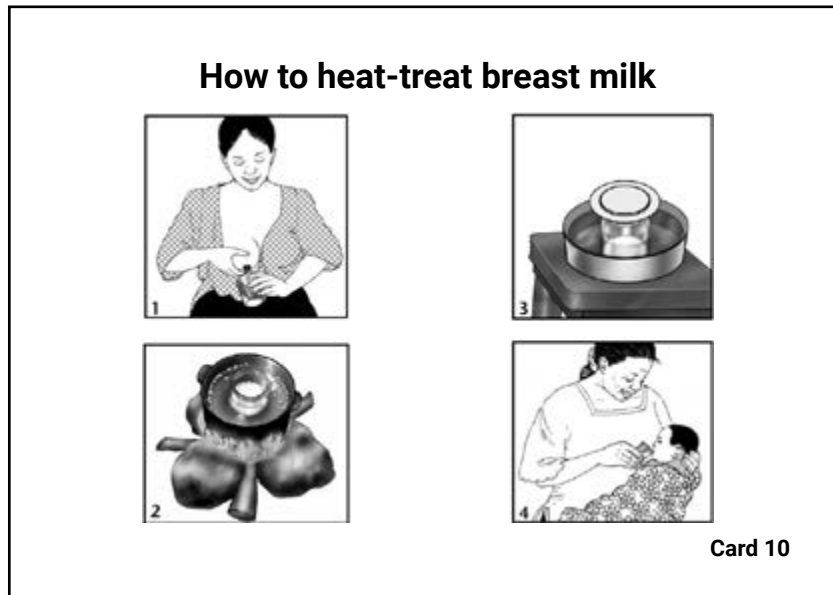
Conditions needed for safe use of replacement feeding



Card 9

All the following conditions should be met if all breastfeeding is to be avoided:

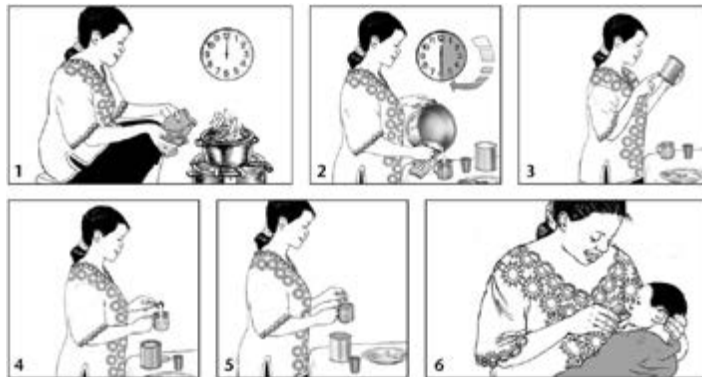
1. Safe water and sanitation are assured at household level and in the community.
2. The caregiver can reliably provide sufficient infant formula milk to support normal growth and development.
3. The caregiver can prepare the formula milk cleanly and frequently enough so that it is safe and carries a low risk of diarrhoea and malnutrition.
4. The caregiver can, in the first 6 months, exclusively give infant formula milk.
5. The family is supportive of this practice.
6. The caregiver can access health care that offers comprehensive child health services.



1. Before you begin to express or heat-treat your expressed breast milk, clean and disinfect the surface you are going to use.
2. Wash your hands with soap and water and dry them using a clean and dry cloth or a single-use paper napkin.
3. Before you begin to heat-treat the breast milk, wash the utensils you will use to express and heat-treat the milk. Use clean warm water and soap.
4. Boil these utensils after washing them.
5. Express enough milk for that individual feed, into a suitable container.
6. Put your expressed breast milk, between 50 mL and 150 mL, into a small heatproof jar. If you have more than 150 mL, use two jars. Do not overfill the jar.
7. Place the jar of milk into the pan of water; the water should be about two fingers' width above the level of the milk, so that all the milk is heated.
8. Heat the water in the pan until it reaches a "rolling" boil; this is when the water has large bubbles. This takes a very short time.
9. Remove the jar from the boiling water immediately after the water comes to the boil (taking care not to burn yourself).
10. Put the jar in the container of cool water, or let it stand free to cool until it reaches room temperature.
11. Put a lid on the jar, to protect the milk.
12. Use the milk within 1 hour.

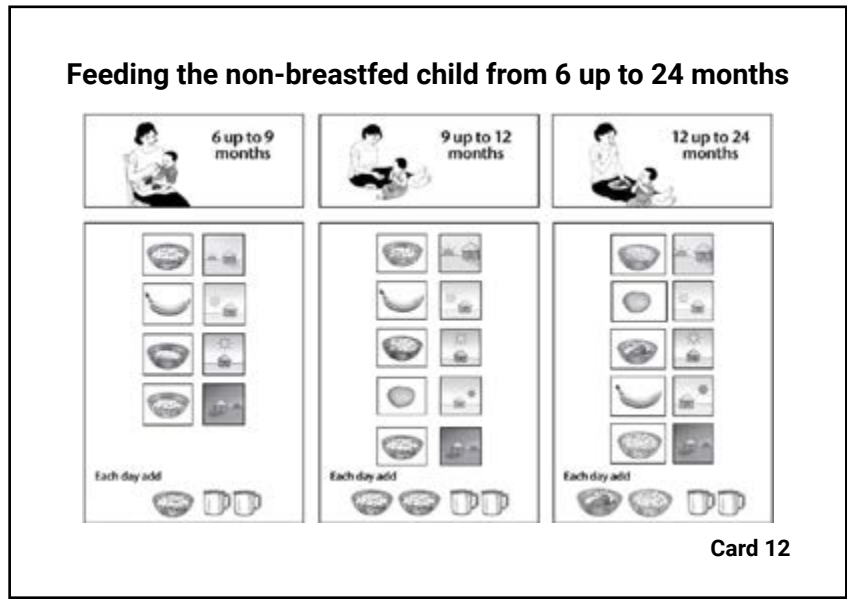
Supporting women living with HIV who use replacement feeding

Prepare infant formula milk safely and feed with a cup



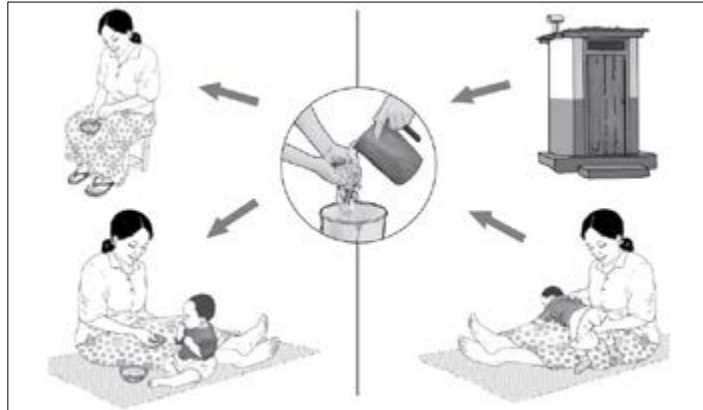
Card 11

1. Before you begin to prepare a commercial infant formula milk, clean and disinfect the surface you are going to use.
2. Wash your hands with soap and water and dry them using a clean and dry cloth or a single-use paper napkin.
3. Only make enough commercial infant formula milk for one feed at a time.
4. Make mL for each feed. Feed the baby times every 24 hours.
5. Boil a sufficient volume of safe clean water:
 - if using an automatic kettle, wait until the kettle switches itself off
 - if using a pan of water, make sure the water is bubbling well before you turn the heat off
 - **never use a microwave to boil the water because the heat may be unevenly distributed.**
6. Allow the water to cool. Do not leave it longer than 30 minutes. The water should be at least 70 °C when it is used, not cooler. As mothers are not likely to have thermometers to measure the water temperature, tell them to use the water within 30 minutes of it boiling.
7. Be careful not to scald yourself. Pour the appropriate amount of boiled water into a clean and sterilized feeding cup (or bottle). Always check to see that the water level is correct.
8. Loosely fill the spoon or measure (provided with the tin) with the milk powder and level it off, using the flat dry edge of a knife or level provided. Do not squash the powder down in the spoon.
9. Add the exact amount of formula powder to the water, as instructed on the label of the tin. Adding more or less formula powder than instructed can make the baby ill.
 - If using a bottle, gently shake the contents until they are thoroughly mixed.
 - If using a feeding cup, mix thoroughly with a sterilized spoon.
10. Immediately after preparation, quickly cool the feeds to a feeding temperature, by holding the bottle or feeding cup under a cold running tap.
11. Dry the outside of the feeding cup or bottle.
12. Check the feeding temperature of the feed.
13. Feed the baby using a cup (or bottle).
14. Discard any feed not used within 2 hours.
15. Wash the utensils.



- Children over 6 months of age who are not receiving breast milk need 1–2 cups of milk (where one cup is equal to 250 mL) and an extra 1–2 meals per day, in addition to the amounts of food recommended.
- These children should have extra water each day, particularly in hot climates, to ensure that their thirst is satisfied: 2–3 cups in a temperate climate and 4–6 in hot climates.
- They should also have essential fatty acids in their diet – from animal-source foods, fish, avocado, vegetable oil and nut pastes.
- These children need to have adequate iron. If they are not receiving animal-source foods, then fortified foods or iron supplements should be considered.

Good hygiene (cleanliness) practices prevent disease



Card 13

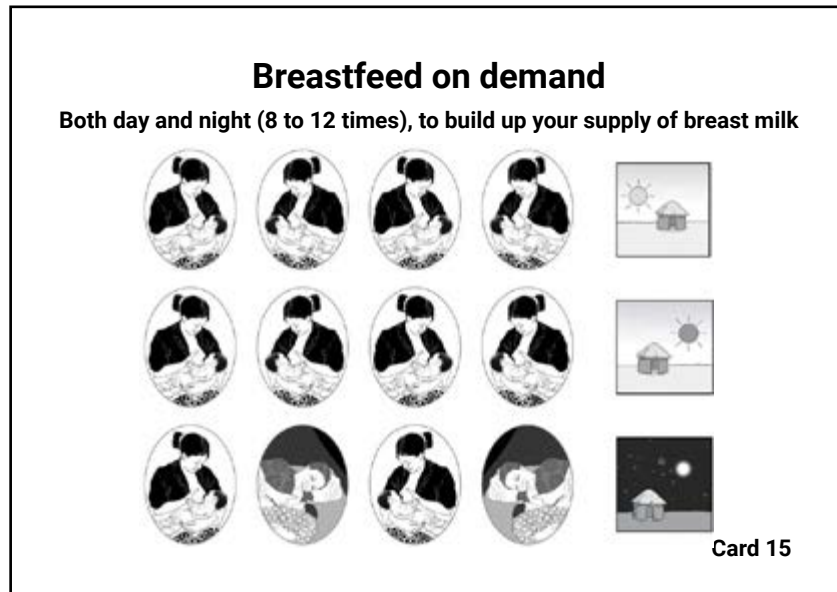
- Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
- Wash your hands with soap and water before preparing foods and feeding your baby.
- Wash your hands with soap and water and wash your baby's hands before eating.
- Wash your hands with soap and water after using the toilet or latrine.
- Wash your hands with soap and water after handling livestock or other animals.
- Wash your hands with soap and water after washing or cleaning your baby's bottom.
- Feed your baby using clean hands, clean utensils and clean cups.
- Use a clean spoon or cup to give foods or liquids to your baby.
- Do not use bottles, teats or spouted cups, since they are difficult to clean and can cause your baby to become sick.
- Store the foods to be given to your baby in a safe clean place.

Antenatal counselling and early skin-to-skin contact



Card 14

- Hold your newborn baby skin-to-skin immediately after birth. Skin-to-skin contact with your baby means that your baby is placed stomach-side down directly on your chest, with both your skins touching, right after birth. This will keep your baby warm and breathing well, help them reach the breast easily, and help you and your baby feel close. A blanket on the baby's back helps to keep your baby warm.
- Begin breastfeeding within the first hour after birth. Early breastfeeding helps the baby learn to breastfeed while the breast is still soft, and helps reduce your bleeding.
- Colostrum, the thick yellowish breast milk, is good for your baby.
- Colostrum helps protect your baby from illness and helps remove the first dark stool.
- Breastfeed frequently, to help your breast milk "come in" and to ensure plenty of breast milk.
- Do not give water or other liquids or fluids to your baby. They are not necessary and are dangerous for your newborn baby.



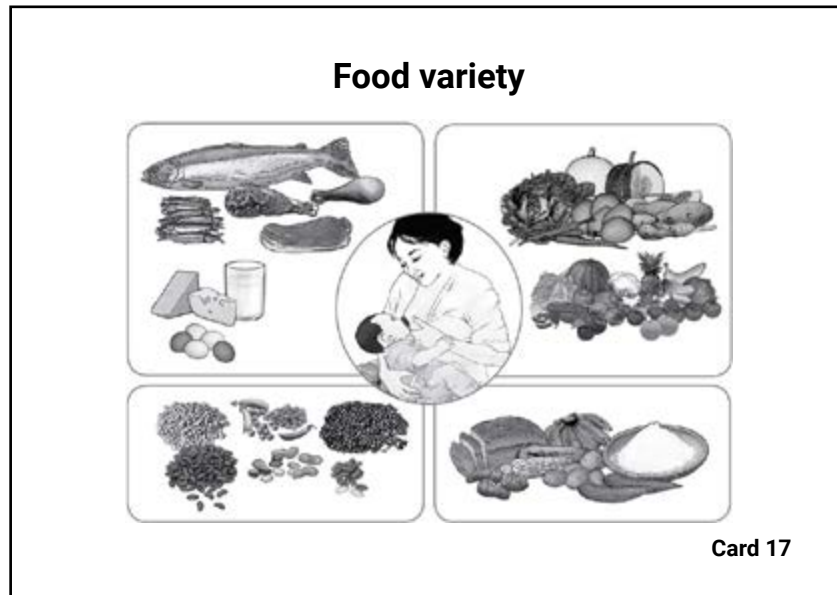
- Breastfeed your baby on demand, day and night. This means feeding your baby whenever they are hungry. This also means that you should learn to recognize your baby's early signals of hunger.
- Crying is a late sign of hunger. Early signs that your baby wants to breastfeed include:
 - restlessness or squirming
 - opening the mouth and turning the head from side to side or rooting for the breast
 - putting the tongue in and out or making sucking motions
 - suckling on the fingers and fists or smacking of the lips.
- More suckling (with good attachment) makes more breast milk.
- Let your baby finish one breast before offering the other. Switching back and forth from one breast to the other prevents the baby from getting the nutritious "hindmilk". The "foremilk" has more water and satisfies the baby's thirst. The hindmilk has more fat and satisfies your baby's hunger.
- If your baby is ill or sleepy, wake them up often to offer the breast.
- Do NOT use bottles, teats or spouted cups. They are difficult to clean and can cause your baby to become sick.



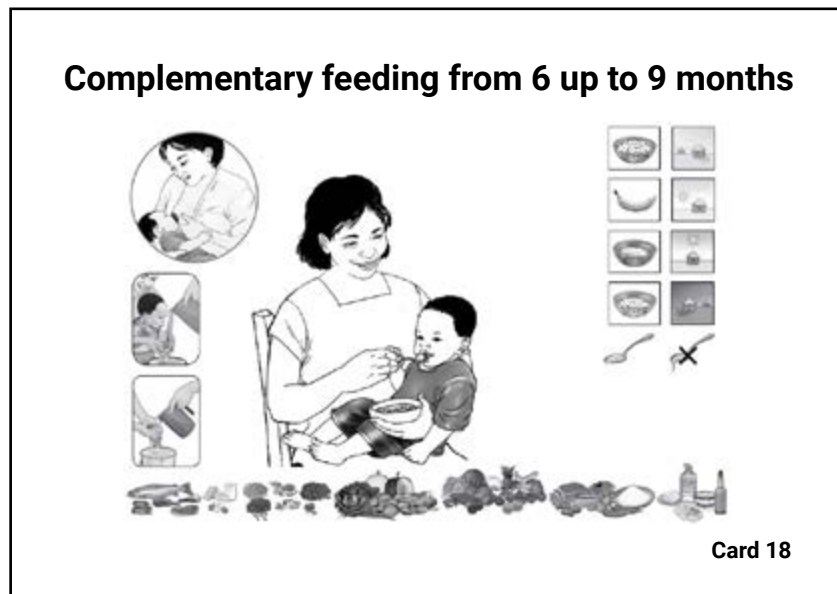
- Starting at about 6 months, your baby needs other foods in addition to breast milk.
- Continue breastfeeding your baby on demand both day and night. Breast milk continues to be the most important part of your baby's diet.
- Breastfeed first before giving other foods.
- When giving complementary foods, think about: Frequency, Amount, Thickness, Variety, Responsive feeding and Hygiene.
 - Frequency: feed your baby complementary foods twice a day.
 - Amount: give 2–3 tablespoonfuls (“tastes”) at each feed.
 - Thickness: should be thick enough to be fed by hand.
 - Variety: begin with the staple foods such as porridge (corn, wheat, rice, millet, potatoes, sorghum), mashed banana or mashed potato and slowly introduce one new food or one new taste at each feeding.
 - Responsive feeding:
 - Your baby may need time to get used to having foods other than breast milk.
 - Be patient and actively encourage your baby to eat.
 - Don't force your baby to eat.
 - Use a separate plate to feed the baby, to make sure they eat all the food given if possible.
 - Hygiene: good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses (see COUNSELLING CARD 13: GOOD HYGIENE (CLEANLINESS) PRACTICES PREVENT DISEASE).

Note about the size of cups

- All cups shown and referred to in the Counselling cards are mugs that have a volume of 250 mL. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.



- Continue to breastfeed for at least 2 years and feed a variety of foods at each meal to your young child. For example:
 - animal-source foods (meat, chicken, fish, liver), and eggs, milk and milk products
 - staples (maize, wheat, rice, millet and sorghum); roots and tubers (cassava, potatoes)
 - legumes (beans, lentils, peas, groundnuts) and seeds (sesame)
 - vitamin-A-rich fruits and vegetables (mango, papaya, passion fruit, oranges, dark green leaves, carrots, yellow sweet potato and pumpkin), and other fruit and vegetables (banana, pineapple, watermelon, tomatoes, avocado, eggplant [aubergine] and cabbage).
- Introduce animal-source foods early to babies and young children and give them as often as possible. Cook well and chop finely.
- Additional nutritious snacks (extra food between meals), such as pieces of ripe mango, papaya, banana, avocado, other fruits and vegetables, boiled potato, sweet potato and fresh and fried bread products, can be offered once or twice per day.
- If salt is to be added, use iodized salt.



- Continue breastfeeding your baby on demand both day and night. This will maintain their health and strength, as breast milk continues to be the most important part of your baby's diet.
- Breast milk supplies half the baby's energy needs from 6 up to 9 months.
- Breastfeed first before giving other foods.
- When giving complementary foods to your baby, think about: Frequency, Amount, Thickness, Variety, Responsive feeding, and Hygiene.
 - Frequency: feed your baby complementary foods three times a day.
 - Amount: increase the amount gradually to half (½) a cup (250 mL cup: show amount in cup brought by the caregiver). Use a separate plate to make sure your young child eats all the food given.
 - Thickness: give mashed/pureed family foods. By 8 months, your baby can begin eating finger foods.
 - Variety: try to feed a variety of foods at each meal. For example: animal-source foods (flesh meats, eggs and dairy products); staples (grains, roots and tubers); legumes and seeds; vitamin-A-rich fruits and vegetables and other fruits and vegetables (see COUNSELLING CARD 17: FOOD VARIETY).
 - Responsive feeding:
 - Be patient and actively encourage your baby to eat.
 - Don't force your baby to eat.
 - If possible, use a separate plate to feed the baby to make sure they eat all the food given.
 - Hygiene: Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses (see COUNSELLING CARD 13: GOOD HYGIENE (CLEANLINESS) PRACTICES PREVENT DISEASE).

Note about the size of cups

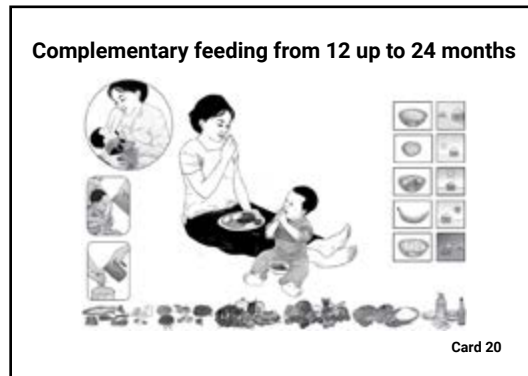
- All cups shown and referred to in the Counselling cards are mugs that have a volume of 250 mL. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.



- Continue breastfeeding your baby on demand both day and night. This will maintain their health and strength, as breast milk continues to be the most important part of your baby's diet.
- Breast milk continues to make up about one third of the energy needs of the young child from 9 up to 12 months.
- To help your baby continue to grow strong and breastfeed, you should consider using a family planning method to prevent another pregnancy
- When giving complementary foods to your baby, think about: Frequency, Amount, Thickness, Variety, Responsive feeding, and Hygiene.
 - Frequency: feed your young child complementary foods five times a day.
 - Amount: half (½) a cup (250 mL cup: show this amount in the cup brought by the caregiver). If possible, use a separate plate to make sure young child eats all the food given.
 - Thickness: give finely chopped or mashed foods, and finger foods.
 - Variety: try to feed a variety of foods at each meal. For example: animal-source foods (flesh meats, eggs and dairy products); staples (grains, roots and tubers); legumes and seeds; vitamin-A-rich fruits and vegetables and other fruits and vegetables (see COUNSELLING CARD 17: FOOD VARIETY).
 - Responsive feeding:
 - Be patient and actively encourage your baby to eat.
 - Don't force your baby to eat.
 - Use a separate plate to feed the baby to make sure they eat all the food given.
 - Hygiene: good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses (see COUNSELLING CARD 13: GOOD HYGIENE (CLEANLINESS) PRACTICES PREVENT DISEASE).
- Animal-source foods are very important. Start animal-source foods as early and as often as possible. Cook well and chop finely.
- Additional nutritious snacks (extra food between meals) such as pieces of ripe mango, papaya, banana, avocado, other fruits and vegetables, boiled potato, sweet potato and fresh and fried bread products can be offered once or twice per day.
- Use iodized salt.
- Do not give sugary drinks.
- Avoid sweet biscuits, candies and other sweet treats.

Note about the size of cups

- All cups shown and referred to in the Counselling cards are mugs that have a volume of 250 mL. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.



- Continue breastfeeding your baby on demand both day and night. This will maintain their health and strength, as breast milk continues to be the most important part of your baby's diet.
- Breast milk continues to make up about one third of the energy needs of the young child from 12 up to 24 months.
- To help your baby continue to grow strong and breastfeed, you should consider using a family planning method to prevent another pregnancy
- When giving complementary foods to your baby, think about: Frequency, Amount, Thickness, Variety, Responsive feeding, and Hygiene.
 - Frequency: feed your young child complementary foods five times a day.
 - Amount: increase the amount to three quarters ($\frac{3}{4}$) to 1 cup (250 mL cup: show this amount in the cup brought by the caregiver). If possible, use a separate plate to make sure young child eats all the food given.
 - Thickness: give family foods cut into small pieces, finger foods, sliced food.
 - Variety: try to feed a variety of foods at each meal. For example: animal-source foods (flesh meats, eggs and dairy products); staples (grains, roots and tubers); legumes and seeds; vitamin-A-rich fruits and vegetables and other fruits and vegetables (see COUNSELLING CARD 17: FOOD VARIETY).
 - Responsive feeding:
 - Be patient and actively encourage your baby to eat.
 - Don't force your baby to eat.
 - Use a separate plate to feed the baby to make sure they eat all the food given.
 - Hygiene: good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses (see COUNSELLING CARD 13: GOOD HYGIENE (CLEANLINESS) PRACTICES PREVENT DISEASE).
- Animal-source foods are very important. Start animal-source foods as early and as often as possible. Cook well and chop finely.
- Additional nutritious snacks (extra food between meals) such as pieces of ripe mango, papaya, banana, avocado, other fruits and vegetables, boiled potato, sweet potato and fresh and fried bread products can be offered once or twice per day.
- Use iodized salt.
- Do not give sugary drinks.
- Avoid sweet biscuits, candies and other sweet treats.

Note about the size of cups

All cups shown and referred to in the Counselling cards are mugs that have a volume of 250 mL. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.

How to add micronutrient powder (MNP) to complementary foods



Card 21

1. Wash your hands with soap and water.
2. Prepare cooked food – thick porridge, mashed potato, or any soft or mushy semi-solid or solid food.
3. Make sure that the food is at a temperature ready for eating.
4. Do NOT add the MNPs to hot food: if the food is hot, the iron will change the colour and taste of the food.
5. Do NOT add the MNPs to any liquids (water, tea or watery porridge): in cold liquids, MNPs lump and don't mix well but float to the top. In addition, the iron will dissolve instantly and change the colour and taste of the food.
6. Separate a small portion of the soft or mushy semi-solid or solid cooked food within the child's bowl.
7. Mix the entire contents of one sachet of MNPs into the small portion of food:
 - Shake the unopened sachet to ensure that the powder is not clumped.
 - Tear open the sachet and pour the entire contents into the small amount of food.
 - Mix the sachet contents and the small portion of food very well.
8. Feed the child this small portion of food, so that they will eat all of the micronutrients in the first few spoonfuls, before giving the rest of the meal.
9. The food should be consumed within 30 minutes of mixing with the MNPs.
10. You can add the entire packet of MNPs to any meal. However, only one sachet of MNPs should be given during a day.

Feeding the sick child aged over 6 months



Card 22

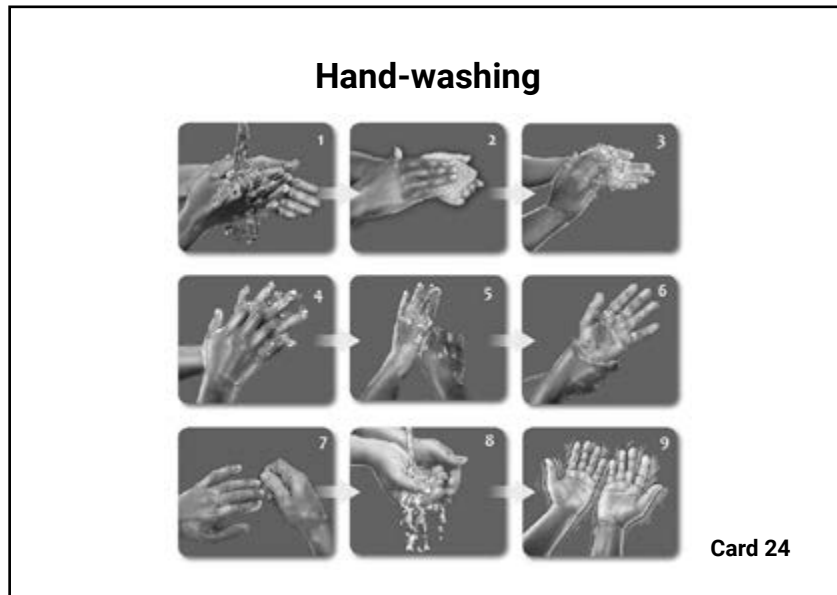
- Breastfeed more frequently during illness, including diarrhoea, to help your baby fight sickness, reduce weight loss and recover more quickly.
- Your baby needs more food and liquids while they are sick.
- If your child's appetite is decreased, encourage them to eat small frequent meals.
- Offer the baby simple foods such as porridge and avoid spicy or fatty foods. Even if the child has diarrhoea, it is better for them to keep eating.
- After your baby has recovered, actively encourage them to eat one additional meal of solid food each day during the following 2 weeks. This will help your child regain the weight they have lost.
- When you are sick, you can continue to breastfeed your baby. You may need extra food and support during this time. When you are sick, you will also need plenty of liquids.

Feeding a low-birth-weight baby



Card 23

- Breast milk is especially adapted to the nutritional needs of low-birth-weight infants.
- The best milk for a low-birth-weight infant, including babies born early, is the breast milk from the baby's own mother.
- The cross-cradle and underarm positions are good positions for feeding a low-birth-weight baby.
- Breastfeed frequently, to get the baby used to the breast and to keep the milk flowing.
- Long slow feeds are fine. It is important to keep the baby at the breast.
- If the baby sleeps for long periods of time, you may need to unwrap the baby or take off some of their clothes to help waken them for the feed.
- Breastfeed the baby before they start to cry.
- Earlier signs of hunger include a COMBINATION of the following: being alert and restless, opening the mouth and turning the head, putting the tongue in and out, sucking on the hand or fist.



- Thorough hand-washing will help keep you and your family from getting sick.
- Five critical times to wash hands:
 1. Wash your hands before preparing and eating food.
 2. Wash your hands before feeding your infants, babies, and children.
 3. Wash your hands after using the toilet or latrine.
 4. Wash your hands after handling livestock or other animals.
 5. Wash your hands after cleaning the baby's bottom.

Steps to thorough hand-washing:

1. Wet your hands with clean, running water.
2. Lather your hands by rubbing them together with the soap.
3. Rub your palms together.
4. Interlock your finger webs and rub them together.
5. Rub each thumb.
6. Rub around your wrist and a way up your forearms.
7. Clean under your fingernails.
8. After at least 20 seconds of scrubbing, rinse your hands with running water.
9. Shake your hands dry in the air or use a clean, hygienic cloth.

Notes

Notes (contd)

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