

Session 16: Counselling for infant-feeding decisions— Part 1

Learning objectives

After completing this session participants will be able to:

- Describe the elements to be considered for counselling on infant feeding in relation to HIV.
- List the different feeding options available to HIV-positive mothers.
- Demonstrate effective listening and learning skills in the context of infant-feeding counselling for women who are HIV positive.

Preparation

- Make sure that **Slides 16/1 through 16/5** are in the correct order. Study the slides and the text that goes with them so that you are able to present them.
- Five flip-chart sheets with each AFASS criteria written on top as a heading.
- Each participant should have the counselling cards as a reference. Pass them out at the beginning of the session.
- Markers.

Suggested time: 80 minutes

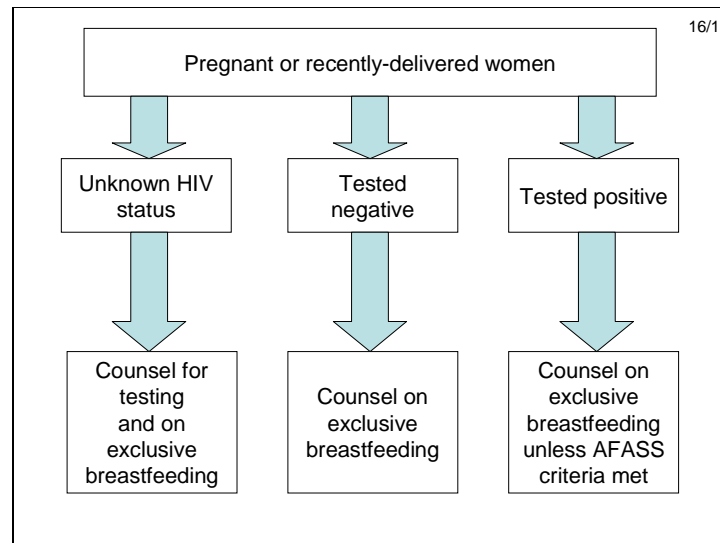
Session guide

Counselling for infant feeding in relation to HIV

Explain the following:

- As infant-feeding counsellors, you will explain the different feeding options available to HIV-positive mothers.
- You will not be expected to give general counselling for HIV unless you have special training to do this. If you have not been trained, you need to know where to refer women for this service, and you should refer mothers to counselling rather than try to counsel them without training.
- Although ideally most women in the country will have been tested for HIV during pregnancy, it is possible that you may be giving infant-feeding counselling to women who may or may not know their HIV status.

Show **Slide 16/1** and explain that women need different information about feeding their children during the first 6 months depending on their HIV status, their individual situation, and the age (and HIV status) of their baby.



Share the following information:

For women who have not been tested or do not know their status:

- Talk with them about the advantages of HIV testing for them and their families.
- Refer them to a convenient HIV testing and counselling centre if they would like a test or for Know Your Status (KYS) testing in their community. Pregnant women can be tested in their own homes by KYS counsellors. If they test positive, they are referred to health facilities for services. For women who do not want to be tested at home, KYS counsellors can give information and refer them to the facility for testing and further management.
- Recommend the systematic use of condoms and explain how to use them.
- Explain why it is important that her partner be involved and be tested.
- In the absence of a test result, provide counselling about their concerns and encourage them to feed their babies as if they were HIV negative—to breastfeed exclusively for 6 months and to continue breastfeeding with adequate complementary feeding up to 2 years or beyond.
- If a woman does not know her HIV status, it is usually safer for her baby if she breastfeeds exclusively. Babies who do not breastfeed are at greater risk of illness.
- When you counsel a woman who does not know her HIV status about infant feeding, she may need reassurance that breastfeeding is the safest option for her baby.
- Talk with each woman about the risks of becoming infected during pregnancy or while breastfeeding and review ways to stay negative. It is important that she remain negative (through condom use, abstaining from sex, or mutually faithful relationship with a

	negative partner).
For women who have been tested and are HIV negative:	<ul style="list-style-type: none"> ○ Talk with them of the risks of becoming infected during pregnancy or while breastfeeding and review ways to stay negative. It is important that she remain negative (through condom use, abstaining from sex, or mutually faithful relationship with a negative partner). ○ Explain why it is important that her partner be involved and be tested. ○ If it is appropriate, suggest taking a regular test if it is possible she has been exposed since her last one. ○ A woman may believe that she is HIV positive despite a negative test. She needs counselling to discuss her worries and generally should be encouraged to exclusively breastfeed. ○ Suggest that they have a repeat test if they think they have been exposed to HIV since the last test. ○ Encourage exclusive breastfeeding for the first 6 months (as per the general population recommendation) since this is the best for babies' health and development. ○ From the age of 6 months, introduce a variety of complementary foods that are safely prepared and continue breastfeeding until the age of 2 years and beyond. ○ Avoid mixed feeding during the first 6 months. Mixed feeding increases the risk of diarrhoea, infections, and malnutrition of all infants.
For women who have been tested and are HIV positive:	<ul style="list-style-type: none"> ○ Recommend the consistent use of condoms to avoid re-infection and explain how to use them. ○ Explain why it is important that her partner is involved and be tested. ○ Make sure that the mother meet with the personnel and receive the services appropriate for her care. ○ Discuss her infant-feeding options from birth to 6 months. Exclusive breastfeeding is recommended for HIV-positive mothers for the first 6 months of life unless replacement feeding is AFASS for them and their infants before that time. ○ The choice of the best feeding option for an infant born to an HIV-positive mother depends on the mother's situation. This choice ought to take into account the availability of health services and the counselling and support she is likely to obtain. ○ You will need to counsel her again as the child approaches 6 months of age, to discuss feeding options from 6 months onwards. ○ At 6 months, introduce complementary foods and if breastfeeding, continue until replacement feeding becomes AFASS. ○ After 6 months, if and when replacement feeding is AFASS, the HIV-positive mother ought to avoid any breastfeeding of her infant. ○ All HIV-positive mothers should receive advice that includes general information on the risks and advantages of different feeding options for the baby, as well as assistance in choosing the most appropriate option in their case. ○ Whatever her choice, the mother ought to be supported.

Ask participants if they have any questions.

Explain the following about infants who test positive:

- If the infant has tested positive, the mother should be encouraged to continue breastfeeding. In this way the infant can benefit from the good effects of breastmilk.

Ask participants to turn to page 1 of the counselling cards. Show **Slide 16/2**, showing page 1 of the counselling cards.

16/2

<p>HOW TO USE THE FLOW CHART</p> <p>1. IF THIS IS THE FIRST INFANT FEEDING COUNSELLING SESSION:</p> <p>And she is pregnant:</p> <ul style="list-style-type: none">• Follow steps 1-4. If she needs time to decide which feeding option to choose, follow steps 1-3 and ask her to return to discuss step 4• If she is early in her pregnancy ask her to return again closer to her delivery date to review how to feed her baby. <p>If she already has a child:</p> <ul style="list-style-type: none">• Follow steps 1-3. If the mother is not breastfeeding at all, however, do not discuss the advantages and disadvantages of breastfeeding.• Continue with steps 5. <p>2. IF THE MOTHER HAS ALREADY BEEN COUNSELLED AND CHOSEN A FEEDING METHOD, BUT SHE HAS NOT YET LEARNED HOW TO PRACTICE IT:</p> <p>And she is pregnant</p> <ul style="list-style-type: none">• Do step 4 only. <p>And she already has a child:</p> <ul style="list-style-type: none">• Begin with step 4 and continue with step 5 <p>3. IF THIS IS A FOLLOW-UP VISIT:</p> <ul style="list-style-type: none">• Begin with step 5• Review how to practice the feeding method. <p>REMEMBER:</p> <ul style="list-style-type: none">• Use "listening and learning skills" and skills for building confidence and giving support.• Check to ensure that the mother understands what you have discussed• Arrange for follow up or referral as needed.	<p>COUNSELLING FLOW CHART</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; text-align: center;"><p>STEP 1</p><p>Explain the risks of mother-to-child transmission</p></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; text-align: center;"><p>STEP 2</p><p>Explain the advantages and disadvantages of different feeding options starting with the mother's initial preference</p></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; text-align: center;"><p>STEP 3</p><p>Explore with the mother her home and family situation and help the mother choose an appropriate feeding option</p></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><p style="text-align: center;">STEP 4</p><p style="text-align: center;">Explain how to practice the chosen feeding option and give her the appropriate take-home pamphlet</p><table border="0" style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;">How to practice exclusive breastfeeding for the first 6 months</td><td style="width: 50%; vertical-align: top;">How to give only formula Remind the mother that she can never breastfeed if chooses formula</td></tr></table></div> <div style="border: 1px solid black; padding: 5px;"><p style="text-align: center;">STEP 5</p><p>Follow-up with the mother and baby</p><ul style="list-style-type: none">• Monitor growth• Check feeding practices• Check for signs of illness• Discuss feeding for infants 6 to 24 months</div>	How to practice exclusive breastfeeding for the first 6 months	How to give only formula Remind the mother that she can never breastfeed if chooses formula
How to practice exclusive breastfeeding for the first 6 months	How to give only formula Remind the mother that she can never breastfeed if chooses formula		

Explain that:

- Most HIV-positive women are not ready to discuss infant-feeding options at their first post-test counselling session. They will need to be referred specifically for that later. The infant-feeding counsellor may be a different person from the person who gives general post-test counselling.
- In order to help the woman without telling her what to do, you will need to follow a step-by-step process for providing information and support.
- We will look at the basic steps that should be followed. In further sessions you will learn the relevant information required and how to apply your counselling skills during the process.
- The flow chart included in the flip chart helps you to work through options with a woman in a logical way. It is important that a woman is not overwhelmed with many choices and is given time to express her own feelings.

Ask: At what point could or does infant feeding counselling for HIV-positive women take place? When are times when women may want to talk about infant feeding?

Be sure that participants mention:

- Before a woman is pregnant.

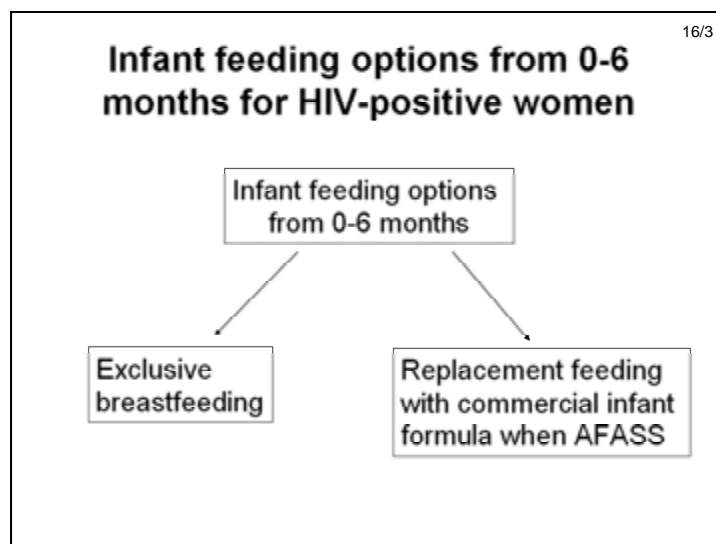
Infant and Young Child Feeding Curriculum

- During her pregnancy.
- Soon after her baby is born.
- Soon after receiving the first and final results of her baby's HIV test.
- Before her baby completes 6 months and she introduces complementary foods.

Explain the following:

- Infant-feeding counselling is needed at every contact with a facility until a baby is 24 months old.
- As her baby gets older, an HIV-positive mother needs ongoing infant-feeding counselling to support her chosen method during the first 6 months and to re-evaluate her situation at 6 months before introducing complementary foods. If her situation has changed, she may want to change her method of feeding and to discuss this with the infant-feeding counsellor. Each woman's situation is different, so health workers need to be able to discuss all the various feeding options.
- It is important for breastfeeding mothers to continue breastfeeding exclusively until their children complete 6 months. If a woman comes in with a 5-month-old, she may be counselled on introducing complementary foods, but it is important to emphasise that just because they discuss introducing new foods, it does not mean she should start before her child completes 6 months.
- Infant-feeding options should be discussed with women who are HIV positive. The Government of Lesotho now recommends two infant-feeding options for HIV-positive women during the first 6 months: exclusive breastfeeding and exclusive replacement feeding with commercial infant formula. Remind participants of Session 2 and that cow's milk is not appropriate for infants less than 6 months of age.

Project **Slide 16/3** and review an HIV-positive woman's options for feeding her baby in the first 6 months. Explain that when counselling a woman, the advantages and disadvantages of both options should be discussed.



Explain that the WHO has criteria to recommend when an HIV-positive mother should replacement feed. These criteria are called AFASS for acceptable, feasible, affordable, sustainable and safe.

A counsellor needs to know about the family and economic circumstances to appropriately counsel women on how to feed their children.

Determining AFASS

Show **Slides 16/4 and 16/5: Definitions of Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS)**. Discuss with the participants the definition of each term.

Slide 16/4.

16/4

**DEFINITIONS OF ACCEPTABLE, FEASIBLE,
AFFORDABLE, SUSTAINABLE AND SAFE
(AFASS)**

- **Acceptable:** The mother perceives no barrier to replacement feeding. Barriers may have cultural or social reasons, or be due to fear of stigma or discrimination.
- **Feasible:** The mother (or family) has adequate time, knowledge, skills and other resources to prepare the replacement food and feed the infant up to 12 times in 24 hours.
- **Affordable:** The mother and family, with community or health-system support if necessary, can pay for the cost of purchasing/producing, preparing and using replacement feeding, including all ingredients, fuel, clean water, soap and equipment, without compromising the health and nutrition of the family.

Slide 16/5.

16/5

**DEFINITIONS OF ACCEPTABLE, FEASIBLE,
AFFORDABLE, SUSTAINABLE AND SAFE
(AFASS)**

- **Sustainable:** Availability of a continuous and uninterrupted supply, and dependable system of distribution for all ingredients and products needed for safe replacement feeding, for as long as the infant needs it, up to one year of age or longer.
- **Safe:** Replacement foods are correctly and hygienically prepared and stored and fed in nutritionally adequate quantities with clean hands and using clean utensils, preferably by cup.

For each definition ask participants if they have any questions.

Divide participants into five groups. Assign one word to each group and pass out the corresponding flip-chart sheet to each group.

Read the following instructions to the groups:

- Discuss your assigned word and how it relates to the average woman in your community. What are related cultural practices, the economic situation, or other barriers that would influence whether or not the criteria are met?
- For example, for the criteria 'acceptable,' a common barrier for many women who choose to replacement feed is that most women in the community breastfeed their children. Since a woman who chooses replacement feeding can never breastfeed, this may call attention to her HIV status or pressure her to breastfeed. If she was not comfortable with this, replacement feeding would be considered unacceptable.
- You have 10 minutes to discuss your assigned criteria. Assign someone in your group to take notes and someone to present.

After 10 minutes, allow each group to present. Encourage other groups to ask questions or share examples.

Summarise this activity by emphasising the following points:

- When counselling HIV-positive women on infant feeding it is important to:
 - Talk about her individual circumstances to see if she meets AFASS criteria.
 - Explain to her the two infant-feeding options and the advantages and disadvantages of each.
 - Help her make the best decision on how to feed her infant.

Counselling job aids overview

Make these points while showing each of the tools:

- The first set of tools we will look at is a counselling card flip chart that includes the flow chart illustrating the counselling process (that we discussed earlier in this session). It also includes counselling cards to be used during one-to-one sessions with pregnant women and/or mothers.
- The second tool is a set of take-home flyers for mothers on how to safely practise the chosen feeding option.

Ask participants to look at the cards. Explain how to use the flow chart and cards 1 to 6 in turn. Hold the card up and ask the participants to find, and study, their own card as you explain it.

- The first page is a flow chart of the recommended steps to follow for HIV and infant feeding counselling. On the left-hand side there are some simple instructions for how to use the flow chart, depending on the type of session (first session, follow-up) and whether the woman is pregnant or her baby is already born. Each of the cards we will now look at has a step number which fits in with the steps on the flow chart.
- Card 1 is called 'The risk of mother-to-child transmission.' Use this card to help you to explain to a woman the chances of her child being infected. Remember from Session 16, if all the mothers of the babies shown are HIV positive, three of the babies are likely to get HIV through breastfeeding.
- Card 2 lists the infant-feeding options for the first 6 months for women who are HIV positive.
- Card 3 is called 'Benefits of exclusive breastfeeding.' Exclusive breastfeeding until a baby completes 6 months is recommended unless replacement feeding is AFASS.
- Card 4 is called 'Advantages and disadvantages of commercial infant formula.'

- Card 5 is called 'Helping a mother decide how best to feed her baby.'
- Card 6 is called 'Understanding exclusive breastfeeding.'
- It is important to remember that during the first 6 months a woman should be encouraged and supported to use the same infant-feeding method she chose for the entire time.
- Note that each card has several sections:
 - 'Use with': This specifies the group of people with whom you should use this specific card. For example, Card 1 is to be used with 'All HIV-positive women who are being counselled for the first time.'
 - 'Ask': This section gives a very specific question or questions that a counsellor can ask to start the conversation.
 - 'Key Messages': This main section of the card provides the key messages that a counsellor should review with a mother.
 - 'Ask': This second "ask" section provides questions for the counsellors to use in order to check for understanding.

Explain the following:

- The table shown in Card 5 should be used with mothers who are pregnant or have infants under 6 months old. It helps the counsellor to explore the woman's living conditions in order to help her choose the most suitable feeding method for her situation.
- The first step is to ask the woman about all of the things in the first column. For example: *Where do you get your drinking water?*
- Remember the woman's responses to each question. You will use this information to help her choose a feeding option. This table is not designed as a scoring tool or to make the mother's choice for her. The mother should choose the method herself after learning the advantages and disadvantages of each method.
- When you use the cards it is important to use your counselling skills and not to tell a woman what to do. Do not simply read out the points on the card. It is important to use open questions, to listen and learn from the woman, and to support her in the choice she makes.
- It may take a woman more than one counselling session to make up her mind about the feeding option she will choose. It is important for you to give the woman as much time as she needs and not to force her to make a decision when she is not ready.

Ask participants if they have any questions, and try to answer them. Summarise the session by making these points:

- All women who are HIV positive need infant-feeding counselling to discuss infant-feeding options, and to decide what is best for them in their situation.
- Women who are HIV negative need counselling about their concerns and encouragement to breastfeed exclusively for 6 months.
- Women who do not know their status should be referred for testing, so they can be counselled appropriately. If they are not tested, they should be encouraged to exclusively breastfeed.

Trainer's notes

Clinical AIDS:

There are some illnesses that are very closely associated with HIV, such as Kaposi's sarcoma and pneumocystis pneumonia. Other illnesses, such as herpes zoster and tuberculosis, are commonly associated with HIV but also occur in people who are not infected. It is therefore difficult to make a definite diagnosis of HIV without HIV testing. If a

woman has AIDS-related illness, and after counselling to encourage her to be tested, she is still unwilling, she could be referred to a doctor for assessment of the likelihood that she has HIV infection, before making a decision about infant feeding.

Unknown infant status:

Why do you counsel the HIV-positive mother about breastfeeding without knowing about the baby's status? Only a small percentage of infants are *infected* with HIV at birth. It is not possible from ordinary tests to know which infants are infected at an early age. If an infant is *uninfected*, then it may be possible to help a mother reduce the risk of both HIV and other illnesses by appropriate infant-feeding counselling. So the best thing is to offer this help to all HIV-positive mothers and their infants. If the baby is already known to be infected with HIV it is recommended that he or she breastfeeds because the risk of not breastfeeding remains while the risk of infection is no longer relevant.

Testing infants for HIV:

There are two types of tests for HIV infection: antibody tests, including rapid tests, and virological assays, such as RNA or DNA PCR (polymerase chain reaction). The antibody tests detect antibodies, not the virus itself; antibodies from the mother pass to the child and may not disappear until the child is 18 months of age, hence usually cannot help detect HIV-status of the child before that age. Virological assays detect the presence of the HIV virus in the blood and are reliable at any age. DNA PCR testing is available for infants at six weeks using dried blood spot testing. PCR testing is available at 166 PMTCT facilities throughout the country. It usually takes about two to six weeks to receive the results.

Session 17: Feeding options for HIV-positive mothers– Advantages of exclusive breastfeeding

Learning objectives

After completing this session participants will be able to:

- List the advantages and the disadvantages of exclusive breastfeeding for HIV-positive women.
- Describe the factors that increase the risk of MTCT of HIV during breastfeeding.
- Explain how to reduce the risk of MTCT of HIV during breastfeeding.
- Counsel a mother on the advantages and disadvantages of exclusive breastfeeding.
- Use Counselling Card 3 during a counselling session.

Preparation

- Each participant should have a copy of the counselling cards as a reference during this session.
- In order to demonstrate the use of Counselling Card 3, either project **Slide 17/1** or simply show the counselling cards to the participants.
- Flip-chart sheets from Session 2 with advantages of breastfeeding should be posted around the room.
- Copies of the Counselling Observation Checklist.

Suggested time: 40 minutes

Session guide

Explain the following:

- According to the National IYCF Policy, there are two recommendations for how HIV-positive mothers should feed their babies during the first 6 months of life: exclusive breastfeeding and exclusive replacement feeding with infant formula.
- In this session, we will discuss exclusive breastfeeding and the ways to reduce the risk of MTCT of HIV during breastfeeding.
- All health workers who care for mothers and infants need to know how breastfeeding works, and how to help mothers to breastfeed. They need this competence to help both HIV-negative and HIV-positive mothers.
- Health workers are responsible for protecting, promoting, and supporting the feeding choice made by the mother.
- In addition to helping mothers to breastfeed their infants properly, the health worker should refer the mother to other health services that support the growth and development of her baby during the first 2 years.

Advantages and disadvantages of breastfeeding for an HIV-infected mother

Explain that an HIV-positive mother needs to understand the advantages and disadvantages of exclusive breastfeeding before deciding if it is the best option for her specific situation. Ask participants to refer to the advantages and disadvantages of exclusive breastfeeding posted throughout the room.

Ask: What are the benefits of exclusive breastfeeding for women who are HIV positive?
Write their responses on a flip chart. Be sure they mention the following:

- Breastmilk is the ideal food for babies and protects them from many diseases, especially diarrhoea, malnutrition, and pneumonia, and the risk of dying from these diseases.
- Breastmilk gives babies all the nutrients and water they need in adequate amounts. Breastfed babies do not need any other liquid or food.
- Breastmilk is free, always available, and does not need any special preparation.
- Exclusive breastfeeding for the first 6 months lowers the risk of passing HIV, compared to mixed feeding.
- Many women breastfeed, so people will not ask why mothers are breastfeeding.
- Exclusive breastfeeding helps mothers to recover from childbirth and protects them from getting pregnant again too soon.

Ask: What are the disadvantages of breastfeeding for women who are HIV positive?

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

- As long as the mother breastfeeds, her baby is exposed to HIV.
- People may pressure the mother to give water, other liquids, or foods to the baby while she is breastfeeding. This practice, known as mixed feeding, increases the risk of diarrhoea and other infections, and increases the risk of HIV transmission.
- It may be difficult (and potentially dangerous) to do if the mother gets very sick.

Ask participants to refer to Counselling Card 3, which presents information on the advantages and disadvantages of breastfeeding.

Remind participants that:

- If a woman does breastfeed, it is important for her to breastfeed exclusively. This gives protection for the infant against common childhood infections and also reduces the risk of HIV transmission.
- Counselling on infant feeding may need to take into account her disease progression. Recent evidence suggests a very high rate of postnatal transmission in women with advanced disease.
- An HIV-positive mother who chooses to breastfeed needs to use a good technique to prevent nipple fissure and mastitis, both of which may increase the risk of HIV transmission. We have already learned how to manage these breast conditions.

Demonstration: Use of Counselling Card 3

Explain that:

- Counselling cards can be used by health workers to explain advantages and disadvantages of exclusive breastfeeding by HIV-positive mothers.
- We will demonstrate how to use the card and then participants will have the opportunity to practice using the card during a role play.
- Ask a participant to volunteer for the role of mother during the demonstration.

Show **Slide 17/1. Counselling Card 3: Advantages of exclusive breastfeeding**



In this demonstration, you will demonstrate how to use the counselling cards. You will play the role of the counsellor, and a participant will play the role of a mother who is HIV positive and who is receiving counselling for the first time. She has decided to breastfeed. The counsellor should use the counselling card in order to drive the conversation.

Counsellor:	Good morning, Me (name). How are you doing today? What can I do to help you?
Mother:	Oh I am doing well, thank you. I am here today because I just tested positive for HIV, and I am pregnant. I want to get some information about how to feed my baby.
Counsellor:	That is good that you have come to talk about how to feed your baby. <i>(Pulls out counselling cards and shows the mother Counselling Card 3. The photo faces the mother and the text faces the counsellor.)</i> What do you think of breastfeeding?
Mother:	I think it's good.
Counsellor:	What do you understand by exclusive breastfeeding?
Mother:	Well, I know that it means giving my baby only breastmilk for the first 6 months.
Counsellor:	That's right. This means that you cannot give your baby other foods, liquids, or even water.
Mother:	Oh really? Even when it is very hot outside?
Counsellor:	Even then, you should only give breastmilk. Breastmilk has all of the water that your baby needs. Let's talk more about exclusively breastfeeding. What are the advantages?
Mother:	I was told that if I breastfeed exclusively, then it is safer for my baby, since I have HIV. And also, breastmilk is free and always available when I need it.
Counsellor:	That's very true. Also, breastmilk is the ideal food for babies. It has everything that your baby needs to grow healthy and strong. Exclusive breastfeeding for the first 6 months also protects you from getting pregnant again too soon after this baby. What do you think of these advantages? Are they important for you?

Mother:	Yes. I am very worried about giving HIV to my baby, but I know that I cannot afford to buy formula for my baby. Breastfeeding seems like the best option.
Counsellor:	What are the possible disadvantages of exclusive breastfeeding?
Mother:	I know that there is still a chance that my baby might get HIV.
Counsellor:	Do you have questions about the disadvantages? Do you think that these disadvantages apply to your situation?
Mother:	I am worried about making sure that other people do not feed my baby other foods. I would like to talk more about how to express my breastmilk so I can leave milk with my mother for the baby when I go back to work.
Counsellor;	Talking with your mother is a good idea. Remember to come back if you have any questions or problems feeding your baby after he or she is born. Also, be sure to come back when your baby is 6 months old so we can talk about how best to feed your baby when he or she starts to need other foods.

Divide participants into groups of three; ask one to be the health worker, one to be the mother, and one to observe. Pass out copies of the counselling observation checklist for the observer to use. Ask each group to do a role play similar to the one demonstrated using the counselling cards. Allow 10 minutes.

After 10 minutes, ask the group to come back to plenary. Facilitate a debriefing about their role plays:

- Was there a particular step that was challenging? If yes, why?
- What techniques for listening and learning were demonstrated during the exercise?
- What could 'health workers' do differently to improve this counselling session?

Ask if participants have questions, and respond to them.

Trainer's notes

When talking about breastfeeding, it is important to remember the approaches for reducing the risk of MTCT of HIV during breastfeeding.

Preventing HIV infection in women:

- Women who become infected with HIV while they are pregnant or breastfeeding have much higher risk of transmitting the virus to their baby.
- It is especially important to prevent infection in a seronegative woman because the woman and her baby are both at risk.
- Seropositive women can be re-infected if they have sexual relations with a seropositive partner, so they should always abstain or use a condom during the breastfeeding period.
- All men need to know that having sexual relations without a condom exposes them to HIV infection. If they become infected, they can then infect their wives, and their babies, who will be at great risk if the infection takes place during pregnancy or breastfeeding.

Give ARVs to eligible women:

- Giving ARVs to eligible women will improve their CD4 count, lower their viral load, and therefore may reduce the risk of transmission from mother to child.
- Recent studies show a very high postnatal transmission rate among women in an advanced stage of AIDS.

Improve maternal health:

- Studies show that systemic infections and infections localised in the breast increase the viral load of the mother and consequently increase the risk of transmission from mother to child.
- Encourage women to treat opportunistic infections as soon as possible. Provide counselling on improving breastfeeding techniques and treating breast health problems.

Improve infant health and survival:

- Infants with candidosis (thrush) are at greater risk of infection, so mothers should regularly inspect their infant's mouth and take them for treatment when needed.
- Poorly nourished or sick infants are more susceptible to infections, so mothers should be encouraged to take their infants regularly to the health centre to assess their growth and receive medications if the infants are sick.
- Daily cotrimoxazole prophylaxis, starting at 6 weeks, can help reduce infections.

Implement appropriate infant-feeding practices:

- Assist each mother to choose the feeding option from birth that is the safest one for her personal situation.
- Provide support to the mother so that she can successfully breastfeed exclusively during 6 months.
- See the mother and infant regularly to verify that the infant is in good nutritional health.
- Monitor the mother and infant regularly between 6 and 24 months so as to assist the mother with continued breastfeeding or breastfeeding cessation if it becomes appropriate (AFASS with a safe and nutritionally adequate diet) and to ensure good feeding practices.

Promote **exclusive** breastfeeding among all breastfeeding mothers:

- By encouraging exclusive breastfeeding for the first 6 months among all nursing mothers, it becomes easier for seropositive women to get the support of family and community to practice exclusive breastfeeding.

Session 18: Feeding options for HIV-positive mothers

Advantages and disadvantages of exclusive replacement feeding with commercial infant formula

Learning objectives

After completing this session participants will be able to:

- Explain to a mother the advantages and disadvantages of replacement feeding.
- List breastmilk substitutes that can be used for replacement feeding.
- Describe the approaches to minimise risk of infection and malnutrition of babies using replacement feeding.
- Use Counselling Card 4 during a counselling session.

Materials and preparation

- Flip-chart paper.
- Magic markers.
- Tape or other items for affixing papers on walls or chalkboards.
- Each participant should have a copy of the counselling cards to refer to during this session. The leader will demonstrate the use of Counselling Card 4: Advantages and disadvantages of commercial infant formula.
- In order to demonstrate the use of Counselling Card 4, you can project **Slide 18/1** or simply show the counselling cards to the participants.

Suggested time: 60 minutes

Session guide

Advantages and disadvantages of replacement feeding

Introduce the session by explaining that HIV-positive women who have been counselled about infant-feeding options may decide to replacement feed if they meet the AFASS criteria.

Ask: What is exclusive replacement feeding?

Wait for several responses, and then share the following definition.

Replacement feeding is the process of feeding an infant who is not breastfed with a food that provides all nutritional elements needed by the infant until the infant can begin a variety of foods at 6 months. Commercial infant formula is now the only recommended replacement feeding option for the first 6 months.

Share the following information:

- Replacement feeding must be acceptable, feasible, affordable, sustainable and safe (AFASS).
- Adequate replacement feeding is needed until the infant is at least 2 years old, which is the time the infant is at the greatest risk of malnutrition.
- If a mother chooses to replacement feed, commercial infant formula is needed **exclusively** for at least the first 6 months. After the first 6 months, it is also useful if some kind of milk is part of the diet for up to 2 years of age or more.

- Formula has a good proportion of nutritional elements and added micronutrients. Giving infant formula to the non-breastfed baby until the age of 24 months is encouraged.
- Exclusive replacement feeding from birth protects the baby from the risk of mother to child transmission of HIV. However, there are important risks that must be considered when the mother chooses to give her infant formula.
- Replacement feeding should be given to the infant in a healthy and hygienic manner to avoid infections and malnutrition.
- Since the risk of MTCT is the highest when feeding other milk or solid foods, it is equally or even more important for mothers who use replacement milk during the first 6 months to be counselled about the dangers of mixed feeding, as should mothers who exclusively breastfeed.

On a flip chart, make two columns. One should have the heading 'Advantages' and the other the heading 'Disadvantages' (like the table below).

Ask: What are the advantages of replacement feeding? What are the disadvantages?

Encourage participants to discuss and write their comments under the appropriate heading. The following should be mentioned:

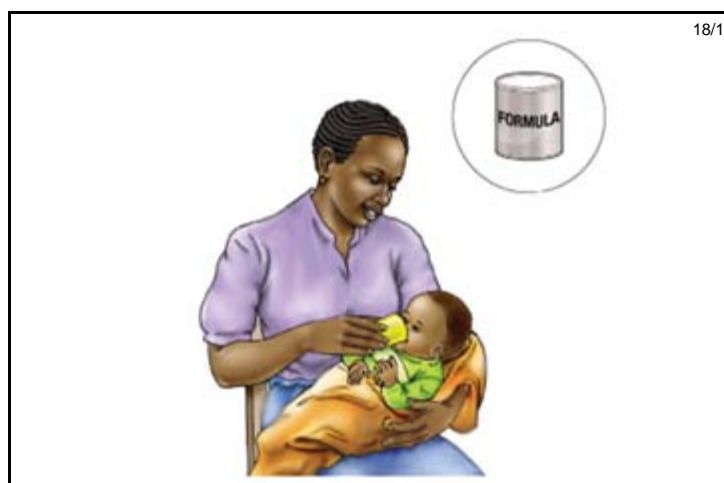
REPLACEMENT FEEDING	
<u>Advantages</u>	<u>Disadvantages</u>
<ul style="list-style-type: none"> • Giving only replacement milk carries no risk of HIV transmission to the baby. • Other responsible family members can assist in feeding the baby. If the mother falls ill, other persons can nourish the baby while she recovers. 	<ul style="list-style-type: none"> • Replacement feeding does not have the antibodies that protect the baby from infections. • A baby replacement fed is at an increased risk of falling seriously ill from diarrhoea, pulmonary infections, and malnutrition. • A mother should never breastfeed once she begins replacement feeding; otherwise, the risk of transmitting HIV will continue. • A mother needs fuel and clean water (for boiling vigorously for 5 minutes) to prepare replacement milk, as well as soap to wash the baby's cup. • Infant formula requires preparation time and must be freshly prepared for each feeding (unless the mother has a refrigerator). • Infant formula is costly and you have to have it always available. A baby needs forty (40) tins of 500g each for the first 6 months. • The family needs to have enough infant formula for at least for the first 2 years of the infant's life. • Babies will need a cup for drinking. Babies can learn to hold the cup themselves when they are bigger, but that can take time. • People may wonder why a mother is giving formula instead of breastfeeding, and may suspect that the mother is HIV infected. • A mother can become pregnant sooner.

Demonstration of Counselling Card 4

Ask participants to turn to Counselling Card 4. Explain that this counselling card can be used by health workers to explain the advantages and disadvantages of replacement feeding to HIV-positive mothers.

Explain that there will first be a demonstration of the card's use followed by time for them to practice using it during a role play.

Show **Counselling Card 4: Commercial infant formula**



In this demonstration, you will demonstrate how to use the counselling cards. You will play the role of the counsellor, and a participant will play the role of a mother who is HIV positive and who is receiving counselling for the first time. She has decided to feed her baby using commercial infant formula. The counsellor should use the counselling card in order to drive the conversation.

Counsellor:	Good morning, Me (name). How are you doing today?
Mother:	I am doing well, but I am really worried about my baby. I just found out that I am HIV positive, and I need to find out about how to feed my baby. I would like to feed formula.
Counsellor:	That is good that you have come to talk about how to feed your baby. <i>(Pulls out counselling cards and shows the mother Counselling Card 4. The photo faces the mother and the text faces the counsellor.)</i> What do you think of infant formula?
Mother:	I think formula can be used to feed my baby.
Counsellor:	What does 'exclusive formula feeding' mean to you?
Mother:	Well, I know that I can only give my baby only infant formula for the first 6 months.
Counsellor:	That's right. This means that you cannot give your baby other foods, liquids, or even water or breastmilk. Exclusive replacement feeding means giving commercial infant formula that is made especially for babies, from birth until the age of 6 months. This also means that you cannot ever give breastmilk to your baby.
Counsellor:	What are the advantages of exclusive replacement feeding?
Mother:	I know that if I do this, then my baby will not be at risk at all for HIV. This is

	very important to me.
Counsellor:	That's true. It is important that you only use infant formula, as it is specially formulated for infants. Also, other family members can help you feed your baby. What are the possible disadvantages of exclusive replacement feeding?
Mother:	It can be difficult to make, and I know that I need to make a fresh feed each time the baby needs to eat. I also know that it is expensive, but my husband has a steady job.
Counsellor:	Those are both true, and it's good that you are prepared for them. Also, remember that infant formula lacks the antibodies that are present in breastmilk, so your baby will be at a higher risk of diarrhoea, pneumonia, and even malnutrition. In addition, when preparing those feeds, it is very important that they be prepared hygienically, using boiled water, clean cups and utensils.
Mother:	Okay, I will make sure that I do that.
Counsellor:	Also, in some settings, feeding using infant formula may not be socially acceptable. May I ask if you have told your family?
Mother:	Yes, I have. My husband and mother know about my status.
Counsellor:	That's good. That will be very helpful for you. Do you have any questions about any of the disadvantages? Do you think that certain disadvantages could apply to your situation?
Mother:	Maybe, I'm not very sure. I think that I can do this, but I'd like to talk more about how to make sure that I'm preparing the formula properly. I don't want my child to get sick.
Counsellor:	I'd be happy to show you how to prepare infant formula properly. It is important to remember that if your baby falls ill, you should bring him to a health facility immediately. And remember, be sure to come back when your baby is 6 months old so we can talk about how to start giving other foods in addition to formula.

Ask participants if they have any questions.

Practice using Counselling Card 4

Divide participants into groups of three to role play using Counselling Card 4; ask one to be the health worker, one to be the mother, and one to observe. Pass out copies of the counselling observation checklist for the observer to use. Participants should have different roles than during the breastfeeding session. Ask each group to do a role play similar to the one demonstrated using the counselling cards based on the scenario below.

A pregnant woman named Lerato has tested positive for HIV, and is starting to be counselled on how to feed her baby. Practice using this card, which focuses only on the advantages and disadvantages of replacement feeding. Lerato is worried about passing HIV to her baby and wants to feed her baby with formula. She has no regular employment, but her husband is a taxi driver, and she has an aunt who gives her money from time to time.

Circulate among the participants and give them the assistance they need. (All facilitators.)

After 10 minutes, ask the group to come back to plenary. Facilitate a debriefing about their role plays:

- *Was there a particular step that was challenging? If yes, why?*
- *What techniques for listening and learning were demonstrated during the exercise?*
- *What could 'health workers' do differently to improve this counselling session?*

Session 19: Counselling for infant-feeding decisions– Part 2

Learning objectives

After completing this session participants will be able to:

- Conduct an AFASS evaluation with HIV-positive women using the counselling cards.
- Describe all the conditions to fulfil before counselling the HIV-infected mother to avoid breastfeeding her infant when the conditions are AFASS.
- Counsel HIV-positive women on infant feeding options, using the cards, flow chart, and take-home flyers.
- Use Counselling Card 5 during a counselling session.

Materials and preparation

- For each group, one copy of Counselling Stories 1 through 4, which are located at the end of this session guide.
- For each participant, one copy of the Counselling Cards and one set of take-home flyers. NOTE: These tools should be distributed at the beginning of the course and participants should be asked to read them before this session.
- In order to demonstrate the use of Counselling Card 5, you can project **Slide 19/1** or simply show the counselling cards to the participants.
- Have copies of the Counselling Skills Checklist, one for each participant.
- Post the flip-chart sheets from Session 16 with the participants' examples of AFASS on the walls. They will refer to these in this session.
- Ask two trainers to do the counselling demonstration. This requires a lot of practice as they will demonstrate the use of the counselling cards to the participants. They should have practised this several times before this session.

Suggested time: 120 minutes

Session guide

Understanding AFASS

Facilitate a short discussion about infant feeding by asking the following questions:

- *What advice would you give to a woman who is HIV negative about how to feed her baby for the first 6 months?*
- *What feeding options are recommended for a woman who is HIV positive about how to feed her baby for the first 6 months?*
- *How can an HIV-positive woman know which infant-feeding option (exclusive formula or exclusive breastfeeding) is the best choice for her situation?*

Explain that in this session, we will discuss how to assist an HIV-positive mother to choose the safest option for feeding her baby during the first 6 months of life: exclusive breastfeeding or exclusive replacement feeding.

Explain that understanding a woman's individual situation is important because it can help mothers and families to:

- Choose the best infant-feeding option for their circumstances.
- Prevent malnutrition.
- Prevent HIV transmission to the infant.

- Reduce the risk of infant mortality.

Explain that later in this course, other aspects of the WHO Consensus for giving guidance about stopping breastfeeding after the first 6 months will be discussed. Criteria will now be examined that are used to assist a mother in deciding which feeding option is best for her baby from birth to when he or she completes 6 months.

Remind participants that the National IYCF Policy and the WHO suggest that women who are HIV positive breastfeed their infants for the first 6 months unless AFASS criteria are met.

Ask: *What does AFASS stand for?*

- Acceptable
- Feasible
- Affordable
- Sustainable
- Safe

Ask participants to refer to the posters from the earlier session when they defined AFASS criteria.

Explain that when talking with women, there are other questions that can be asked to help her and you understand her situation, rather than asking is replacement feeding acceptable, feasible, affordable, sustainable, and safe.

Show **Slide 19/1. Counselling Card 5: Helping a mother decide how best to feed her baby**



Show **Slide 19/2**. Ask participants to review the back of the counselling card.

Explain that:

- The answers a woman gives to these questions can help determine if she meets the AFASS criteria.
- In order for replacement feeding to be safe, **she must meet all of the criteria. Only meeting one or some of the criteria is not enough.**

Demonstration: A counselling session on infant-feeding choices

Two other trainers now demonstrate how to use the counselling tools. One of the trainers plays the part of an infant-feeding counsellor and the other the part of a pregnant woman. A third trainer will make the comments (written in bold) during the role play.

Introduce the role play to the participants by making these points:

- We will now see a demonstration of how to use these tools. Imagine that a pregnant woman has recently tested positive for HIV. She has come to see the counsellor to discuss her options for feeding her baby.
- Follow along with your counselling cards.

Step 1: Explain the risks of MTCT

Counsellor:	'Hello (woman's name). Thank you for coming to talk to me about ways you could feed your baby. We want to help you to make a choice which is best for you, in your situation, and which gives the best chance for your baby to remain healthy.'
Comment:	Here the counsellor introduces the session, explaining that the purpose is to help the mother to make an appropriate feeding choice. The counsellor also emphasises the idea that we want a healthy baby. In many cases we have to balance the risks of HIV transmission with the risk of a baby getting very sick from diarrhoea or pneumonia. Now we will see the counsellor moving to Step 1: 'Explain the risks of mother-to-child transmission.'
Counsellor:	'What have you heard about the ways in which HIV can be transmitted from a mother to her baby?'
Woman:	'Well, I know that the baby can be infected during birth, and if I choose to breastfeed.'
Counsellor:	'It is true that babies may get HIV in these ways. Let me show you a picture which may help you to understand.' (Show Card 1 to the woman)
Comment:	The counsellor shows Card 1.
Counsellor:	'What do you see in this picture?'
Woman:	'I see some babies, and some of them have different coloured shirts on.'
Counsellor:	'This card shows 20 babies born to HIV-positive women. As you mentioned, HIV can be passed to the baby at three stages: during pregnancy, during delivery, and during breastfeeding. The babies with pink shirts are the babies that will NOT be infected at all. The babies with blue shirts were already infected with HIV through pregnancy and delivery. The babies with orange shirts are the ones who may be infected with HIV through breastfeeding.'
Woman:	'So don't all babies get HIV through breastfeeding?'
Counsellor:	'No—as you see most of them will not be infected. Some things can increase the risk of passing HIV through breastfeeding. For example, there is a higher chance if you have been recently infected with HIV or if you breastfeed for a long time. There are ways of reducing the risk of transmission by practising a feeding option that is appropriate for your situation. What other questions do you have about what I have just told you?'

Woman:	'I think I understand. I am relieved to hear that not all babies are infected through breastfeeding.'
Comment:	How did the counsellor introduce the risk of MTCT? Wait for a few replies, and then explain: She used an open question to assess the mother's understanding of the risk. She said: 'What have you heard about the ways in which HIV can be transmitted from a mother to her baby?' This is a useful way to introduce the concept of risk. Now the counsellor moves to Step 2 of the flow chart. She will explain the advantages and disadvantages of different feeding options starting with the mother's initial preference.

Step 2: Explain the advantages and disadvantages of different feeding options starting with the mother's initial preference.

Counsellor:	'There are various ways you could feed your baby. Is there any particular way you have thought of?'
Woman:	'Well, now that I know not all babies are infected through breastfeeding, can we talk about that first, as I breastfed my other children?'
Counsellor:	'Yes, what do you see in this picture?' (Show Card 3 to the woman.)
Comment:	At this point the counsellor shows Card 3 to the woman to help explain the next points.
Woman:	'I see a mother breastfeeding her baby, and someone trying to give her baby a cup. The mother seems to be refusing.'
Counsellor:	'Yes, this is about exclusive breastfeeding. What do you think exclusive breastfeeding means?'
Woman:	'Well, I'm not sure, but I saw something about it on a poster once.'
Counsellor:	'Yes, there are a lot of posters about exclusive breastfeeding these days. Exclusive breastfeeding means giving only breastmilk and no other drinks or foods, not even water. Exclusive breastfeeding for the first 6 months will lower the risk of passing HIV, compared to mixed feeding. Breastfeeding is an ideal food because it protects against many illnesses. Also, it prevents a new pregnancy. On the other hand, as long as you breastfeed, there is some chance that your baby might get HIV.'
Comment	At this stage the counsellor would go through the other advantages and disadvantages of exclusive breastfeeding with the mother using Card 3.
Counsellor:	'How do you feel about breastfeeding now?'
Woman:	'Oh, well, I could think about it. I'd still be worried about the baby getting HIV, though. Could you tell me about formula feeding?'

Comment:	The counsellor will discuss the questions and messages on Card 2, using counselling skills. Let us imagine that she has done this. Note that the counsellor has discussed the two options: exclusive breastfeeding and infant formula.
Counsellor:	'How do you feel about infant formula?'
Woman:	'I'm not sure. My husband really wants me to breastfeed but I think I would like to try formula. If I start formula could I change back later?'
Counsellor:	'It can be difficult to do. It can be very dangerous for the health of your baby and can increase the risk of transmission.'

Step 3: Explore with the woman her home and family situation and help the mother choose an appropriate feeding option.

Counsellor:	'We have just discussed the advantages and disadvantages of different feeding methods. After hearing all of this information, which method are you most interested in trying?'
Woman:	'I would like to use formula; I am worried about passing HIV to my baby.'
Comment:	Note that this is not the final decision by the woman. She may change her mind at a later stage.
Counsellor:	'Let's think together about the things you will need in order for you to decide if formula is the best choice for you.'
Woman:	'Yes, OK.'
Comment:	The counsellor shows the woman Card 5.
Counsellor:	'Where do you get your drinking water from?'
Woman:	'We have a tap in our kitchen with clean water.'
Counsellor:	'That's good—you need clean water to make formula. Can you prepare each feed with boiled water and clean utensils?'
Woman:	'That seems like too much work. Do I need to boil the water each time if we have clean water from the tap?'
Counsellor:	'Yes, it's recommended.'
Woman:	'OK, well then... I guess I could manage. I could ask my niece to help me.'
Counsellor:	'That's a good idea. What about preparing formula at night? Would you be able to do this two or three times each night?'
Woman:	'Can't I just prepare it before I go to bed and then just keep the bottle near the bed and use it all night?'
Counsellor:	'I understand why this might seem easier, but it's best to prepare the formula fresh for each feed. This will prevent your baby from getting sick... Perhaps we could talk about the cost of formula now?'
Woman:	'Oh, is it very expensive?'
Counsellor:	'Formula costs about 192 maloti per tin. For the first 6 months, you would need to buy around 40 tins, which would cost in total 8,000 maloti. Could you afford do to this?'
Woman:	'Yes, my husband has steady work. We could find the money.'

Counsellor:	'That's good that your husband is working. The cost of formula is likely to increase, so it is good to talk with your husband about how you plan to pay for these costs over the next 2 years. Does your husband know that you are HIV positive?'
Woman:	'Yes, he does. He's HIV positive too.'
Counsellor:	'It must be difficult for you, but it can be helpful that you both know. What about the rest of your family?'
Woman:	'We haven't told anybody else. We are afraid of what they might say.'
Counsellor:	'Oh, that must be a worry. In this case, how will your family feel if you don't breastfeed?'
Woman:	'My mother-in-law might get upset, since she breastfed all her children. She really thinks it's the best thing to do.'
Counsellor:	'What reason do you think that you could give her for why you don't want to breastfeed?'
Woman:	'Maybe I could tell her that I am taking some medicine which will affect the breastmilk. That happened to our neighbour last year.'
Counsellor:	'Do you think that your mother-in-law would accept this explanation? Or would she insist that you breastfeed?'
Woman:	'I think that she would accept it. That neighbour is a friend of hers, and her baby is doing OK.'
Counsellor:	'Remember once you begin to give infant formula, you can never give your baby breastmilk. Giving both formula and breastmilk at the same time can increase the risk of passing HIV to your baby.'
Comment:	At this stage, the counsellor would ask the woman if she would like to go through any other feeding options and whether she has any questions. The counsellor then moves to Step 4: 'Explain how to practice the chosen feeding option and give her the appropriate take-home pamphlet.'

Step 4: Explain how to practice the chosen feeding option and give her the appropriate take-home pamphlet.

Counsellor:	'We have talked about many things today. After all we have discussed, what are your thoughts about how you might like to feed your new baby?'
Woman:	'I am so confused. There seem to be good things and bad things about each feeding option for me. What would you suggest that I do?'
Counsellor:	'Well, let's think through the different ways, looking at your situation. You have breastfed your other children and your mother-in-law wants you to breastfeed.'
Woman:	'Yes, she does.'
Counsellor:	'Also, your husband knows that you are HIV positive, so perhaps he could support you to exclusively breastfeed... On the other hand, you do have all the things needed for you to be able to prepare formula feeds safely. You have clean water, fuel, and money to buy the formula (1,400 Maloti each month).'
Woman:	'That's right.'
Counsellor:	'As your husband knows your status, he could help to support and to formula feed and perhaps talk to his mother.'

Woman:	'Mmm. I would like to think more about this and discuss it with my husband. But I think I would like to give formula to this baby. I could explain to my husband about what you have said. I think he'll understand.'
Comment:	The counsellor did not tell the woman what to do. She summarised the reasons why the different feeding options would be suitable for her. The woman then made an initial choice, but will go home to discuss this with her husband. The counsellor would then go on to Step 5—Follow-up with the mother and baby. We will discuss this step in more detail in a later session.

Ask the participants if they have any questions about the role play or the use of the counselling tools.

Practise counselling skills

Now split into groups of three to four participants with one trainer. Give each group a copy of Counselling Stories 1 through 4. Each group should have a set of four stories, so that each participant can have a different one to practise with. Pass out copies of the Counselling Skills Checklist to each participant.

Explain what the participants will do:

- You will now use role plays to practise counselling women on feeding choices.
- You will work in groups of three to four, taking turns to be a 'mother' or a 'counsellor' or 'observer.'
- When you are the 'mother,' use the story on your card. The 'counsellor' counsels you about your situation. The other participants in the group observe.
- The trainer for each small group should explain to the participants what they should do, making the following points:
 - **When you are the 'counsellor':** Greet the 'mother' and introduce yourself. Ask for her name and use it. Ask one or two open questions to start the conversation and to find out why she is consulting you. Use each of the counselling skills to encourage her to talk to you. Use the counselling cards to help you counsel the mother. Especially, use the table to help her make her feeding choice based on her circumstances. If you feel comfortable, also use the relevant cards and take-home flyers on how to practise the chosen feeding option. When you use a card do not just read it. Use your skills to summarise the information without being prescriptive.
 - **When you are the 'mother':** Give yourself a name and tell it to your 'counsellor.' Answer the counsellor's questions from your story. Don't give all the information at once. If your counsellor uses good listening and learning skills, and makes you feel that she is interested, you can tell her more.
 - **When you are the observer:** Use your COUNSELLING SKILLS CHECKLIST. Observe which skills the counsellor uses, which she does not use, and which she uses incorrectly. Mark your observations on your list in pencil. After the role play, praise what the counsellor does right, and suggest what she could do better.
- Trainers each sit with a group of three to four participants. Make sure that the participants understand the exercise and do it as intended—and that the 'mother' doesn't give all the information at once. At the beginning of the exercise, give participants a few minutes to read their stories. After each role play, you lead the discussion. Then thank the participants and praise them for their efforts. Make sure that all participants have a chance to practise.

- Try to encourage the 'counsellor' to guide the mother to a choice in Step 4, without telling her what to do. This is difficult to do and participants will need a lot of practice.

Counselling story 1:

- You are 28-weeks pregnant with your first baby. You are a teacher, married to a lawyer. You live in your own house which has running water and electricity.
- You were tested and found to be HIV positive. You have not told your husband yet as you are worried about what he might think if you avoid breastfeeding. You are confused about what to do, as you think you could manage to formula-feed.
- You will take 3 months maternity leave when the baby is born and then go back to work. You will employ a nanny to look after the baby.

Counselling story 2:

- You are 35-weeks pregnant with your second baby. You have been tested and found to be HIV positive. You have not told anyone else at home that you are HIV positive. You live with your partner, your sister, and your mother.
- You breastfed your first baby—giving him breastmilk and glucose water for the first 2 months of life. Then, at the suggestion of your mother, you introduced solids when he was 3 months of age, as he started to cry a lot.
- You have to walk half a kilometre to collect water from a well. You have a paraffin stove, but sometimes use wood for fuel if you run out of money.
- Your mother receives a small pension. Your sister works part-time as a domestic worker. Neither you nor your partner are working.
- You are not sure how to feed this baby, but you are frightened to disclose your status to your family.

Counselling story 3:

- You are 39-weeks pregnant with your third baby. You found out you were HIV positive when you were 28 weeks pregnant.
- You work as a clerk in an office. You will be off work after you deliver for 6 weeks, and then you will return to your job. When you are working you are away from the house for 10 hours each day, and your mother-in-law will look after the baby.
- You breastfed your other two children, giving them breastmilk only for the first 4 weeks and then giving them breastmilk and formula milk when you went back to work. You introduced solids at 3 months, whilst continuing to breastfeed at night until they were about 1 year of age.
- You are married and live with your in-laws. Everyone in the family will expect you to breastfeed this baby. Only your husband knows your status. You are worried about anyone else suspecting that you are HIV positive.
- Your husband works as a mechanic. You have piped water to your kitchen and electricity to your home.

Counselling story 4:

- You are 34-weeks pregnant. You have not been tested for HIV. This is your first visit to the antenatal clinic. Your husband has been very sick for a few months. You think that he may have AIDS and you are worried that you may be infected too. You have received information about preventing HIV infection and were encouraged to breastfeed.
- You have come to the infant-feeding counsellor because you want to know how to get formula for your baby, as you think that it will be safer than breastfeeding.
- Statements that you might use:
 - 'My baby is due soon and I want to find out about getting infant formula for him.'
 - 'I am really worried because my husband is ill—he has been sick for a long time now. I don't know what the illness is, but it might be HIV so I think that I had better give my baby formula.'
 - 'I think it would be better if I didn't breastfeed at all—then the baby would be protected.'

Trainer's notes

Counselling story 1:

- This woman knows she is HIV positive.
- She has several of the conditions necessary to support replacement feeding. She has access to clean water and electricity; she has regular employment so could afford to buy formula milk; and will employ a nanny to look after her baby.
- The main issue here is that she has not disclosed to her husband. She is worried about him finding out her status and worried that he might suspect she is HIV positive if she avoids breastfeeding.

Counselling story 2:

- This woman knows she is HIV positive.
- She does not have access to clean water or a regular supply of fuel (if she runs out of money, she must find wood). She does not have regular employment and relies on the small income from her mother's pension and her sister's part-time work as a domestic.
- She has not disclosed her status to anyone and is frightened of them finding out.
- She breastfed her last baby—but not exclusively. She gave glucose water during the first few weeks and introduced solids early.
- This woman does not have the conditions necessary for safe replacement feeding. However, if she chooses to breastfeed she needs help and support to do this exclusively, as she has not had experience of this with her last baby.

Counselling story 3:

- This woman knows she is HIV positive and has disclosed only to her husband.
- She has breastfed previously, although not exclusively.
- She has electricity to her home, clean water in her kitchen, and help from her mother-in-law.
- Both she and her husband work so they could afford to buy formula milk.
- The main issue here is that the family expects her to breastfeed, and she is worried about disclosing her status by avoiding breastfeeding.
- One option for this woman would be to exclusively breastfeed for the first 6 weeks, then to change to formula feeds when she returns to work.

Counselling story 4:

- This woman does not know her HIV status.
- She is worried that her husband might have AIDS because he is sick, but her husband has not been tested. So they are both of unknown HIV status.
- Because she is worried that she might have HIV she thinks she should give formula feeds. So she has come to see the infant-feeding counsellor.
- The main issue here is that the woman does not know her status. She and her husband should be encouraged to test. However, if she does not wish to be tested she should be encouraged to exclusively breastfeed for the first 6 months and continue breastfeeding thereafter, as for an HIV-negative woman.

Session 20: Exclusive breastfeeding for the first 6 months

Learning objectives

After completing this session participants will be able to:

- Counsel a woman on exclusive breastfeeding using the following counselling cards:
 - Counselling Card 6: Understanding exclusive breastfeeding.
 - Counselling Card 7: How to exclusively breastfeed your baby for the first 6 months.
 - Counselling Card 8: How to hold and attach your baby for breastfeeding.
 - Counselling Card 9: Hand-expressing breastmilk.

Preparation

- Be prepared to demonstrate using Counselling Cards 6 through 9. Review these before the session and familiarise yourself with the content.
- Ask for a volunteer to play the role of the mother in the demonstration.
- Make sure that each participant has their copy of the counselling cards.

Suggested time: 45 minutes

Session guide

Explain the following:

- After a woman makes a decision about how to feed her infant, you present the counselling cards on how to safely feed her baby using her chosen method. The counselling cards on breastfeeding have messages that are appropriate for the entire population.

Demonstrate how to counsel a woman on exclusive breastfeeding using cards 6 to 9. Ask a participant to volunteer playing the role of the mother. You play the role of the health worker.

After you have finished, review the content on the front and the back of the counselling cards with the participants. Ask if they have any questions.

Divide participants into groups of three to practise using the cards through a role play; one will be a health worker, one will be the woman, and one will be the observer. Pass out copies of the Counselling Observation Checklist for the observer to use. Ask each group to do a role play similar to the one demonstrated using the counselling cards. Read the following role play:

Thithili is HIV positive and pregnant. She has decided to exclusively breastfeed her child. This is her first child so she has many questions about breastfeeding. She is worried that her mother-in-law will try to give the baby other foods and liquids, as she did to her sister-in-law's children.

After a few minutes, ask the group to come back to plenary. Facilitate a debriefing about their role plays:

- Was there a particular step that was challenging? If yes, why?
- What techniques for listening and learning were demonstrated during the exercise?
- What could 'health workers' do differently to improve this counselling session?

Ask if participants have questions, and respond to them.

Session 21: Exclusive replacement feeding for the first 6 months

Learning objectives

After completing this session participants will be able to:

- Describe breastmilk substitutes that can be used for replacement feeding.
- List foods that are unsuitable in the first 6 months.
- Describe how milks can be modified for infant feeding.

Preparation

- 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. Find out which milks are full-fat, semi-skimmed, or skimmed. In addition, collect a variety of miscellaneous products, e.g., fruit juices, sugary drinks, and tea.
- Put all the packets, tins, and cartons of milk together on a table in front of the class.
- Make two large signs: 'Possible for replacement feeding 0 to 6 months' and 'Unsuitable for replacement feeding 0 to 6 months.' Put the signs on different small tables, or at different ends of a large table. Participants will assign the various milks to the categories and put them next to the signs.
- Blank flip chart and markers.

Suggested time: 50 minutes

Session guide

Explain: A mother, who is HIV positive, and who has been counselled on infant-feeding options, may decide to use replacement feeding. So, we need to discuss what this mother could use to feed her baby.

Ask: When we talk about replacement feeding, what foods can be used for replacement feeding during the first 6 months?

Call attention to the table in the front of the room with all of the different milks, formula, juices, teas, and porridges. Ask participants to go up to the table and move each item under the acceptable and unacceptable signs.

After all of the items have been moved, ask participants to talk about why they moved certain items under each sign. Ask if everyone agrees.

Explain the following:

- According to the new WHO recommendations and the National Infant and Young Child Feeding Policy, **only** commercial infant formula is recommended during the first 6 months.
- Commercial infant formula is usually made from cow's milk that has had the fat removed and is dried to a powder. Another form of fat (often vegetable fat), sugar, and micronutrients are added. It needs only water added before use.
- In this session when we talk about replacement feeding, we are talking about commercial infant formula **ONLY**.

Ask participants if they have any questions about what is suitable for infants during the first 6 months. The following information can be shared if participants ask specific questions:

- **The following are NEVER suitable for infants during the first 6 months:**
 - **Skimmed milk** has the fat (cream) removed and therefore the energy level is low. Most of the vitamins A and D are also removed because they are in the milk fat.
 - **Semi-skimmed milk**, which contains 2% fat, is sometimes available. Milk normally contains more fat than this—about 3.5-4%. A baby may need additional energy if semi-skimmed milk is used.
 - **Condensed milk** has some of the water removed but a lot of sugar has been added. This extra sugar makes bacteria grow more slowly when the tin is opened. Also, the fat level may be reduced. This balance of fat and sugar in condensed milk make it very different from evaporated milk.
 - **Dried skimmed milk** has the fat and fat soluble vitamins removed.
 - **Most modified powdered milks**, such as 'creamers' used for 'whitening' tea or coffee or various filled milks, may have the animal fat removed and replaced with vegetable fat. Sugar may also be added, as well as ingredients to make it dissolve easily.
 - **Other foods and drinks** are sometimes used to feed infants less than 6 months of age—for example, juices, tea, sugary drinks. These fill a child's stomach and may reduce his appetite for nutritious foods. They are not suitable as an alternative to food for any young child.

Explain that around the world, WHO studies have shown that infants fed with replacement milk have six times greater chance of dying in the first month of life, and two times greater chance of dying between 4 and 6 months, compared with infants fed breastmilk. This risk continues until the second year of life (WHO HIV and Infant Feeding Technical Consultation, October 2006).

Ask: How can the risk of infection, malnutrition, and death be reduced for infants who are fed with infant formula during the first 6 months?

On a flip-chart sheet of paper, write each of the approaches mentioned by participants. If one of the approaches below is not mentioned you can suggest it and add it to the list.

- Ensure good personal and domestic hygiene (at home and in the kitchen).
- Feed the baby with a cup.
- Avoid baby bottles.
- Plan in advance for the purchase of infant formula.
- Visit the health centre at least once a month and take the infant there immediately if it falls ill.
- Request community support.
- Give only infant formula replacement milk (no breastmilk or other foods or liquids) for the first 6 months.
- Ask for support and assistance from family members.

Review each of the approaches briefly and ask participants what each means, ensuring that they cover the following points:

- **Ensure good personal and domestic hygiene (at home and in the kitchen):**
This means washing all utensils and bowls with boiling water and soap. In addition, the kitchen must be kept clean. Always wash the hands with clean water and soap before preparing meals, serving meals, and after having been to the toilet or after changing bedding.

- **Avoid baby bottles and pacifiers:**
Always use a cup and never use a baby bottle to feed the infant. Baby bottles are difficult to clean and tend to propagate bacteria more easily.
- **Plan in advance the purchase of infant formula:**
Always have at least one box of additional replacement milk at your house, and plan in advance the means to buy other boxes that will be needed.
- **Visit the health facility at least once a month (and immediately when the infant falls ill):**
To ensure the baby's best health and its protection against HIV, regular monitoring of its growth, health, and feeding is needed. Mothers/caregivers should visit the health centre to receive assistance with questions or concerns. It is also necessary to ensure that the baby receives its vaccinations, cotrimoxazole, and other care, and to ensure that the seropositive mother receives appropriate treatment and care for her health. It is important also to check with the mother when she visits the clinic to ensure the correct preparation of infant formula.
- **Request community support:**
Mothers should be supported in their decisions for infant feeding, and one way that this can happen is if the community is involved. If there are IYCF (or other) support groups, mothers can be referred to them. They can also be referred to community health workers in order to ensure follow-up and continuous support.
- **Give only appropriate replacement milk (exclusive infant formula)—never breastmilk:**
If an infant is fed infant formula and also receives even a small amount of breastmilk, the baby will have a much higher risk of being infected with HIV (greater than if breastfed exclusively).
- **Request family support:**
Try to ensure that there will be at least one other person at the home who will support the decision to feed the baby infant formula exclusively. This will help you avoid family pressure to breastfeed the baby in front of other family members, in public and during the night. The family should support the mother with food for her baby during the first 6 months.

Session 22: Hygienic preparation of feeds

Learning objectives

After completing this session participants will be able to:

- Explain the requirements for clean and safe feeding of young children.
- Demonstrate how to prepare a cup hygienically for feeding.

Materials and preparation

- Make sure that **Slides 22/1 through 22/6** are in the correct order. Study the slides and the text that goes with them so that you are able to present them.
- Copies of 'Five Keys to Safer Food,' located at the end of this session guide.

Suggested time: 30 minutes

Session guide

Make these points:

- A baby who is not breastfed is at increased risk of illness for two reasons:
 - Replacement feeds may be contaminated with organisms that can cause infection.
 - The baby lacks the protection provided by the breastmilk.
- After 6 months of age all children require complementary feeds. Clean, safe preparation and feeding of complementary foods are essential to reduce the risk of contamination and the illnesses that it causes.
- The main points to remember for clean and safe preparation of feeds are:
 - Clean hands.
 - Clean utensils.
 - Safe water and food.
 - Safe storage.

Clean Hands. Project **Slide 22/1.**



Ask: When is it important to wash your hands?

Wait for a few replies and then continue.

Explain

- We should always wash our hands:
 - After using the toilet, after cleaning the baby's bottom, after disposing of children's stools, and after washing nappies and soiled cloths.
 - After handling foods which may be contaminated, for example, raw meat and poultry products.
 - After touching animals.
 - Before preparing or serving food.
 - Before eating, and before feeding children.
- However it is not necessary to wash hands before every breastfeed if there is no other reason to wash them.
- It is important to wash your hands thoroughly:
 - With soap.
 - With plenty of clean running or poured water.
 - Front, back, between the fingers and under the nails.
- Let your hands dry in the air or dry them with a clean cloth. It is best not to dry them on your clothing or a shared towel.

Clean utensils. Show Slide 22/2.



Explain that when preparing feeds, it is important to keep both the utensils used and the preparation surface as clean as possible.

- Use a clean table or mat that you can clean each time you use it.
- Wash utensils with cold water immediately after use to remove milk before it dries on, and then wash with hot water and soap.

- If you can, use a soft brush to reach all the corners.
- Keep utensils covered to keep off insects and dust until you use them.
- Use a clean spoon to feed a baby complementary foods. Use a clean cup to give a baby milk or fluids.
- If a caregiver wants to put some of the baby's food into her mouth to check the taste or temperature, she should use a different spoon from the baby.

Safe water and food

Explain that safe water and food are especially important for babies.

Ask: *How can water be made safer for feeding babies?*

Wait for a few replies, and then show **Slide 22/3**.



Explain the following:

- Bring the water to a rolling boil before use. This will kill most harmful micro-organisms.
- A rolling boil is when the surface of the water is moving vigorously. It only has to 'roll' for a minute or two.
- Put the boiled water in a clean, covered, container, and allow to cool.
- The best kind of container has a narrow top, and a tap through which the water comes out.
- This prevents people from dipping cups and hands into the water, which can make it not safe.
- If the water has been stored for more than 48 hours it is better to use it for something else, for example, cooking, or give to older children to drink.

Safe storage. Show **Slide 22/4.**

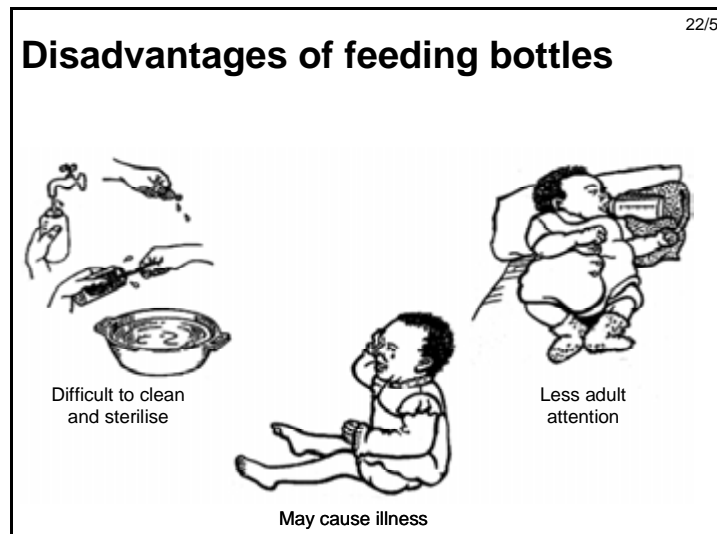


Explain the following about safe food storage:

- Food should be kept tightly covered to stop insects and dirt getting into it.
- Food can be kept longer when it is in a dry form, such as milk powder, sugar, bread, and biscuits, than when it is in liquid or semi-liquid form.
- Fresh fruits and vegetables keep for several days if they are covered, especially if they have a thick peel, like bananas.
- Fresh milk can keep in a clean, covered, container at room temperature for a few hours. Exactly how long depends on the condition of the milk when bought, and what the room temperature is.
- However, for an infant, **a prepared formula feed must be used within an hour.**
- If a mother does not have a refrigerator, she must make feeds freshly each time. When a feed has been prepared with formula or dried milk, it should be used within an hour, like fresh milk.
- If a baby does not finish the feed, the mother should give it to an older child or use it in cooking.
- Some families keep water hot in a thermos flask. This is safe for water. But it is not safe to keep prepared formula in a thermos flask. Bacteria grow when milk is kept warm.
- When talking with a mother or other caregiver, ask about how the household routine works—whether the mother cooks once or twice a day, whether she can prepare feeds many times a day, how often she goes to the market, and what facilities she has for storage. Help her to find ways of preparing the baby's food in a clean and safe way.

Using cups to give feeds.

Show Slide 22/5. Disadvantages of feeding bottles



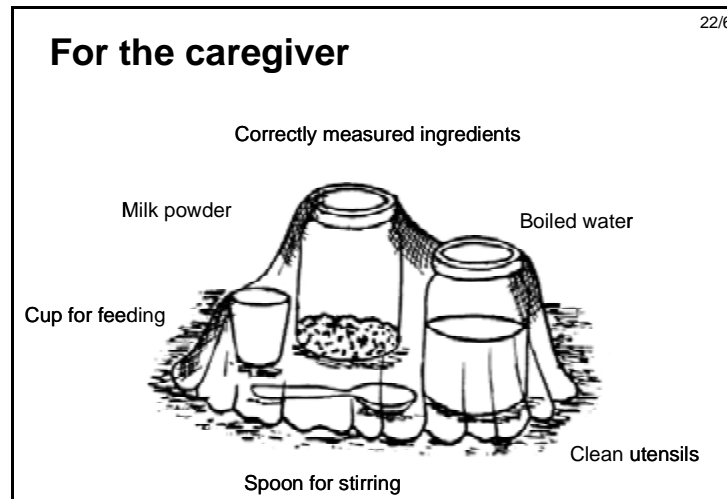
Earlier we talked about the advantages of cup-feeding.

- Bottles are difficult to clean and easily contaminated with harmful bacteria, particularly if milk is left in a bottle for a long time. Bottles and contaminated milk can make babies ill with diarrhoea.
- A bottle may be propped for a baby to feed itself, or given to a young sibling to feed the baby, so the baby has less adult attention and social contact.
- If a mother decides to use a feeding bottle, help her to do it in a way that ensures good contact with the baby, holding him close and making eye contact.
- Mothers need to know how to clean cups.

Cleaning a cup

- A cup does not need to be boiled, in the way that a bottle does.
- To clean a cup, wash it and scrub it in hot soapy water each time it is used.
- If possible, dip the cup into boiling water, or pour boiling water over it just before use, but this is not essential.
- An open, smooth-surfaced cup is easiest to clean.
- Avoid tight spouts, lids, or rough surfaces where milk could stick and allow bacteria to grow.

Show **Slide 22/6**.



Make the following points:

- A baby may be cared for by someone other than the mother for all or part of the time.
- A mother may feel it is safer to do as much of the preparation as possible herself, especially if the caregiver is young, inexperienced, or has difficulty measuring.
- This picture shows what a mother has to prepare if she is going to leave feeds ready for a caregiver.
- She cannot mix up a feed, because it will not be safe to feed the baby after an hour.
- She will have to leave the ingredients for the carer to mix.
- The mother still needs to leave clean utensils. She will have to boil and measure the water and the infant formula. She needs to cover them all and leave them in a cool, safe place, away from animals and insects.
- The mother must teach the caregiver to mix the ingredients just before she gives the feed, and to feed it from a cup.

Share the copies of the handout entitled 'Five keys to safer food.' Ask participants if they have any questions or if there are points that you can make clearer.

Summarise the session by explaining that in this session we discussed safe and clean preparation of replacement milk and complementary feeds. Health workers need to discuss these with mothers, and we will practice using counselling cards that can help you talk with mothers about safe and clean preparation of feeds.

Trainer's notes

Share the following with participants as a handout.

FIVE KEYS TO SAFER FOOD

Keep clean:

- Wash your hands before handling food and often during food preparation.
- Wash your hands after going to the toilet, changing the baby, or having contact with animals.
- Wash very clean all surfaces and equipment used for food preparation or serving.
- Protect kitchen areas and food from insects, pests, and other animals.

Separate raw and cooked foods:

- Separate raw meat, poultry, and seafood from other foods.
- Use separate equipment and utensils, such as knives and cutting boards, for handling raw foods.
- Store foods in covered containers to avoid contact between raw and prepared foods.

Cook thoroughly:

- Cook food thoroughly, especially meat, poultry, eggs, and seafood.
- Bring foods like soups and stews to the boiling point. For meat and poultry, make sure juices are clear, not pink.
- Reheat cooked food thoroughly. Bring to the boil or heat until too hot to touch. Stir while re-heating.

Keep food at safe temperatures:

- Do not leave cooked food at room temperature for more than 2 hours.
- Do not store food too long, even in a refrigerator.
- Do not thaw frozen food at room temperature.
- Food for infants and young children should ideally be freshly prepared and not stored at all after cooking.

Use safe water and raw materials:

- Use safe water or treat it to make it safe.
- Choose fresh and wholesome foods.
- Use pasteurised milk.
- Wash fruits and vegetables in safe water, especially if eaten raw.
- Do not use food beyond its expiry date.

Session 23: Preparation of commercial infant formula— Measuring amounts

Learning objectives

After completing this session participants will be able to:

- Specify amounts of formula needed for an infant who is not breastfed.
- Make measuring utensils for liquids.

Preparation

This session needs careful preparation. You will be demonstrating to participants how to measure different volumes of fluid and how to mark a mother's container so that she can measure this volume. Make sure that you have practised this before the session so that you are clear about what to do and do not confuse the participants.

Make sure you know which types of formula you are going to prepare in the Practical Session. This session requires some flexibility as the types of replacement milk that are appropriate for different areas will vary.

Be sure trainers stay with their groups to make sure that they understand what to do, and that they do it correctly and completely.

Materials

- Easily available see-through small containers—jars, glasses.
- Marker suitable for glass—ask permission before using a permanent marker on a participant's glass.
- Cloth for mopping spilt water.
- Water—about 2 litres of drinking water plus water for washing-up.
- Commercial infant formula.
- Make sure that each group finishes the session with a set of marked measures for liquid or formula. The set of measures can be used during the session 'Preparation of Commercial Infant Formula—Practical.'
- Make sure that **Slides 23/1 through 23/3** are in the correct order. Study the slides and the text that goes with them so that you are able to present them.

Suggested time: 50 minutes

Session guide

Make these points:

- HIV-positive mothers who choose not to give breastmilk, and other caregivers, need to know how to prepare replacement feeds for their infants.
- Replacement feeds must be prepared in the safest possible way, to reduce the risk of illness. Mothers need to practise this skill with a health worker present, either in the health facility or at home, so they can do it easily and the same way every time.
- When a mother makes replacement feeds, it is very important that the formula and water are mixed in the correct amounts.
- Wrongly prepared feeds may make a baby ill, or he may be underfed. Repeated mistakes in measuring water or formula may have serious long-term consequences.

Amounts of formula needed

- In Session 14, we discussed cup-feeding a baby. Remember that a baby who is cup-fed can control how much he takes by refusing to take any more when he has had enough.
- The amount that a baby takes at each feed varies. But the caregiver must decide how much to put in a cup to offer the baby.

Ask: How much milk is needed for a cup-feed for a young infant?

Wait for a few replies and then continue.

- A term baby, weighing 2.5 kg or more, needs an average of 150 ml/kg body weight/day.
- This is divided into six, seven, or eight feeds according to the baby's age. The exact amount at one feed varies.

Show **Slide 23/1. Approximate amount of formula needed to feed a baby each day**

Approximate amount of formula needed to feed a baby each day ^{23/1}			
Baby's age	Number of feeds per day	Amount of formula per feed	Total formula per day
Birth to 1 month	8	60 ml	480 ml
1 to 2 months	7	90 ml	630 ml
2 to 4 months	6	120 ml	720 ml
4 to 6 months	6	150 ml	900 ml

Make these points referring to the table:

- As you can see on the table, a newborn infant is fed small amounts frequently. The amount gradually increases as the infant grows.
- If a baby takes a very small feed, offer extra at the next feed, or give the next feed earlier, especially if the baby shows signs of hunger.
- Remember, if a baby is not gaining enough weight, he may need to be fed more often, or given larger amounts at each feed, according to his expected weight at that age.

Show **Slide 23/2. Approximate amounts of commercial infant formula needed by month**

23/2

Approximate amount of infant formula needed per month

Month	Number of 500 g tins per month	Number of 450 g tins per month	Number of 400 g tins per month
First month	4	5	5
Second month	6	6	8
Third month	7	8	9
Fourth month	7	8	9
Fifth month	8	8	10
Sixth month	8	9	10
Total for 6 months	40	44	51

Make these points:

- This table shows approximately how much commercial infant formula a baby needs in the first 6 months. The numbers are rounded rather than exact. An individual baby may need more or less than the amount listed. You will see that this table is also found on Counselling Card 12.

Ask participants to answer the following questions from the table.

- *How much commercial infant formula would you need to feed an infant for the first month?*
 - Choose the size of tin most commonly used in your area. Wait for a few replies and then continue. From the table you can see that you need about 2 kg or four 500 g tins of formula.
- *How much commercial infant formula would you need to feed an infant for the first 6 months?*
 - Wait for a few replies and then continue. If you add up all these months, you will find that a baby needs about 20 kg (40 x 500 g tins). (See the figures at the bottom of the table.)

A baby who is not breastfed needs a regular supply of commercial infant formula. A child continues to need infant formula after complementary foods are introduced, up to at least 1 year of age, and if possible 2 years. So, the mother needs to consider how she can provide infant formula for all this time.

Demonstration: Making measures

Now you will demonstrate how to make measures for the mother. Make these points:

- Commercial infant formula comes with a special measure (called a scoop) in the tin of powder. This should be used only for that brand of infant formula. Different brands may have different size measures.
- Scoops always have to be levelled. Use a clean knife or the handle of a spoon. Do not use heaped scoops.

- Show the measures from locally available commercial formula.
- You will have to show the mother how to measure water.

Ask: If a mother does not have a measuring jug or other container marked with amounts, how can she measure the water to make up a formula feed for her baby?

Wait for a few replies and then continue.

- A mother can bring a container from home that you can mark for her as a measure.
- The container should be:
 - Easily available.
 - Easy to clean and sterilise.
 - See-through.
 - Able to be marked with paint, permanent marker, or by scratching a line on it.
- Alternatively, the container could be used as a measure simply by filling it to the top.

Show some suitable containers. Explain that before a mother can use a container as a measure you need to mark the amount on the container, or show her how full it needs to be to measure the amount that she has to use.

Ask: How can you decide where to mark the mother's container?

Wait for a few responses and then continue.

- You can measure the correct amount of water or milk in your own measure, put it into the mother's measure, and make a mark at the level it reaches. If you have a measuring jug you can use that as your measure.

Using the measure which you have decided is most suitable, continue with these points to demonstrate measuring the water, and marking the mother's container (Slide 23/2). It does not matter what volumes you demonstrate to the participants—it is the principle of making a measure for a mother that is important.

Step 1: Decide what volume you are going to measure. This will depend on the type of milk you are preparing and the volume of the feed. For this example we will use 100 ml for a commercial infant formula feed for a baby during the first 2 weeks of life (the amount will continue to increase as the baby gets older).

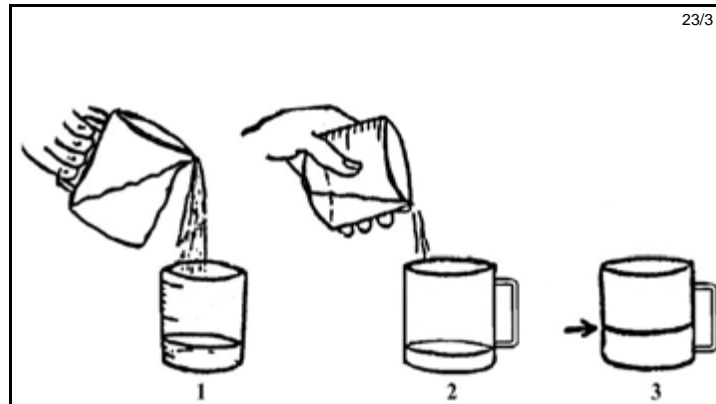
Step 2: Put water into your measure, to reach the 100 ml mark.

Step 3: Pour the 100 ml water from your measure into the mother's container.

Step 4: Help the mother to mark the level that the water reaches. For the measure to be accurate, the line should be thin and straight, not thick or sloped.

Explain to the mother that to make up a feed of 100 ml from commercial formula, she needs to measure this amount of water and add 4 scoops of commercial formula.

Show **Slide 23/3. Making measures**



Now ask each group to practise making different measures. Make sure you have prepared appropriate measuring containers for the practical session.

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

Remind participants that all the prepared measuring items will be used during Session 25, Practical Session 3—Preparation of commercial infant formula. Each person in a group will prepare a different volume of formula. One feed should be 50–70 ml (for a newborn baby). One feed should be 150 ml. You will practise making up different types of replacement feeds which are appropriate for the country.