

Infant and young child feeding

Counselling cards for health workers



WHO/HEP/NFS/21.24

Director's guide, second edition – Trainer's guide, second edition (including Web Annex A. Guidelines for follow-up after training; Web Annex B. Supportive supervision/mentoring and monitoring; and Web Annex C. Toolkit for supportive supervision/mentoring and monitoring) – Participant's manual, second edition – Counselling cards for health workers – Guidance on the use of counselling cards – Course handouts.

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Suggested citation. Infant and young child feeding counselling: an integrated course. Counselling cards for health workers. Geneva: World Health Organization; 2021 (WHO/HEP/NFS/21.24). Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

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Design and layout: Christopher Yuen.

Acknowledgements

This set of Counselling cards has been adapted from the *Community infant and young child feeding counselling* package and form part of the updated *Infant and young child feeding counselling: an integrated course, second edition*, developed by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). 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.

The following deserve special recognition for the roles they played in the development of course materials: Ruth Bland, Consultant, Africa Centre for Health and Population Studies, who was the primary author and who also acted as Director of the course in all the field-tests for the first edition; Randa Saadeh, WHO, who oversaw development of the first edition; Peggy Henderson, Nigel Rollins and Constanza Vallenias, WHO, who contributed to the revision of the first edition; Carmen Casanovas, WHO, who contributed to the development and revision of the first edition; Juan Pablo Peña Rosas, Pura Rayco-Solon and Lisa Rogers, WHO, who led the initiation, development and production of the second edition, respectively; Mary Lungaho and Maryanne Stone-Jimenez, consultants, who contributed to the development and testing of the course materials; and Maaike Arts and France Begin, United Nations Children's Fund (UNICEF), who reviewed the

course and provided comments.

Special thanks are due to Helen Armstrong, Genevieve Becker, Hilary Creed-Kanashiro and Felicity Savage King, who were the authors of the original training courses on breastfeeding counselling, complementary feeding counselling, and HIV and infant-feeding counselling; and to Adelheid W. Onyango and Mercedes de Onis who were authors of the training course on child growth assessment. Thanks are also due to Ilgi Ertem and Cutberto Garza, for their technical input, and to Patricia Whitesell Shirey and Florence C Johnson, for developing the modules for the training course on child growth assessment.

The contribution of the many individuals from the countries where the course and counselling tools were field-tested, namely Eswatini, Ghana, Kenya, Zambia and Zimbabwe, and the staff of the UNICEF and WHO regional and country offices concerned, is also gratefully acknowledged.

Thanks are due to the Bill & Melinda Gates Foundation and the Government of the Republic of Korea, for providing financial support for updates to this second edition.

Positive counselling skills

This set of cards was developed for you to help counsel mothers and other caregivers about infant and young child feeding. Positive counselling skills are important for your success. Some basic counselling skills presented below 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
 - 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 how 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

IYCF three-step counselling

The following THREE-STEP COUNSELLING will help you to counsel, problem-solve and reach an agreement with mothers/caregivers 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 the 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 mother or 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.

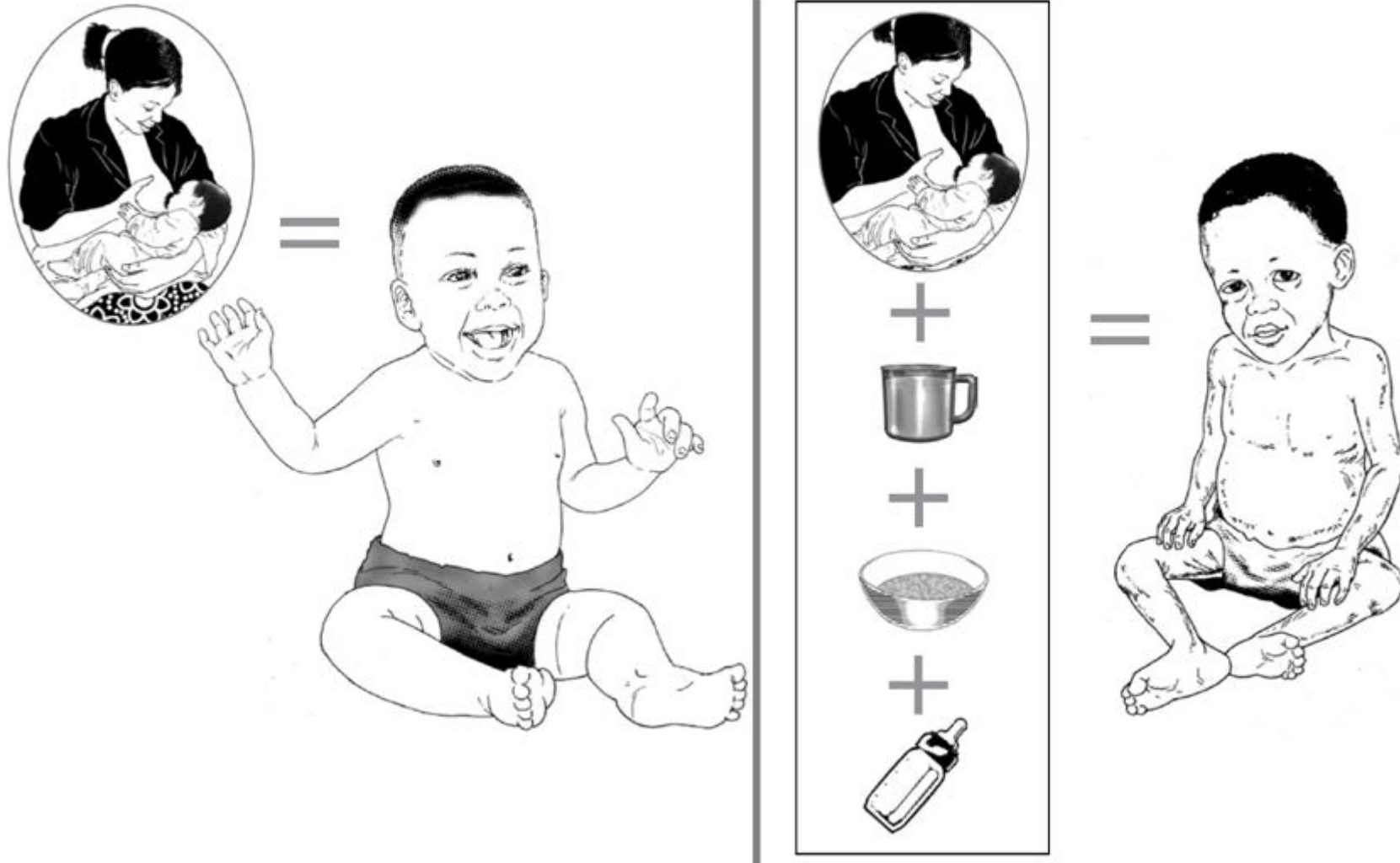
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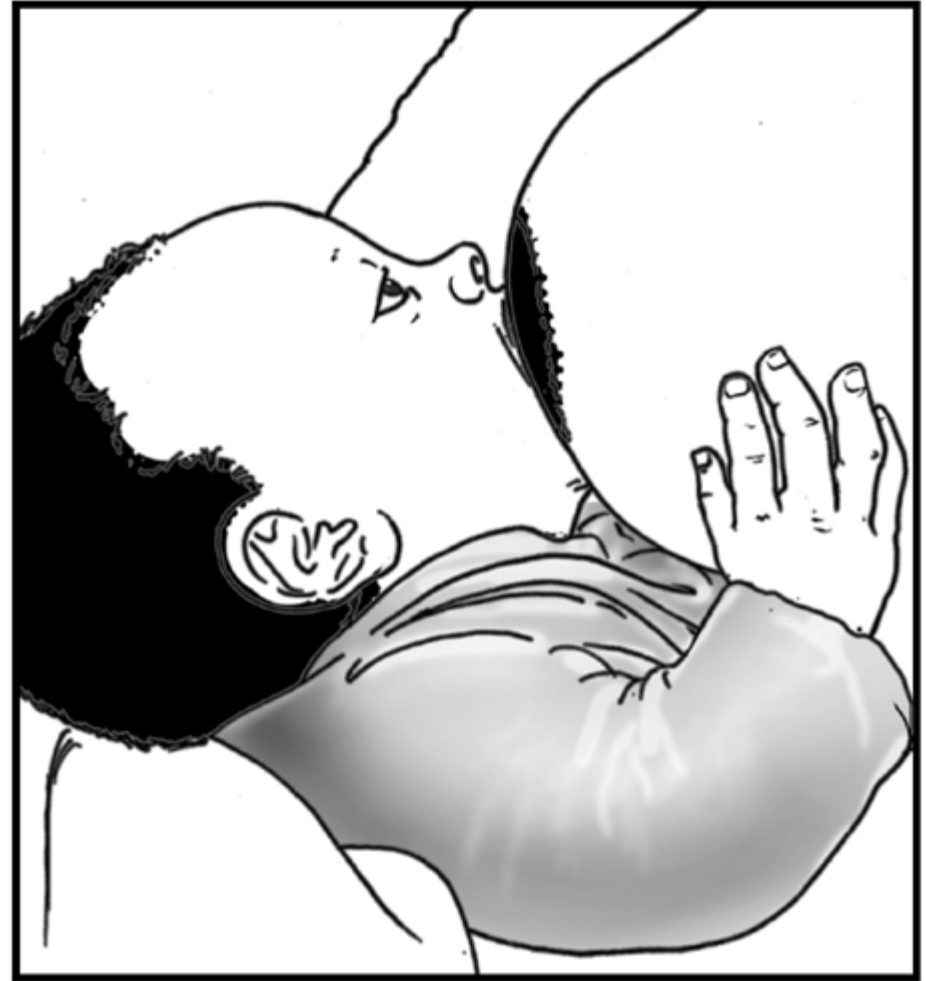
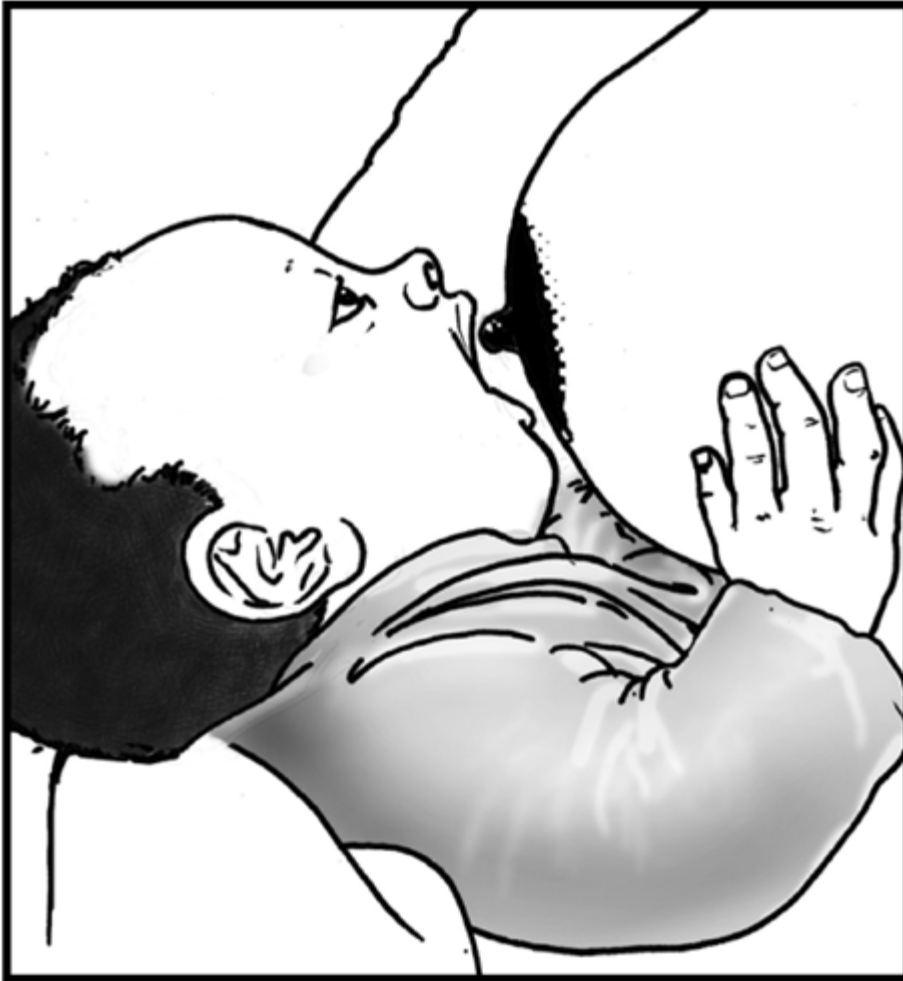
During the first 6 months, your baby needs **ONLY** breast milk



The importance of exclusive breastfeeding during the first 6 months



Good attachment



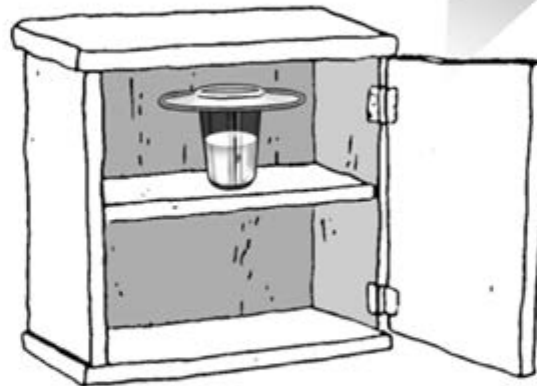
Breastfeeding positions



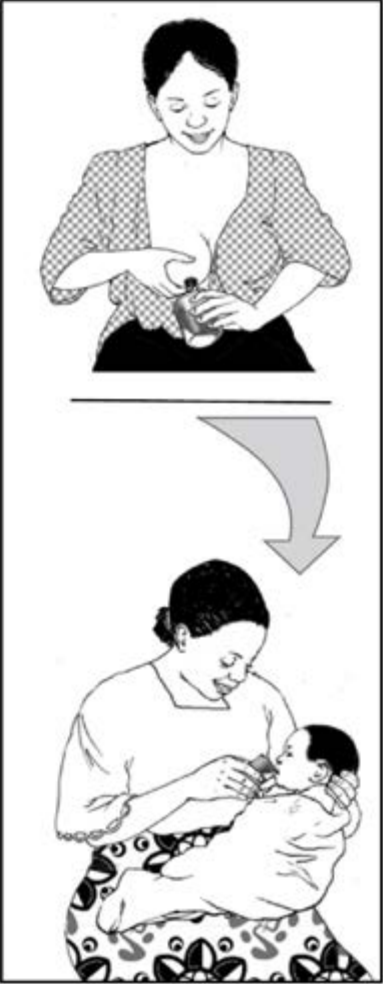
Growth monitoring



Expressing milk and cup-feeding



When you are separated from your baby



Supporting women living with HIV to breastfeed

Breastfeed for at least 12 months

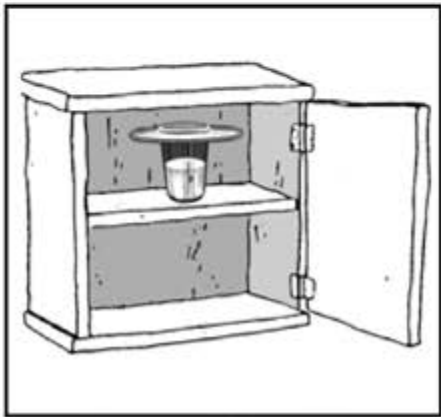
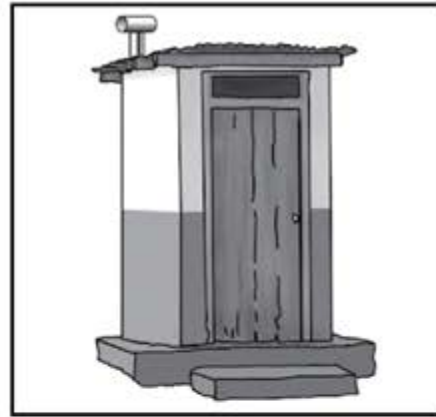
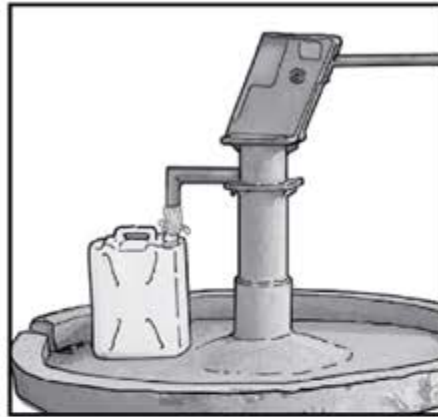


Take antiretroviral drugs

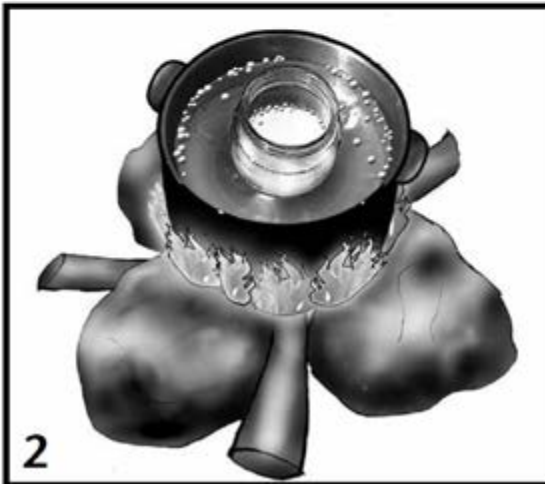
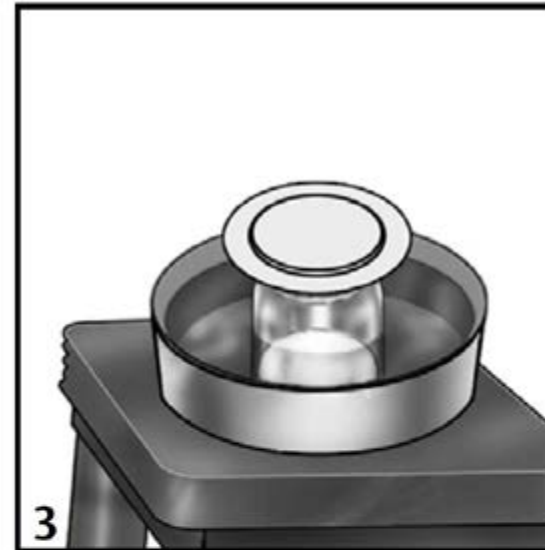


Do not give any other liquids (even water) or foods to breastfeeding babies before 6 months

Conditions needed for safe use of replacement feeding

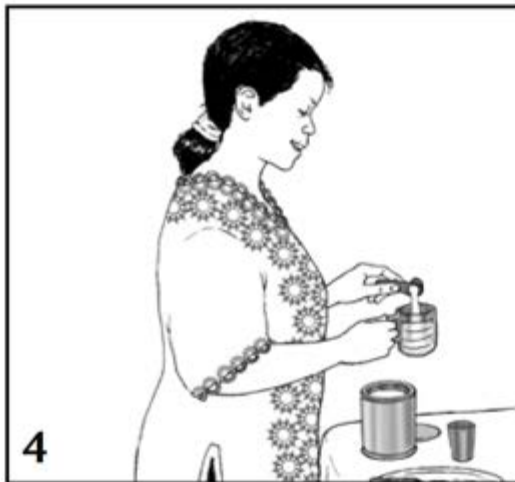
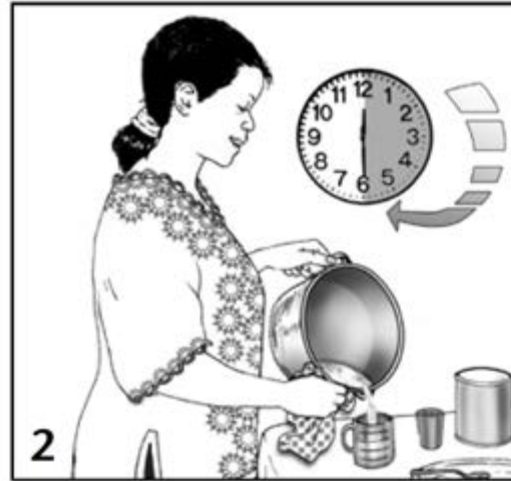


How to heat-treat breast milk

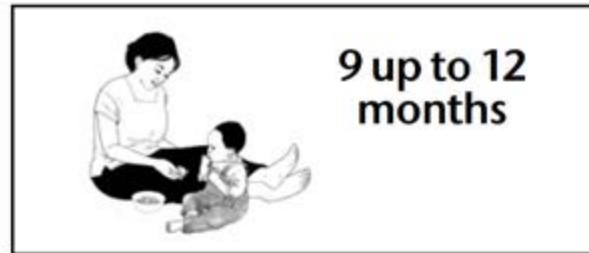


Supporting women living with HIV who use replacement feeding




Prepare infant formula milk safely and feed with a cup







Feeding the non-breastfed child from 6 up to 24 months







Each day add



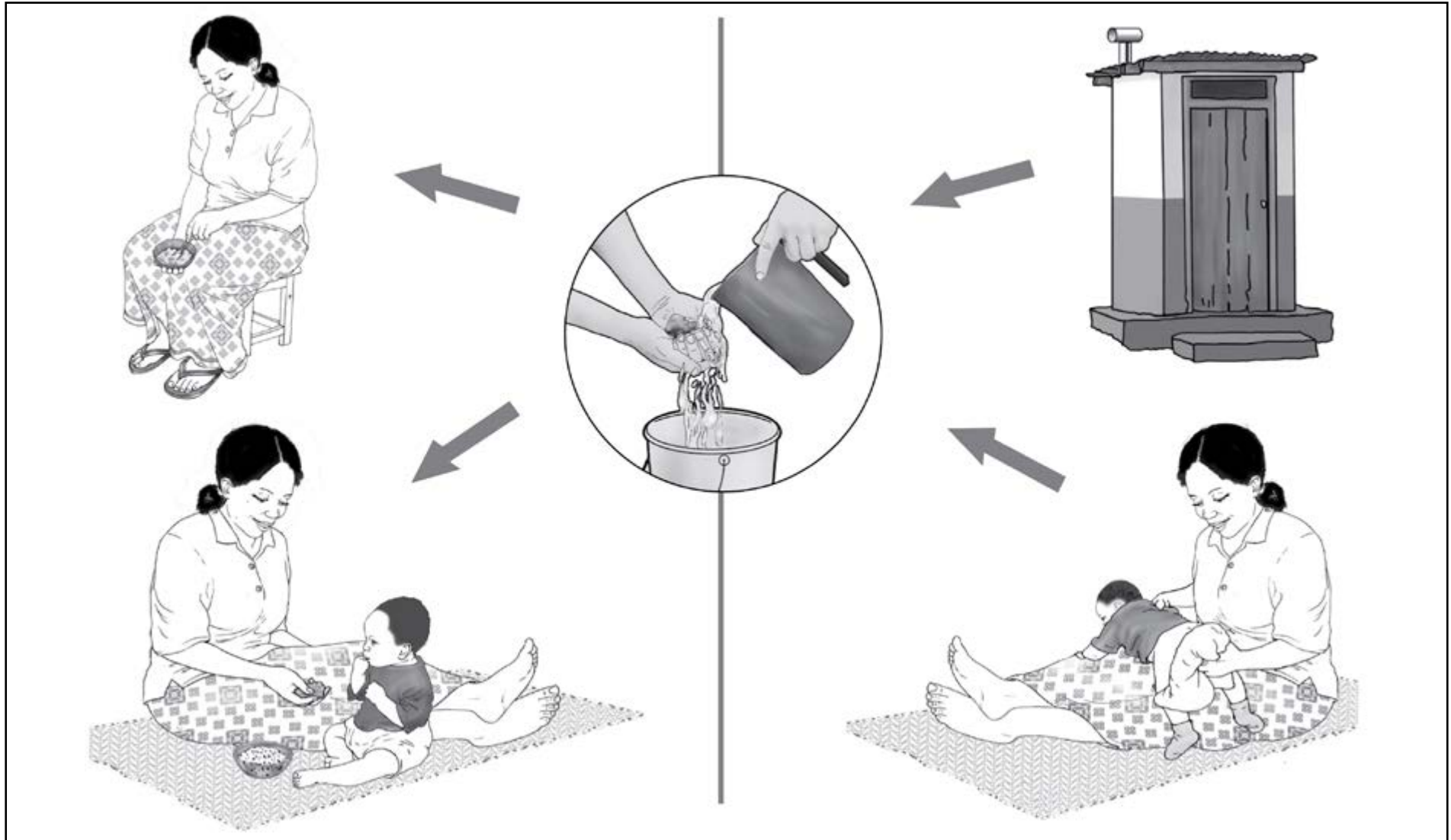
Each day add



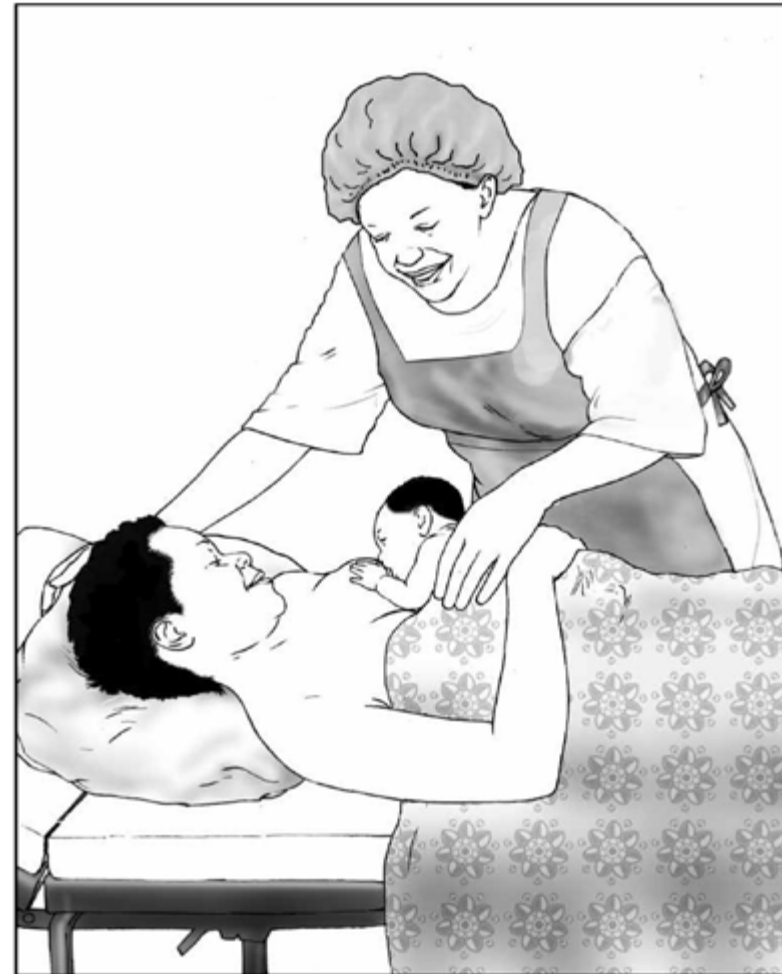
Each day add



Good hygiene (cleanliness) practices prevent disease

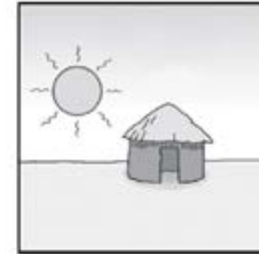


Antenatal counselling and early skin-to-skin contact



Breastfeed on demand

Both day and night (8 to 12 times), to build up your supply of breast milk



Start complementary feeding at 6 months



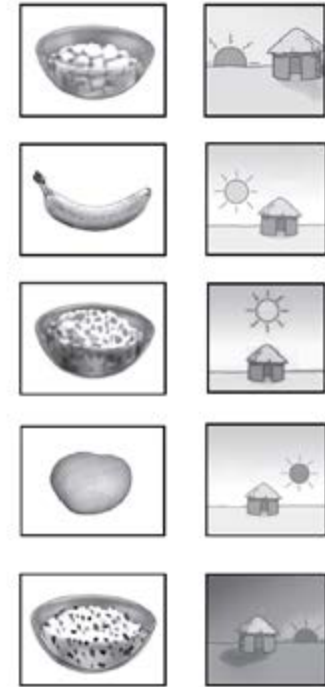
Food variety



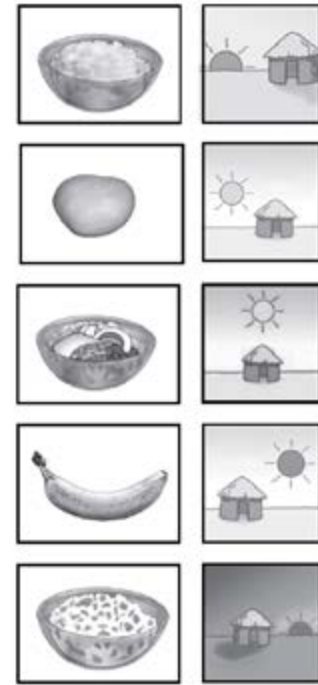
Complementary feeding from 6 up to 9 months



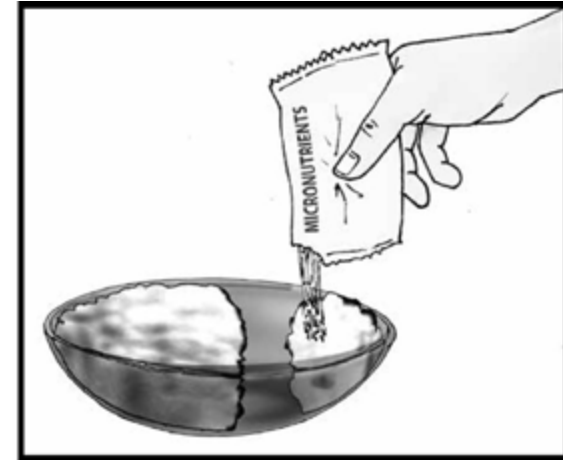
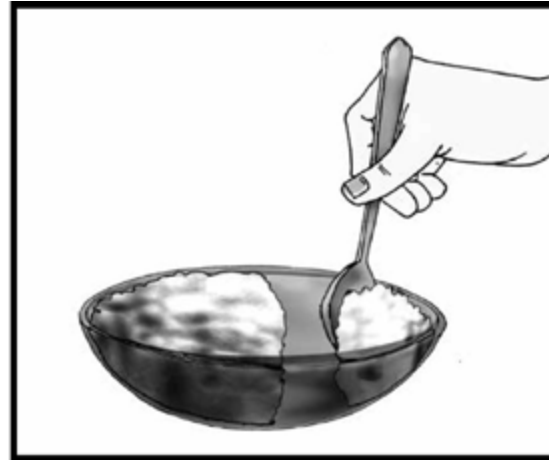
Complementary feeding from 9 up to 12 months



Complementary feeding from 12 up to 24 months



How to add micronutrient powder (MNP) to complementary foods



Feeding the sick child aged over 6 months



Feeding a low-birth-weight baby



Hand-washing

