



Infant and Young Child Feeding Curriculum

Ministry of Health & Social Welfare – Lesotho Government

2010

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Materials for the course

Necessary documents:

- *Trainer's Guide*.
- Copies of *Participants' Manual* for each participant.
- PowerPoint slides for Sessions 3 to 38.
- Copies of the infant-feeding counselling cards for each participant.
- Copies of the take-home flyers for each participant.

Equipment:

- LCD projector for presenting slides.
- Breast model (if not available, see 'How to make a breast model' on page 8).
- Doll.
- Chairs and a footstool for sitting demonstrations.
- A mat or blanket on the floor to demonstrate breastfeeding lying down.
- At least one table reserved for demonstrations.
- A small cup, which holds approximately 60 mls of water.
- A cloth (used in multiple sessions).
- Syringe, 20 ml, with the adaptor end of the barrel removed.
- Marker suitable for glass.
- Water for use in demonstrations.
- Bowl or plate that would be used when feeding a young child (sessions 29, 30, 33, and 35).

Equipment for specific demonstrations:

- Two empty see-through containers that will each hold 200 ml when filled to the top. These could be drinking glasses or plastic containers, such as soft-drink bottles, cut to the right size.
- Sharp scissors or knife to cut the soft-drink bottles, if needed.
- Measuring jug or other means to measure 200 ml.
- 400-ml made-up porridge from a suitable local staple. Make up to a thick consistency so that it stays easily in the spoon when the spoon is tilted. Divide the cooked porridge into two even portions.
- A large eating spoon (used in multiple sessions).
- Examples of suitable containers to collect expressed breastmilk, which would be available to ordinary mothers (for example, cups and jars).
- Samples of any breast pumps that are available in the area, from hospitals, or from shops. (If none are available or used, do not give this demonstration.)
- Collect containers, tins, and packets of all milks available locally, whether or not suitable for infants, including those provided by social service organisations and supplemental nutrition programs. Have one tin of commercial infant formula. Find out which milks are full-fat, semi-skimmed, or skimmed.
- Collect a variety of miscellaneous products, e.g., fruit juices, sugary drinks, and tea.
- Collect easily available see-through small containers, such as jars and glasses.
- Gather some examples of promotional material from formula manufacturers.
- Examples of locally-available processed complementary foods (empty packets are suitable).
- A biscuit or piece of bread or other finger food.
- A variety of common foods (cooked if needed) that young children would eat, enough to make a child-size bowlful for each group, from the kitchen at the course facilities or elsewhere. Include some inappropriate food, if possible. Do not divide the food for the groups. Cover the food until you are ready to use it.
- One plate, knife, fork, and eating spoon for each group.

- A local measure that holds 250 ml marked at $\frac{1}{2}$ and $\frac{3}{4}$ full. Do not distribute this until after the plate of food is prepared by the group.
- You will need a small amount of food and a set of equipment similar to the plate of food exercise above for the demonstration. Adapt the text to suit the food you have available.
- Facilities for washing hands before and after preparing food. Waste container and materials for cleaning up afterwards.

Stationary

- Blank flip chart.
- Markers.
- Tape or other items for affixing papers on walls or chalkboards.
- Six A4 sheets of paper.
- Small blank cards (A5) in four colours (20 of each colour).
- Seven note cards with one of the following words written on each card: happy, sad, excited, angry, worried, scared, bored/not interested.
- Enough scrap paper for each participant to write their recommendations on. These will be used again in Session 34.

Copies:

- Make one copy of the *National IYCF Policy* for each participant.
- Copies of the BREASTFEEDING OBSERVATION JOB AID (for sessions 4, 6, and 7).
- Copies of all the role plays from Session 5.
- Copies of PRACTICAL DISCUSSION CHECKLIST available for each trainer (for session 6).
- Copies of Counselling Skills Checklist (for sessions 6, 9, 19, and 34).
- Copies of HOW TO HELP A MOTHER TO POSITION HER BABY for each participant (for Session 7).
- One copy of the Lesotho growth charts for boys and girls for each participant.
- Copies of the growth charts with standard curves for all participants.
- Copies of the Session 9 Demonstrations 1 to 4.
- Copies of the Guide for Evaluating Infant Feeding for each participant.
- Four copies of Counselling Stories 1 to 4 (for Session 19).
- Copies of Five Keys to Safer Food for each participant.
- Copies of the handout Assess Your Practices (located at the end of this curriculum).
- Copies of the handout What Is in the Bowl? (Session 29).
- Cut-out slips of paper with the scenarios listed at the end of Session 31.
- Copies of the Food Intake Job Aid 6–24 Months for each participant (sessions 32 and 34).
- Copies of the Instructions to Complete Food Intake Job Aid, 6–24 Months for each participant.
- One set of stories for each group for Food Intake Practice. Cut as shown from Session 32. Keep the growth chart with the relevant story.
- Copies for each group of Exercise: Prepare a Young Child's Meal (Session 36).

Introduction to the course

Why this course is needed

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) jointly developed the Global Strategy for Infant and Young Child Feeding (IYCF) to revitalize the world's attention to the impact that feeding practices have on the nutritional status, growth, development, and health, and thus the very survival of infants and young children (WHO and UNICEF, 2002). The Global Strategy is intended as a guide for action; it is based on accumulated evidence of the significance of the early months and years of life on growth and development.

The Government of Lesotho has adopted the Global Strategy for IYCF and recognizes the impact that feeding practices have on the nutritional status, growth, development, health, and survival of infants and young children. The IYCF guidelines recommend the protection, promotion, and support for exclusive breastfeeding for 6 months. For infants older than 6 months, the guidelines call for provision of safe and appropriate complementary foods with continued breastfeeding for up to 2 years of age or beyond. However, many children are not fed in the recommended way. Many mothers who initiate breastfeeding satisfactorily start complementary feeds or stop breastfeeding within a few weeks of delivery. In addition, many children, even those who have grown well for the first 6 months of life, do not receive adequate complementary foods, which puts them at risk of malnutrition.

Poor nutritional status is currently one of the most important health and welfare problems in Lesotho. At the national level, nearly 42% of children younger than 5 years are stunted¹. Nearly half of children are receiving liquids and solid foods prematurely at 2 months. Conversely, 30 percent of children aged 6 to 7 months are still consuming a liquid diet at an age when solid foods should form an important part of their diet. Results from the 2004 National Demographic and Health Survey (DHS) indicate that 23.2% of adults aged 15 to 49 in Lesotho are infected with HIV. HIV prevalence among pregnant women is 27%. Suboptimal IYCF practices increase the risk of mother-to-child HIV transmission.

It has often been difficult for health workers 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 a greater determinant of malnutrition than the availability of food. Hence, there is an urgent need to train all those involved in infant-feeding counselling in the skills needed to support and protect breastfeeding and good complementary feeding practices.

Messages about infant feeding have become confused over recent years with the HIV pandemic. In Lesotho, the Ministry of Health and Social Welfare (MOHSW) is finalising the *National Infant and Young Child Feeding Policy*, indicating that HIV-positive women should be counselled to make a fully informed decision about how best to feed their infants, and supported to carry out the method of their choice. This policy also emphasises the need to protect, promote, and support breastfeeding. There is an urgent need to train health workers to counsel women about infant feeding, according to this policy.

This 5-day *Infant and Young Child Feeding Curriculum for Health Workers* is based on WHO and UNICEF's *Infant and Young Child Feeding Counselling: An Integrated Course*. Given the urgency of training large numbers of health workers and counsellors, this integrated course has been adapted to respond to the specific needs in Lesotho by training those who care for mothers and young children in the basics of good infant and young child feeding.

¹ National Nutrition Survey, 2007.

Counselling is an extremely important part of this course, and the course will focus on practicing using job aids to improve counselling skills.

Course objectives

After completing this course, participants will be able to counsel and support mothers to carry out nationally-recommended feeding practices for their infants and young children from birth up to 24 months of age. In addition, participants will be able to counsel and support HIV-infected mothers to choose and carry out an appropriate feeding method for the first 2 years of life. Each session of this course has a set of learning objectives. Be sure that you are clear about what these are when you are preparing to give a session.

Target audience

This course is aimed at the following groups of people:

- Dieticians and nutritionists.
- Doctors and nurses.
- Counsellors.
- Other health personnel.
- Health educators.

Course participants are not expected to have any prior knowledge of infant feeding.

Using the *Trainer's Guide*

Preparing to use slides

Many sessions in the curriculum include a set of slides that will help you to achieve the session objectives. You can see a photo of each slide in this guide. The slides are accompanied by text that explains the slide's meaning within the session. It is important as a trainer that you review these slides carefully when preparing for your session. In addition, you will need to make sure that you have a projector available for use during this training in order to project the slides.

Using the *Trainer's notes*

At the end of each session you will find a section called *Trainer's notes*. This is a reference section available for you in order to provide more detailed technical information. These sections are just for the trainer—it is not necessary to read these to the participants. It is important for you to also review this information when preparing for a session. It will help you to answer your participants' questions.

Preparing to give a demonstration

Some sessions include a number of short demonstrations of counselling techniques and other skills. You should practice these beforehand in order for them to be effective and to demonstrate the relevant points to the participants.

Demonstration guidelines

- **Study the instructions and collect the equipment:** Before you give the demonstration, read through the instructions carefully, so that you are familiar with them and you do not forget any important steps. This is necessary even if you have already seen someone else give the demonstration. Make sure that you have the equipment that you need.
- **Prepare your assistant:** You may need someone to help you to give the demonstration; for example, someone to pretend to be a mother. It is usually a good idea to ask a participant to help you. This can be a good learning experience for her. It increases her involvement, and helps her to learn about teaching methods. Ask for help the day before a demonstration, so that helpers have time to prepare themselves and discuss what you want them to do. If the participant will be taking part in one of the role plays with a written scenario, give her the words she will read the day before so that she can practice them.
- **If appropriate, do the demonstrations with another trainer:** If you feel that participants are not ready to demonstrate the counselling skills, do the demonstrations yourself with another trainer. This helps participants to understand what playing the part is about, and they can see that making mistakes does not matter, so they may feel more confident to try themselves next time.

Role plays

This training will use role plays to provide participants with an opportunity to practice and perfect the skills learned during this workshop before trying them in a real situation. Whenever role plays are used, there will first be a role play conducted in front of the entire group of participants. Participants will have a chance to observe, ask questions, and provide feedback. Then participants will break into small groups of six people. The same groups will be used throughout the training, and group members will take turns in different roles to ensure that each group member has a chance to play the role of the health worker. There will be enough learning activities for each member of the six-to-eight-person group to play the role of the health worker at least once. In each small group the role play can be carried out by two to four people who play the roles of the health worker, the mother, the grandmother, and the father. Others can observe the role play and provide feedback. If there is time, those who observed can then enact another role play while the rest serve as observers. If there is not time, they can serve as the main players in the next session.

Role-play guidelines

When setting up a role play for presentation by trainees, the following guidelines are important:

- Two or more people are asked to take on the role of certain characters and then act out a scene focusing on a predetermined situation. Details will be given about a situation, asking the role players to act it out and create an ending.
- Suggest that male participants play female roles and female participants play male roles, so they have a chance to place themselves in situations encountered by the opposite sex.
- Visit small groups creating a role play to make sure that they are developing a scene that is no longer than 5 to 7 minutes in length and to ensure that all members of the small group are involved in some way.
- Make sure they do not spend all the time on the script. They need time to act it out as well.
- Create sufficient space for the role-play performance.

- If the role play goes on too long or seems to get 'stuck,' invite the players to stop so that everyone can discuss the situation.
- Allow the other participants to offer their observations and feedback after the small group has performed. Role plays are a chance for participants to improve their skills.

Using the Infant and Young Child Feeding Counselling Cards and take-home flyers

This curriculum also demonstrates the use of the National Infant and Young Child Feeding Counselling Cards and take-home flyers. The counselling cards have been developed for use by health workers in order to assist in counselling mothers.

The counselling cards begin with a flow chart, which guides the counsellor on the steps to take when counselling a mother. Using this flow chart, a counsellor decides which cards are most appropriate to use with the mother. Each card contains two sides: a picture and text. The text side indicates the card number. The counsellor should show the mother the picture and ask her to describe what she sees. Make sure that the mother covers the points written on the text side of the card. Fill her in on the points that she does not cover.

In each session that covers the use of these cards, their photos are included on slides. This helps you to guide the participants in their use and helps them to become more familiar with them.

It is very important that trainers understand clearly how to use these cards themselves, as they will be expected to teach the participants how to use them.

How to make a model breast

Some sessions include demonstrations that involve the use of breasts. If a model breast is not available at your facility, here are instructions on how to make one:

- Use a pair of near skin-coloured socks or stockings, or an old sweater or T-shirt.
- Make the cloth into a round bag shape, and stuff it with other cloth or foam rubber to make it breast shaped.
- Stitch a 'purse string' around a circle in the middle of the breast to make a nipple.
- Stuff the nipple with foam or cotton.
- Colour the areola with a felt pen. You can also push the nipple in, to demonstrate an 'inverted' nipple.
- If you wish to show the inside structure of a breast, with the larger ducts, make the breast with two layers, for example with two socks.
- Sew the nipple in the outer layer, and draw the large ducts and ducts on the inside layer, beneath the nipple.
- You can remove the outer layer with the nipple to reveal the inside structure.

Session 1: Introduction to infant and young child feeding

Learning objectives

After completing this session participants will be able to:

- Describe the *National IYCF Policy*.
- Explain how the *National IYCF Policy* applies to their work.
- State the current recommendations for feeding children from 0–24 months of age.
- Define exclusive breastfeeding.
- Define complementary feeding.

Materials and preparation

- Make one copy of the *National IYCF Policy* for each participant.
- Post two A4 sheets of paper on opposite sides of the room. Write 'Agree' on one sheet and 'Disagree' on the other.

Suggested time: 30 minutes

Session guide

Ask participants to stand in the middle of the room. Explain that you will read a statement and if they agree they should move to the side of the room under the 'agree' sign. If they disagree they should move to the side under the 'disagree' sign. Encourage everyone to move to one side. Even if they do not feel strongly they can go to the side that is closest to how they feel.

Read the following statements one at a time. After participants have moved ask a few from each side to explain why they are standing on that side.

- Breastmilk is best for babies after they are born, but after a few months, babies start to be hungry and need to eat other foods.
- Cow's milk is a good substitute for breastmilk when a woman is away from her baby or does not have enough breastmilk.
- Breastfeeding should be discouraged for women who are HIV positive.
- It is important to give water to babies, especially when it is very hot.
- There are many reasons why women are unable to give only breastmilk for the first 6 months; it is very difficult.
- It is better to throw away the first milk that comes in since it is watery and does not help the baby.
- Most children born to mothers who are HIV infected will become infected with HIV.

National IYCF Policy

Ask: Have you heard of the National IYCF Policy? Do you know what it says?

Allow participants to respond.

Pass out copies of the policy and present a brief overview. Explain why the policy was needed (include national malnutrition and HIV data) and the recommendations. The following are the major topics described in the policy.

1. Antenatal care practices.
2. Labour and delivery practices.
3. Optimal IYCF practices for the general population.
4. Feeding in difficult situations (including emergencies).
5. Complementary foods (timely, adequate, safe, and properly fed).

6. Training and capacity-building of service providers.
7. Community involvement and participation.
8. Creating an enabling environment for Infant and Young Child Feeding

Exclusive breastfeeding

Explain that in this training we will talk a lot about exclusive breastfeeding.

Ask: What does the term exclusive breastfeeding mean?

Allow participants to discuss. They should come up with the following definition:

Feeding an infant with breastmilk (including expressed breastmilk) only, without any other food or drink, not even water. However, drops of syrups consisting of vitamins, mineral supplements, or medicines can be given when medically prescribed.

Explain that exclusive breastfeeding provides the ideal food for healthy growth and development of infants and it is all that a child needs for the first 6 months.

Ask: Do many women exclusively breastfeed? Why or why not?

Explain:

- Almost all mothers can breastfeed exclusively provided they have accurate information and support within their families and communities.
- They should have access to skilled practical help from people trained in breastfeeding counselling who can help to build their confidence, improve feeding technique, and prevent or resolve breastfeeding difficulties.
- During this training you will start to develop these skills, or build on skills you are already using in your daily work.

Complementary feeding

Explain that after 6 months of age, all babies require other foods in addition to breastmilk—we call these foods complementary foods. When complementary foods are introduced, breastfeeding should still continue for up to 2 years of age or beyond.

Ask: When do most babies start to eat their first foods? What are the most common foods that babies eat? Encourage participants to discuss.

Explain that infants are particularly vulnerable during the transition period when complementary feeding begins. Ensuring that their nutritional needs are met requires that complementary foods be:

- **Timely** – meaning that they are introduced when the need for energy and nutrients exceeds what can be provided through exclusive and frequent breastfeeding.
- **Adequate** – meaning that they provide sufficient energy, protein, and micronutrients to meet a growing child's nutritional needs.
- **Safe** – meaning that they are hygienically stored and prepared and fed with clean hands using clean utensils and not bottles or teats.
- **Properly fed** – meaning that they are given in response to a child's signals of hunger and satiety, and that meal frequency and feeding methods—actively encouraging the child, even during illness, to consume sufficient food using fingers, spoon, or self-feeding—are suitable for the child's age.

Ask participants if they have any questions, and try to answer them.

Make these points:

- During this training, we will be learning more about how to implement the National IYCF Policy, and how to offer mothers and caregivers the skilled practical help they need to feed their children optimally.
- We will be discussing and practising how to help mothers to breastfeed exclusively, how to prepare and feed complementary foods while continuing to breastfeed, and how to help mothers who are HIV positive.

Session 2: Why breastfeeding is important

Learning objectives

After completing this session, participants will be able to:

- Explain why breastfeeding is important.
- List advantages and disadvantages of breastfeeding.
- Describe the difference between breastfeeding and replacement feeding.

Materials and preparation

- Small blank cards (A5) in four colours (20 of each colour).
- Three A4 sheets of paper, each with one of the following headings; these should be posted on the wall:
 - Advantages for baby.
 - Advantages for mother.
 - Advantages for family and community.
 - Advantages for the country.
- Make sure that **Slides 2/1 through 2/6** are in the correct order. Study the slides and the text that goes with them so that you are able to present them.
- Blank flip chart and markers.

Suggested time: 60 minutes

Session guide

The importance of breastfeeding

Explain that understanding why breastfeeding is important can help you to support mothers who may have doubts about exclusive breastfeeding.

Ask: Why is breastfeeding important?

Divide participants into four groups.

Assign topics to each group:

- Group 1: Advantages for the baby.
- Group 2: Advantages for the mother.
- Group 3: Advantages for the family and community.
- Group 4: Advantages for the country.

Give each group cards (one colour for each group).

Ask groups to write one advantage per card for their topics (pass out additional cards as needed). While groups are writing, post the four A4 sheets of paper on the wall, which should have one title written on each. Be sure there is plenty of space between each title card.

After 5 minutes, ask each group to post its cards with the advantages they listed under the appropriate title cards. Ask a representative from each group to explain each card as they post it and ask the other groups if they have any advantages to add.

Be sure the following are mentioned:

Advantages for babies	Advantages for mother	Advantages for families and communities	Advantages for the country
<p>Colostrum</p> <ul style="list-style-type: none"> • Defends against infection • High in protein • First immunisation <p>Breastmilk</p> <ul style="list-style-type: none"> • Supplies all necessary nutrients in proper proportion • Digests easily without causing constipation • Protects against diarrhoea • Provides antibodies that protect against common illnesses • Protects against infection, including ear infections • During illness helps keep baby well-hydrated • Reduces the risk of developing allergies • Is always ready at the right temperature • Increases mental development • Prevents hypoglycaemia (low blood sugar) • Promotes proper jaw, teeth, and speech development • Is comforting to fussy, overtired, ill, or hurt baby <p>Early skin-to-skin contact</p> <ul style="list-style-type: none"> • Stabilizes the baby's temperature • Promotes bonding 	<ul style="list-style-type: none"> • Reduces blood loss after birth (early/immediate breastfeeding) and helps expel the placenta • Saves time and money • Makes night feedings easier • Delays return of fertility • Reduces the risk of breast and ovarian cancer • Is available 24 hours a day • Ensures close physical contact • Makes mother calmer and more relaxed because of hormones 	<ul style="list-style-type: none"> • Is economical • Is accessible • Needs no preparation • Reduces cost for medicines for sick baby • Delays new pregnancy • Reduces time lost from work caring for a sick child 	<ul style="list-style-type: none"> • Reduces land pollution • Cuts down medication budget • Reduces morbidity and mortality • Improves children's IQ and reduces repeated classes (cuts down on education budget) • Intelligent and productive human resource

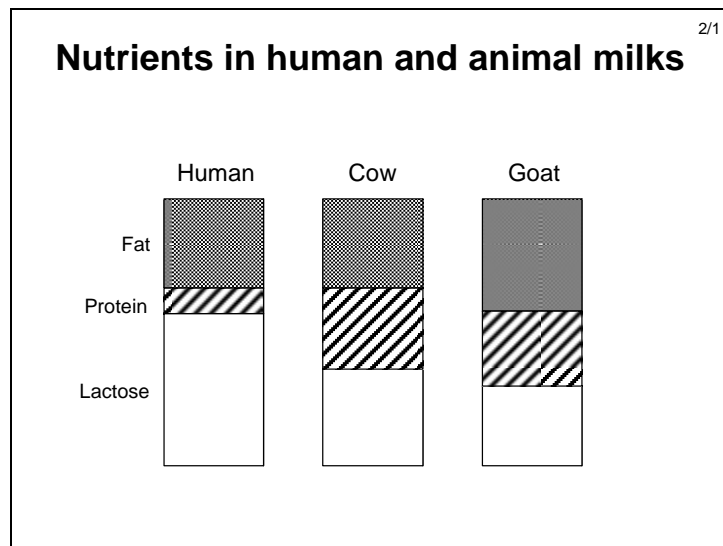
Disadvantage of breastfeeding

Explain the following point:

- If a mother is HIV positive, her baby is exposed to HIV as long as the mother breastfeeds.
- We will discuss this point in great detail in later sections.

The differences between breastfeeding and replacement feeding

Show **Slide 2/1. Nutrients in human and animal milks**



Make the following points:

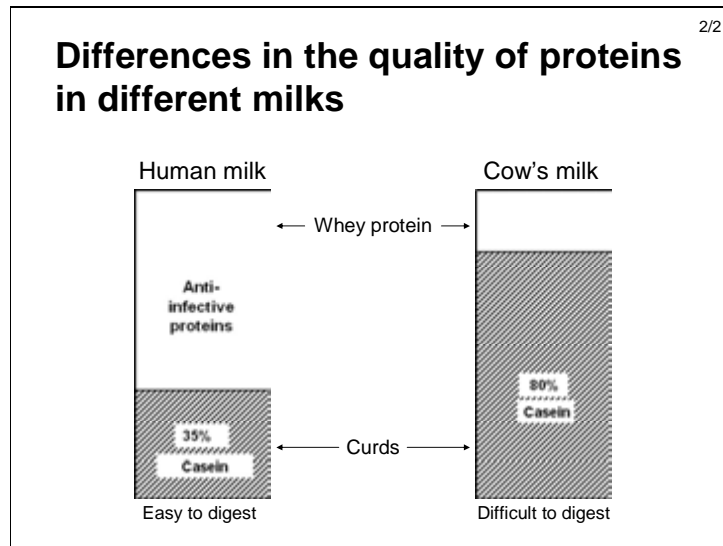
- First, we will look at the nutrients in breastmilk, to see why they are perfect for a baby.
- Formulas are made from a variety of products, including animal milks, soybean, and vegetable oils. Although they have been adjusted so that they are more like human milk, they are still far from perfect for babies.
- In order to understand the composition of formula we need to understand the differences between animal and human milk and how animal milks need to be modified to produce formula.
- This chart compares the nutrients in breastmilk with the nutrients in fresh cow's and goat's milk.
- All the milks contain fat, which provides energy, protein for growth, and a milk sugar called lactose, which also provides energy.

Ask: What is the difference between the amount of protein in human milk and the amount in animal milks?

Wait for a few replies and then explain that animal milk contains more protein than human milk.

Explain that it is difficult for a baby's immature kidneys to excrete the extra waste from the protein in animal milks. Human milk also contains essential fatty acids that are needed for a baby's growing brain and eyes, and for healthy blood vessels. These fatty acids are not present in animal milks, but may have been added to formula.

Show **Slide 2/2. Differences in the quality of proteins in different milks**



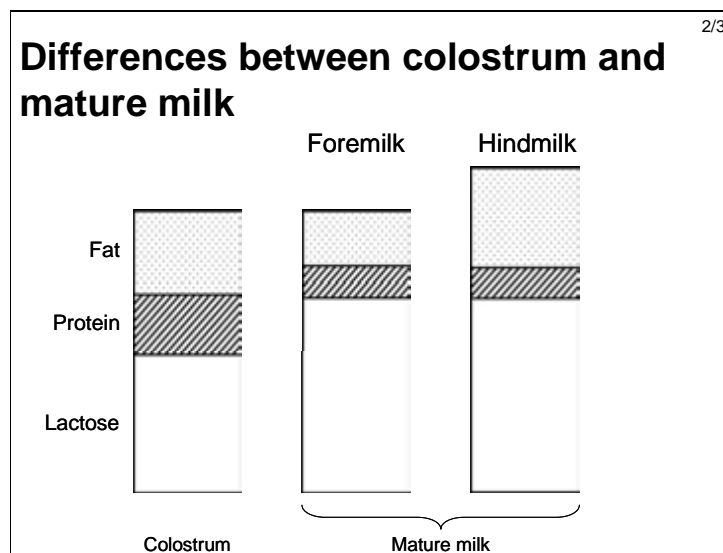
Explain that the protein in different milks varies in quality, as well as in quantity. Although the quantity of protein in cow's milk can be modified to make formula, the quality of proteins cannot be changed. This chart shows that much of the protein in cow's milk is casein.

Ask: What happens if human babies receive too much casein? Wait for a few replies and then continue.

Explain that casein forms thick, indigestible curds in a baby's stomach. You can see in the diagram that human milk contains more whey proteins. The whey proteins contain anti-infective proteins which help to protect a baby against infection.

Babies who are fed formula may develop intolerance to protein from animal milk. They may develop diarrhoea, abdominal pain, rashes, and other symptoms when they have feeds that contain the different kinds of protein.

Slide **2/3. Differences between colostrum and mature milk**



Ask: *What differences do you notice between the different types of breastmilk?*

Wait for a few replies and then continue:

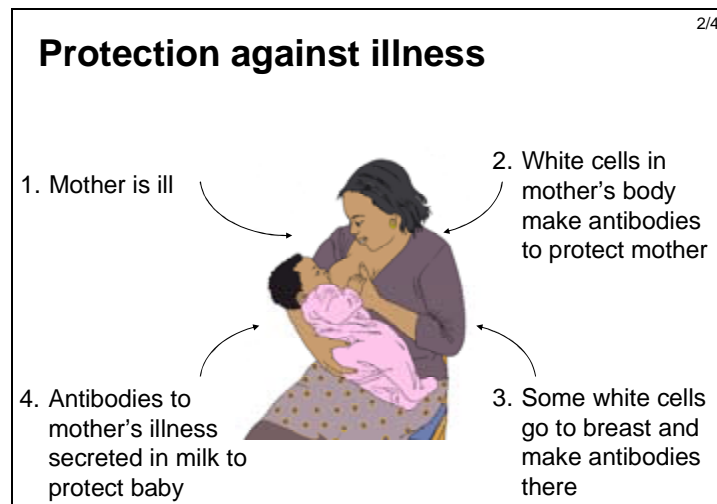
- Colostrum is the special breastmilk that women produce in the first few days after delivery. It is thick and yellowish or clear in colour. It contains more protein than later milk (*Point to the area on the graph*).
- After a few days, colostrum changes into mature milk. There is a larger amount of mature milk, and the breasts feel full, hard, and heavy. Some people call this the milk 'coming in.'
- Foremilk is the thinner milk that is produced early in 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 6 months old, even in a hot climate.
- Hindmilk 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 hindmilk to get a complete 'meal,' which includes all the water that he needs.

Explain the following special properties of colostrum, and why it is important:

- Colostrum contains more antibodies and other anti-infective proteins than mature milk. This is part of the reason why colostrum contains more protein than mature milk.
- It contains more white blood cells than mature milk.
- Colostrum helps to prevent the bacterial infections that are a danger to newborn babies and provides the first immunisation against many of the diseases that a baby meets after delivery.
- Colostrum has a mild purgative effect, which helps to clear the baby's gut of meconium (the first dark stools). This clears bilirubin from the gut, and helps to prevent jaundice from becoming severe.
- 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.

So 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. Other feeds given before a baby has colostrum are likely to cause allergy and infection.

Show **Slide 2/4. Protection against illness**



Explain the following:

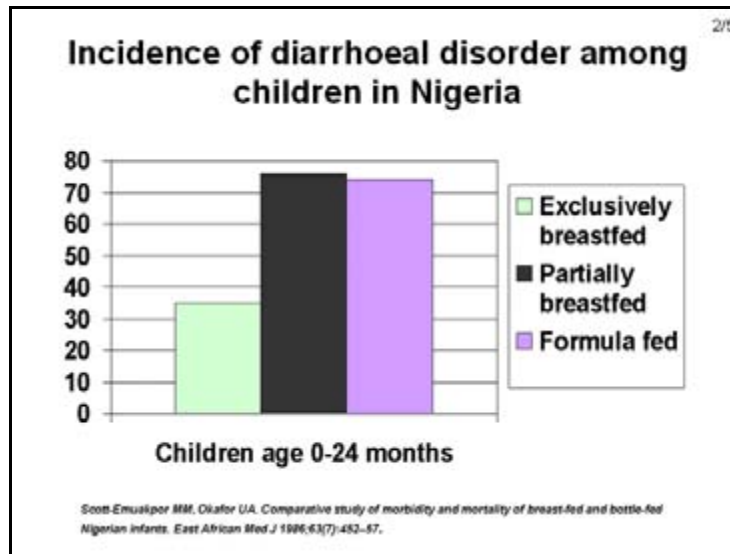
- Breastmilk contains white blood cells and a number of anti-infective factors, which help to protect a baby against many infections.
- Breastmilk also contains antibodies against infections that the mother has had in the past.
- This diagram shows that when a mother develops an illness (1), white cells in her body become active, and make antibodies against the infection to protect her (2). Some of these white cells go to her breasts and make antibodies (3). These antibodies are secreted in her breastmilk to protect her baby (4).
- So a baby should not be separated from his mother when she has an infection, because her breastmilk protects him against the infection.
- Other studies have shown that breastfeeding also protects babies against other infections, for example, ear infections, meningitis, and urinary tract infections.

Explain that the composition of breastmilk is not always the same. It changes according to the age of the baby, and from the beginning to the end of a feed, as we saw in **Slide 2/3** that shows the differences between foremilk and hindmilk.

Incidence of diarrhoea by feeding method²

² Source: Scott-Emuakpor MM, Okafor UA. Comparative study of morbidity and mortality of breast-fed and bottle-fed Nigerian infants. East African Med J 1986;63(7):452–57.

Show **Slide 2/5. Incidence of diarrhoeal disorder among children in Nigeria**



- This chart shows how breastfeeding protects a baby against diarrhoea.
- The chart shows the main findings of a study from Nigeria. It compares how babies fed in different ways get diarrhoea.
- The bars show what percentage of babies had diarrhoea. The bar on the left is for babies who were exclusively breastfed. The bar is smaller because exclusively breastfed babies are much less likely to get diarrhoea. The bar on the right is for babies who were fed formula and is much taller, because these babies were more likely to get diarrhoea than babies fed only on breastmilk.
- The bar in the middle is for babies who were given breastmilk and other feeds or fluids. These babies were as likely to get diarrhoea as were formula-fed babies.
- Babies who are not exclusively breastfed get diarrhoea more often, partly because artificial feeds lack anti-infective factors, and partly because artificial feeds are often made with ingredients and utensils that are contaminated with harmful bacteria.

Explain that in addition to health benefits, there are many psychological benefits of breastfeeding as well.

Psychological benefits of breastfeeding

Ask participants to name some of the psychological benefits for both mothers and babies.

Note their responses on a flip chart. They should mention the following:

- Close contact from immediately after delivery helps the mother and baby to bond and helps the mother to feel emotionally satisfied. Babies tend to cry less if they are breastfed and may be more emotionally secure.
- Some studies suggest that breastfeeding may help a child to develop intellectually.
- Low-birthweight babies fed breastmilk in the first weeks of life perform better on intelligence tests in later childhood than children who are artificially fed.
- If mothers are not breastfeeding, for a medical reason, it is important to help them to bond with their babies in other ways apart from breastfeeding.

Disadvantages of artificial feeding

Ask: What are the disadvantage of feeding formula and animal milk?

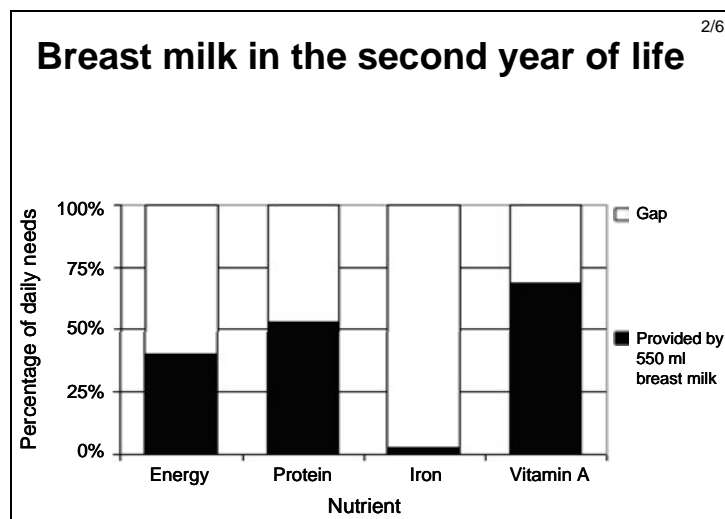
Allow participants to discuss. Write their responses on a flip chart. After they have discussed, explain the following:

- Artificial feeding may interfere with bonding. The mother and baby may not develop such a close, loving relationship.
- An artificially-fed baby is more likely to become ill with diarrhoea, as well as respiratory and other infections. The diarrhoea may become persistent.
- He may get too little milk and become malnourished because he receives too few feeds or because they are too dilute. He is more likely to suffer from vitamin A deficiency.
- He is more likely to develop allergic conditions such as eczema and possibly asthma.
- He may become intolerant of animal milk, so that the milk causes diarrhoea, rashes, and other symptoms.
- The risk of some chronic diseases in the child, such as diabetes, is increased.
- A baby may get too much artificial milk and become obese.
- He may not develop so well mentally, and may score lower on intelligence tests.
- A mother who does not breastfeed may become pregnant sooner. She is more likely to become anaemic after childbirth, and later to develop cancer of the ovary and the breast.
- So artificial feeding is harmful for children and their mothers.

Breastmilk in the second year of life

Explain that for the first 6 months of life, exclusive breastfeeding can provide all the nutrients and water that a baby needs. From the age of 6 months, breastmilk is no longer sufficient by itself. In Session 1 we discussed how all babies need complementary foods after completing 6 months, in addition to breastmilk. However, breastmilk continues to be an important source of energy and high-quality nutrients beyond 6 months of age. We will discuss this in more detail in the sessions on complementary feeding.

Show **Slide 2/6. Breastmilk in the second year** and make the points that follow:



This chart shows how much of a child's daily energy and nutrient needs can be supplied by breastmilk during the second year of life.

Ask: How much of the protein that a child needs in the second year can breastmilk provide? How much of the energy that a child needs in the second year can breastmilk provide?

Wait for a few replies and then continue.

It can provide about one-third of the energy and half of the protein a child needs.

Ask: How much of the vitamin A that a child needs in the second year can breastmilk provide?

Wait for a few replies and then continue.

Breastmilk can provide about 75% of the vitamin A that a child needs, provided the mother is not deficient in vitamin A herself.

Ask: How much of the iron that a child needs in the second year can breastmilk provide?

Wait for a few replies and then continue.

Breastmilk provides less than 5% of the iron that a child needs in the second year. After 6 months of age, it is especially important that children are fed iron-rich complementary foods in addition to continued breastfeeding.

Ask: What are common infant feeding practices that interfere with optimal infant feeding?

Encourage participants to discuss. (Participants may mention waiting to breastfeed until the umbilical cord falls off, giving water and other foods before 6 months, not feeding colostrum, etc.)

Ask participants if they have any questions, and try to answer them.

Trainer's notes

Breastfeeding and maternal breast and ovarian cancer risk. Several studies have shown that a history of breastfeeding is associated with a reduced risk of many diseases in infants and mothers. These studies suggest that the longer women breastfeed the more they are protected against breast and ovarian cancer^{3,4,5}. In addition, among postmenopausal women, increased duration of lactation was associated with a lower prevalence of hypertension, diabetes, hyperlipidemia, and cardiovascular disease.

Sugar: The sugar *lactose* is the main carbohydrate in milk. None of the milks contain the carbohydrate *starch*. Starch is a very important nutrient for older children and adults; it is the main nutrient in staple foods and in many complementary foods. But young babies cannot digest starch easily, so it is not appropriate to give them starchy foods in the first few months of life. Breastmilk contains more lactose than other milks.

Protein: There is some casein in human milk, but less than in cow's milk, and it forms soft curds that are easier to digest. The whey proteins in animal and human milks are different. Human milk contains *alpha*-lactalbumin and cow's milk contains *beta*-lactoglobulin. In addition, the proteins in animal milks and formula contain a different balance of amino acids from breastmilk, which may not be ideal for a baby. Animal milk and formula may lack the amino acid *cystine*, and formula may lack *taurine*, which newborns need especially for brain growth. Taurine is now sometimes added to formulas. The anti-infective proteins in human milk include lactoferrin (which binds iron and prevents the growth of bacteria which need iron) and lysozyme (which kills bacteria), as well as antibodies (immunoglobulins, mostly IgA). Other important anti-infective factors include the *bifidus factor*, which promotes the growth of *Lactobacillus bifidus*. *L. bacillus* inhibits the growth of harmful bacteria, and gives breastfed babies' stools their yoghurt smell. Breastmilk also contains anti-viral and anti-parasitical factors.

³ Collaborative Group on Hormonal Factors in Breast Cancer. Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50302 women with breast cancer and 96973 women without the disease. *Lancet*. 2002 Jul 20;360(9328):187-95.

⁴ Danforth KN, Tworoger SS, Hecht JL, Rosner BA, Colditz GA, Hankinson SE. Breastfeeding and risk of ovarian cancer in two prospective cohorts. *Cancer Causes Control*. 2007 Jun;18(5):517-23. Epub 2007 Apr 21.

⁵ Schwarz EB, Ray RM, Stuebe AM, Allison MA, Ness RB, Freiberg MS, Cauley JA. Duration of lactation and risk factors for maternal cardiovascular disease. *Obstet Gynecol*. 2009 May;113(5):974-82.

Babies who develop intolerance to animal proteins may develop persistent diarrhoea. Babies who are fed animal milks or formula are also more likely than breastfed babies to develop *allergies*, which may cause eczema. A baby may develop intolerance or allergy after only a few artificial feeds given in the first few days of life.

Vitamins: The amounts of vitamins are different in breastmilk and animal milks. Cow's milk has plenty of the B vitamins, but it does not contain as much vitamin A and vitamin C as human milk. Breastmilk contains plenty of vitamin A, if the mother has enough in her diet. Breastmilk can supply much of the vitamin A that a child needs even in the second year of life. *Vitamin A supplements for mothers:* Do not give a mother high-dose capsules of vitamin A (over 10,000 units daily) more than 4 to 6 weeks after she has given birth. After 6 weeks, there is a slight possibility that she could be pregnant. If high doses of vitamin A are given in early pregnancy, they can damage the foetus. *B vitamins in different milks:* For some B vitamins, the amount in human milk is the same or more than in cow's milk, but for most of them the amount in cow's milk is 2 to 3 times higher than in breastmilk. These high levels are more than a baby needs. Goat's milk lacks the B vitamin folic acid, and this can cause anaemia. *Vitamin C:* Health workers often recommend giving babies fruit juice from a very early age, to provide vitamin C. This may be necessary for artificially-fed babies, but it is not necessary for breastfed babies.

Iron: Different milks contain similar very small amounts of iron. However, only about 10% of the iron in cow's milk is absorbed, but about 50% of the iron from breastmilk is absorbed. Babies fed on cow's milk may not get enough iron, and they often become anaemic. Some brands of formula have iron added. This added iron is not well absorbed, so a large amount has to be added to ensure that a baby gets enough iron to protect against anaemia. Added iron may make it easier for some kinds of bacteria to grow, which may increase the chances of some kinds of infection, for example, meningitis and septicaemia.

Foremilk and hindmilk: There is no sudden change from 'fore' to 'hind' milk. The fat content increases gradually from the beginning to the end of a feed.

Protection against infection: The main immunoglobulin in breastmilk is IgA—often called 'secretory' immunoglobulin A. It is secreted within the breast into the milk, in response to the mother's infections. This is different from other immunoglobulins (such IgG) which are carried in the blood.

Intolerance and allergies to milk proteins: Colostrum and breastmilk contain many hormones and growth factors. The function of all of them is not certain. However, epidermal growth factor, which is present in both, has been shown to stimulate growth and maturation of the intestinal villi. Undigested cow's milk proteins can pass through the immature infant gut into the blood, and may cause intolerance and allergy to milk protein. Epidermal growth factor helps to prevent the absorption of large molecules by stimulating rapid development of the gut. This 'seals' the baby's intestine, so that it is more difficult for proteins to be absorbed without being digested. Antibodies probably help to prevent allergies by coating the intestinal mucosa, and preventing the absorption of larger molecules.

Vitamin A from breastmilk in the second year of life: There are different estimates of how much of a child's vitamin A requirements can be provided by breastfeeding in the second year, ranging from 38% to 75%. The amount depends on the mother's vitamin A status, and the volume of breastmilk consumed. However, what we do know is that breastfeeding in the second year provides useful protection to the child against vitamin A deficiency.

Session 3: How breastfeeding works

Learning objectives

After completing this section participants will be able to:

- Name the main parts of the breast and describe their function.
- Describe the hormonal control of breastmilk production and ejection.
- Describe the difference between good and poor attachment of a baby at the breast.
- Describe the difference between effective and ineffective suckling.

Materials and preparation

- Make sure that **Slides 3/1–3/7** are in the correct order. Study the slides and the text that goes with them so that you are able to present them.
- Note: Do not show Slide 3/1 until prompted in the instructions. It is important to first instruct the participants to complete the initial activity first.

Suggested time: 45 minutes

Session guide

Explain that in order to help mothers, you need to understand how breastfeeding works. You cannot learn a specific way of counselling for every situation, or every difficulty. But if you understand how breastfeeding works, you can work out what is happening and help each mother to decide what is best for her.

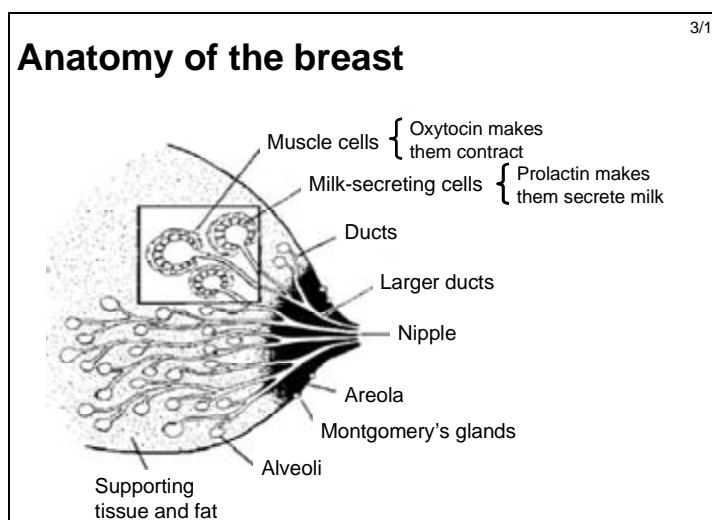
Divide participants into groups of five and pass out flip-chart paper and markers. Ask each group to draw:

- The breast as it looks on the outside.
- The breast as it looks from the inside.

Ask participants to use their drawings to talk about how the breast makes milk with their group. Ask each group to prepare to explain how the breast makes milk to the larger group, using their drawings.

Ask each group in plenary to describe its drawings and explain how milk is produced.

Show **Slide 3/1. Anatomy of the breast**. Ask participants to look at their drawings.



Explain the following using the slide:

- This diagram shows the anatomy of the breast.
- First, look at the nipple, and the dark skin called the areola which surrounds it. In the areola are small glands called Montgomery's glands which secrete an oily fluid to keep the skin healthy. (*Point to the relevant parts of the diagram on the slide as you explain them.*)
- Inside the breast are the alveoli, which are very small sacs made of milk-secreting cells. There are millions of alveoli—the diagram shows only a few. The box shows three of the alveoli enlarged. A hormone called prolactin makes these cells produce milk.
- Around the alveoli are muscle cells, which contract and squeeze out the milk. A hormone called oxytocin makes the muscle cells contract.
- Small tubes, or ducts, carry milk from the alveoli to the outside. Milk is stored in the alveoli and small ducts between feeds.
- The larger ducts beneath the areola dilate during feeding and hold the breastmilk temporarily during the feed.
- The secretory alveoli and ducts are surrounded by supporting tissue and fat.

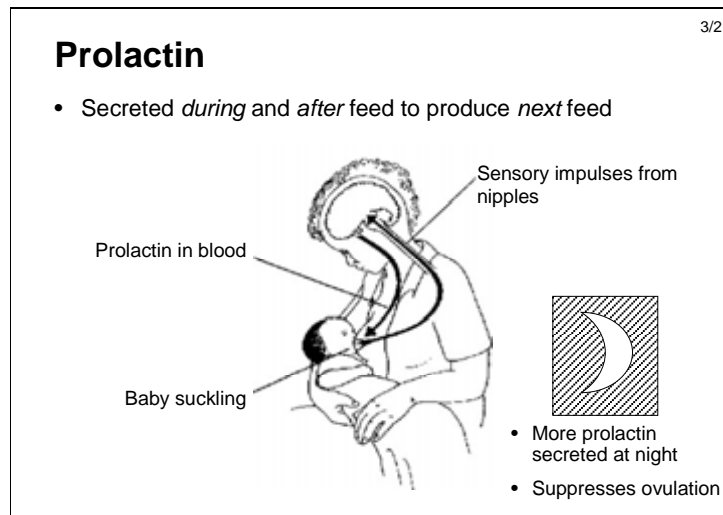
Ask: Some mothers think their breasts are too small to produce enough milk. What is the difference between large breasts and small breasts?

Encourage participants to discuss.

Explain that it is the fat and other tissue which gives the breast its shape, and which makes most of the difference between large and small breasts. Small breasts and large breasts both contain about the same amount of gland tissue, so they can both make plenty of milk.

Explain that breastmilk is produced as a result of the action of hormones (which send a message to the brain) and stimulated by suckling at the breast. When a baby suckles, the tongue and the mouth stimulate the nipple. The nerves in the nipple send a message to the mother's brain that the baby wants milk. The brain responds and orders the production of two hormones, prolactin and oxytocin.

Show **Slide 3/2. Prolactin**. Make the points that follow:



- This diagram explains about the hormone prolactin.
- When a baby suckles at the breast, sensory impulses go from the nipple to the brain. In response, the pituitary gland at the base of the brain secretes prolactin.

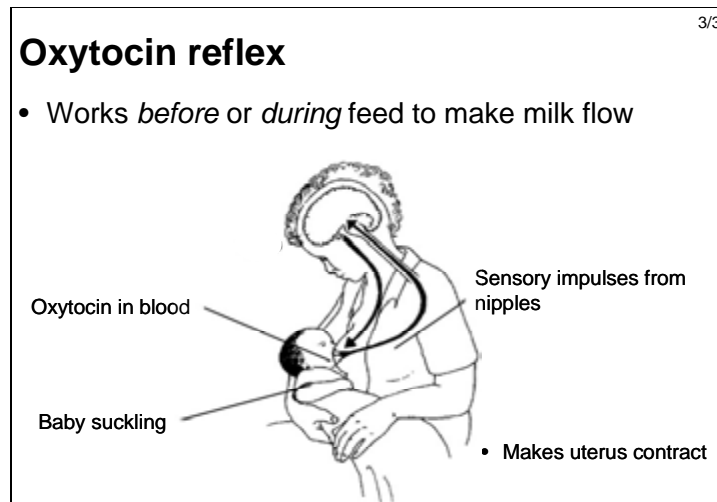
- Prolactin goes in the blood to the breast, and makes the milk-secreting cells produce milk.
- Most of the prolactin is in the blood about 30 minutes after the feed—so it makes the breast produce milk for the next feed. For this feed, the baby takes the milk which is already in the breast.

Ask: *What does this suggest about how to increase a mother's milk supply?*

Wait for a few replies and then continue.

- It tells us that if her baby suckles more, her breasts will make more milk. So, suckling makes more milk.
- If a mother has two babies, and they both suckle, her breasts make milk for two. If a baby stops suckling, the breasts soon stop making milk.
- Sometimes people suggest that to make a mother produce more milk, we should give her more to eat, more to drink, more rest, or medicines. It is important for a mother to eat and drink enough, but these things do not help her to produce milk if her baby does not suckle.
- Some special things to remember about prolactin are:
 - More prolactin is produced at night; so breastfeeding at night is especially helpful for keeping up the milk supply.
 - Hormones related to prolactin suppress ovulation, so breastfeeding can help to delay a new pregnancy. Breastfeeding at night is important for this.

Show **Slide 3/3. Oxytocin reflex**



Make the points that follow:

- This diagram explains about the hormone oxytocin.
- When a baby suckles, sensory impulses go from the nipple to the brain. In response, the pituitary gland at the base of the brain secretes the hormone oxytocin.
- Oxytocin goes in the blood to the breast, and makes the muscle cells around the alveoli contract.
- This makes the milk which has collected in the alveoli flow along the ducts to the larger ducts beneath the areola. Here the milk is stored temporarily during the feed. This is the oxytocin reflex, the milk-ejection reflex or the let-down reflex.
- Oxytocin is produced more quickly than prolactin. It makes the milk in the breast flow for this feed. Oxytocin can start working before a baby suckles, when a mother learns to expect a feed.

- If the oxytocin reflex does not work well, the baby may have difficulty in getting the milk. In this situation, it may seem as if the breasts have stopped producing milk. However, the breasts are producing milk, but it is not flowing out.
- Oxytocin also 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.
- Explain that the oxytocin reflex (milk flow) is easily affected by a mother's thoughts and feelings.
- Good feelings, for example, feeling pleased with her baby, or thinking lovingly of him, and feeling confident that her milk is the best for him, can help the oxytocin reflex to work and her milk to flow. Sensations such as touching or seeing her baby, or hearing him cry, can also help the reflex.
- But bad feelings, such as pain, or worry, or doubt that she has enough milk, can hinder the reflex and stop her milk from flowing. Fortunately, this effect is usually temporary.

Ask: Why is it important to understand the oxytocin reflex in the way we care for mothers after delivery?

Participants should mention the following. Mention them if they do not.

- A mother needs to have her baby near her all the time, so that she can see, touch, and respond to him. If a mother is separated from her baby between feeds, her oxytocin reflex 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 breastmilk supply.
- Mothers are often aware of their oxytocin reflex. There are several signs of an active reflex that they, or you, 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 him crying.
 - Milk dripping from her other breast when her baby is suckling.
 - Milk flowing from her breasts in fine streams, if her baby comes off the breast during a feed.
 - Pain from uterine contractions, sometimes with a rush of blood, during feeds in the first week.
 - Slow deep sucks and swallowing by the baby, which show that breastmilk is flowing into his mouth.

Summarise the slides on prolactin and oxytocin by explaining:

- Prolactin works after the feed and makes the milk for the next feed. Oxytocin works while the baby is suckling and makes the milk flow for this feed. The oxytocin reflex can be affected by a mother's thoughts, feelings, and sensations. If a woman is happy and confident that she can breastfeed, her milk flows well. But if she doubts whether she can breastfeed, her worries may stop the milk from flowing.

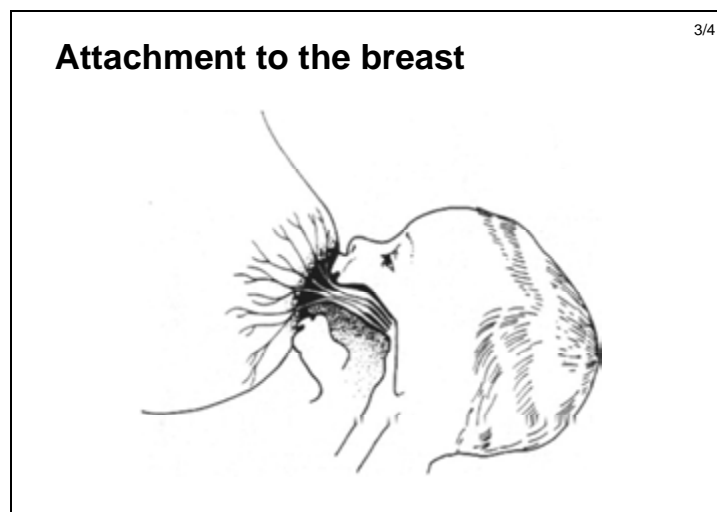
Explain the following:

- Breastmilk production is also controlled within the breast itself. Sometimes one breast stops making milk, while the other breast continues to make milk, although oxytocin and prolactin go equally to both breasts.
- There is a substance in breastmilk which can reduce or inhibit milk production. If a lot of milk is left in a breast, the inhibitor stops the cells from secreting any more. 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 breastmilk is removed, by suckling or expression, the inhibitor is also removed. Then the breast makes more milk.
- This helps you to understand why:
 - If a baby stops suckling from one breast, that breast stops making milk.
 - If a baby suckles more from one breast, that breast makes more milk and becomes larger than the other.
 - For a breast to continue making milk, the milk must be removed.
 - If a baby cannot suckle from one or both breasts, the breastmilk must be removed by expression to enable production to continue. This is an important point, which we will discuss later in the course when we talk about expressing breastmilk.

Show **Slide 3/4. Attachment to the breast**



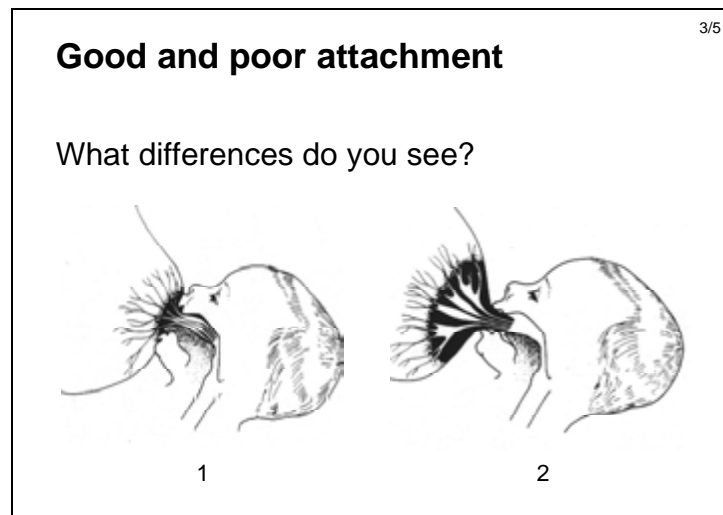
This drawing shows how a baby takes the breast into his mouth to suckle.

Ask: What do you see? Ask one participant to come to the screen to show how the baby takes the breast into his mouth.

Make sure the following are mentioned:

- He has taken much of the areola and the underlying tissues into his mouth.
- The larger ducts are included in these underlying tissues.
- He has stretched the breast tissue out to form a long 'teat.'
- The nipple forms only about one-third of the 'teat.'
- The baby is suckling from the breast, not the nipple.
- Notice the position of the baby's tongue:
 - His tongue is forward, over his lower gums, and beneath the larger ducts.
 - His tongue is cupped round the 'teat' of breast tissue. You cannot see that in this drawing, though you may see it when you observe a baby.
 - The tongue presses milk out of the larger ducts into the baby's mouth.
- If a baby takes the breast into his mouth in this way, we say that he is well attached to the breast. He can remove breastmilk easily and we say that he is suckling effectively.
- When a baby suckles effectively, his mouth and tongue do not rub the skin of the breast and nipple.

Show **Slide 3/5. Good and poor attachment**



Here you see two pictures. Picture 1 is the same baby as the previous slide. He is well attached to the breast. Picture 2 shows a baby suckling in a different way.

Ask: In what way is Picture 2 different from Picture 1?

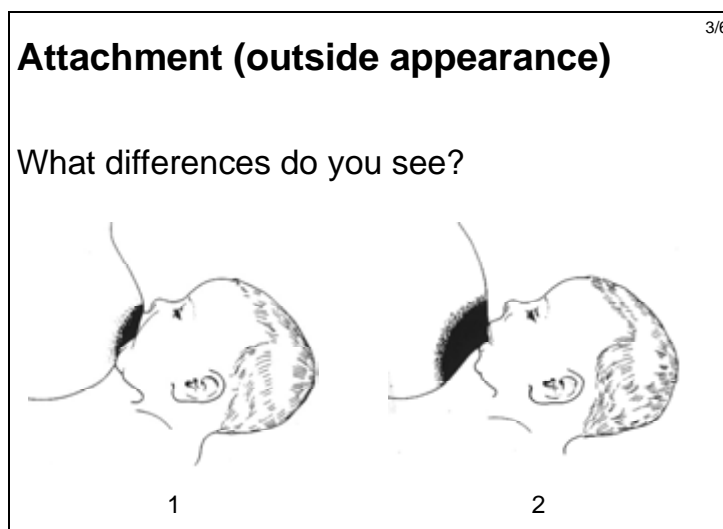
Wait for a few replies and then continue. Make sure that the points below are clear.

Note: If participants notice signs that are described with Slide 3/6, accept their observations, but do not repeat or emphasise them yet.

The most important differences to see in Picture 2 are:

- Only the nipple is in the baby's mouth, not the underlying breast tissue.
- The larger ducts are outside the baby's mouth, where his tongue cannot reach them.
- The baby's tongue is back inside his mouth, and not pressing on the larger ducts.
- The baby in Picture 2 is poorly attached. He is 'nipple sucking.'

Show **Slide 3/6. Attachment (outside appearance)**. This picture shows the same two babies from the outside.



Ask: What differences do you see between pictures 1 and 2?

Wait for a few replies and then explain.

- In Picture 1 you can see more of the areola above his top lip and less below his bottom lip. This shows that he is reaching with his tongue under the larger ducts to press out the milk. In Picture 2 you can see the same amount of areola above his top lip and below his bottom lip, which shows that he is not reaching the larger ducts.
- In Picture 1 his mouth is wide open. In Picture 2 his mouth is not wide open and points forward. In Picture 1 his lower lip is turned outwards. In Picture 2 his lower lip is not turned outwards.
- In Picture 1 the baby's chin touches the breast. In Picture 2 his chin does not touch the breast.
- These are some of the signs that you can see from the outside which tell you that a baby is well attached to the breast.
- Seeing a lot of areola is not a reliable sign of *poor* attachment. Some mothers have a very large areola, and you can see a lot even if the baby is well attached. It is more reliable to compare how much areola you see above the baby's top lip and below his bottom lip.

There are other differences that you can see when you look at a real baby; we will talk about these in Session 4.

Ask: What do you think might be the results of poor attachment?

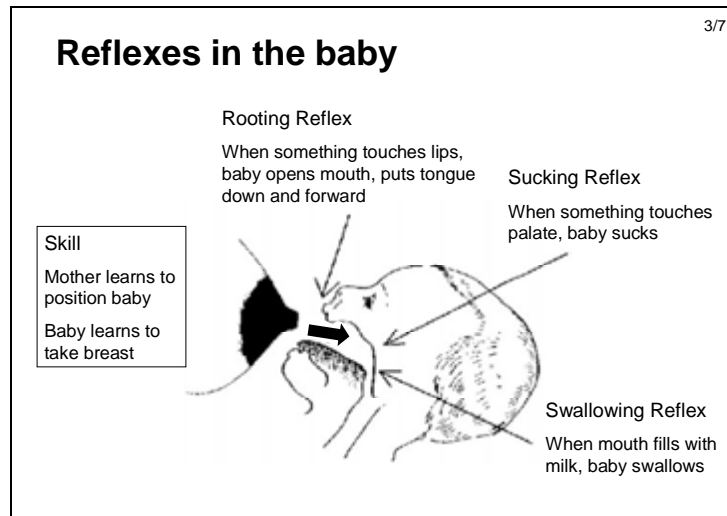
Write participants' responses on a flip chart. Participants should mention the following:

- 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.

Explain the following:

- If a baby is poorly attached, and he 'nipple sucks,' it is painful for his mother. Poor attachment is the most important cause of sore nipples.
- As the baby sucks hard to try to get milk he pulls the nipple in and out. This makes the nipple skin rub against his mouth. If a baby continues to suck in this way, he can damage the nipple skin and cause cracks (also known as fissures).
- As the baby does not remove breastmilk effectively the breasts may become engorged.
- Because he does not get enough breastmilk, he may be unsatisfied and cry a lot. He may want to feed often or for a very long time at each feed.
- Eventually if breastmilk is not removed the breasts may make less milk.
- A baby may fail to gain weight and the mother may feel she is a breastfeeding failure.
- To prevent this happening all mothers need skilled help to position and attach their babies.
- Also, babies should not be given feeding bottles. If a baby feeds from a bottle before breastfeeding is established, he may have difficulty suckling effectively. Even babies who start bottle feeds after a few weeks may also begin to suckle ineffectively.

Show **Slide 3/7. Reflexes in the baby**



Explain the following.

- Earlier slides showed reflexes in a mother, but it is also useful to know about the reflexes in a baby.
- There are three main reflexes: the rooting reflex, the sucking reflex, and the swallowing reflex.
- When something touches a baby's lips or cheek, he opens his mouth and may turn his head to find it. He puts his tongue down and forward. This is the 'rooting' reflex. It should normally be the breast that he is 'rooting' for.
- When something touches a baby's palate, he starts to suck it. This is the sucking reflex.
- When his mouth fills with milk, he swallows. This is the swallowing reflex.
- All these reflexes happen automatically without the baby having to learn to do them.
- Notice in the drawing that the baby is not coming straight towards the breast. He is coming up to it from below the nipple. This helps him to attach well because:
 - The nipple is aiming towards the baby's palate, so it can stimulate his sucking reflex.
 - The baby's lower lip is aiming well below the nipple so he can get his tongue under the larger ducts.

Ask participants if they have any questions, and try to answer them.

Trainer's notes

Attachment: The amount of areola that you see outside a baby's mouth may help you to compare the attachment of the same baby before and after you correct it. However, the first time that you see a baby, it is not a reliable sign. A mother may have a very small areola, which all goes inside the baby's mouth easily; or a very large areola, so that you can always see a lot outside.

Causes of poor attachment:

1. Use of a feeding bottle: The action of sucking from a bottle is different from suckling from the breast. Babies who have had some bottle feeds may try to suck on the breast as if it is a bottle, and this makes them 'nipple suck.' When this happens, it is sometimes called

'suckling confusion' or 'nipple confusion.' So giving a baby feeds from a bottle can interfere with breastfeeding. Skilled help is needed to overcome this problem.

2. Inexperienced mother: If a mother has not had a baby before, or if she bottle-fed or had difficulties breastfeeding previous babies, she may have difficulty getting her baby well attached to her breast. However, even mothers who have previously breastfed successfully sometimes have difficulties.
3. Functional difficulty: Some situations can make it more difficult for a baby to attach well to the breast. For example: if a baby is very small or weak, if a mother's nipples and the underlying tissue are poorly protractile, if her breasts are engorged, or if there has been a delay in starting to breastfeed. Mothers and babies can breastfeed in all these situations, but they may need extra skilled help to succeed.
4. Lack of skilled support: A very important cause of poor attachment is lack of skilled help and support. Some women are isolated and lack support from the community. They may lack help from experienced women such as their own mothers; or from traditional birth attendants, who often are very skilled at helping with breastfeeding. Women in 'bottle feeding' cultures may be unfamiliar with how a breastfeeding mother holds and feeds her baby. They may never have seen a baby breastfeeding. Health workers who look after mothers and babies; for example, doctors and midwives, may not have been trained to help mothers to breastfeed.

The difference between 'sucking' and 'suckling'

The term 'suckling' is usually used when referring to a baby feeding from the breast. The term 'sucking' is used when referring to a baby feeding from a bottle. However, note that the reflex referred to earlier in this curriculum is known as 'sucking reflex,' as it refers to anything that touches the baby's palate.

Session 4: Assessing a breastfeed

Learning objectives

After completing this session participants will be able to:

- Explain the four key points of attachment.
- Assess a breastfeed by observing a mother and baby.
- Identify a mother who may need help.
- Recognise signs of good and poor attachment and positioning.
- Explain the contents and arrangement of the BREASTFEEDING OBSERVATION JOB AID.

Materials and preparation

- Make sure that **Slides 4/1–4/8** are in the correct order. Study the slides and the text that goes with them so that you are familiar with what each slide shows and the particular points to teach from it.
- Make copies of the BREASTFEEDING OBSERVATION JOB AID for each participant.
- For demonstration of the general section of the BREASTFEEDING OBSERVATION JOB AID:
 - Ask two participants to help you with the demonstration.
 - Explain what you want them to do, and help them to practise.
 - Make sure that they have dolls for the demonstration.
 - If you feel that participants cannot do this on the first day of the course, ask other trainers to help instead.
 - For demonstration of how to hold a breast, make sure that you have a model breast available. (See instructions on page 8 ‘How to Make a Model Breast.’)
- At the beginning of the session ask participants to arrange their seats so that they are sitting in a half-circle near to the screen, without tables or other obstruction in front of them. They need to be able to go to the screen to point out appearances on the slides.
- Put a seat for yourself to sit with the participants, so that you do not stand up in front to lecture.

Suggested time: 90 minutes

Session guide

Pass out copies of the BREASTFEEDING OBSERVATION JOB AID to each participant.

Give them a few minutes to review it and then make these points:

- Assessing a breastfeed helps you to decide if a mother needs help or not, and how to help her.
- You can learn a lot about how well or badly breastfeeding is going by observing, before you ask questions.
- There are some things you can observe when a baby is not breastfeeding. Other things you can only observe if a baby is breastfeeding.
- This form will help you to remember what to look for when you assess a breastfeed. The form is arranged in five sections: General, Breasts, Baby’s Position, Baby’s Attachment, and Suckling.
- The signs on the left all show that breastfeeding is going well. The signs on the right indicate a possible difficulty.
- As you observe a breastfeed, mark a tick in the box for each sign that you observe. If you do not observe a sign you should make no mark.

- When you have completed the form, if all the ticks are on the left-hand side of the form, breastfeeding is probably going well. If there are some ticks on the right-hand side, then breastfeeding may not be going well. This mother may have a difficulty and she may need your help.

BREASTFEEDING OBSERVATION JOB AID	
Mother's name _____ Baby's name _____	Date _____ Baby's age _____
Signs that breastfeeding is going well: GENERAL <i>Mother:</i> <input type="checkbox"/> Mother looks healthy <input type="checkbox"/> Mother relaxed and comfortable <input type="checkbox"/> Signs of bonding between mother and baby <i>Baby:</i> <input type="checkbox"/> Baby looks healthy <input type="checkbox"/> Baby calm and relaxed <input type="checkbox"/> Baby reaches or roots for breast if hungry BREASTS <input type="checkbox"/> Breasts look healthy <input type="checkbox"/> No pain or discomfort <input type="checkbox"/> Breast well supported with fingers BABY'S POSITION <input type="checkbox"/> Baby's head and body in line <input type="checkbox"/> Baby held close to mother's body <input type="checkbox"/> Baby's whole body supported <input type="checkbox"/> Baby approaches breast, nose to nipple BABY'S ATTACHMENT <input type="checkbox"/> More areola seen above baby's top lip <input type="checkbox"/> Baby's mouth open wide <input type="checkbox"/> Lower lip turned outwards <input type="checkbox"/> Baby's chin touches breast SUCKLING <input type="checkbox"/> Slow, deep sucks with pauses <input type="checkbox"/> Cheeks round when suckling <input type="checkbox"/> Baby releases breast when finished <input type="checkbox"/> Mother notices signs of oxytocin reflex	Signs of possible difficulty: GENERAL <i>Mother:</i> <input type="checkbox"/> Mother looks ill or depressed <input type="checkbox"/> Mother looks tense and uncomfortable <input type="checkbox"/> No mother/baby eye contact <i>Baby:</i> <input type="checkbox"/> Baby looks sleepy or ill <input type="checkbox"/> Baby is restless or crying <input type="checkbox"/> Baby does not reach or root BREASTS <input type="checkbox"/> Breasts look red, swollen, or sore <input type="checkbox"/> Breast or nipple painful <input type="checkbox"/> Breast held with fingers on areola away from nipple BABY'S POSITION <input type="checkbox"/> Baby's neck and head twisted to feed <input type="checkbox"/> Baby not held close <input type="checkbox"/> Baby supported by head and neck only <input type="checkbox"/> Baby approaches breast, lower lip/chin to nipple BABY'S ATTACHMENT <input type="checkbox"/> More areola seen below bottom lip <input type="checkbox"/> Baby's mouth not open wide <input type="checkbox"/> Lips pointing forward or turned in <input type="checkbox"/> Baby's chin not touching breast SUCKLING <input type="checkbox"/> Rapid shallow sucks <input type="checkbox"/> Cheeks pulled in when suckling <input type="checkbox"/> Mother takes baby off the breast <input type="checkbox"/> No signs of oxytocin reflex notice

Using the job aid: Explain sections on 'General' and 'Breasts'

- Ask one participant to read aloud the points in the first section of the form (General), reading the point from the left-hand column and then the corresponding point from the right-hand column. Then ask another participant to read the next section (Breasts). Do not read the other sections at this stage—they will be read later.
- Ask participants to refer to the BREASTFEEDING OBSERVATION JOB AID during the rest of the session.
- Ask two participants to play the roles of mothers and babies in the following demonstration and give them the dolls.
- Ask the other participants to start observing the 'mothers and babies.' Do not let this role play last more than 2 minutes.

Role plays

Mother A (Mampho) sits comfortably and relaxed, and acts like she is happy and pleased with her baby. She holds baby close, facing her breast, and she supports his whole body. She looks at her baby, and touches him lovingly. She supports her breast with her fingers against her chest wall below her breast, and her thumb above, away from the nipple.

Mother B (Malerato) sits uncomfortably, and acts like she is sad and not interested in her baby. She holds baby loosely, and not close, with his neck twisted, and she does not support his whole body. She does not look at him or fondle him, but she shakes or prods him a few times to make him go on breastfeeding. She uses a scissor grip to hold her breast.

As they are observing the 'mothers and babies,' ask what they have observed from the first two sections of the BREASTFEEDING OBSERVATION JOB AID by making the following points:

- Look at the mother to see if she looks well. Her expression may tell you something about how she feels—for example, she may be in pain.
- Observe whether the mother looks relaxed and comfortable. If a mother holds her baby securely and feels confident, it is easier for her baby to suckle effectively, and her milk will flow more easily. If a mother is nervous and lacks confidence, she may show this by shaking or prodding the baby to make him go on feeding. This can upset her baby and interfere with suckling and breastmilk flow.
- Observing how a mother interacts with her baby whilst feeding is important. Remember from the last session that if a mother feels good about breastfeeding, this will help her oxytocin reflex to work well, and this will help her milk to flow.
- Look at the baby's general health, nutrition, and alertness. Look for conditions which may interfere with breastfeeding; e.g., a blocked nose or difficult breathing.
- Notice whether the breasts look healthy. You may notice a cracked nipple, or may see that the breast is inflamed. We will talk about breast conditions in more detail later in the course.
- If breastfeeding feels comfortable and pleasant for the mother, her baby is probably well attached. Ask the mother how breastfeeding feels.
- Notice how the mother is holding her breast.

Demonstrate these points with a model breast and doll, or on your own body. Explain that how a mother holds her breast during feeding is important.

- Does the mother lean forward and try to push the nipple into the baby's mouth; or does she bring her baby to the breast, supporting her whole breast with her hand?

- Does she hold the breast close to the areola? This makes it more difficult for a baby to suckle. It may also block the milk ducts so that it is more difficult for the baby to get the breastmilk.
- Does the mother hold her breast back from her baby's nose with her finger? This is not necessary.
- Does the mother use the 'scissor' hold – when she holds the nipple and areola between her index finger above and middle finger below? This can make it more difficult for a baby to take enough of her breast into his mouth.
- Does the mother support her breast in an appropriate way:
 - With her fingers against the chest wall?
 - With her first finger supporting the breast?
 - With her thumb above, away from the nipple?

Explain the section on 'Baby's Position'

Ask one participant to read aloud the points in the third section of the BREASTFEEDING OBSERVATION JOB AID ('Baby's Position'), reading the point from the left-hand column and then the corresponding point from the right-hand column. Ask the participants what they observed during the previous role play from the third section of the form. Then make these points:

- Observe how the mother holds her baby. Notice if the baby's head and body are in line.
- Notice if she holds the baby close to the breast and facing it, making it easier for him to suckle effectively. If she holds him loosely, or turned away so that his neck is twisted, it is more difficult for him to suckle effectively.
- If the baby is young, observe whether the mother supports his whole body or only his head and shoulders.

Explain the section on 'Baby's Attachment'

Ask one participant to read aloud the points in the fourth section of the BREASTFEEDING OBSERVATION JOB AID ('Baby's Attachment'), reading the point from the left-hand column and then the corresponding point from the right-hand column. These points will not have been observed during the role-play with the doll. The four key points of attachment were covered in the last session.

Explain the section on 'Suckling'

Ask one participant to read aloud the points in the fifth section of the BREASTFEEDING OBSERVATION JOB AID ('Suckling'), reading the point from the left-hand column and then the corresponding point from the right-hand column. These points will not have been observed during the role play with the doll.

Make the following points:

- Look and listen for the baby taking slow deep sucks. This is an important sign that the baby is getting breastmilk 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 smacking 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 has finished; for example, if he pauses between sucks, he may not get enough hindmilk.

Practice using the job aid: Assessing a breastfeed

- You will now see a series of slides of babies who are breastfeeding.
- You will practise recognising the signs of good and poor attachment that the slides show, and you will practise using the BREASTFEEDING OBSERVATION JOB AID. There are also some signs of good and poor positioning, but not in all the slides.
- You will not be able to see all of the signs in the slides. For example, you cannot see signs with movement in slides.
- Observe the signs that are clear, and do not worry about signs that you cannot see.
- However, when you see real mothers and babies, you should look for all the signs.
- As you look at each slide:
 - Decide which signs of good or poor attachment you see.
 - Decide if you think the baby's attachment is good or poor.
 - Notice if there are any signs of good or poor positioning shown.

Ask a different participant to come forward with the job aid as you show each of the slides.

As you show each slide, ask: *What do you think of this baby's attachment (and positioning, if signs are visible)?*

Give the participant at the screen a few moments to study the picture, and to describe and point to the signs that she sees. Then ask other participants to describe the signs that they see. Then point out any signs that they have missed. Try not to repeat signs that they have already mentioned.

Try to encourage participants to go through the four key points of attachment first and then to list points from the other sections of the BREASTFEEDING OBSERVATION JOB AID. This will help them to think more systematically as they assess a breastfeed.

Participants may describe more signs than are given in the text below. There are other signs in the slides, but most of them are not very helpful. Accept participants' observations, or gently correct them if they are incorrect, using the notes below.

Show **Slide 4/1**.



Signs that you can see clearly are:

- There is more areola above the baby's top lip than below the bottom lip.
- His mouth is quite wide open.

- His chin is almost touching the breast.
- In addition, the baby is close to the breast and facing it.
- The baby is breathing quite well without his mother holding her breast back with her finger.
- These signs show that the baby is well attached to the breast.

Show **Slide 4/2.**



Signs that you can see clearly are:

- His mouth points forwards.
- The baby's chin is not touching the breast.
- In addition, his cheeks are pulled in when suckling.
- The mother is holding her breast with the 'scissor hold.'
- This baby is poorly attached.

Show **Slide 4/3.**



Signs that you can see clearly are:

- There is as much areola below the baby's bottom lip as above his top lip.
- His mouth is not wide open and his lips point forwards.
- His chin is not touching her breast.

- The baby's body is not close to his mother's.
- This mother's areola is very large, so it is likely that you would see a lot of it even if her baby was well attached. However, you should see more above the baby's top lip than below the bottom lip.
- This baby is poorly attached to the breast.

Show **Slide 4/4**.



Signs that you can see clearly are:

- There is more areola above the baby's top lip than below the bottom lip.
- His mouth is quite wide open.
- His lower lip is turned in and not outwards.
- His chin is touching the breast.
- His lower lip is turned in, so he is not well attached, even if the other signs are not bad.
- In addition, his head and body are straight and he is facing the breast.
- This baby is not well attached.

Show **Slide 4/5**.



Signs that you can see clearly are:

- There is as much or more areola below the baby's mouth as above it.

- His mouth is not wide open, his lips point forward.
- His chin is not touching the breast.
- In addition the baby is twisted and is not close to the breast.
- This baby is poorly attached. He looks as though he is feeding from a bottle.

Show **Slide 4/6**.



Signs that you can see clearly are:

- There is a little areola above the baby's top lip.
- His chin is touching the breast.
- As the baby is very close to the breast it makes it difficult to see many other signs.
- This baby is well attached.
- Additional point: this is the same baby as in Slide 4/5 after the health worker has helped the mother to position the baby better. In a better position a baby can attach more easily.

After reviewing slides 4/1 to 4/6, pass out another copy of the job aid to participants (they should now have two). Explain that with the next two slides that you will show, the participants will do the following:

- You will look at the slides and practise filling in the BREASTFEEDING OBSERVATION JOB AID.
- If you see a sign in one of the slides, make an **X** in the box next to the sign. If you do not see a sign, leave the box empty.
- Concentrate on the sections on the baby's position and attachment. However, when you see mothers and babies in the practical sessions, you should fill in all sections of the form. Remember, you may not see all the signs with every baby.

Ask all the trainers to help. They should circulate and make sure that participants understand what to do. They should give individual feedback on participants' observations of the slides.

Show **Slide 4/7** for about 5 minutes, allowing time for the participants to fill out the job aid. Then move on to **Slide 4/8**. You will discuss their observations after they evaluate both slides.



Next, show **Slide 4/8**:



After each slide has been shown, ask participants to talk about both pictures and which boxes they checked, and if there were any that were confusing. Ask participants if they have any questions, and try to answer them.

Trainer's notes

If a mother says that breastfeeding is going well, but you see signs that suggest a possible difficulty, you must decide what to do. In the days soon after delivery, while the mother is still learning, you may want to offer to help her. Even if she is not aware of any difficulty now, you may prevent one occurring later.

If breastfeeding seems to be well established, you probably do not want to intervene immediately. It is usually more helpful to see her again soon, and follow the baby's growth, to make sure that breastfeeding continues to go well. Intervene only if a difficulty arises.

Session 5: Listening and learning counselling skills

Learning objectives

After completing this session participants will be able to:

- List the six listening and learning skills.
- Give an example of each skill.
- Demonstrate the appropriate use of the skills when counselling on IYCF.

Materials and preparation

- Flip charts, markers.
- Note cards with one of the following words written on each card (*happy, sad, excited, angry, worried, scared, bored/not interested*).
- Make copies of all the role plays in this session, and ask different participants to help you to present them. Explain what you want them to do before the session. One way to involve several participants is to use a different participant for each skill. For some demonstrations, the participants read out the words of the mother. For others, participants read out the words of the mother and the health worker.
- Discuss ahead of time Role-play 1 with the participant who will assist you. The participant has to sit and breastfeed a doll while you demonstrate different ways of talking to her. She can respond to your greetings, but need not say anything else. Discuss and agree with her before the demonstration what you can do to demonstrate 'appropriate touch' and 'inappropriate touch.'
- If it is difficult for participants to help with the role plays for some reason, another trainer can play the part of the mother. However, try to involve participants as much as possible.

Suggested time: 90 minutes

Session guide

Ask participants to define the word *counselling*. Encourage several participants to contribute and note their comments on a flip-chart sheet. Continue the discussion until you have a definition that everyone agrees on. An example is below, though encourage participants to agree on their own.

Counselling is a way of talking with people to try to understand how they feel and help them to decide what they think is best to do in their situation. Sometimes it can mean offering advice, sometimes it means giving information, and sometimes it can just be listening and showing support.

Share the following information:

- In this training we are talking about counselling mothers who are feeding infants and young children. They may be breastfeeding, giving complementary foods, or formula feeding. Although we talk about 'mothers' in this session, remember that these skills should be used when talking to other caregivers about infant feeding, for example fathers or grandmothers. Counselling mothers about feeding their infants is not the only situation in which counselling is useful. Counselling skills are useful when you talk with clients in other situations. You may also find them helpful with your family and friends, or your colleagues at work. Practise some of the techniques with them – you may find the result surprising and helpful.
- It may not be easy for a mother to talk 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 more likely to talk.

Explain that there are ways to make a mother or caregiver feel more comfortable when talking with them. We are going to talk about and practice using six different listening and learning skills to improve counselling skills.

Six listening and learning skills

- Skill 1. Use helpful nonverbal communication.
- Skill 2. Ask open questions.
- Skill 3. Use responses and gestures which show interest.
- Skill 4. Reflect back what the mother says.
- Skill 5. Empathise - show that you understand how she feels.
- Skill 6. Avoid words which sound judging.

Skill 1. Nonverbal communication

Ask for seven volunteers to come to the front of the room. One at a time, give each one a card and ask them to act out the word on the card without talking (pass one of the following cards to each volunteer: happy, sad, excited, angry, worried, scared, bored/not interested.) They can only move and use their facial expressions. Ask the other participants to guess what the word is.

Explain that how we communicate is more than just how we talk. It also includes all the ways we communicate without speaking. This is called nonverbal communication.

Nonverbal communication means showing your attitude through how you stand or sit, how you move your body, your facial expressions, everything except through speaking.

Explain to participants that you will demonstrate different types of nonverbal communication and ask them to identify the type of nonverbal communication you are demonstrating and say whether it helps communication or hinders it.

Role-play 1

Ask the participant you have prepared to help you to sit with a doll pretending to be a mother. She can respond to your greeting, but she should not say anything else. It is important that you say the **same** words, in the **same** tone of voice, with each demonstration. It is tempting to change your tone of voice to sound kinder in the demonstration which shows 'helpful nonverbal communication.' However, this will confuse the participants, who may start to comment on verbal instead of nonverbal communication. Demonstrate the way which helps sometimes first, and sometimes second, so that the participants who are observing cannot guess which is which just from the order of the demonstrations. Demonstrate 'appropriate touch' (socially acceptable) and 'inappropriate touch' (not socially acceptable) in the way that you agreed with the participant before the session.

With each of the five pairs of demonstrations below say **exactly the same** few words, and try to say them in the same way, for example: "Good morning, Limpho. How is feeding going for you and your baby?" After each pair, ask participants which helped and which hindered communication. Write what helped on a flip chart.

Role-play 1: Nonverbal communication			
	Hinders communication	Helps communication	Write on flip chart...
Round 1:	Stand with your	Sit so that your head is	<i>Be at the same level</i>

Posture	head higher than the other person's.	level with hers.	
Round 2: Eye contact	Look away at something else, or down at your notes.	Look at her and show that you are listening when she speaks.	<i>Look at the client.</i>
Round 3: Barriers	Sit behind a table, or write notes while you talk.	Move the chair to the other side of the table so that you are close and next to the mother.	<i>Remove barriers.</i>
Round 4: Taking time	Be in a hurry. Greet her quickly, show signs of impatience, look at your watch.	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.	<i>Take time.</i>
Round 5: Touch	Touch her in an inappropriate way. For example, touch her on the chin. <i>Important note: If you cannot demonstrate an inappropriate touch, simply demonstrate not touching.</i>	Touch the mother appropriately. For example, place your hand on her shoulder.	<i>Touch appropriately.</i>

Ask: What kinds of touch are appropriate and inappropriate in this situation in this community? Does touch make a mother feel that you care about her? For a man, if it is not appropriate to touch the woman, is it appropriate to touch the baby?

Wait for a few replies and then continue. Review the notes on the flip chart and then explain:

- Our nonverbal 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.

Explain that the next 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. We should always try to sound gentle and kind when talking to mothers. During counselling we are trying to find out how people feel. We need to be interested and to probe beneath the surface if we wish to learn their real worries and their concerns.

Skill 2: Ask open questions

Explain the skill:

- 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 and do not encourage discussion. 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.

Explain that you will read out a closed question and you would like for them to make it into an open question. Read each question one at a time and allow participants to discuss and agree on a better way to ask it. Suggestions are in brackets. Do not read these aloud.

Closed question:

Does your baby sleep with you?
 Are you often away from your baby?
 Does Limpho eat porridge?
 Do you give fruit to your child often?

Suggested open question:

[Where does your baby sleep?]
 [How much time do you spend away from your baby?]
 [What kinds of foods does Limpho like to eat?]
 [How often does your child eat some fruit?]

Demonstrate how to ask questions by playing the role of a health worker and a participant playing the role of the mother. After each demonstration, comment on what the health worker learnt.

Introduce the role plays by making these points: We will now see this skill being demonstrated in two role plays. The health worker is talking to a mother who has a young baby whom she is breastfeeding.

Role-play 2: Using closed and open questions

Health worker: 'Good morning, Lerato. I am (name), the nurse. Is (child's name) well?'

Mother: 'Yes, thank you.'

Health worker: 'Are you breastfeeding him?'

Mother: 'Yes.'

Health worker: 'Are you having any difficulties?'

Mother: 'No.'

Health worker: 'Is he breastfeeding very often?'

Mother: 'Yes.'

Ask: *What did the health worker learn from this mother?*

Allow participants to discuss. They should mention that the health worker got 'yes' and 'no' for answers and didn't learn much. It can be difficult to know what to say next.

Health worker: 'Good morning, (name). I am (name), the nurse. How is (child's name)?'

Mother: 'He is well, and he is very hungry.'

Health worker: 'Tell me, how are you feeding him?'

Mother: 'He is breastfeeding. I just have to give him one bottle feed in the evening.'

Health worker: '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 health worker learn from this mother?*

Allow participants to discuss. They should mention that the health worker asked open questions. The mother could not answer with a 'yes' or a 'no,' and she had to give some information. The health worker learnt much more.

Explain how to use questions to start and to continue a conversation:

- A very general open question is useful to start a conversation. This gives the mother an opportunity to say what is important to her. For example, you might ask a mother of a 9-month-old baby: 'How is your child feeding?'
- Sometimes a general question like this receives an answer such as, 'Oh, very well thank you.'"So then you need to ask questions to continue the conversation. For this, more specific questions are helpful. For example: 'Can you tell me what your child ate for the main meal yesterday?' Sometimes you might need to ask a closed question. For example: 'Did your child have any fruit yesterday?' After you have received an answer to this question try to follow-up with another open question.

Divide participants into pairs to practise asking effective questions. Each pair will role play a scenario with a health worker talking to a mother who has a young baby whom she is breastfeeding.

Role-play scenario: One person is the health worker, one person is the mother. The mother of a 2-month-old is breastfeeding. Her mother-in-law watches the baby sometimes during the day when she is doing her work around the house. The mother expresses her breastmilk, but the mother-in-law is also giving water.

When they are done with the role play, bring the group back together and discuss the results of the practice before moving on.

Skill 3: Showing interest

Explain the skill:

- 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.

Ask: *What are common things we do to show that we are listening and interested?*

Encourage participants to discuss. Write their comments on the flip chart. Participants may mention: look at her, nod and smile, say 'Aha', 'Mmm', etc.

Role-play 3: Using responses and gestures to show interest

Ask for two volunteers to demonstrate the skill; one will play the part of the mother, the other will play the part of the health worker. Introduce the role play by saying: The health worker is talking to a mother who has a 1-year-old child.

Health worker: 'Good morning, (name). How is (child's name) now that he has started solids?'

Mother: 'Good morning. He's fine, I think.'

Health worker: 'Mmm.' (nods, smiles.)

Mother: 'Well, I was a bit worried the other day, because he vomited.'

Health worker: 'Oh dear!' (raises eyebrows, looks interested).

Mother: 'I wondered if it was something in the stew that I gave him.'

Health worker: 'Aha!' (nods sympathetically).

Ask: *How did the health worker encourage the mother to talk?* Allow participants to discuss. They should mention that the health worker asked a question to start the conversation. Then she encouraged the mother to continue talking with responses and gestures.

Skill 4: Reflect back what the mother says

Health workers 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?'

Role-play 4: asking for facts versus reflecting back

Ask for two volunteers to demonstrate the skill; one will play the part of the mother, the other will play the part of the health worker. Introduce the role play by saying: The health worker is talking to a mother who has a 6-week-old baby whom she is breastfeeding.

Health worker: '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!'

Health worker: 'About how often would you say?'

Mother: 'About every half an hour.'

Health worker: 'Does he want to suck at night too?'

Mother: 'Yes.'

Ask: What did the health worker learn from the mother?

Allow participants to discuss. They should mention that the health worker asks factual questions and the mother gives less and less information.

The same volunteers now act out the same scenario, but in a different way:

Health worker: '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!'

Health worker: '(Child's name) is feeding very often?'

Mother: 'Yes. This week he is so hungry. I think that my milk is drying up.'

Health worker: 'He seems more hungry this week?'

Mother: 'Yes, and my sister is telling me that I should give him some bottle feeds as well.'

Health worker: 'Your sister says that he needs something more?'

Mother: 'Yes. Which formula is best?'

Ask: What did the health worker learn from the mother?

Allow participants to discuss. They should mention that the health worker reflected back what the mother said, so the mother gave more information.

Skill 5: Empathy—Show that you understand how she feels

Ask participants to define the word empathy. Write their comments on a flip chart. Their definition should be similar to showing that you understand someone's feelings from his/her point of view.

Explain that:

- 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 heard what she said, and 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 sympathise you are sorry for a person, but you look at it from **your** point of view. If you sympathise, 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. For example: 'He wants to feed very often?' But this reflects back what the mother said about the baby's behaviour, and it misses what she said about how she feels. She feels tired. So empathy is more than reflecting back what a mother says to you.
- It is also helpful to empathise with a mother's good feelings. Empathy is not only to show that you understand her bad feelings.

Ask for two volunteers to demonstrate the skill: one will play the part of the mother, the other will play the part of the health worker. Introduce the role play by saying: The health worker is talking to a mother of a 10-month-old child. As you watch, look for empathy – is the health worker showing she understands the mother's point of view?

Role-play 5: Sympathy versus empathy

Ask for two volunteers to demonstrate the skill: one will play the part of the mother, the other will play the part of the health worker. Introduce the role play by saying: The health worker is talking to a mother who has a 6-week-old baby whom she is breastfeeding.

Health worker: 'Good morning, (name). How are you and (child's name) today?'

Mother: '(Child's name) is not feeding well, I am worried he is ill.'

Health worker: 'I understand how you feel. When my child was ill, I was so worried. I know exactly how you feel.'

Mother: 'What was wrong with your child?'

Ask: Do you think the health worker showed sympathy or empathy?

Participants should mention that in this case the focus moved from the mother to the health worker. This was sympathy, not empathy. Let us hear this again with the focus on the mother and empathising with her feelings.

Health worker: 'Good morning, (name). How are you and (child's name) today?'

Mother: 'He is not feeding well, I am worried he is ill.'

Health worker: '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.'

Health worker: 'It must be very frightening for you.'

Ask: Do you think the health worker showed sympathy or empathy?

Participants should mention that here the health worker 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.

Now let us see two more demonstrations. This time the mother is HIV positive and pregnant and is coming to talk to the health worker about how she will feed her baby after birth. Again listen for empathy – is the health worker showing she understands the mother's point of view?

Role-play 6: Sympathy versus empathy

Round 1

Health worker: '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.'

Health Worker: 'Yes, I know how you feel. My sister has HIV.'

Round 2

Health worker: '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.'

Health Worker: 'You're really worried about what's going to happen.'

Mother: 'Yes I am. I don't know what I should do.'

Ask: What was the difference between these two demonstrations?

Participants should mention that in the second version the health worker concentrated on the mother's concerns and worries. The health worker responded by saying, 'You're really worried about what's going to happen.' This was empathy.

Ask the two participants who have prepared to give Role-play 7 to come forward.

Introduce these role plays by making these points: Now we will see another demonstration. Watch to see if the health worker is really listening to the mother. Explain that the health worker is talking to a mother of a 7-month-old child who has recently started complementary feeds.

Role-play 7: Asking facts versus empathy

Health worker: 'Good morning, (name). How are you and (child's name) today?'

Mother: 'He is refusing to breastfeed since he started eating porridge and other foods last week – he just pulls away from me and doesn't want me!'

Health worker: 'How old is (child's name) now?'

Mother: 'He is 7 months old.'

Health worker: 'And how much porridge does he eat during a day?'

Ask: What did the health worker learn about the mother's feelings?

Participants should mention that the health worker asked about facts and ignored the mother's feelings. The information the health worker learnt did not help the health worker to assist the mother with her worry that the baby won't breastfeed since other foods were offered. The health worker did not show empathy.

Health worker: 'Good morning, (name). How are you and (child's name) today?'

Mother: 'He is refusing to breastfeed since he started eating porridge and other foods last week – he just pulls away from me and doesn't want me!'

Health worker: 'It's very upsetting when your baby doesn't want to breastfeed.'

Mother: 'Yes, I feel so rejected.'

Ask: *What did the health worker learn about the mother's feelings this time?*

Participants should mention that in this second version, the mother's feelings are listened to at the beginning. Then the health worker is able to focus on what the mother sees as the problem.

Skill 6: Avoid words which sound judging

Ask: *Many women are uncomfortable talking with health workers because they are afraid they will be judged. What are examples of ways that health workers may be judgemental towards mothers? Encourage participants to share experiences.*

Explain that the words we use when talking with mothers and their families are important. '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 breastmilk.

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?'

Ask for two volunteers to demonstrate the skill; one will play the part of the mother, the other will play the part of the health worker. Introduce the role play by saying: We will see a demonstration of this skill. The health worker is talking to a mother of a 5-month-old baby. As you watch, listen for judging words.

Role-play 8: Using judging words versus avoiding judging words

Health worker: 'Good morning. Is (name) breastfeeding **normally**?'

Mother: Well - I think so.'

Health worker: 'Do you think that you have **enough** breastmilk for him?'

Mother: 'I don't know... I hope so, but maybe not ...' (She looks worried.)

Health worker: 'Has he gained weight **well** this month?'

Mother: 'I don't know...'

Health worker: 'May I see his growth chart?'

Ask: *What did the health worker learn about the mother's feelings? Participants should mention that the health worker is not learning anything useful, but is making the mother very worried.*

Health worker: 'Good morning. How is breastfeeding going for you and (child's name)?'

Mother: 'It's going very well. I haven't needed to give him anything else.'

Health worker: '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.'

Health worker: 'He is obviously getting all the breastmilk that he needs.'

Ask: What did the health worker learn about the mother's feelings?

Participants should mention that this time the health worker learnt what she needed to know without making the mother worried. The health worker used open questions to avoid using judging words.

Make these additional points:

- Mothers may use judging words about their own situation. You may sometimes need to use them yourself, especially the positive ones, when you are 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.

On a flip chart, display the following and explain that these are different categories for judging words. Ask participants to give the Sesotho translation to these words and write them next to the category.

Well good bad badly	Normal correct proper right wrong	Enough adequate inadequate satisfied plenty of sufficient	Problem fail failure succeed success
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For each word, read out the Judging question below. Then ask participants to think of how they could ask this question in a non-judging way (a similar question that does not use the judging word). Allow several participants to share their suggestions.

English	Sesotho	Judging question	Non-judging question
<ul style="list-style-type: none"> • Well • Normal • Enough • Problem 	<ul style="list-style-type: none"> • Hantle • Nepahetseng • Lekaneng • Bothata 	<ul style="list-style-type: none"> • Does he suckle well? • Are his stools normal? • Is he gaining enough weight? • Do you have any problems breastfeeding? 	<ul style="list-style-type: none"> • How is he suckling? • What are his stools like? • How is your baby growing? • How is breastfeeding going for you?

Remind them that judging questions are often closed questions, and that they can often avoid using a judging word if they use an open question.

Ask: In addition to judging words, are there ways that people show judgement through nonverbal communication? Allow participants to discuss. They may mention staring in shock or shaking their head disapprovingly. Explain that avoiding judgement is important in both verbal and nonverbal communication.

Review the list of counselling skills that have been discussed and demonstrated in this session.

Ask:

- Are there any additional skills that counsellors need?
- Do you have any questions about listening and learning?

Session 6: Practical Session 1—Using counselling skills to assess a breastfeed

Learning objectives

After completing this session participants will be able to:

- Demonstrate appropriate listening and learning skills when counselling a mother on feeding her infant.
- Assess a breastfeed using the BREASTFEEDING OBSERVATION JOB AID.
- Demonstrate appropriate confidence and support skills when counselling a mother on feeding her infant.
- Demonstrate how to help a mother to position and attach her baby at the breast.

Materials and preparation

- Study the instructions in the following pages, and ask all trainers who will lead groups to study the instructions also. It is important that all trainers are clear about how to conduct the clinical practice.
- Make sure that you know where the practical session will be held, and where each trainer should take her group. If you did not do so in a preparatory week, visit the wards or clinic where you will go, introduce yourself to the staff members in charge, and make sure that they are prepared for the session.
- Make sure that there are copies (and extras available) of the following sheets for each participant and trainer:
 - BREASTFEEDING OBSERVATION JOB AID (two for each participant).
 - Counselling Skills Checklist.
- Make sure that there are copies of the PRACTICAL DISCUSSION CHECKLIST for each trainer.
- Before leaving for the visit, one trainer should lead a preparatory session with all participants and the other trainers together. If you have to travel to another facility for the practical session, hold the preparatory session in the classroom before you leave. If necessary, this can take place on the evening or the morning before the visit.

Suggested time: 120 minutes plus transportation

Session guide

Preparation for the practical session

Before leaving for the visit, one trainer leads a preparatory session with all participants and the other trainers together. If you have to travel to another facility for the practical session, hold the preparatory session in the classroom before you leave. If necessary, this can take place on the evening or the morning before.

Explain the following to the participants:

- You are going to practise the following skills that we have learnt in the previous sessions:
 - Assessing a breastfeed with mothers.
 - Listening and learning skills.
 - Building confidence and giving support.
 - Positioning and attachment.
- It is important that you all practise helping a mother to position her baby at the breast, or to overcome any other difficulty. Often you will find that babies are sleepy. In this case you could say to the mother something like: 'I see your baby seems to be

sleepy now, but can we just go through the way to hold him when he is ready?' Then go through the four key points of positioning with the mother. If you do this, quite a few babies will wake up and want another feed when their nose is opposite the nipple.

- You will need to take with you one copy of the Counselling Skills Checklist, two copies of the BREASTFEEDING OBSERVATION JOB AID, and a pencil and paper to make notes.
- You will work in groups of three to four with one trainer.

Here are the instructions that will guide the participants while in the ward. Explain this to them, and answer any questions that they may have ahead of time.

Steps to follow in the ward:

- Take turns talking with a mother whilst the other members of the group observe.
- Introduce yourself to the mother and ask her permission to talk with her. Introduce the group and say they are interested in infant feeding. If a mother is not feeding, ask the mother to give a feed in the normal way at any time that her baby seems ready.
- Try to find a chair or a stool to sit on.
- Practise as many of the listening and learning skills as possible. Try to get the mother to tell you about herself, her situation, and her baby. You can talk about ordinary life, not only about breastfeeding.
- The other participants should stand quietly in the background. Try to be as still and quiet as possible.
- Participants observing should note general observations of the mother and baby. Notice for example: does she look happy? Does she have formula or a feeding bottle with her?
- Participants observing should note general observations of the conversation between the mother and the participant.
 - Notice, for example: Who does most of the talking? Does the participant ask open questions? Does the mother talk freely, and seem to enjoy it?
- Make specific observations of the participant's listening and learning skills as they speak to the mother.
- Mark an **X** on your Counselling Skills Checklist when she uses a skill, to help you to remember for the discussion. Notice if she uses helpful nonverbal communication.
- Notice if the participant makes a mistake, for example, if she uses a judging word, or if she asks a lot of questions to which the mother says 'yes' and 'no.'
- When a mother breastfeeds, observe the feed using the BREASTFEEDING OBSERVATION JOB AID and put ticks in the boxes.
- Remember that you are not helping the mother at this point. If a mother needs help your trainer will take the opportunity to demonstrate how to help the mother to you.
- When you have finished thank the mother.

Warn participants about the following MISTAKES TO AVOID:

- Do not say that you are interested in breastfeeding. The mother's behaviour may change. She may not feel free to talk about formula feeding.
- You should say that you are interested in 'infant feeding' or in 'how babies feed.'
- Do not give a mother help or advice.
- If a mother seems to need help, you should inform your trainer and a staff member from the ward or clinic.
- Be careful that the forms do not become a barrier. The participant who talks to the mother should not make notes while she is talking. She needs to refer to the forms to remind her what to do, but if she wants to write, she should do so afterwards. The participants who are observing can make notes.

After the site visit is completed, return to the training site and conduct a debriefing session:

- Teach about mothers who need help.
- Encourage participants to observe health care practices while they are in a ward or clinic by noticing:
 - If babies room-in with their mothers.
 - Whether or not babies are given formula, or glucose water.
 - Whether or not feeding bottles are used.
 - The presence or absence of advertisements for baby milk.
 - Whether sick mothers and babies are admitted to hospital together.
 - How low-birthweight babies are fed.
 - If the child eats any food or drinks during the session.
 - Whether the child was given a bottle or soother / pacifier while waiting.
 - What was the interaction like between the mother and the child.
 - Any posters or other information on feeding in the area.
- At the end of the practical session ask participants if they have any questions.

Trainer's notes—Tips for the trainer

- Take your group to the ward or clinic.
- Introduce yourself and your group to the staff member in charge.
- Ask which mothers and babies it would be appropriate to talk to, and where they are.
- Try to find a mother and baby who are breastfeeding, or a mother who thinks that her baby may want to feed soon. If this is not possible, talk to any mother.
- Try to make sure that each participant talks to at least one mother.
- Each time the participants have finished a counselling session with a mother, take them into another room or a corner to discuss your observations.
- Guide the participant who is practising:
 - Keep in the background, and try to let the participant work without too much interference.
 - You do not need to correct every mistake that she makes immediately. If possible wait until the discussion afterwards. Then you can praise what she did well and talk about anything she did not do right.
 - However, if she is making a lot of mistakes, or not making any progress, then you should help her. Try to help in a way that does not make her embarrassed in front of the mother and the group.
 - Also, if she starts to help or advise the mother, remind her that she should not do that during this practical session.
 - Additionally, if a mother and baby show something important that the participants may not have observed, you can quietly draw their attention to it.
 - You need to judge as participants work what will best help them to learn.
 - Use your confidence and support skills to correct participants and to help them to develop confidence in their own clinical and counselling skills.
- Discuss the participant's performance:
 - Take the group away from the mother, and discuss what they observed.
 - Use the PRACTICAL DISCUSSION CHECKLIST to help you to lead the discussion.
 - Ask the 'General questions,' and then ask the specific questions about 'Listening and learning' and about 'Assessing a breastfeed.'

- Ask the 'Confidence and support' questions in later practical sessions.
- Go through the COUNSELLING SKILLS CHECKLIST, and discuss how the participant practised them. First ask the participant herself to say how well she thinks she did. Then ask the other participants. Try to encourage the participants to use their counselling skills in the way they give feedback to other participants.
- Go through the BREASTFEEDING OBSERVATION JOB AID, and discuss how many of the signs the group noticed. Ask them to decide if the baby was well or poorly positioned and attached.
- Teach about mothers who need help:
 - If at any time there is a mother who needs help, or who illustrates a particular situation, take the opportunity to teach about it.
 - Ask a participant who identifies a mother needing help to report it to you. Ask the staff of the ward or clinic if they would like you to help the mother. If they agree, give the mother the necessary help, together with the participant.
 - Ask the staff to be present if possible, and make sure that they understand what you suggest to the mother so that they can provide follow-up.
 - Explain and demonstrate the situation to the other participants. This may take you ahead of what has been covered so far in the course, but it is important not to miss a good learning opportunity.
 - If possible, suggest that participants revisit the mothers whom they talked to, to follow them up the next day
- Encourage participants to observe health care practices while they are in a ward or clinic by noticing:
 - If babies room-in with their mothers.
 - Whether or not babies are given formula, or glucose water.
 - Whether or not feeding bottles are used.
 - The presence or absence of advertisements for baby milk.
 - Whether sick mothers and babies are admitted to hospital together.
 - How low-birthweight babies are fed.
 - If the child eats any food or drinks during the session.
 - Whether the child was given a bottle or soother / pacifier while waiting.
 - What was the interaction like between the mother and the child.
 - Any posters or other information on feeding in the area.
- Explain that participants should not comment on their observations, or show any disapproval, while in the health facility. They should wait until the trainer invites them to comment privately, or in the classroom.
- At the end of the practical session ask participants if they have any questions.

PRACTICAL DISCUSSION CHECKLIST

Practical skills are best developed by introducing and demonstrating the skills, observing participants as they practise the skills, and giving feedback to participants on how well they performed. Feedback should include praising participants for things done well, and giving gentle suggestions for how to overcome difficulties. Use the checklist below to help guide your feedback discussions.

Questions to ask after each participant completes her turn practising (either in the clinic or using counselling stories):

To the participant who practised:

- What did you do well?
- What difficulties did you have?
- What would you do differently in the future?

To the participants who observed:

- What did the participant do well?
- What difficulties did you observe?

Listening and learning skills (give feedback on the use of these skills in all practical sessions):

- Which listening and learning skills did you use?
- Was the mother willing to talk?
- Did the mother ask any questions? How did you respond?
- Did you empathise with the mother? Give an example.

Confidence and support skills (give feedback on the use of these skills during practical sessions after Session 10):

- Which confidence and support skills were used? (Check especially for praise and for two relevant suggestions.)
- Which skills were most difficult to use?
- What was the mother's response to your suggestions?

Key messages for complementary feeding (give feedback on the use of these skills in practical Session 32):

- Which messages for complementary feeding did you use? (Check especially for 'only a few relevant messages.')
- What was the mother's response to your suggestions?

General questions to ask at the end of each practical session (in the clinic or using counselling stories):

- What special difficulties or situations helped you to learn?
- What was the most interesting thing that you learned from this practical session?

Counselling Skills Checklist

Listening and learning skills:

- Use helpful non-verbal communication.
- Ask open questions.
- Use responses and gestures that show interest.
- Reflect back what the mother/caregiver says.
- Empathise—show that you understand how she/he feels.
- Avoid words that sound judging.

Building confidence and giving support skills:

- Accept what the caregiver thinks and feels.
- Recognise and praise what a mother/caregiver and child are doing right.
- Give practical help
- Give relevant information.
- Use simple language.
- Make one or two suggestions, not commands.

Session 7: Positioning and attachment

Learning objectives

After completing this session participants will be able to:

- Explain the four key points of positioning.
- Describe how a mother should support her breast for feeding.
- Demonstrate the main positions—sitting, lying, underarm, and across.
- Help a mother to position her baby at the breast, using the four key points in different positions.

Materials and preparation

- Make sure that you have **Slide 7/1**.
- Model breast (see instructions in the introduction on 'How to make a model breast').
- Copies of the BREASTFEEDING OBSERVATION JOB AID and HOW TO HELP A MOTHER TO POSITION HER BABY for each participant.
- Make sure that participants have copies of the infant feeding counselling cards.
- The demonstrations in this session need a lot of practice if they are to be effective. One trainer leads the session. Another trainer helps with the demonstration of helping a mother who is sitting and lying.
- On the day before the demonstration:
 - Ask a trainer to help you with the demonstrations. Go through each demonstration with the trainer.
 - Explain that you want her to play a mother who needs help to position her baby.
 - Ask her to decide on a name for herself and her 'baby.' She can use her real name if she likes.
 - Read through the instructions together and practice each demonstration.
- On the day of the demonstration:
 - Arrange chairs and a footstool to demonstrate breastfeeding while sitting down.
 - Arrange a mat on the floor in order to demonstrate breastfeeding lying down.
 - You will need a doll and a model breast for both demonstrations of common mistakes in positioning.

Suggested time: 90 minutes

Session guide

Introduction

Pass out copies of the BREASTFEEDING OBSERVATION JOB AID and explain the following:

- We are going to learn how to position a baby at the breast.
- We will be using the four key points from the section on 'Baby's Position' on the BREASTFEEDING OBSERVATION JOB AID.
- There are several steps to follow when helping a mother to position her baby at the breast.

Pass out copies of HOW TO HELP A MOTHER TO POSITION HER BABY.

HOW TO HELP A MOTHER TO POSITION HER BABY

- Greet the mother and ask how breastfeeding is going.
- Assess a breastfeed.
- Explain what might help, and ask if she would like you to show her.
- Make sure that she is comfortable and relaxed.
- Sit down yourself in a comfortable, convenient position.
- Explain how to hold her baby, and show her if necessary.

The **four key points** are:

- Baby's head and body should be in line.
- Baby held close to mother's body.
- Baby's whole body supported.
- Baby approaches breast, nose to nipple.

Show her how to support her breast:

- With her fingers against her chest wall below her breast.
- With her first finger supporting the breast.
- With her thumb above.
- Her fingers should not be too near the nipple.

Explain or show her how to help the baby to attach:

- Touch her baby's lips with her nipple.
- Wait until her baby's mouth is opening wide.
- Move her baby quickly onto her breast, aiming his lower lip below the nipple.
- Notice how she responds and ask her how her baby's suckling feels.
- Look for signs of good attachment. If the attachment is not good, try again.
- Let the mother do as much as possible herself. Be careful not to 'take over' from her.
- Explain what you want her to do. If possible, demonstrate on your own body to show her how.
- Make sure that she understands what you do so that she can do it herself. Your aim is to help her to position her own baby. It does not help if you can get a baby to suckle, if the mother cannot.

Explain the following:

- Always assess a mother breastfeeding before you help her, using the points from the BREASTFEEDING OBSERVATION JOB AID.
- In Session 4 we talked about the importance of observing a mother interacting with her baby and breastfeeding. Take time to see what she does, so that you can understand her situation clearly. Do not rush to make her do something different.
- Give a mother help only if she has difficulty. Some mothers and babies breastfeed satisfactorily in positions that would make difficulties for others.
- This is especially true with babies more than about 2 months old. There is no point trying to change a baby's position if he is getting breastmilk effectively and his mother is comfortable.

Demonstration 1: How to help a mother who is sitting

You will demonstrate how to help a mother who is sitting. Participants will follow along by going through the points in the box HOW TO HELP A MOTHER TO POSITION HER BABY. You will demonstrate each of the points in the box, one at a time. When you have demonstrated a point, make sure that it is clear to the participants before you move to the next point.

Review these instructions with the other trainer before the day of the training:

- Ask one of the other trainers to be a mother.
- The trainer will sit holding the doll in the common way, with the doll across the front. You will greet her and ask how breastfeeding is going, and she will say that it is painful and that she has sore nipples.
- You will ask her to 'breastfeed' the doll, while you observe. She will hold it in a poor position: loosely, supporting only its head, with its body away from hers, so that she has to lean forward to get her breast to its mouth. She will pretend that breastfeeding is painful.
- You will then help her to sit more comfortably and to improve the doll's position. When the position is better, she should say 'Oh! That feels better.' and look happier. She can rub the other breast, to show that now she is feeling the ejection reflex.
- At each step, you will instruct the participants on how to use the BREASTFEEDING OBSERVATION JOB AID and the form HOW TO HELP A MOTHER TO POSITION HER BABY.

Demonstration 1

Step 1: Greet the mother and ask how breastfeeding is going:

- When you have greeted the 'mother' and asked how breastfeeding is going, the 'mother' should respond by saying that breastfeeding is painful.

Step 2: Assess a breastfeed:

- Ask if you may see how (child's name) breastfeeds, and ask the 'mother' to put him to her breast in the usual way. She holds him loosely, away from her body, with his neck twisted, as you practised. Observe her breastfeeding for a few minutes.

Step 3: Explain what might help and ask if she would like you to show her:

- Say something encouraging like: 'He really wants your breastmilk, doesn't he?'
- Then say: 'Breastfeeding might be less painful if (child's name) took a larger mouthful of breast when he suckles. Would you like me to show you how?' If she agrees, you can start to help her.

Step 4: Make sure that she is comfortable and relaxed:

- Make sure the 'mother' is sitting in a comfortable and relaxed position—as you decided when you practised this demonstration beforehand.
- Sit down yourself, so that you are also comfortable and relaxed, and in a convenient position to help. You cannot help a mother satisfactorily if you are in an awkward or uncomfortable position yourself or if you are bending over her.
- Demonstrate the following points to the participants using a doll, a high chair, a low chair, and a stool. Make sure the following points are clear:
 - A low seat is usually best, if possible one that supports the 'mother's' back.
 - If the seat is rather high, find a stool for her to put her feet onto. However, be careful not to make her knees so high that her baby is too high for her breast.
 - If she is sitting on the floor, make sure that her back is supported.
 - If she supports her baby on her knee, help her to hold the baby high enough so that she does not lean forward to put him onto her breast.

Step 5: Explain how to hold her baby, and show her if necessary:

- Demonstrate how to help the mother to position her baby, making sure that the four key points of positioning are clear to the mother and to the participants. These four key points are listed on the BREASTFEED OBSERVATION JOB AID.

- When you have finished helping the ‘mother’ to position her baby, make these points to the participants, using a doll to demonstrate:
 1. **Baby’s head and body in line:** A baby cannot suckle or swallow easily if his head is twisted or bent.
 2. **Baby held close to mother’s body:** A baby cannot attach well to the breast if he is far away from it. The baby’s whole body should almost face his mother’s body. He should be turned away just enough to be able to look at her face. This is the best position for him to take the breast, because most nipples point down slightly. If he faces his mother completely, he may fall off the breast.
 3. **Baby supported:** The baby’s whole body should be supported with the mother’s arm along the baby’s back. This is particularly important for newborns and young babies. For older babies, support of the upper part of the body is usually enough. A mother needs to be careful about using the hand of the same arm, which supports her baby’s back, to hold his bottom. Holding his bottom may result in her pulling him too far out to the side, so that his head is in the crook (bend) of her arm. He then has to bend his head forward to reach the nipple, which makes it difficult for him to suckle.
 4. **Baby approaches breast, nose to nipple:** We will talk about this a little later when we discuss how to help a baby to attach to the breast.
- Try not to touch the mother or baby if possible. But if you need to touch them to show the mother what to do, put your hand over her hand or arm, so that you hold the baby through her.

Step 6: Show her how to support her breast:

- Demonstrate how to help the mother to support her breast.
- When you have finished helping the ‘mother’ to support her breast, make these points to the participants, demonstrating on your own body or on a model breast:
 - It is important to show a mother how to support her breast with her hand to offer it to her baby.
 - If she has small and high breasts, she may not need to support them.
 - 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 press the top of her breast slightly. This can improve the shape of the breast so that it is easier for her baby to attach well.
 - She should not hold her breast too near to the nipple.
 - Holding the breast too near the nipple makes it difficult for a baby to attach and suckle effectively. The ‘scissor’ hold can block milk flow.
 - Demonstrate to participants these ways of holding a breast, and explain that they make it difficult for a baby to attach: 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 while holding the breast in the ‘scissor’ hold—index finger above and middle finger below the nipple.

Step 7: Explain or show her how to help the baby to attach:

- Demonstrate how to help the ‘mother’ to attach her baby.
- When you have finished helping the ‘mother’ to attach her baby, make these points to the participants, using a doll and your own body or a model breast:
 - Explain that she first holds the baby with his nose opposite her nipple, so that he approaches the breast from underneath the nipple.
 - Explain how she should touch her baby’s lips with her nipple, so that he opens his mouth, puts out his tongue, and reaches up.
 - Explain that she should wait until her baby’s mouth is opening wide before she moves him onto her breast. His mouth needs to be wide open to take a large mouthful of breast.

- It is important to use the baby's reflexes, so that he opens his mouth wide to take the breast himself. You cannot force a baby to suckle, and she should not try to open his mouth by pulling his chin down.
- Explain or show her how to quickly move her baby to her breast when he is opening his mouth wide.
- She should bring her baby to her breast. She should not move herself or her breast to her baby.
- As she brings the baby to her breast, she should aim her baby's lower lip below her nipple, with his nose opposite the nipple, so that the nipple aims towards the baby's palate, his tongue goes under the areola, and his chin will touch her breast.
- Hold the baby at the back of his shoulders—not the back of his head. Be careful not to push the baby's head forward.

Step 8: Notice how she responds and ask her how her baby's sucking feels:

- Ask the 'mother' how she feels. She should say something like 'Oh, much better thank you.' Then explain to the participants:
 - Notice how the mother responds.
 - Ask the mother how suckling feels.
 - If suckling is comfortable for the mother, and she looks happy, her baby is probably well attached.

Step 9: Look for signs of good attachment. If the attachment is not good, try again.

Make these points to the participants:

- Look for all the signs of good attachment (which you cannot see with a doll). If the attachment is not good, try again.
- It often takes several tries to get a baby well attached. You may need to work with the mother again at a later time, or the next day, until breastfeeding is going well.
- Make sure that the mother understands about her baby taking enough breast into his mouth.
- If she is having difficulty in one position, try to help her to find a different position that is more comfortable for her.

Demonstration 2: How to help a mother who is lying down

You will demonstrate how to help a mother who is lying down. Participants will follow along by going through the points in the box HOW TO HELP A MOTHER TO POSITION HER BABY. You will demonstrate each of the points in the box one at a time. When you have demonstrated a point, make sure that it is clear to the participants before you move to the next point.

Review these instructions with the other trainer before the day of the training:

- Ask the other trainer who is helping to lie in the way that you practised. The 'mother' should lie down propped on one elbow, with the doll far from her body, loosely held on the mat.
- Practise giving the demonstration with the participant, so that you know how to follow the steps.
- Decide the 'comfortable' position that you will help her to lie in.
- Ask her to wear clothes such as a long skirt or trousers so that she feels comfortable lying down for this demonstration.
- Find a cloth to cover the 'mother's' legs. Find some pillows if these are appropriate in this community.
- You will demonstrate helping the 'mother' to lie down in a comfortable, relaxed position. Explain that the same steps are followed in the box HOW TO HELP A MOTHER TO POSITION HER BABY.

During or after the demonstration make these points clear to participants:

- To be relaxed, the mother needs to lie down on her side in a position in which she can sleep. Being propped on one elbow is not relaxing for most mothers.
- If she has pillows, a pillow under her head and another under her chest may help.
- Exactly the same four key points on positioning are important for a mother who is lying down.
- 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.
- A common reason for difficulty attaching when lying down is that the baby is too 'high'/near the mother's shoulders, and his head has to bend forward to reach the breast.
- Breastfeeding lying down is useful:
 - When a mother wants to sleep, so that she can breastfeed without getting up.
 - Soon after a caesarean section, when lying on her back or side may help her to breastfeed her baby more comfortably.

Show **Slide 7/1. How to hold and attach your baby for breastfeeding**



Make these points:

- There are many other positions in which a mother can breastfeed. In any position, the important thing is for the baby to take enough of the breast into his mouth so that he can suckle effectively.
- This counselling card can be used with mothers who have chosen to breastfeed. It shows various ways a mother can sit or lie down comfortably to breastfeed her baby.

Practice Session: Positioning a baby using dolls

Divide the participants into small groups of three to four participants with one trainer. Each group will need one doll. The participants should take it in turns to be the 'counsellor,' the 'mother,' and 'observers.' The 'mother' should pretend to be having difficulties positioning her baby. Encourage the participants to practise all the skills they have learnt so far. Encourage them to follow the steps on HOW TO HELP A MOTHER TO POSITION HER BABY. Allow them to practice for about 20 minutes.

After participants have had a chance to practice, in plenary facilitate a discussion about their experience practicing helping mothers to position and attach correctly.

Session 8: Growth charts

Learning objectives

After completing this session participants will be able to:

- Explain the meaning of the standard curves.
- Plot a child's weight on a growth chart.
- Interpret individual growth curves.

Materials and preparation

- Make sure that **Slides 8/1–8/5** are in the correct order. Study the slides and the text that goes with them so that you are able to present them.
- One copy of the local growth chart for each participant.
- Copies of the growth charts with standard curves for all participants.

Suggested time: 60 minutes

Session guide

Ask: Have you used growth charts with mothers? Why are growth charts important? Why is it important to understand growth charts when counselling on infant feeding?

Allow participants to discuss.

Make the following points:

- Growth curves are tools to promote and monitor the growth of an infant.
- Monitoring the growth of an infant in a regular manner is a way to see if a child is growing properly, and, if it is not, to make up for a slow growth rate as rapidly as possible so as to prevent the malnutrition or death of the infant.
- Growth curves can reflect past and present conditions regarding the feeding of an infant and its state of health.
- If growth curves are not correctly interpreted, incorrect information can be given a mother, causing worry and loss of confidence.
- Growth of an infant can be monitored from its weight and/or its size. Different growth curves exist for each of these measures. The simplest and most used way for monitoring an infant's growth is to compare its weight in relation to its age (weight-for-age).
- A child who is undernourished for a long time will show slow growth in length or height. This is referred to as stunting or very short height for age.
- Good feeding practices—both before the child is 6 months old and after complementary foods have been introduced—can help prevent growth faltering in both weight and length.

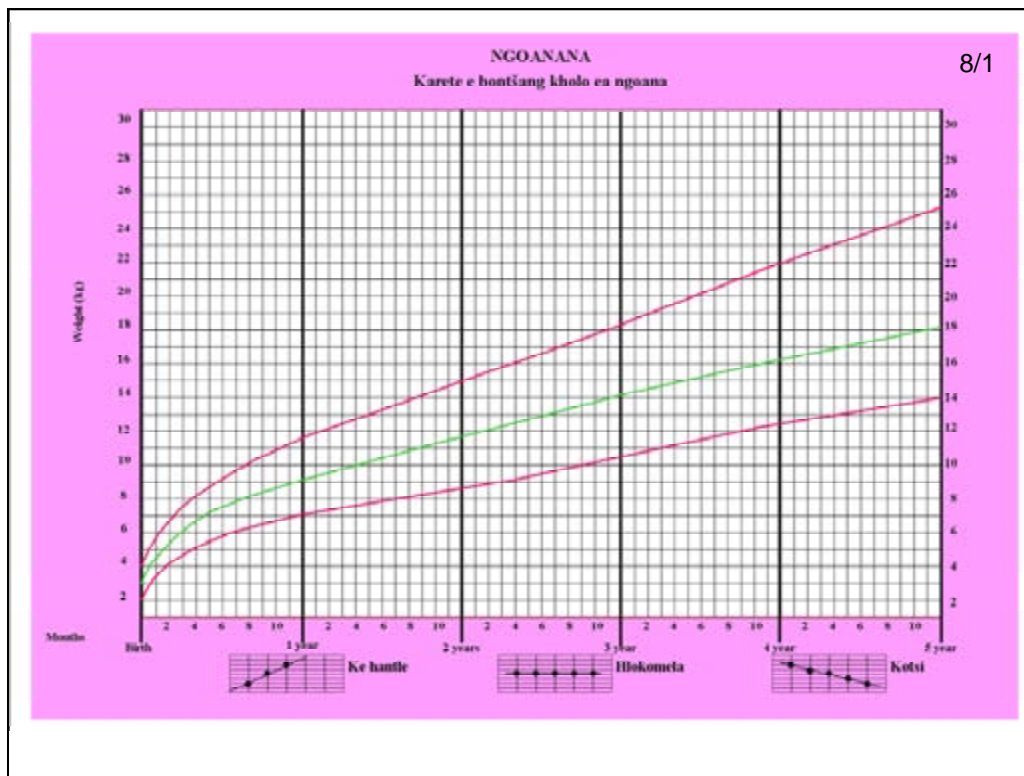
Ask: How do we monitor the weight of an infant in order to measure its progress against the growth curve for its age?

Participants should mention the following:

1. Calibrate the scale.
2. Calculate the age of the infant in months.
3. Take off the infant's clothes and weigh it using a precise, correct scale.
4. Use the chart on weight-for-age.
 - On the left axis, there is a line indicating the weight of the infant in kilograms.
 - On the lower axis of the chart, there is a line indicating the age of the infant in months (mark the date of the visit here).

- Mark on this chart the point (or intersection) where the line for the infant's weight crosses the line for the infant's age.
5. Determine if the growth of the infant is satisfactory.
 6. Explain the growth curve of the infant to its mother. Congratulate her for its good growth and her good feeding practices. If the infant has low weight, try to determine the causes and counsel the mother regarding what she can do to help her infant grow.

Show **Slide 8/1**.



Explain that this is a chart of ordinary growth developed by the MOHSW that indicates weight-for-age of girls from 0 to 5 years.

Ask: Where do we find the infant's age on the graph?

Wait for several responses and continue.

The age of the infant in months is seen on the horizontal line on the bottom of the graph (abscissa axis); point to it on the slide.

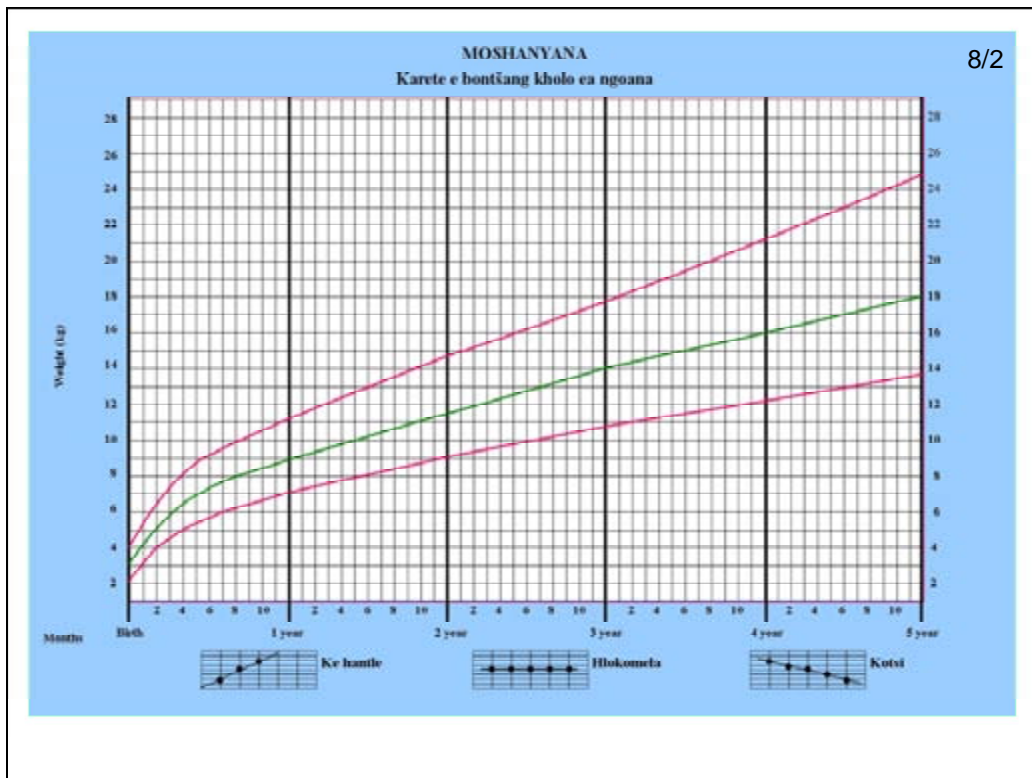
Ask: Where do we find the infant's weight on the graph?

Wait for several responses and continue.

- The weight of the infant is found the vertical line on the left of the graph (ordinates axis). Point to it on the transparency.
- There are three curves in the chart. The middle curve shows the average weight or median for infants of this age in good health. It is also called the 50th percentile because the weights of 50% of infants in good health are below this weight and 50% are above.
- Most infants in good health are close to the curve of the 50th percentile, either a little above or a little below.

- The growth curve of a normally growing child will usually follow a track that is parallel to the median, although the track may be above or below the median.
- The other two lines, called 'Z-score lines,' indicate distance from the average. A point or trend which is far from the median, such as 2 or -2, may indicate a growth problem (points or trends much farther from the median *usually* indicate a health problem).
- The lowest line indicates a weight below the norm for the age of the infant. An infant below this line is underweight. A genetically small child may be near this curve but still be growing well. As long as the child is growing normally (curve parallel to the median or z-score lines) all may be well. However, if they are not growing normally, or if they are losing weight, then they definitely are not in good health and need attention. (Point this out on the transparency.)
- We can identify infants whose weight is below the lowest curve on the weight-for-age table. This has to do with infants with low weight-for-age.
- When you see the growth curve for an infant, the most important matter is to determine that the curve is parallel to the median line, and especially that it is not staying level or descending.
- Good feeding habits—both before the age of 6 months and after the introduction of complementary foods—can help improve size and weight and maintain both curves in the normal growth pattern.

Show **Slide 8/2. The MOHSW's growth curve for boys**

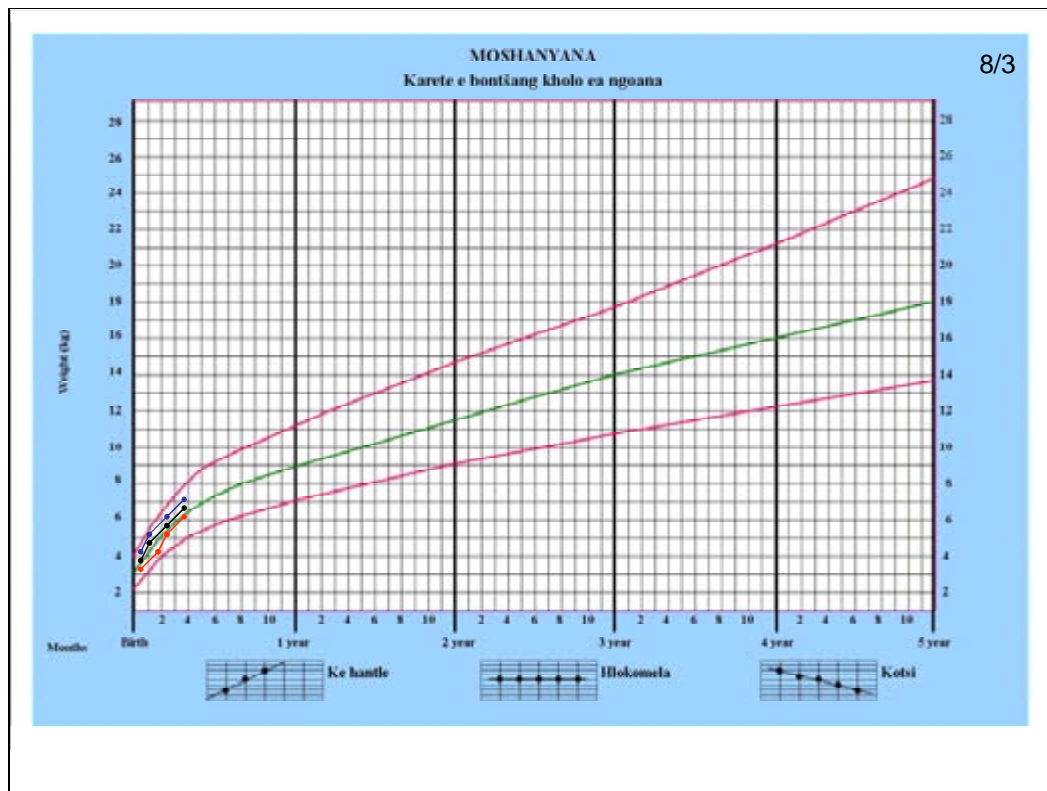


Lesotho currently uses a growth curve with two lines to determine the weight-for-age of an infant. An infant in good health will have a curve that falls somewhere between the two. These two lines are similar to the red lines (-2 standard deviation to + 2 standard deviation) in the chart below.

Explain the following:

- The curve of an infant should always be following the normal growth pattern. If it is flat or goes down, there is a problem with feeding practices or with the infant's health.
- If the weight-for-age is below the lower red curve, the infant's weight is below the norm for its age. If the weight-for-age is above this curve, the weight of the infant is not low for its age.
- If the child's *pattern of growth* (growth curve) parallels the pattern of the median curve, the child is growing normally even if s/he is low weight-for-age.

Show **Slide 8/3**.



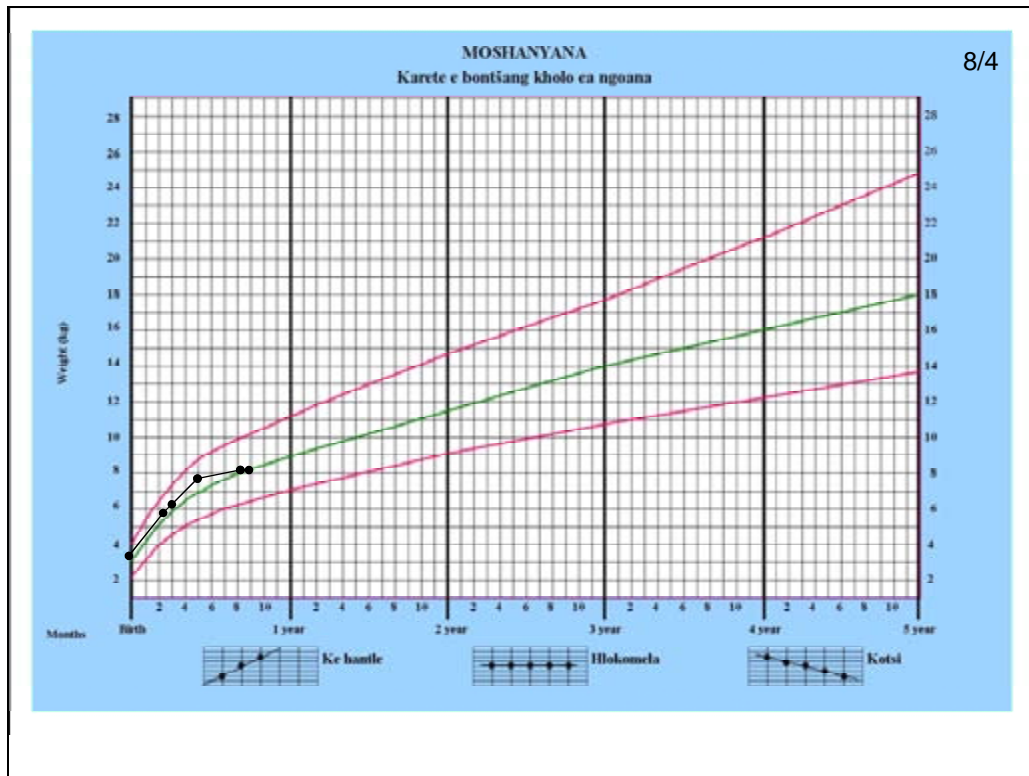
Explain that this is a growth chart for three infants who have been weighed regularly.

Ask: What do you see when looking at this chart with three different infants? Remember the general form of the growth curve.

Wait for several responses, and then continue:

- The growth chart of these three infants shows that all the infants have a curve similar to the reference curve (median curve, 0). Nevertheless, each grows according to its individual curve. Notice that they all have different weights at birth.
- Weight alone does not give a lot of information. You need a set of indicators before interpreting the trend of the curve.
- One infant can grow more at a given time than another, so that there can be highs and lows on the curve. It is therefore important to look for the general pattern.
- If the growth of an infant is delayed, it is important to identify the causes so that you can help the mother.

Show **Slide 8/4. Curve of stationary growth**



Explain: Here is the growth curve for Masupha, who has been regularly weighed.

Ask: What do you think of the growth of Masupha?

Wait for several responses, and then continue.

Masupha developed well during the first 6 months but not since then. His weight is currently stationary (his curve has become horizontal). You need to ask his mother some questions to know the causes for this.

Ask: What would you ask the mother of Masupha?

Wait for several responses, and then continue. Encourage participants to use open questions and to avoid words that express a judgement in their responses.

Here are certain questions that you can ask about him:

- How was Masupha fed during the first 6 months of his life?
- What type of milk is Masupha consuming now?
- What meals does Masupha receive now? How many meals does he have each day?
- What amount does he eat? What types of food does he eat?
- What was the health of Masupha over the past months?

You can find out that Masupha was breastfed exclusively during the first 6 months of his life and that his mother continues to breastfeed him frequently during day and night. At 6 months, his mother began to give him a light cereal twice a day. He has not been sick since his last visit. His weight does not increase because he needs other foods that are more nourishing (an enriched porridge, for example) and he needs to eat more often every day.

Ask: What is Masupha's mother doing well?

Wait for several responses and then continue.

Ask: What could you say to Masupha's mother to encourage her?

Allow participants to share. Here are some suggested responses:

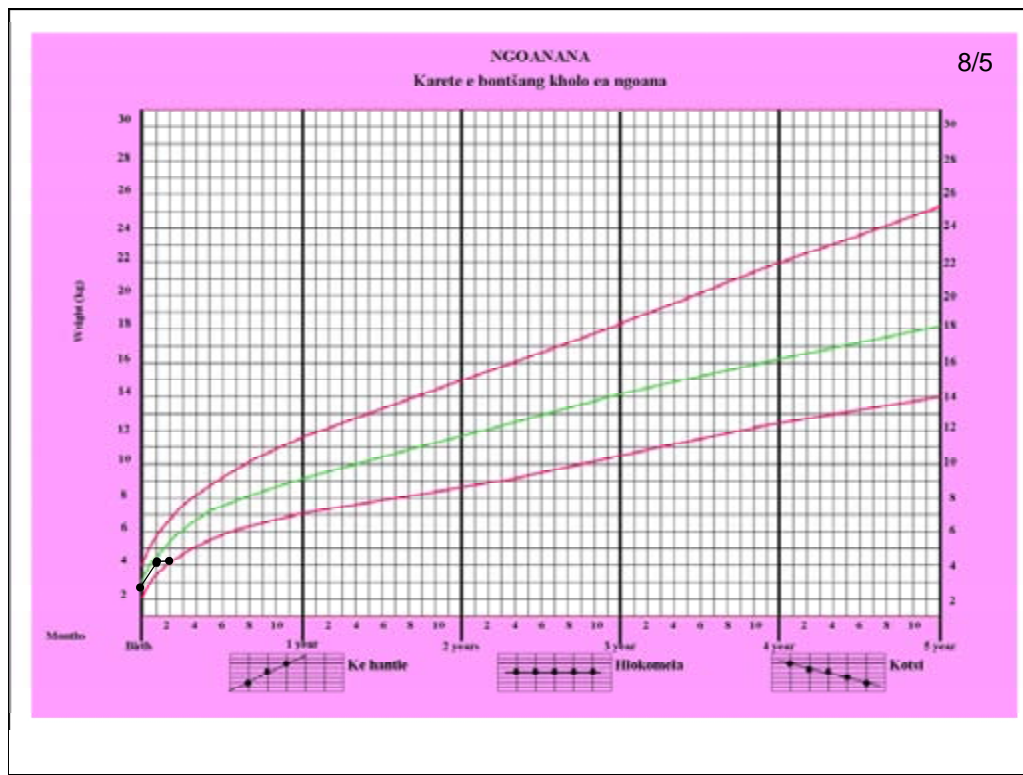
- You have done well in exclusively breastfeeding during the first 6 months of his life. See how well he has grown with just your breastmilk.
- It is good that you still continue to breastfeed Masupha now that he is older than 6 months.
- It is good that you continue to feed Masupha during the night and that he sleeps with you.

Ask: Why is Masupha's weight not going up?

Participants should mention:

- Masupha is only getting two meals a day of thin porridge. He needs complementary foods rich in nutrients more often now that he is older than 6 months. Later in the course we will speak more in detail about complementary foods.

Show **Slide 8/5. Stationary growth curve**



Here is the growth curve of Thithili, who came regularly to the health centre. *Ask: How did this baby develop?*

Explain that this infant developed slowly. You may need to ask certain questions of the mother to see how Thithili is fed.

Ask: What are questions you could ask Thithili's mother?

Participants may mention:

- How is Thithili fed?

- How frequently is she fed?
- Who does Thithili sleep with?
- If the mother says that she breastfeeds: How is the breastfeeding going?

Ask participants if they have any questions. Summarise this session by sharing the following:

- Growth charts are tools for giving information about how well an infant is feeding.
- The most important matter is to see if the curve is following the pattern of the median curve, and especially that it is not ascending and not horizontal or descending.
- Growth is the monitoring indicator for the growth and development of an infant.

Trainer's notes

Growth curves for breastfed babies: WHO developed new reference growth curves by weighing babies exclusively breastfed in six countries: Ghana, India, Norway, Oman, Brazil and the United States. Babies exclusively breastfed can gain weight more rapidly than the reference curve for the first 3 to 4 months, but they can gain weight a bit more slowly from 4 to 6 months. They are in good health and have all the milk they need. Babies fed breastmilk can be slightly bigger at that age.