

Infant and young child feeding within the context of HIV

Activity-based workshop for health care workers



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Contents

How to use this guide	4
Introduction	5
Session 1: Introduction to the workshop on HIV and infant and young child feeding.	7
Session 2: Listening and learning	12
Session 3: Maternal nutrition.	17
Session 4: Benefits of breastfeeding	27
Session 5: Optimal breastfeeding practices	32
Session 6: Proper positioning and attachment	44
Session 7: Breast-health problems.	55
Session 8: Expressing breast milk and cup-feeding	61
Session 9: Negotiation skills	66
Session 10: South African IYCF policy and guidelines within the context of HIV. .	71
Session 11: The role of health care providers and counsellors to support IYCF. . .	84
Session 12: Risk of HIV transmission from breastfeeding	87
Session 13: Supporting HIV-positive women to optimally feed their infants	97
Session 14: Feeding infants in special circumstances	102
Session 15: Community support for breastfeeding HIV-positive mothers.	109
Session 16: Demonstration of infant-feeding preparations	113
Session 17: Complementary feeding	119
Session 18: Growth monitoring and promotion (GMP)	139
Session 19: Building confidence and giving support	151
Session 20: Action planning and on-site follow-up	155
Assessment forms: Infant and young child feeding	158

How to use this guide

The objective of this workshop is to better understand the association between HIV transmission and optimal infant and young child feeding. The 20 sessions have been designed to help you access the material by using icons and coloured boxes as shown below.

Each session begins like this:

Activities are introduced like this:



When you need to refer to a slide, it is indicated like this:



Show PowerPoint slide: Listening and learning.

There are boxes with questions for the participants that look like this:



Ask:

Can a woman who is poorly nourished produce enough breast milk for her baby?
Will the milk still be good for her baby?

There are also boxes with explanations to the questions like this:



Explain:

Almost all women, even those with a poor diet, can still produce enough milk for their babies if they use optimal breastfeeding practices.

INTRODUCTION

Workshop agenda

The purpose of this workshop is to equip facilitators with knowledge and skills to promote optimal practices in infant and young child feeding and maternal nutrition among mothers, their families and the community. Each session outlines:

- specific learning objectives
- activity details
- time allocations
- materials needed

Workshop programme

Facilitators should draw up their own programme ensuring that all sessions are adequately covered according to allocated times.

Workshop objectives

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

- Describe practices and key messages on infant and young child feeding.
- Understand the benefits of breastfeeding and risks associated with not breastfeeding within the context of HIV.
- Identify how to support HIV-positive mothers to optimally feed their infants (0-6 months).
- Understand the South African policies on infant and young child feeding within the context of HIV.
- Identify how to support mothers on optimal complementary feeding practices for young children.
- Apply counselling skills (listening and learning, negotiation, building confidence, giving support) that will provide practical assistance during counselling sessions with mothers. This will improve their infant and young child feeding practices.
- Apply growth monitoring and promotion during counselling sessions and identify infants and young children who need referral for nutritional care and support.
- Understand optimal maternal nutrition during pregnancy and lactation.
- Identify ways to transfer the skills learned to other health care workers at your health facilities.

Training methodology

The activity-based participatory method used in this workshop reflects key principles of learning by doing and behaviour-change communication (BCC). It also recognises the theory that adults learn best by reflecting on their own personal experiences.

The training makes use of a variety of methods including:

- Demonstrations
- Group discussions
- Case studies
- Role plays
- Practice

Participants act as resource persons for each other. They also benefit from one another's experience.

Review and recap of the previous day's energisers

The following are descriptions of several energisers that facilitators can choose from at the end of each session to reinforce knowledge and skills acquired.

- Participants / facilitators form a circle. One facilitator has a ball that he or she throws to a participant. The facilitator asks a question of the participant who catches the ball. The participant then throws the ball to another participant asking him or her a question in turn. Each participant who catches the ball answers a question. If a participant's response is not correct, the facilitator summarises with the correct response before the next participant throws the ball.
- Form 2 rows facing each other. Each row is a team. A participant from one row asks a question to the participant opposite in the facing row. Participants can seek help of the team in responding. When the question is answered correctly, the responding team earns a point and then asks a question of the other team. If the question is not answered correctly, the team that asked earns a point. Questions and answers are proposed back and forth from team to team.

Daily evaluations

These are ways that facilitators can use at the end of each day to assess the acquired knowledge and skills or obtain feedback from participants.

Ask the participants to respond in writing to the following statements.

Write two key messages that you learned from today's sessions:

- Today was wonderful because.....
- Today would have been wonderful if only.....

Collect their responses and use the information to emphasise sessions and for reporting.

SESSION 1

Introduction to the workshop on HIV and infant and young child feeding

Session objectives

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

- Understand the objectives of this workshop.
- Understand perceptions and associations that are felt around infant and young child feeding (IYCF).
- Understand the link between IYCF and HIV transmission and the purpose of focusing on nutrition for HIV prevention.
- Discuss challenges in their communities around IYCF, especially in the context of HIV.

Activities

Activity 1: Dissemination of pre-test

Activity 2: Clarification of values

Activity 3: Word association game

Total time: 2 hours

Materials needed

- Flipchart and markers
- Pre-test assessment form (see page 158)
- PowerPoint slides

Welcome and introductions

(30 minutes)

- Introduce workshop, organisations and facilitators.
- Have participants introduce themselves using ice breakers to help them feel at ease.

Review agenda, objectives and expectations

(15 minutes)

- Review key aspects and timeline for agenda.
- Review workshop session objectives.
- Describe practices and key messages on infant and young child feeding.
- Understand the benefits of breastfeeding and the risk associated with not breastfeeding within the context of HIV.
- Identify how to support HIV-positive mothers to optimally feed their infants (0-6 months).
- Understand the South African policies on infant and young child feeding within the context of HIV.
- Identify how to support mothers on optimal complementary feeding practices for young children.
- Apply counselling skills (listening and learning, negotiation, building confidence, giving support) that will provide practical assistance during counselling sessions with mothers to improve their infant and young child feeding practices.
- Apply growth monitoring and promotion during counselling sessions and identify infants and young children who need referral for nutritional care and support.
- Understand optimal maternal nutrition during pregnancy and lactation.
- Identify ways to transfer the skills learned to other health care workers at your health facilities.
- Ask participants to share their expectations from the workshop. Write these down and display throughout the workshop (review them at workshop closing).

Activity 1

(15 minutes)

Dissemination of pre-test

- Disseminate pre-test.
- Explain this is not a test but a self-assessment of knowledge.
- The same test will be given at the close of the workshop to illustrate how much participants have gained.

Activity 2

(15 minutes)

Clarification of values

- This session is to allow participants to realise their personal opinions or biases they may have around IYCF. Acknowledging that they may have pre-formed conceptions is important. They will then be able to acknowledge that more information or education on such topics is needed.
- Explain to participants that this next session is not a test. There is no correct or incorrect response necessarily. These questions focus on what participants *feel* around this topic, and not on what they may *know* they should answer. This exercise is to help explore the values we assign, in spite of the education we may have received.
- Ask participants to close their eyes. As questions are asked, ask respondents to raise their hand if they feel the statement is true. Count the responses.
- The clarification of values could include responses around these statements (although they could vary depending on the needs of specific participants, their region or community):
 - An HIV-positive woman should not have a baby.
 - After the 6-week PCR, if the baby is HIV negative the mother should stop breastfeeding.
 - An HIV-positive mother should only feed formula to her baby.
 - Mothers should be told how to feed their babies because you as the counsellor are the expert.
 - Nurses and counsellors have no real control over how a mother chooses to feed her baby back at home.
 - On hot days, young babies need water in addition to breastfeeding to keep them cool.
- Explain that these responses are to be personally considered over the following days of training. Individually participants are to assess and consider the reasons for their responses and if they were based on personal bias or clinical evidence.
- Plan to review the clarification of these values on the final day of the workshop.

Overview of HIV and IYCF

(25 minutes)

- Briefly present an overview of HIV and IYCF so that participants have a foundation for the purpose of having a workshop focusing on this area.



Show PowerPoint slide: Infant and young child feeding and risk of HIV (it summarises risks of not breastfeeding and mixed-feeding).

Activity 3

(20 minutes)

Word association game

- On a flipchart, write one word at a time from the list below (revise as appropriate) and ask participants to shout out as quickly as they can what words come to their minds.
- Draw a line from the primary word to the participants' words so that associated words frame the primary word.
- Suggested words include:
 - formula
 - breast milk
 - mixed-feeding
 - mother-in-law
 - disclosure
 - stigma
 - bottle feeding
 - small breasts
 - causes of under-1 illness and death
- Discuss word association with participants
 - Were some words a surprise?
 - Why would words associate with other words?
 - What does this tell us about the feelings we have on these topics?

Opening role play

Have a role play showing mother coming to clinic for advice on infant-feeding. The nurse / counsellor is busy and distracted. She / he is not providing appropriate information or even showing some biases.

Mother (holding her 4-month-old baby girl): Knock! Knock!

Health care worker (with an irritable voice and busy talking on the cellphone): Come in!

Mother comes in and sits down quietly. The health care worker continues to talk on the phone for few minutes while ignoring the mother.

Health care worker: Can I help you?

Mother: My baby is crying a lot and I think she is not getting enough breast milk.

Health care worker: Your baby is 4 months old, you should be giving her soft porridge as well.

Mother: But during antenatal care classes we were told to give breast milk only until the baby is 6 months old.

Health care worker: Listen my dear, you see I am a health care worker and my babies were given soft porridge at 3 months and they are fine. So just go home and give that baby soft porridge. Then she will stop crying.

Mother leaves the room confused.

- Discuss with participants:
 - Seeing: How did the counsellor use her eyes to see the situation and incorporate what she saw into her counselling?
 - Hearing: How did the counsellor use her ears to listen to what the mother said and use this information in her counselling ?
- Does this happen in our facilities?
 - Why does this happen?
 - What do nurses do around infant-feeding?
 - How do you see your role in infant-feeding?
 - What are the challenges in this area with infant-feeding?
 - What are the infant-health challenges in this community?
 - What illnesses do infants suffer from in your clinics?
 - How do you think these babies are feeding?
 - How are the HIV-exposed infants fed?

Key messages

- The objective of this workshop is to better understand the association between HIV transmission and optimal infant and young child feeding.
- Optimal infant-feeding practices, such as exclusive breastfeeding for 6 months and avoiding mixed-feeding, are protective for infants.
- Health care workers play an important role in providing accurate information on optimal IYCF and in supporting mothers to optimally practise it successfully.

SESSION 2

Listening and learning

Session objectives

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

- Demonstrate the 6 listening and learning skills.
- Identify common counselling mistakes.

Activities

Activity 1: Group work on listening and learning skills

Activity 2: Role play on listening and learning

Total time: 45 minutes

Materials needed

- Flipchart and markers
- PowerPoint slides
- Participants' notes: Listening and learning

Facilitator's notes

Prepare volunteers for role play in advance.

Introduction

(10 minutes)

Facilitate a discussion by asking the following questions:



Ask:

Has anyone here ever been to a health facility and been told 'you should not.....?'
How did it make you feel? Did you follow that advice?

Give participants a few minutes to respond.

What is counselling?

Let the participants answer the question. Then conclude by emphasising / explaining that counselling is the way of working with people in which a counsellor tries to understand *how* they feel and provide information to help them decide *what* to do. Emphasise the use of open questions and to be careful with the use of 'why'.



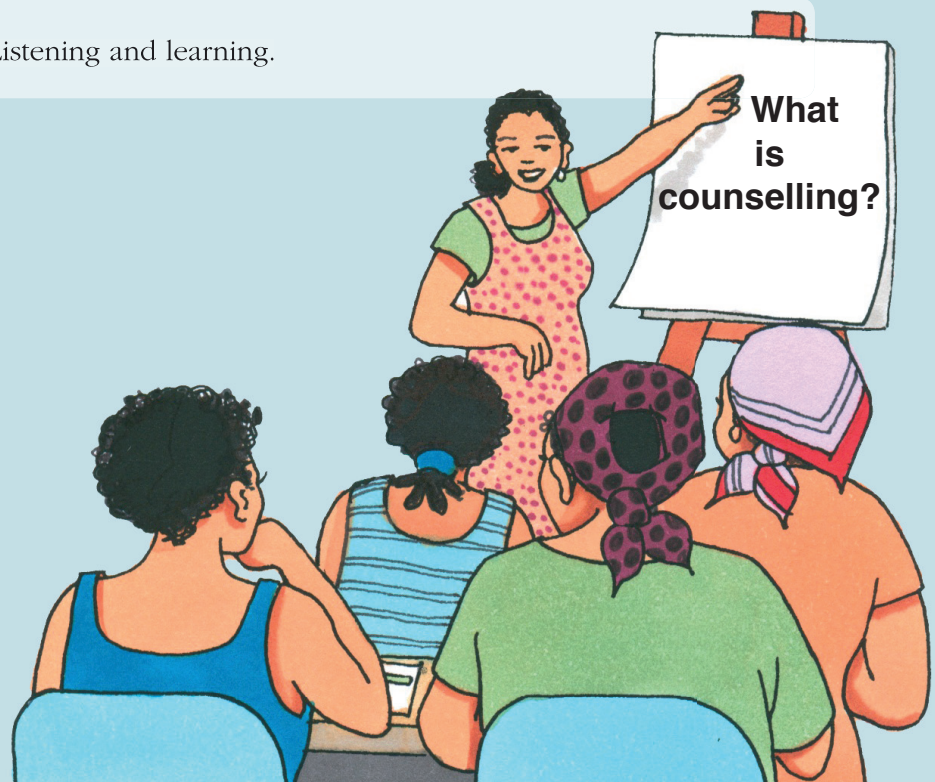
Ask:

What listening and learning skills are needed for effective counselling?

Give participants few minutes to respond.



Show PowerPoint slide: Listening and learning.



Activity 1

(10 minutes)

Group work on listening and learning skills

Divide the participants into 6 groups. Give each group one message written on the flipchart and have them discuss among themselves what the message has to do with counselling.

Let each group share what they've discussed with the rest of the groups.

Key messages

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

A counsellor should do the following:

- take time to listen
- have a small mouth and big ears
- not be judgmental
- give relevant information
- help the mother to decide
- believe that a mother can change
- give the mother confidence
- support the mother
- create warmth and a good relationship
- praise the mother
- respect what the mother believes
- treat what the mother says confidentially
- build trust
- take it as a calling, not just a job

As a counsellor:

- You may well be busy, but you should leave your own business behind. If you have to attend to other business, get someone to help you.
- You must put your clients first.
- It's not the words you say, it's that you are there that counts. This shows that you care about your client.

Activity 2

(20 minutes)

Role play on listening and learning

Get 2 volunteers from the group in advance and brief them on the following scenario. One should be the counsellor and one the mother.

The counsellor is sitting across a desk (a 'barrier' between her and the mother). She is busy writing. The mother walks into the room. The counsellor makes no eye contact and continues writing.

Counsellor (not looking up): Can I help you?

Mother: I just came here... don't know if you can help me... my nipples are sore.

Counsellor (answering phone): You say your nipples are sore. What have you been doing? Just breastfeed and they will be fine.

The counsellor was dictating and didn't follow up with questions.

Ask the mother: How did you feel during the session?

Now choose another counsellor from the audience to play a better role displaying the listening and learning skills with the same mother.



Conclusion

(5 minutes)

Close the session by highlighting key messages.

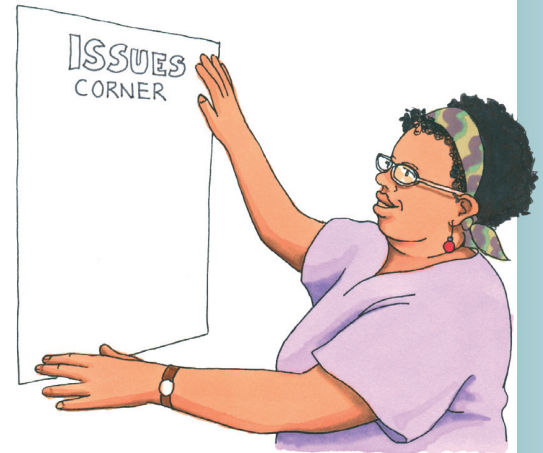
Key messages

Counselling is a way of working with people in which you try to understand how they feel, and to provide information to help them decide what to do.

- Use helpful non-verbal communication.
- Ask open questions.
- Use responses and gestures that show interest.
- Reflect back what the mother or caregiver says.
- Emphasise what you are saying.
- Avoid judging words.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 3

Maternal nutrition

Session objectives

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

- Describe factors that affect nutritional status of women during pregnancy and lactation.
- Explain the consequences of maternal malnutrition to both mother and infant.
- Understand how HIV increases the risk of malnutrition on HIV-positive pregnant and lactating women.
- Outline essential actions for nutritional care and support for pregnant and lactating women.
- Discuss the nutrient requirement for both HIV-uninfected and -infected pregnant women.

Activities

Activity 1: Factors affecting nutritional status and consequences for mother and baby

Activity 2: Key messages that address factors affecting nutritional status

Activity 3: Role play

Total time: 1 hour & 30 minutes

Materials needed

- Flipchart and markers
- PowerPoint slides
- Participants' notes: Maternal nutrition

Facilitator's notes

Prepare volunteers for role play in advance.

Introduction

(30 minutes)

Introduce the session by asking and explaining the following:



Ask:

In what ways does a mother's nutritional status affect the nutrition and health of her baby during pregnancy and lactation?



Explain:

Pregnancy and lactation increases a woman's nutritional requirements and micronutrient needs. During pregnancy, extra energy is needed for the growth of the foetus, placenta and associated maternal tissues. If a woman's nutritional intake is inadequate during pregnancy, her foetus keeps growing at the expense of her own nutritional status. Pregnant women should eat an extra meal or snacks every day and increase their intake of fruit, vegetables and milk products, as well as proteins, such as meat, beans and eggs. This will give them enough nutrients and energy.



Ask:

Can a woman who is poorly nourished produce enough breast milk for her baby? Will the milk still be good for her baby?



Explain:

Almost all women, even those with a poor diet, can still produce enough milk for their babies if they use optimal breastfeeding practices.



Ask:

Is the nutritional status of a girl or woman important for her future babies, even if she is not yet pregnant?



Show PowerPoint slides 3-5 and explain the intergenerational malnutrition cycle. A mother who was malnourished as a foetus, at birth, as a young child or adolescent is more likely to enter pregnancy stunted and malnourished.

- Malnutrition earlier in life, especially stunting, leaves women permanently at risk of obstetric complications and delivering low-birth-weight babies.
- Pregnancy and lactation cause high nutritional demands on a woman.

Maternal nutrition thus cannot be emphasised only during pregnancy alone. It is important that all girls during infancy, childhood and adolescence also receive good nutrition. However, in this training we will focus more on how to provide support to pregnant and breastfeeding mothers and HIV-positive mothers so that they increase their food intake to meet energy and other nutrient needs.



Ask:

What is a good pregnancy outcome or good delivery for a mother and the caregivers around her?



Explain:

Nutrition of the mother before pregnancy, during pregnancy and lactation affects these outcomes.

- During pregnancy and lactation additional energy and micronutrients are needed.
- Extra energy is needed for the growth of the foetus, placenta and associated maternal tissues.
- When energy and other nutrient intake are not increased, the body reserves are used. This leaves a pregnant and lactating woman weakened.
- Energy needs increase even more in the second and third trimester of pregnancy.
- Inadequate weight gain during pregnancy often results in low birth weight.
- Deficiency of certain nutrients is associated with maternal complications and death. For example, people who are anaemic get tired easily and are more likely to get infections.
- Therefore a pregnant woman needs to take enough energy, protein, iron, iodine, Vitamin A, folic acid and other nutrients.

Infant's outcome	Mother's outcome
<ul style="list-style-type: none"> • Healthy baby with birth weight of at least 2 500 gm • Able to breastfeed • Able to grow well – add weight, meeting the milestones 	<ul style="list-style-type: none"> • Add appropriate weight during pregnancy (10 kg in total during the 9 months) • Second and third trimester weight gain: 1 kg per month • No deaths • Normal, uncomplicated pregnancy and birth • Able to produce enough breast milk

In your practice you may want to pay more attention to the following mothers:



Show PowerPoint slide 5 on the 4 things that are 'too young, too old, etc'



Ask:

- Why do we need to pay more attention to the 4 things in the above slide?
- What can we do to improve their nutritional status?



Explain:

Wait for responses from the participants and use the following points to discuss:

- Too young – adolescent girl is still growing and needs more nutrients than an adult woman. For pregnancy and breastfeeding add an additional nutritional requirement.
- Too close – it is not easy to quickly build enough stores of nutrients that were used up during pregnancy, birth and care of a baby (and perhaps care of other family members too). Another pregnancy too soon will add an additional burden to the nutritional status of the mother. This will affect care of the newborn baby.
- Too many – many children means many mouths to feed. Some mothers do not have enough food so they tend to eat less or not eat at all for the sake of the children. This may affect her nutritional status during pregnancy and breastfeeding.

Activity 1

(15 minutes)

Factors affecting nutritional status and consequences for mother and baby



Show PowerPoint slide 6: Maternal nutrition

Break participants into groups of 5 and have them discuss the following questions:

- What factors affect an adult woman's nutritional status?
- What are the consequences of poor maternal nutrition for the mother?
- What are the consequences of poor maternal nutrition for the baby?



When they report back to the group, type their answers onto PowerPoint slide 7.

Factors affecting women's nutrition	Consequences for maternal health	Consequences for foetal and infant health
<ul style="list-style-type: none">• Energy intake• Nutrient intake• Workload or physical activity• Malaria• Frequent pregnancies• Illness• Parasites	<ul style="list-style-type: none">• Increased risk of maternal complications and death• Increased infection• Anaemia• Lethargy and weakness leading to lower productivity• Obstructed labour• Reduced nutrient stores	<ul style="list-style-type: none">• Increased risk of foetal, neonatal and infant death• Intrauterine growth retardation, low birth weight• Preterm birth• Birth defects• Cretinism• Brain damage• Increased risk of infection• Low nutrient stores at birth



Explain:

Explain: The average woman should gain about 10-12 kg during pregnancy, depending on her pre-pregnancy weight. As a minimum, women should gain 1 kg a month; as a maximum 3 kg.

Activity 2

(15 minutes)

Key messages that address factors affecting nutritional status

Break participants into groups of 5. Assign each group a different factor affecting maternal nutrition (nutrient intake, common complications during pregnancy, frequent illness, food beliefs and practices). Have them come up with 1-2 key messages that you would want to share with pregnant mothers.

Use the key messages below to clarify issues, emphasis and additions

Key messages

Energy and nutrient intake

- Get weighed monthly to make sure you are gaining enough weight. You should gain 1-2 kg a month.
- Take the micronutrients (or pills) given to you every day to help your baby grow inside you and keep you strong.
- Eat an extra meal every day or eat extra snacks between your meals.
- Eat a variety of foods to make sure that you get all the required nutrients.



Show PowerPoint slide 8: Variety of foods

- Add orange fruit and orange and green vegetables to your meals and snacks every day.
- Eat meat, fish, milk and eggs as often as you can, preferably every day because animal foods are a good source of iron. The iron from animal foods is well absorbed by the body. Iron reduces anaemia, which is common in women during pregnancy.
- Eat beans, peas, lentils and dark green leafy vegetables because they also contain iron. However, iron from these foods may not be well absorbed by the body. In order to increase iron absorption, fruit rich in Vitamin C, such as tomatoes or oranges, should be eaten with the foods containing iron.



Show PowerPoint slides 9 and 10: Increasing iron absorption

- Use only iodised salt.
- Buy and use food that has nutrients added such as fortified foods.



Show PowerPoint slide 11: Fortification logo

- If you deliver at home, be sure to come to the health clinic soon to get your nutrition supplements.

Malaria

- Sleep under your bed net every night to avoid malaria.
- Take anti-malarial pills prescribed by your health care worker.

Workload and physical activity

- Have family or friends help you with your work so you can rest more.

Frequent pregnancies

- See your health care worker as soon as possible after birth to discuss your family-planning options.
- Spacing your children by 3 years or more will help you fully recover and protect your health and the health of your children.
- Exclusive breastfeeding for 2 years will help you to delay your next pregnancy.

Illness

- Be sure that meat and eggs are thoroughly cooked before eating. Wash your fruit and vegetables well before eating.
- Wash your hands with soap and running water after using the bathroom, before preparing food, before eating, after touching animals, and after changing your baby's nappy.

Parasites

- Wear shoes to avoid getting parasites.

Facilitate a short discussion using the questions below:



Ask:

- While these messages are important, do you think women will easily adopt your suggestions?
- What barriers might they face?
- There are a lot of potential messages. How do you decide which ones to share with each mother?
- As a counsellor, how might you work with a mother to get her to adopt some of these practices during her pregnancy and while lactating?

HIV-positive women

(15 minutes)



Ask:

- Do HIV-positive women have special nutritional requirements during pregnancy and lactation?
- Why is good nutrition especially important for HIV-positive women?



Explain:

Wait for few responses and then explain that all HIV-positive people need additional food, even if they are not yet symptomatic. Therefore, pregnant women need additional food both to help fight HIV and to gain extra weight for their pregnancy.



Show PowerPoint slide 12



Explain:

A pregnant and breastfeeding woman with HIV will need:

- Food for body functions
- **Extra** food for changes in her body and the needs of the growing baby
- **Extra** food to replace nutrients lost due to HIV and other opportunistic infections
- **Extra** food for growth and development if the mother is adolescent (12-16 years)

Explain that it is also essential to understand the factors that influence a mother's nutritional status to make sure that the messages we are giving during talks and counselling are relevant and practical.



Show PowerPoint slide 13: Link between nutrition and infection

Use this slide to explain why HIV-positive pregnant women need extra nutrition. HIV-positive women who are malnourished are more likely to transmit HIV to their infants.

An asymptomatic positive woman who is pregnant should eat an extra meal for her pregnancy plus an extra snack every day. These meals and snacks should be very nutritious.

**Ask:**

What are some nutritious snacks that a woman could eat?

**Explain:**

A pregnant woman with symptomatic HIV should eat 2 full extra-nutritious meals a day. She may also need extra snacks between meals.

**Ask:**

- Do you think it would be easy for HIV-positive women to eat so much extra food?
- What are some strategies that they could use to increase the amount of nutrients they take?
- What local foods would be especially good?
- Which ones would not be as good?

**Explain:**

It is also very important to make sure that HIV-positive women take their antenatal and post-partum micronutrient supplements.

Activity 3

(15 minutes)

Role play

Ask two participants to volunteer for the role play. One person will be the health worker / counsellor, one person will play the mother, and the rest of the participants will be observers.

A pregnant woman comes in for her second antenatal visit. Her first visit was at 3 months, and she is now 6 months pregnant. Her family owns a small farm and mostly eats what they grow. She has only gained 2 kg since her last visit.



Show PowerPoint slide 14

Mother: I am scared that if I eat too much during pregnancy I will have a big baby. Then I might have difficulty during delivery / birth. I need to eat less so that my baby will be small and easy to deliver?

Health worker: Food restriction does not make delivery easy. The small pelvis of the mother and big head of the baby are the cause of a difficult delivery. It is not caused by the amount of food you eat. Also a small baby at birth is more likely to have health problems so it is better to eat well during pregnancy to make sure of a strong, healthy baby and mother.

Mother: How can I eat enough to put on weight if I feel sick all the time?

Health worker: Many women feel sick, especially early in pregnancy. It may help to eat small amounts of food every hour or two rather than a big meal and to avoid foods that make you feel ill. Frequent sipping of water or other clear fluids, such as diluted fresh juice, may also help. When you feel well, eat extra to make up for the times you do not feel like eating and the lost nutrients when you vomit.

Mother: Will the amount of food I eat affect my breast milk? Will I be able to produce breast milk if I eat less? Will the milk still be good for her baby?

Health worker: Almost all mothers, even those with a poor diet, can still produce enough milk for their babies if they use optimal breastfeeding practices. The breast milk will still be the best food for the baby, even if for some reason a mother doesn't eat well. However, the mother will have more energy and be less likely to become ill if she is eating well.

Let the participants discuss briefly whether key messages relevant to the woman's situation were covered. Add where necessary.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 4

Benefits of breastfeeding

Session objectives

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

- Describe the health benefits of breastfeeding for the mother and the baby.
- Describe other benefits of breastfeeding for the mother, the baby and the community.
- Understand the risk associated with not breastfeeding.

Activity

Activity 1: Group work on the benefits of breastfeeding for mother, baby and community

Total time: 20 minutes

Materials needed

- Flipcharts and markers
- PowerPoint slides
- Participants' notes: Benefits of breastfeeding

Facilitator's notes

Prepare in advance 3 flipcharts for mother, baby and community EBF benefits.



Introduction

(2 minutes)

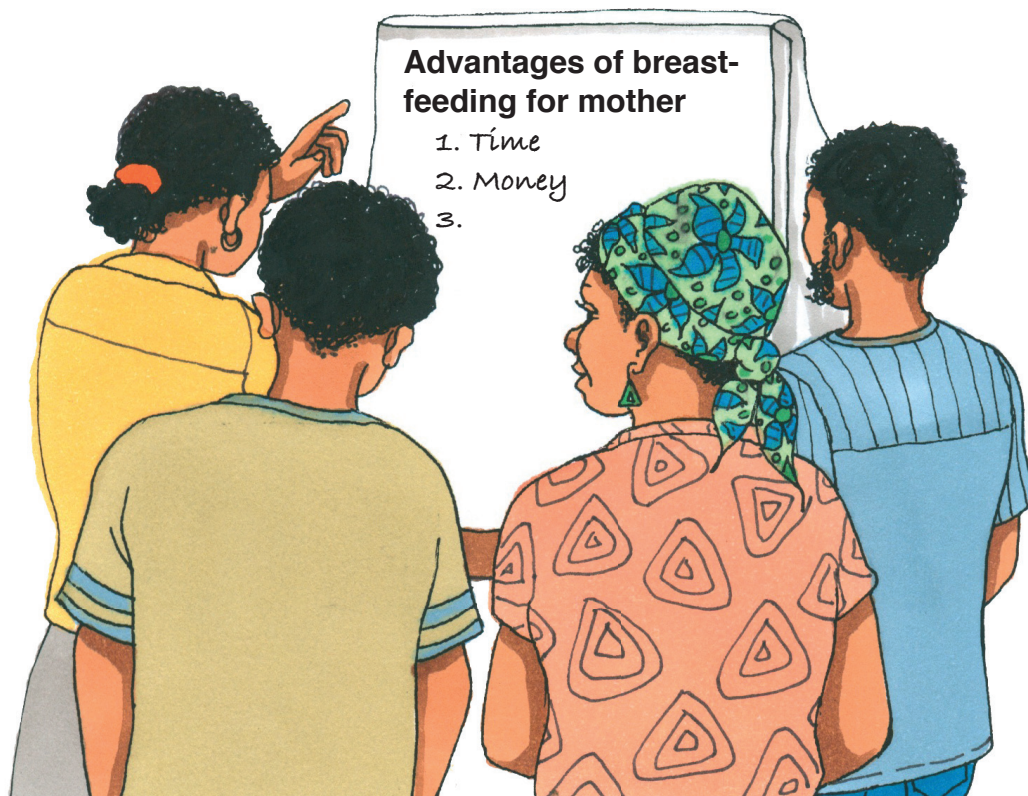
Introduce the session by explaining that breastfeeding has been known to have many benefits for the mother and baby. However, families and communities also benefit from breastfeeding. Inform the participants that you are going to ask them to discuss these benefits in groups.

Activity 1

(15 minutes)

Group work on benefits of breastfeeding on mother, baby and community

- Have the participants break into 3 groups by counting one, two and three. Let the 'ones' take the advantages of breastfeeding for the mother, the 'twos' for the baby and 'threes' for the community.
- Each group should be given a flipchart and a marker.
- Each group should select one person who will present what they have discussed to the rest of the participants. The other groups should then add to or comment on the presentation.



Make sure the following points are included:

Benefits for babies	Benefits for mother	Benefits for families and communities
<p>Colostrum</p> <ul style="list-style-type: none"> • Defends against infection • High in protein • First immunisation <p>Breast milk</p> <ul style="list-style-type: none"> • Supplies all necessary nutrients in proper proportion • Digests easily without causing constipation • Protects against diarrhoea • Provides antibodies that protect against common illnesses • Protects against infection, including ear infections • During illness helps keep baby well hydrated • Reduces the risk of developing allergies • Is always ready at the right temperature • Increases mental development • Prevents hypoglycaemia (low blood sugar) • Promotes proper jaw, teeth and speech development • Is comforting to a fussy, overtired, ill or hurt baby <p>Early skin to skin contact</p> <ul style="list-style-type: none"> • Stabilises the baby's temperature • Promotes bonding 	<ul style="list-style-type: none"> • Reduces blood loss after birth (early / immediate breastfeeding) and helps expel the placenta • Saves time and money • Makes night feedings easier • Delays return of fertility • Reduces the risk of breast and ovarian cancer • Is available 24 hours a day • Ensures close physical contact • Makes mother calmer and more relaxed because of hormones 	<ul style="list-style-type: none"> • Is economical • Is accessible • Needs no preparation • Reduces cost for medicines for sick baby • Delays new pregnancy • Reduces time lost because of caring for a sick child • Reduces pollution • Reduces poverty • Is socially acceptable • Less crime due to less theft • Resources can be used elsewhere

The risks associated with not breastfeeding

(3 minutes)



Ask:

- What are some of the risks if mothers don't breastfeed?
- Have you seen babies with these problems?

Give the participants a minute to respond.



Show PowerPoint slide 1: Infant mortality



Explain:

- Animals have milk made up of different things that are good for their babies.
- Human milk is made for human babies.
- Human milk has special nutrients and antibodies that protect infants from illness and help them grow and develop.



Show PowerPoint slide 2: Nutrients in human and animal milks



Explain:

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

Key messages

- Breast milk is all the baby needs in the first 6 months of life.
- Breast milk minimises the risks of mortality in infants.
- It contains the best source of perfectly balanced nutrients that can be easily digested by newborn babies.
- It is the best source of Vitamin A and provides adequate and appropriate fatty acids for brain development.
- It quenches the child's thirst.
- It protects the child against common infections as it has white blood cells and antibodies.
- Breast milk improves the potential of mother-to-child bonding.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 5

Optimal breastfeeding practices

Session objectives

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

- Discuss the difference between human and animal milk.
- Discuss the difference and benefit of colostrum and mature milk (fore- and hind-milk).
- Discuss insufficient milk, prevention and building-up milk supply.
- Explain the 6 key optimal breastfeeding messages.

Activity

Activity 1: Group work on optimal breastfeeding messages

Total time: 1 hour 45 minutes

Materials needed

- Small posters with the 6 optimal breastfeeding practices
- PowerPoint slides
- Participants's notes: Optimal breastfeeding practices

Introduction

(15 minutes)

Explain to the participants that:

We have learnt from the previous session the advantages of breastfeeding. It is therefore essential that we encourage breastfeeding regardless of the HIV status.

Facilitate a discussion with participants around the following questions:

- Do women in South Africa value breastfeeding? What about men? What about communities?
- Who is with a woman when she gives birth and who delivers the baby?
- What is done with the baby immediately after birth?
- Where is the baby placed? Is the baby given anything? Why?
- When is he or she put on the breast?



Ask:

What are some of the good breastfeeding practices that you as a nurse encourage the mothers to practise?



Explain:

Give time for a few participants to respond then explain that these are going to be discussed in details in this session.

Colostrum and mature milk

(15 minutes)



Explain:

- We have learnt from the previous session about the difference between human milk and animal milk.
- We are now going to look at the difference between colostrum and mature milk.

Facilitate a discussion with participants around the following questions:

- What is colostrum? What is the benefit of colostrum? Do mothers value colostrum? What about health care providers? What about the communities?
- What about mature milk? How does it affect the growth and development of a baby?

Give time for a few participants to respond.



Show PowerPoint slide 3-6: Optimal breastfeeding practices (the differences between colostrum and mature milk)



Explain:

What is colostrum?

- Colostrum is the thick yellowish special milk that is secreted in the first 2-3 days after delivery.
- It is produced in small amounts, about 40-50 ml but is all that an infant needs at this time.
- Colostrum provides important immune protection to an infant when he or she is first exposed to the micro-organisms in the environment. The growth factor also helps to prepare the lining of the gut to receive the nutrients in milk.
- It is important that infants receive colostrum, and not other feeds, at this time.
- Other feeds given before breastfeeding is established are called *prelacteal feeds*.
- Colostrum is rich in white cells and antibodies, and it contains a larger percentage of protein, minerals and fat-soluble vitamins (A, E and K) than mature milk. Vitamin A is important for protection of the eyes and for the integrity of epithelial tissues. This means the proper functioning and maintenance of the tissues.

Components / properties of colostrum	Importance
Antibodies	Protect against infection and allergies
White cells	Protect against infection
Growth cells	Help intestines to mature and prevent all allergies and food intolerance
Vitamin A	Reduces severity of some infections (such as measles and diarrhoea) and prevents Vitamin A-related eye diseases
Purgative effects	Cleans meconium (dark black stools) to prevent jaundice in newborns

Modified: UNICEF/WHO – breastfeeding counselling: A training course, 1993



Explain:

What is mature milk?

- More milk starts to be produced between 2 and 4 days after delivery, making the breasts feel full. The milk is then said to have 'come in'.
- On the third day, an infant is normally taking about 300-400 ml/day. On the fifth day 500-800 ml/day.
- From day 7 to 14, the milk is called *transitional*, and after 2 weeks it is called *mature milk*.

Fore-milk	Hind-milk
First mature milk that comes out at the beginning of breastfeeding	Behind mature milk
Bluish-grey	Creamy-white
Contains less fat	Rich in fat
Watery	For nourishment
Quenches thirst	

The breast

(15 minutes)

Facilitate a discussion with participants around the following questions:

- What do you know about the breast?
- Why do you think mothers need to know about the breast?

Give time for a few participants to respond and show the slide on the breast. Explain that the breast structure includes the nipple and areola, mammary tissue, supporting connective tissue and fat, blood, lymphatic vessels and nerves.

The mammary tissue

- This tissue includes the alveoli, which are small sacs made of milk-secreting cells, and the ducts that carry the milk to the outside.
- The alveoli are surrounded by a basket of muscle cells, which contract and make the milk flow along the ducts.

Nipple and areola

- The nipple has an average of 9 milk ducts passing to the outside, and also muscle fibres and nerves.
- The nipple is surrounded by the circular pigmented *areola*, in which are located *Montgomery's glands*. These glands secrete an oily fluid that protects the skin of the nipple and areola during lactation. They also produce the mother's individual scent that attracts her baby to the breast.
- The ducts beneath the areola fill with milk and become wider during a feed, when the oxytocin reflex is active.

Breast milk production

(30 minutes)

Facilitate a discussion with participants around the following questions:

- How is milk produced?
- Do most mothers you see complain of insufficient milk production?
- What are the factors that might affect milk production?

Give time for a few participants to respond.



Show PowerPoint slide 7: Optimal breastfeeding practices (anatomy of the breast)



Explain:

Explain that there are two hormones that directly affect breastfeeding: *prolactin* and *oxytocin* (which send a message to the brain) and are stimulated by suckling at the breast. When a baby suckles, the tongue and the mouth stimulate the nipple. The nerves in the nipple send a message to the mother's brain that the baby wants milk. As a result prolactin and oxytocin are secreted.

Prolactin



Show PowerPoint slides 8-9: Optimal breastfeeding practices (prolactin)



Explain:

Give time for a few participants to respond. Then explain what prolactin does:

- Prolactin is necessary for the secretion of milk by the cells of the alveoli.
- When a baby suckles, the level of prolactin in the blood increases and stimulates production of milk by the alveoli.
- The prolactin level is highest about 30 minutes after the beginning of the feed, so its most important effect is to make milk for the next feed.
- During the first few weeks, the more a baby suckles and stimulates the nipple, the more prolactin is produced, and the more milk is produced.

**Ask:**

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

**Explain:**

Wait for a few replies and then continue:

- It tells us that if her baby suckles more, her breasts will make more milk. So, suckling makes more milk.
- This effect is particularly important at the time when lactation is becoming established.

**Ask:**

What if a mother has twins?

**Explain:**

- If a mother has 2 babies and they both suckle, her breasts make milk for 2.
- If the mother stops breastfeeding, milk secretion may stop too. Then the milk will dry up.
- It is important the mothers feed at night as well as during the day.

Some special things to remember about prolactin are:

- More prolactin is produced at night, so breastfeeding at night is especially helpful for keeping up the milk supply.
- Breastfeeding at night helps make sure that the mother will make enough milk for her baby the next day as well. It also helps prevent a new pregnancy.
- Suckling produces hormones related to ovulation suppression and menstruation. Therefore, frequent breastfeeding can help to delay a new pregnancy. Breastfeeding at night is important to make sure of this effect.
- Prolactin seems to make a mother feel relaxed and sleepy, so she usually rests well even if she breastfeeds at night.



Oxytocin



Show PowerPoint slide 10: Optimal breastfeeding practices (oxytocin)



Explain:

Give time for a few participants to respond. Then explain what oxytocin does:

- When a baby suckles, the brain also releases oxytocin.
- Oxytocin makes the cells around the alveoli contract. This makes the milk that has collected in the alveoli flow along and fill the ducts.
- Sometimes the milk is ejected in fine streams.
- The oxytocin reflex is also sometimes called the 'letdown reflex' or the 'milk ejection reflex'.
- Oxytocin is produced more quickly than prolactin. It makes the milk that is already in the breast flow for the current feed. It also helps the baby to get the milk easily.
- Oxytocin can start working before a baby suckles. This happens when a mother learns to expect a feed as well as when the baby is suckling.
- The reflex becomes conditioned to the mother's sensations and feelings, such as touching, smelling or seeing her baby, or hearing her baby cry, or thinking lovingly about her baby.
- If a mother is in severe pain or emotionally upset, the oxytocin reflex may become inhibited, and her milk may suddenly stop flowing well.
- If she receives support, is helped to feel comfortable and lets the baby continue to breastfeed, the milk will flow again.
- It is important to understand the oxytocin reflex, because it explains why the mother and baby should be kept together and why they should have skin-to-skin contact.
- Oxytocin makes a mother's uterus contract after delivery and helps to reduce bleeding. The contractions can cause severe uterine pain when a baby suckles during the first few days.
- If the oxytocin reflex does not work well, the baby may have difficulty in getting milk. It may seem as if the breasts have stopped producing milk, but this is not true. The milk is just not flowing out.

Some special things to remember about oxytocin are:

- Oxytocin reflex (milk flow) is easily affected by a mother's thoughts and feelings.
- A mother needs to have her baby near her all the time, so that she can see, touch and respond to him or her. If a mother is separated from her baby between feeds, her oxytocin reflex may not work so easily.
- You need to remember a mother's feelings whenever you talk to her. Try to make her feel good and build her confidence. Try not to say anything that may make her doubt her breast milk supply.

Signs of active oxytocin reflex



Ask:

What are some signs that the oxytocin reflex is working? (or that good feelings are helping the mother produce milk?)



Explain:

Give time for a few participants to respond and then explain that mothers are often aware of their oxytocin reflex. There are several signs of an active reflex that they, or you, may notice:

- A squeezing or tingling sensation in her breasts just before she feeds her baby or during a feed.
- Milk flowing from her breasts when she thinks of her baby or hears him or her crying.
- Milk dripping from her other breast, when her baby is suckling.
- Milk flowing from her breasts in fine streams if her baby comes off the breast during a feed or suckling is interrupted.
- Pain from uterine contractions, sometimes with a rush of blood, during feeds in the first week.
- Slow deep sucks and swallowing by the baby, which show that breast milk is flowing into his or her mouth.
- Thirst during a feed.

If one or more of these signs are present, the reflex is working. However, if they are not present, it does not mean that the reflex is not active. The signs may not be obvious, and the mother may not be aware of them.

Summarise the slides on prolactin and oxytocin

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

Feedback inhibitor of lactation

- Milk production is also controlled in the breast by a substance called the *feedback inhibitor of lactation* which is present in breast milk.
- Sometimes one breast stops making milk while the other breast continues, for example if a baby suckles only on one side. This is because of the local control of milk production within each breast.
- If milk is not removed, the inhibitor collects and stops the cells from secreting any more. This helps to protect the breast from the harmful effects of being too full.
- If breast milk is removed, the inhibitor is also removed, and secretion continues. If the baby cannot suckle, then milk must be removed by expressing it.

Reflexes in the baby

The baby's reflexes are important for appropriate breastfeeding. The main reflexes are *rooting*, *suckling* and *swallowing*.

- When something touches a baby's lips or cheek, the baby turns to find the stimulus. The baby opens his or her mouth, putting the tongue down and forward. This is the *rooting reflex* and is present from about the 32nd week of pregnancy.
- When something touches a baby's palate, he or she starts to suck it. This is the *sucking reflex*.
- When the baby's mouth fills with milk, he or she swallows. This is the *swallowing reflex*.
- Preterm infants can grasp the nipple from about 28 weeks gestational age, and they can suckle and remove some milk from about 31 weeks.
- Coordination of suckling, swallowing and breathing appears between 32 and 35 weeks of pregnancy.

When supporting a mother and baby to initiate and establish exclusive breastfeeding, it is important to know about these reflexes. The level of maturation will guide whether an infant can breastfeed directly or whether he or she temporarily requires another feeding method.

Activity 1

(30 minutes)

Group work around optimal breastfeeding messages

- Divide the participants in 6 groups.
- Give each group one of the messages and allow them 10 minutes to think about what they would like other groups to know about this message. Give them these guides:
 - Why is the practice recommended?
 - What is happening in your community with this practice?
 - What are the barriers (1 or 2) for mothers to practise this?
 - What can health care providers do to overcome the barriers / encourage the practice?
- Discuss with the group.



Show PowerPoint slide 11: Optimal breastfeeding practices

Key messages

- Start breastfeeding within 30 minutes after delivering your baby.
- Give your baby only breast milk during the first 6 months.
- Feed your baby as often as she or he wants during day and night, at least 8-12 times.
- Let your baby continue suckling from one breast until your baby stops on his or her own. Then put your baby on the other breast.
- Alternate which breast you give first at each feed.
- Continue breastfeeding for two years or longer.

More about breastfeeding

Use the following points to add on, emphasise and clarify issues:

1. Start breastfeeding within 30 minutes after delivering your baby

- Do not give pre-lacteal feeds.
- Early initiation of breastfeeding helps expel the placenta and reduce bleeding.
- The first milk (colostrum or yellow milk) is the baby's first immunisation and contains everything the baby needs until the milk starts to flow (about the 3rd day after birth).
- Putting the baby on the breast immediately after birth can prevent engorgement.

2. Give your baby only breast milk during the first 6 months



Ask:

What do we call the practice when you give only breast milk – no water, liquids or other milks?



Explain:

- It is called exclusive breastfeeding. This means giving the baby no other food or drinks (**not even water**) apart from breast milk (this includes expressed breast milk fed with a cup). You can still give drops or syrup of vitamins, mineral supplements or prescribed medicines during the first 6 months.
- The only other exceptions are things prescribed by a doctor.
- Exclusive breastfeeding for the first 6 months will protect the baby from illness and help him or her grow.
- Giving only breast milk helps produce enough milk for your baby.

3. Feed your baby as often as he or she wants during the day and night, at least 8-12 times a day

- Clarify size of breast and milk production if not yet mentioned.
- Explain that it is the fat and other tissue that gives the breast its shape, and which makes most of the difference between large and small breasts. Both large and small breasts can make plenty of milk.
- Explain that breast milk is produced as a result of suckling at the breast. When a baby suckles at the breast, this tells the mother's brain that her baby wants milk. The brain will then tell the mother's body to do two things: provide milk for the current feed and to replenish her stores for the next feed.
- Explain that the more the baby suckles and removes the milk ('lets down' the milk), the more the milk builds up its supply.
- Explain that good suckling achieves efficient milk transfer.
- Sometimes people suggest that to make a mother produce more milk, we should give her more to eat, more to drink, more rest or medicines. It is important for a mother to eat and drink enough, but these things do not help her to produce milk if her baby does not suckle.
- Feeding your baby on demand (8-12 times per day) helps to make sure that he or she gets enough breast milk and helps keep up your breast milk supply.
- It is important the mother feeds at night as well as during the day.
- Breastfeeding at night helps make sure that the mother will make enough milk for her baby the next day as well. It also helps prevent a new pregnancy.

4. Let your baby continue suckling from one breast until he stops on his own. Then put your baby on the other breast.

- Your baby will know when he has had enough to eat.
- Let your baby empty one breast before putting him on the other breast to allow him to get the most nutrients possible from your milk. The milk that comes first has different nutrients from the milk that comes later.

5. Alternate which breast you give first at each feed.

- Breast milk production is also controlled within the breast itself. Sometimes one breast stops making milk, while the other breast continues to make milk.
- There is a substance in breast milk that can reduce milk production if milk is left in a breast for a long time. This helps to protect the breast from the harmful effects of being too full. It is obviously necessary if a baby dies or stops breastfeeding for some other reason.
- If a baby stops suckling from one breast, that breast stops making milk.
- If a baby suckles more from one breast, that breast makes more milk and becomes larger than the other.
- For a breast to continue making milk, the milk must be removed from the breast.
- If a baby cannot suckle from one or both breasts, the breast milk must be removed by expression to enable production to continue.

6. Continue breastfeeding for two years or longer

Breast milk provides an important source of nutrients well beyond 6 months.

Key messages

- An important role of health care workers, such as nurses and counsellors, is to talk to the mother to understand the benefits of optimal breastfeeding practices.
- Only by understanding the optimal breastfeeding practices can you help her to overcome her difficulties and change her behaviour.
- As we learn counselling skills over the next few days, we will practise these skills to help a mother implement optimal breastfeeding practices.
- Let some volunteers read aloud the optimal practices.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 6

Proper positioning and attachment

Session objectives

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

- Describe and demonstrate correct positioning of the baby.
- Describe and demonstrate correct attachment of the baby to the breast.

Activities

Activity 1: Use the breastfeeding observation checklist to evaluate role plays about positioning

Activity 2: Demonstrate how to attach the baby to the breast

Activity 3: Use a ball to let participants explain the attachment slides

Activity 4: Practise filling in the observation checklist

Total time: 45 minutes

Materials needed

- Observation checklists (each participant should receive two copies)
- Participants' notes: How to help a mother position her baby to the breast
- PowerPoint slides
- A ball

Facilitator's notes

Prepare two people in advance to be in the role plays.

Introduction

(5 minutes)

Introduce the session by facilitating the discussion below. Give the participants time to respond before explaining.



Ask:

Is the way a mother holds her baby while she is breastfeeding important? Why?



Explain:

The way a mother holds her baby (positioning) affects the way the baby attaches to her breast.



Ask:

Why is it important for the baby to attach onto the breast in a particular way?



Explain:

Bad positioning and attachment may have the following consequences:

- The baby is unable to get enough milk leading to crying or malnutrition.
- It is uncomfortable or painful for the mother.
- There can be breast engorgement.
- It can cause breast sores – we'll learn later about how dangerous that is for HIV-positive mothers later.



Ask:

Is positioning and attachment something you normally discuss with mothers?



Explain:

To determine if a mother needs help with positioning and attachment, you need to observe her breastfeeding her baby.



Ask:

What are other signs that a mother might have trouble with positioning and attachment?



Explain:

Pain, poor growth, restless and crying baby when breastfeeding.

Hand out breastfeeding observation checklist and explain the sections

- Assessing a breastfeed helps you to decide if a mother needs help or not, and how to help her.
- You can learn a lot about how well or badly breastfeeding is going by observing, before you ask questions.

Activity 1

(10 minutes)

Use the breastfeeding observation checklist to evaluate role plays about positioning

Get two volunteers from the participants that were prepared in advance to play Mampho and Malerato.

Role plays

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

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

Participants now use the checklist to evaluate the role plays. Ask them what have they observed?

- Check the mother's facial expression.
- Is the mother relaxed and comfortable? If she holds her baby securely and feels confident, it is easier for her baby to suckle effectively, and her milk will flow more easily. If a mother is nervous and lacks confidence, she may show this by shaking or prodding the baby to make him go on feeding. This can upset her baby and interfere with suckling and breast milk flow.
- Check how the mother interacts with her baby while feeding – this will affect good milk flow.
- What about the baby's general health, nutrition and alertness? Conditions that may interfere with breastfeeding are, for example, a blocked nose or difficult breathing.
- What is the health of her breast?
- How does it feel for the mother? If there is pain, there is probably poor attachment.
- How does the mother hold her breast?

**Ask:**

How should a mother hold her breast?

**Explain:**

- Close to the areola makes it more difficult for a baby to suckle or blocks milk ducts so that it is more difficult for the baby to get the breast milk.
- Is it necessary to hold her breast back from her baby's nose with her finger? NO.
- The 'scissor hold' (holding the nipple and areola between index finger above and middle finger below) can make it more difficult for a baby to take enough breast into his mouth.
- A good way to support the breast is:
 - with her fingers against the chest wall
 - with her first finger supporting the breast
 - with her thumb above, away from the nipple

Explain the section: Baby's position

Participants now read from both sides of the checklist. Ask them what they observed during the previous role play from the third section of the form. Then make these points:

Observe how the mother holds her baby and check if:

- Baby's head and body are in line.
- She holds the baby close to the breast and facing it.
- She holds him loosely, or turned away so that his neck is twisted (it is then more difficult for him to suckle effectively).
- For a young baby, observe whether the mother supports his whole body or only his head and shoulders.

**Ask:**

- What position do mothers use to breastfeed their babies in South Africa? Is the mother hunched over towards the infant and putting her breast in the infant's mouth?
- What other breastfeeding positions are common in South Africa?

**Ask:**

- Where should the baby's head be?

**Explain:**

- Baby's whole body should be supported with the mother's arm along the baby's back. This is particularly important for newborns and young babies. For older babies, support of the upper part of the body is usually enough.
- A mother must be careful not to hold his bottom with her hand of the same arm that is supporting his back. Holding his bottom may result in her pulling him too far out to the side, so that his head is in the crook (bend) of her arm. He then has to bend his head forward to reach the nipple. This makes it difficult for him to suckle.

**Ask:**

Where should the baby's nose be?

**Explain:**

Baby should approach the breast with his nose towards the nipple.

**Ask:**

Where should the mother's back be?

**Explain:**

The mother should be sitting upright or with her back supported against a chair or couch. Her back should not be slumped forward.

**Ask:**

Where should the mother's arms be?

**Explain:**

Baby's whole body should be supported with the mother's arm along the baby's back. Read the point above about the position of the baby's back.

Explain the section: Baby's attachment

Participants must now read the checklist. Then follow the activity below.

Activity 2

(10 minutes)

Demonstrate how to attach the baby to the breast

Let a volunteer demonstrate on how to help the baby attach to the breast.

- Hold the baby with his nose opposite the nipple, so that he approaches the breast from underneath the nipple.
- Touch the baby's lips with the nipple, so that he opens his mouth, puts out his tongue and reaches up.
- Wait until baby's mouth is open wide, before moving baby to the breast. His mouth needs to be wide open to take a large mouthful of breast.
- It is important to use the baby's reflexes, so that he opens his mouth wide to take the breast himself. You cannot force a baby to suckle by pulling his chin down to open his mouth.
- When his mouth is wide open, quickly move him to the breast.
- She should bring the baby to her breast. She should not move herself or her breast to her baby.
- As she brings the baby to her breast, she should aim the baby's lower lip below her nipple, with his nose opposite the nipple. The nipple must aim towards the baby's palate, his tongue goes under the areola, and his chin will touch her breast.
- Hold the baby at the back of his shoulders, not the back of his head. Be careful not to push the baby's head forward.

Look for signs of good attachment

Make these points to the participants:

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

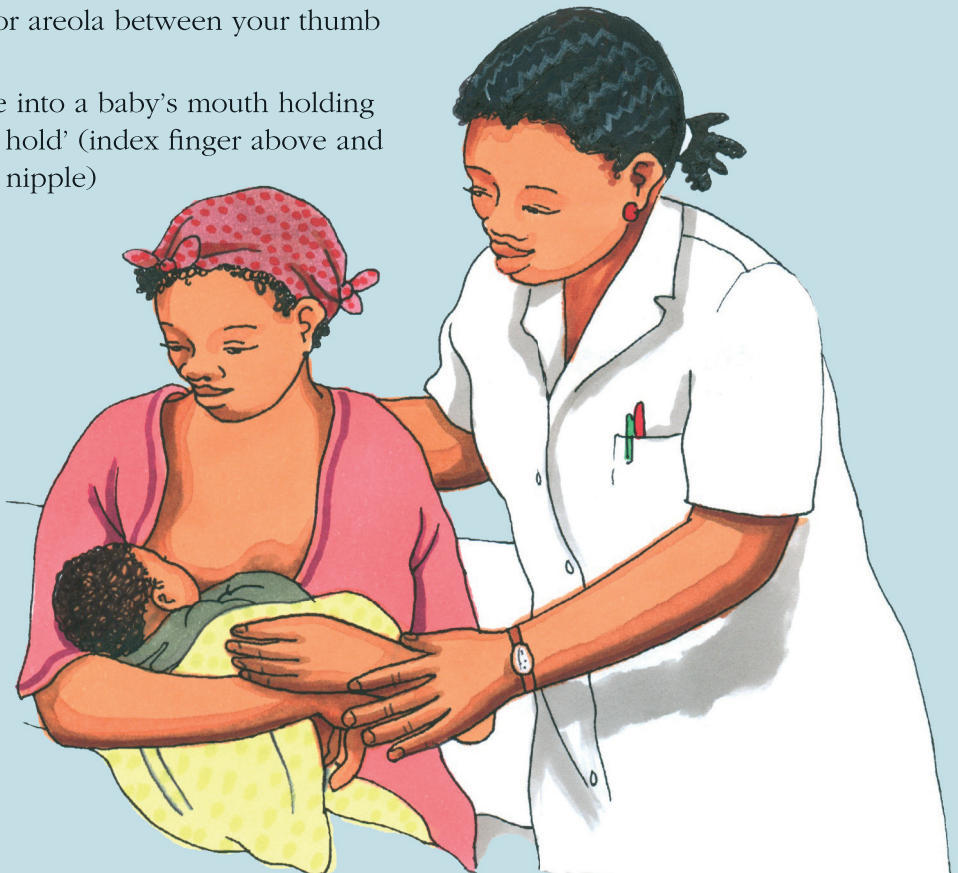
Explain the section: Suckling

Participants must now read the checklist. Discuss with them:

- Notice how the mother responds to the suckling.
- Ask her how the suckling now feels.
- If the suckling is comfortable for the mother, and she looks happy, her baby is probably well attached.

Demonstrate how to help the mother to support her breast

- Demonstrate how to help the 'mother' or ask one of the facilitators to do so using her breast or the model breast.
- When you have finished helping the mother to support her breast, make these points to the participants,
 - It is important to show a mother how to support her breast and how to offer it to her baby.
 - If she has small and high breasts, she may not need to support them.
 - She should place her fingers flat on her chest wall under her breast, so that her first finger forms a support at the base of the breast.
 - She can use her thumb to press the top of her breast slightly. This can improve the shape of the breast so that it is easier for her baby to attach well.
 - She should not hold her breast too near to the nipple. This makes it difficult for her baby to attach and suckle effectively. The 'scissor hold' can block milk flow.
- Demonstrate to participants these incorrect ways of holding a breast. Explain that they make it difficult for a baby to attach:
 - holding the breast with the fingers and thumb close to the areola
 - pinching up the nipple or areola between your thumb and fingers
 - trying to push the nipple into a baby's mouth holding the breast in the 'scissor hold' (index finger above and middle finger below the nipple)



Activity 3

(10 minutes)

Use a ball to let participants explain the attachment slides



Show PowerPoint slides 2-9: Proper positioning and attachment

- As you display each slide, throw the ball to someone. That person must explain what they see in the slide regarding positioning and attachment.
- Give the participant with the ball a few moments to study the picture, and to describe and point to the signs that she sees.
- Then ask other participants to describe the signs that they see.
- Then point out any signs that they have missed.
- Try not to repeat signs that they have already mentioned.
- Now throw the ball to another person.

Well attached to the breast



Show PowerPoint slide 2

Signs that you can see clearly are the 5 key points of attachment:

- There is more areola above the baby's top lip than below the bottom lip.
- His mouth is quite wide open.
- His chin is almost touching the breast.
- In addition, the baby is close to the breast and facing it.
- The baby is breathing quite well without his mother holding her breast back with her finger.

Try to encourage participants to go through the 5 key points of attachment first. Then they should list points from the other sections of the Breastfeeding Observation Checklist. This will help them to think more systematically as they assess a breastfeed.

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

Poorly attached at the breast



Show PowerPoint slide 3

Signs that you can see clearly are:

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

Poorly attached with some good practices



Show PowerPoint slide 4

Signs that you can see clearly are:

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

Poorly attached as though feeding from a bottle



Show PowerPoint slide 5

Signs that you can see clearly are:

- There is as much or more areola below the baby's mouth as above it.
- His mouth is not wide open, his lips point forward.
- His chin is not touching the breast.
- In addition, the baby is twisted and is not close to the breast.

Well attached to the breast



Show PowerPoint slide 6

Signs that you can see clearly are:

- There is a little areola above the baby's top lip.
- His chin is touching the breast.
- As the baby is very close to the breast it makes it difficult to see many other signs.
- This baby is well attached.
- Additional point: this is the same baby as in slide 4/6 after the health worker has helped the mother to position the baby better. In a better position a baby can attach more easily.

Activity 4

(10 minutes)

Practise filling in the observation checklist

After reviewing Slides 1 to 6, hand out another copy of the checklist to participants (they should now have two). Explain that with Slides 7 and 8 they will need to look at them and practise filling in the Breastfeeding Observation Checklist.

- If participants see a sign in one of the slides, they should make an **X** in the box next to the sign. If they do not see a sign, they should leave the box empty.
- They should concentrate on the sections on baby's position and attachment. However, when they see mothers and babies in the practical sessions, they should fill in all sections of the form. Remember, it is not always possible to see all the signs with every baby.
- Ask all the trainers to help. They should circulate and make sure that participants understand what to do. They should give individual feedback on participants' observations of the slides.



Show PowerPoint slides 7-8. Show each for about 2 minutes.

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

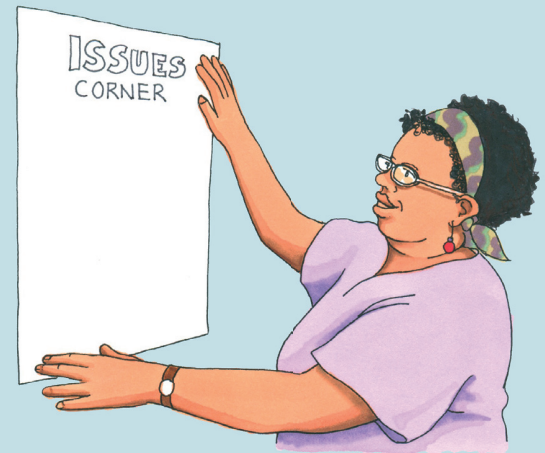
Key messages

When positioning the baby to the breast remember the following:

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

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 7

Breast-health problems

Session objectives

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

- Describe causes and factors that may lead to breast problems.
- Explain the management of common breast conditions.

Activity

Activity 1: Slide presentation

Total time: 30 minutes

Materials needed

- PowerPoint slides
- Participants' notes: Symptoms, causes, counselling and prevention of breast problems
- Flipchart and markers

Activity 1

(30 minutes)

Slide presentation

Introduce the session by telling the participants that there are common breast conditions that may cause difficulties with breastfeeding. These conditions may increase the risk of HIV transmission through breastfeeding.



Ask:

What breast-health problems have they seen in their clinics? Write on the flipchart as participants mention them.

- Flat / inverted nipples
- Long / big nipples
- Engorged breasts
- Blocked ducts
- Mastitis
- Subclinical mastitis
- Sore nipples
- Nipple fissure
- Candida infection



Explain:

Correct diagnosis and management of these breast conditions is important to make sure that the mother is relieved of milk and breastfeeding is able to continue. If breast milk is not sufficiently removed from the breasts, it can result in engorgement and other related problems.



Show PowerPoint slide 1: Breast-health problems (types of breasts)



Explain:

Explain that there are breasts of different shapes and sizes. These breasts are all normal and they can all produce plenty of milk for a baby – or even two or three babies. Many mothers worry about the size of their breasts. Women with small breasts often worry that they cannot produce enough milk.



Show PowerPoint slide 2: Breast-health problems

The mother is testing her breast to see how easy it is to stretch out the tissues underlying the nipple. Remember that a baby does not suck from the nipple. He takes the nipple and the breast tissue underlying the areola into his mouth to form a 'teat'.

Inverted nipples



Show PowerPoint slide 3: Breast-health problems

- Point out the inverted nipples.
- Encourage the mother to put the baby to the breast all the time.
- Explain that the baby suckles the breast not the nipple.
- The breasts will improve.
- She could express for the first few weeks if necessary.
- Help her attach and position the baby.

Engorgement

Sometimes a mother thinks that she has engorgement when all she has are full breasts.

Engorged breasts	Full breasts
Painful and tight, especially the nipple	Just full, heavy and hard
Shiny and may look red	No fever
Oedematous (fluid in the tissues)	The milk is flowing
No milk is flowing	If baby is put to the breast, she feels relief
May have a fever	
If baby is put to the breast, she feels pain	

Write on the flipchart:

Causes of engorgement	Prevention of engorgement
Delayed initiation of breastfeeding	Breastfeed within 30 minutes or 1 hour
Infrequent breastfeeding (weaning or feeding other liquids / foods)	Feed often or express
Poor attachment	Correct the attachment
Plenty of milk	Feed often



Show PowerPoint slide 4: Breast-health problems

- The woman in picture 1 has full breasts. This is a few days after delivery, and her milk has 'come in'. Her breasts feel hot and heavy and hard. However, her milk is flowing well. You can see that milk is dripping from her breasts. This is normal fullness. Sometimes full breasts feel quite lumpy. The only treatment that she needs is for her baby to breastfeed frequently to remove the milk. The heaviness, hardness or lumpiness decreases after a feed, and the breasts feel softer and more comfortable. In a few days, her breasts will adjust to the baby's needs and they will feel less full.
- The woman in picture 2 has engorged breasts. Engorgement means that the breasts are overfull, partly with milk, and partly with increased tissue fluid and blood. This interferes with the flow of milk. The breast in this picture looks shiny, because it is oedematous. Her breasts feel painful, and her milk does not flow well.

Mastitis



Show PowerPoint slide 5: Breast-health problems

- The woman has severe pain and fever and she feels ill.
- Part of the breast is swollen and hard, with redness of the overlying skin.
- Mastitis is sometimes confused with engorgement. However, engorgement affects the whole breast, and often both breasts. Mastitis affects part of the breast, and usually only one breast.
- Mastitis may develop in an engorged breast or it may follow a condition called blocked duct.

Blocked duct



Show PowerPoint slides 6-8: Breast-health problems

Symptoms, causes and treatment of blocked ducts and mastitis:

- There is a small lump in the breast.
- It is tender when touched.
- A blocked duct could follow engorgement.
- It happens when milk is not removed from a part of the breast.
- This could be caused by tight clothing.
- Treatment:
 - improve drainage of the breast
 - put on warm compresses
 - do gentle massage

Subclinical mastitis



Show PowerPoint slide 9: Breast-health problems

- There are no clinical symptoms.
- It is defined as raised sodium / potassium in the breast milk.
- It is associated with poor infant growth and increased HIV viral load in breast milk in HIV-infected women.
- It is caused by:
 - poor lactation practices
 - poor maternal overall health
 - micronutrient deficiencies
- Treatment:
 - give counselling on good lactation practices
 - give antibiotics to reduce the breast inflammation (but there is no proof of viral load reduction)

Candida / nipple thrush



Show PowerPoint slide 10: Breast-health problems

- There is a shiny red area of skin on the nipple and areola.
- This is a candida infection or thrush, which can make the skin sore and itchy.
- Candida infections often follow the use of antibiotics to treat mastitis or other infections.
- Some mothers describe burning or stinging that continues after a feed. Sometimes the pain shoots deep into the breast. A mother may say that it feels as though needles are being driven into her breast.
- Treatment:
 - use medication as prescribed (usually Daktarin)
 - treat the mother and baby
 - use the treatment for 7 days after pain has gone
 - wear a clean bra every day
 - stop the use of dummies and teats
 - if you do use them, boil for 20 minutes daily and replace weekly
 - never dip a dummy in Gripe Water, Behoedmiddel, etc.

Key messages

- Breast conditions, such as sores on the nipples, cracked nipples, mastitis and breast abscesses, may increase the risk of HIV through breastfeeding.
- Diagnosis and treatment of these conditions is important both to relieve the mother and enable breastfeeding to continue.
- It is important to prevent these conditions from occurring by making sure there is correct positioning and attachment of the baby to the breast.
- A mother should go for medical care quickly if these conditions occur.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 8

Expressing breast milk and cup-feeding

Session objectives

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

- Understand when manual expression of breast milk may be appropriate as a strategy to promote exclusive or continued breastfeeding.
- Understand potential cultural issues and other challenges that may impact on a mother's choice or ability to express breast milk.
- Explain and demonstrate to clients the proper technique for manual expression of breast milk.
- Understand why feeding by cup may be appropriate for infant-feeding.
- Explain and demonstrate the correct technique for cup-feeding an infant.

Activities

Activity 1: Demonstration of manual expression of breast milk

Activity 2: Demonstration of cup-feeding an infant

Total time: 30 minutes

Materials needed

- Flipchart and markers
- PowerPoint slides
- Volunteer for manual expression and cup-feeding demonstration (facilitator or volunteer mother from community who is breastfeeding)
- Baby doll (if needed) and cup for demonstrations
- Participants' notes: How to express breast milk by hand and how to feed a baby by cup

Activity 1

(15 minutes)

Demonstration of manual expression of breast milk

Engage participants in group discussion around the need for manual expression, the technique and cup-feeding. Help the discussion with questions such as the following:

- What role does manual expression play in supporting optimal breastfeeding practices?
- Under what circumstances might a mother express her breast milk?
 - if the mother is going back to work / school
 - if she is away for short periods
 - if she has cracked / bleeding nipples
 - if she has engorgement
 - for heat-treating breast milk
 - for premature or low-birth weight babies who can't suckle
 - if the baby is sick and has been admitted to hospital
- What are the cultural beliefs with expressing?
- How many of you have expressed?
- How many of you have helped a mother express?

Refer to earlier breastfeeding sessions. Discuss how the volume of milk can be maintained due to the emptying of breasts – even if the mother is expressing and not breastfeeding.

Discuss the role of manual expression as Baby Friendly Hospital Initiative to support exclusive breastfeeding.

The demonstration of manual expression

- Arrange in advance for a trainer / facilitator or actual mother from the community who is breastfeeding to demonstrate the proper technique for manual expression.
- Use the manual expression demonstration model if available.



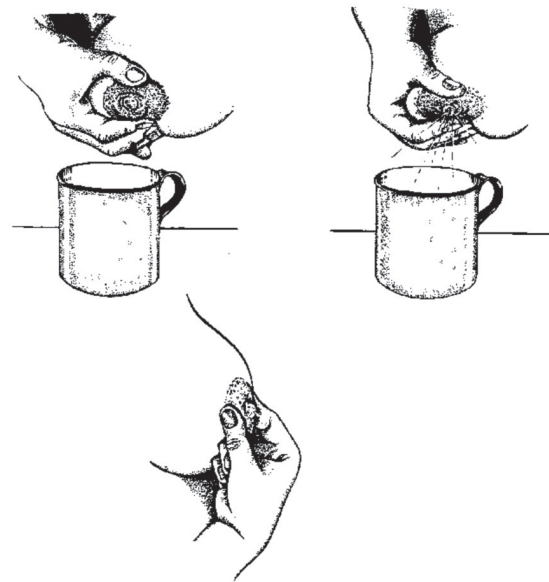
Show the PowerPoint slide 1: How to express breast milk by hand

- See Participants' notes on manual expression.
- Emphasise that the process should NOT be painful, especially after the technique has been established.
- What helps the mother to produce milk while expressing?
 - thinking good thoughts of baby
 - seeing the baby in front of her
 - being in a relaxed position
 - first letting the baby breastfeed and then expressing
 - having her partner massage her back to relax
 - placing a warm cloth on top of the breast (not the nipple)
- Discuss all key points on proper technique (see Participants' notes)

How to express breast milk by hand

Teach a mother to do this herself. Do not express her milk for her. Touch her only to show her what to do – ask her first and be gentle. Teach her to do the following:

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



Activity 2

(15 minutes)

Demonstration of cup-feeding an infant

Discussion of cup-feeding

- Discuss the benefits of cup-feeding versus bottle-feeding:
 - cleanliness
 - the infant's ability to cup-feed
- What has been the experience of participants with cup-feeding of infants?

Demonstration of cup-feeding

- Arrange in advance trainer / facilitator or actual mother from the community who is breastfeeding to demonstrate the proper technique for cup-feeding (this is the same from the manual expression demonstration).
- Discuss all key points on proper technique (see below and refer to the Participants' notes).

How to feed a baby by cup



Show PowerPoint slide 2: Cup-feeding

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



Key messages

- Manual expression of breast milk is an important strategy for maintaining exclusive or continued breastfeeding during periods when the mother is absent or is unable to breastfeed.
- Manual expression of breast milk can be performed to stop pain and discomfort during engorgement or for discarding or heat-treating breast milk during mastitis or breast infection. (Facilitator to inform participants that heat-treatment of breast milk will be dealt with in a later session).
- Teaching mothers proper technique is important to make sure there is no pain during manual expression.
- Feeding a baby by cup is recommended instead of bottle-feeding because it is easier to clean a cup and ensure proper hygiene.
- Small infants are capable of obtaining adequate nutrition from cup-feeding if the proper technique is followed.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 9

Negotiation skills

Session objectives

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

- Tell the difference between command words and suggestion words when negotiating.
- Apply negotiation skills during infant and young child feeding counselling.

Activities

Activity 1: Group work on command versus suggestion

Activity 2: Role plays to demonstrate the incorrect and correct way of applying negotiation skills during IYCF counselling

Activity 3: Negotiation skills practice – overcoming barriers to breastfeeding

Total time: 30 minutes

Materials needed

- Flipchart and markers
- Scenario cards
- Observer checklist
- Participants' notes: Using suggestions and reaching agreement

Facilitator's notes

- Prepare the demonstration volunteers in advance.
- Refer to the observer checklist in the Participants' notes for negotiation practice.

Introduction

(5 minutes)

Begin with the following questions / remarks:

- What is negotiation? Why is it important for the counsellor?
- Give participants time to respond, and then explain that negotiation means to reach an agreement.

Write on a flipchart that reaching an agreement includes:

- Giving the mother the relevant information.
- Allowing her to ask questions.
- Giving her recommendations.
- Making sure she understands the recommendations and is willing to try.
- Making an appointment to follow up.

Activity 1

(10 minutes)

Group work on command versus suggestion

Divide the participants into two groups. Have one group be the 'command' group and the other the 'suggestion' group. Ask the command group to give a command and then the suggestion group to counter that with what the suggestion would be instead. Go around the entire room – make sure everyone says something.

Commands versus suggestions

Ask participants to give their ideas on what the difference between these is. Write on the flipchart what they say: commands in one column; suggestions in the other. For example:

COMMANDS	SUGGESTIONS
• Saying: give, do or bring	• Have you considered?
• Using words like: always, never, must or should	• Would it be possible?
• What about trying... to see if it works for you?	• Would you be able to?

Activity 2

(10 minutes)

Role plays to demonstrate the incorrect and correct way of applying negotiation skills during IYCF counselling

Prepare 4 volunteers in advance, 2 to demonstrate the incorrect way and the other 2 to demonstrate the correct way.

Demonstration (incorrect)

Counsellor: Your baby is not growing well. This means you are not feeding your baby enough.

Mother: I'm confused. I don't know what to do. I feel like I'm breastfeeding all the time.

Counsellor: How many times a day do you breastfeed?

Mother: I'm feeding 5 times a day, including nights.

Counsellor: You just need to feed more often.

Mother: I'm very busy and can't feed any more times.

Counsellor: If you want your baby to grow, you must breastfeed her more often.

Mother leaves and rolls her eyes – doesn't know how she will be able to breastfeed more often.

Discuss with group

- What happened in this demonstration?
- How did they reach an agreement?
- What did the counsellor do correctly?
- What did the counsellor do incorrectly?
- Do you think the mother learned how to breastfeed more often?

Demonstration (correct)

Counsellor: Your baby is not growing well. Let me show you the road-to-health card and you can see your baby is not gaining weight.

Mother: I'm confused. I don't know what to do. I feel like I'm breastfeeding all the time.

Counsellor: How many times are you breastfeeding your baby?

Mother: I'm feeding 5 times a day, including nights.

Counsellor: Why are you only feeding 5 times?

Mother: You know I'm staying on my own at home and the other children are at school and my husband is at work. At the end of the day they want their supper to be ready, the house to be cleaned, the washing done. And after that I feel so exhausted.

Counsellor: Is there any way you can try to limit the work you are doing so that you'll have time with the baby?

Mother: Yes, maybe I can do washing twice a week and take breaks to feed my baby.

Counsellor: Ok. You try that and we'll see at your next appointment if the weight of your baby is improving.

Discuss with the group

- What happened in this demonstration?
- What did the counsellor do correctly?
- What did the counsellor not do correctly?
- Do you think the mother learned how to breastfeed more often?

Activity 3

(5 minutes)

Negotiation skills practice - overcoming barriers to breastfeeding

Break into 4 groups and do role plays. Have groups draw scenarios from a hat and act out. The goal is that the counsellor finds out the reason that the baby is not feeding properly.

Scenario: The 2-month-old baby is not gaining weight.

Problem: Baby not attaching correctly.

Clue: Mother is having pain during breastfeeding.

Clue: Baby is still acting hungry.

Problem: Mother is not feeding at night.

Clue: Mother is tired at night.

Clue: She has been busy during the day.

Problem: Mother not feeding on each breast long enough.

Clue: Mother changes baby to the other breast as soon as it feels soft.

Problem: Baby is mixed-fed by other family members.

Clue: Mother leaves the baby with other family members while she goes out.

Clue: The baby doesn't want the breast.

Clue: The baby has diarrhoea.

Negotiation practice

Let the participants from the formula and mixed-feeding group practise negotiation skills and reaching an agreement around this problem. They should do their role play before the rest of the groups. Use the observer checklist in the Participant's notes to discuss if key negotiation skills were used.

Key messages

- Give the mother relevant information.
- Allow her to ask questions.
- Give her recommendations.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 10

South African IYCF policy and guidelines within the context of HIV

Session objectives

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

- Understand the global and national strategies related to infant-feeding.
- Explain the national infant-feeding guidelines.
- Understand the Baby Friendly Health Initiative within the context of HIV.
- Understand the Code of Marketing Breast Milk Substitutes.

Activity

Activity 1: Expanding coverage and increasing quality of IYCF

Total time: 1 hour 45 minutes

Materials needed

- Flipchart and markers
- PowerPoint slides
- Participants' notes: South African IYCF policy and guidelines within the context of HIV

Introduction

(15 minutes)



Show PowerPoint slides 1-2: Introduction



Explain:

- The South African Infant and Young Child Feeding Policy (IYCF) maximises child survival as well as the avoidance of HIV transmission:
 - Infants who are not breastfed are at an increased risk of gastro-enteritis, respiratory infections and other infections.
 - In many cases the risk of illness and death from not breastfeeding is greater than the risk of HIV infection through breastfeeding.
- South Africa's IYCF policy is built upon other initiatives including:
 - The WHO 2010 IYCF policy
 - The Baby Friendly Hospital Initiative (BFHI)
 - The International Code of Marketing of Breast Milk Substitutes (ICMBM)

Facilitate a discussion with participants on the following questions:

- Are you aware of South Africa's IYCF policy? What do you know about the policy?
- Do communities where you work know about the policy? What have you done or what can be done to disseminate the policy?
- Are you aware of BFHI? What do you know about BFHI?
- Do communities where you work know about BFHI? What have you done or what can be done for BFHI at a community level?
- Are you aware of the International Code of Marketing of Breast Milk Substitutes? What do you know about the code?
- Do communities where you work know about the code? What have you done or what can be done to disseminate the code at a community level?



Explain:

Give time for a few participants to respond. Then explain that this is going to be discussed in detail in this session. Add that the policy calls for action (see the following page).



Show PowerPoint slides 4-5: Call for Action

- All mothers should have access to skilled support to:
 - initiate and sustain **exclusive breastfeeding for 6 months**
 - followed by sustained breastfeeding for two years and beyond
 - with the introduction of nutritionally **adequate and optimal complimentary foods** at 6 months
- The 10 steps to optimal IYCF should be followed to facilitate feeding support for HIV-positive and HIV-negative women.
- Health personnel should promote optimal IYCF practices during **antenatal, intra-partum, postnatal and follow-up care**.
- HIV-positive women should receive individual and unbiased counselling on infant-feeding options to enable them to make informed choices that:
 - are most suitable for their circumstances
 - optimise the health of the mother and infant
- Health personnel should make themselves familiar with the provisions of the code and comply with them at all times

The South African IYCF Guidelines (20 minutes)

Discuss the South African IYCF policy guidelines and specific recommendations for mothers who are HIV negative, mothers with unknown HIV status and HIV-positive mothers using slides 7-13.

Following the introduction of interventions to increase the safety of breastfeeding:

- Counselling on infant-feeding must **commence after the first post-test counselling session** in pregnancy.
- At every antenatal visit, women should be counselled on optimal infant-feeding.
- Each pregnant woman should receive at least 4 antenatal counselling sessions on infant-feeding.
- Mixed-feeding during the first 6 months of life should be strongly discouraged as it increases the risk of childhood infections.

HIV-negative mothers

- At every antenatal visit, HIV-negative mothers or mothers of unknown HIV status should be advised to exclusively breastfeed their babies during the first 6 months of life and to continue breastfeeding for at least 2 years.
- Every effort should be made to have all pregnant women HIV tested and re-tested as outlined in the HIV counselling and testing guidelines.

Exclusive breastfeeding

This is now the recommended option for HIV-infected mothers in South Africa. Health facilities should focus on making sure that mothers adhere to the recommended ARV regimens and are supported to breastfeed.

HIV-positive women

All mothers who are known to be HIV-infected:

- Who are on lifelong ART or not, and who exclusively breastfeed their infants:
 - should do so for 6 months
 - should introduce appropriate complementary foods thereafter
 - and should continue breastfeeding for the first 12 months of life
- Who are not on lifelong ART, and who decide to stop breastfeeding at any time should do so gradually during one month while the baby continues to receive daily NVP. They should continue for one week after all breastfeeding has stopped.

Infant-feeding regimen

Infants	Regimen	Comments
Mother on lifelong ART	NVP at birth and then daily for 6 weeks irrespective of infant-feeding choices.	
Mother on PMTCT regimen	NVP at birth and then daily for 6 weeks continued as long as there is any breastfeeding.	If formula fed, can stop NVP at 6 weeks.
Mother did not get any ARV before or during delivery	NVP as soon as possible and daily for at least 6 weeks continued as long as there is any breastfeeding.	Assess ART eligibility for the mother within 2 weeks.
Unknown maternal status because orphaned or abandoned	Give NVP immediately. Test infant with rapid HIV test. If positive, continue NVP for 6 weeks. If negative, discontinue NVP.	Follow-up at 6 weeks HIV DNA PCR.

Postnatal support for infant-feeding

- All infants should start feeding (exclusive breastfeeding or exclusive formula-feeding)
- If the mother has not made a decision about feeding yet, she should be counselled on infant-feeding options.
- Mother–infant pairs should have a follow-up visit within 3 days after delivery to review feeding practices, check breast health, maternal health and child health, and provide general support.
- All HIV-positive infants should continue breastfeeding for at least 2 years.

HIV-positive mothers and replacement-feeding (special circumstances)

- Women who are unable to breastfeed can use replacement infant formula for at least 6 months.
- These women should receive practical support, including demonstrations on how to safely prepare formula and feed the infant.
- At 6 months of age, infants with or at risk of poor growth should be referred for continued nutritional monitoring and dietary assistance.
- Infants weighing less than 2 kg should receive a special low-birth weight formula until the infant weighs at least 2 kg; thereafter infant formula for a full-term infant can be given. A soy protein-based formula should not be given to an infant of less than 2 kg.
- All health care workers should fully adhere with all the provisions of the **International Code of Marketing of Breast Milk Substitutes**.
- In cases in which commercial formula is provided free of charge at health facilities, managers, supervisors and health care personnel should make sure there is an uninterrupted supply at the clinic.

The Baby Friendly Hospital Initiative (BFHI)

(15 minutes)

10 steps to successful breastfeeding

UNICEF and the World Health Organization started the BFHI in 1991 to make sure that all maternity wards become centres for breastfeeding support. A maternity facility can be designated 'baby-friendly' when it:

- does not accept free or low-cost breast milk substitutes, feeding bottles or teats
- has implemented the 10 specific steps to support successful breastfeeding

BFHI in the context of HIV and AIDS

- BFHI is more important than ever in the areas of high HIV prevalence.
- The special needs of HIV-positive women can be fully accommodated without compromising baby-friendly hospital status.
- The WHO / UNICEF / UNAIDS policy statement on HIV and infant-feeding states that:
 - Mothers have the right to information and support that will enable them to make fully informed decisions about infant-feeding.
 - It is important to continue to support breastfeeding for women who are HIV negative or of unknown HIV status.
 - If the emphasis is only on the risk of mother-to-child transmission of HIV through breastfeeding, it may be forgotten that breastfeeding remains the best choice for most mothers and babies.

The 10 steps adapted for settings with high HIV prevalence



Show PowerPoint slides 12-13

The 10 Steps for successful breastfeeding	Guidance on applying the 10 steps in facilities with high HIV prevalence
<p>Step 1</p> <p>Have a written breastfeeding policy that is routinely communicated to all health care staff.</p>	<p>Have a written policy on IYCF that is routinely communicated to all health care staff. Include guidance on the provision of support for HIV-positive mothers and their infants.</p>
<p>Step 2</p> <p>Train all health care staff in skills necessary to implement this policy.</p>	<p>Make sure that the training includes information on infant-feeding options for HIV-positive mothers.</p>
<p>Step 3</p> <p>Inform all pregnant women about the benefits and management of breastfeeding.</p>	<p>Inform all pregnant women about the benefits, management and optimal practice of safe and exclusive breastfeeding or formula-feeding taking into consideration prevention of mother-to-child transmission of HIV.</p>
<p>Step 4</p> <p>Help mothers initiate breastfeeding within half an hour of birth.</p>	<p>Place all babies on skin-to-skin contact with their mothers immediately after birth for at least an hour. Encourage mothers who have chosen to breastfeed to recognise when their babies are ready to breastfeed, offering help if needed. Offer mothers, who have chosen not to breastfeed, help in preventing their infants from accessing their breasts.</p>
<p>Step 5</p> <p>Show mothers how to breastfeed and maintain lactation, even if they are separated from their infants.</p>	<p>Show mothers who have chosen to breastfeed how to do it and how to maintain lactation, even if they are separated from their infants. Show mothers who have chosen to do replacement feeds how to maintain optimal feeding practices and breast health.</p>
<p>Step 6</p> <p>Give newborn infants no food or drink other than breast milk, unless medically indicated.</p>	<p>Give newborn infants no food or drink other than breast milk, unless medically indicated, and encourage exclusive breastfeeding for 6 months.</p> <p>Counsel HIV-positive mothers on the importance of exclusively feeding and the risks of mixed-feeding (that is, giving both the breast and replacement feeds).</p>
<p>Step 7</p> <p>Practise rooming-in – allow mothers and infants to remain together 24 hours a day.</p>	<p>Practise rooming-in – allow mothers and infants to remain together 24 hours a day.</p>

The 10 Steps for successful breastfeeding	Guidance on applying the 10 steps in facilities with high HIV prevalence
<p>Step 8</p> <p>Encourage breastfeeding on demand.</p>	<p>Encourage breastfeeding on demand and address the individual needs of mothers and infants who are not breastfeeding, encouraging replacement-feeding at least 8 times a day.</p>
<p>Step 9</p> <p>Give no artificial teats or dummies to breastfeeding infants.</p>	<p>Give no artificial teats or dummies to breastfeeding infants.</p> <p>Apply this step for both breastfeeding and non-breastfeeding infants.</p>
<p>Step 10</p> <p>Encourage the establishment of breastfeeding support groups. Refer mothers to them on discharge from the hospital or clinic.</p>	<p>Encourage the establishment of infant-feeding support groups. Refer mothers to them on discharge from the hospital or clinic to help them maintain the feeding methods of their choice and to avoid mixed-feeding.</p>

Key message

- The Baby Friendly Hospital Initiative criteria are to protect, support and promote correct and continued breastfeeding.



International Code of Marketing of Breast Milk Substitutes (ICMBM)

(15 minutes)

Relevant world health assembly resolutions

- This is a tool to help countries, health facilities and communities protect and promote safe and adequate nutrition for infants.
- It provides guidelines about ways in which breast milk substitutes, such as infant formula, feeding bottles and teats, can be marketed.
- This helps to prevent formula-feeding as being seen as better than breastfeeding.
- This also helps to make sure that information given to mothers about formula-feeding is given by health professionals, rather than advertisers and company personnel.

The role of health care workers

This code helps provide safe and adequate nutrition for infants and children by:

- Protecting and promoting breastfeeding
- Supporting proper and informed use of breast milk substitutes when necessary
- Promoting acceptable marketing and distributing practices

Some people are confused and think that the code no longer applies where there are women living with HIV who may choose to feed with infant formula. However, the code is still relevant and it fully covers the needs of mothers with HIV. Implementing it is actually even more important. This is to protect HIV-positive mothers from formula-feeding when it is not necessary.

Health care workers should encourage and protect breastfeeding

- Health care workers should be familiar with this code.
- They should be aware that when formula-feeding is given to some patient in their facility, it must be done within the framework of this code. There is a risk that distributing infant formula can undermine the message that breastfeeding is the preferred infant-feeding option.
- Health care workers should be able to help a mother come to an informed decision on how best to feed her infant, explaining clearly:
 - the benefits and superiority of breastfeeding
 - the negative effect of introducing partial formula-feeding (mixed-feeding)
 - the difficulty of reversing the decision not to breastfeed

- Health care workers should resist all commercial promotion of formula under the code. For example, health care workers can:
 - remove advertisements from health facilities
 - refuse to accept free samples of formula and equipment (e.g. bottles)
 - refuse to accept or use other gifts or equipment with brand names
 - make sure that any formula used in a health care facility is kept away from mothers who do not need it



Some important articles of the code



Show PowerPoint slides 14-15

- No advertising to the public.
- No free samples to mothers.
- No company representatives to contact mothers.
- No promotion of products in health care facilities.
- No free or subsidised supplies of formula to hospitals.
- No gifts or personal samples to health care workers.
- No word or pictures idealising artificial feeding.
- Only scientific and factual information must be given to health care workers.
- All information on artificial feeding must also explain the benefits and superiority of breastfeeding and the costs and hazards of artificial feeding.
- No advertising of formula products in donations of equipment.
- No promotion of infant-feeding products in health care systems.
- No donations (free or low-cost supplies) in any part of health care systems.
- No display of products within the scope of the code in health care facilities.
- Instructions by health care workers on the use of infant formula only to mothers or family members who need to use it.
- Clear explanation of hazards of improper formula use.
- Responsibility of donors, as well as institutions or organisations concerned, to make sure there is a continual supply of formula for those infants needing it.

Activity 1

(30 minutes)

Expanding coverage and increasing quality of IYCF



Show PowerPoint slides 16-17. There is no need to show participants slide 18 as it refers to the instructions below.

- Hand each group one of the IYCF implementation guidelines (ANC, Delivery, PNC).
- Ask participants to discuss the following:
 - The meaning of the guidelines
 - The challenges / barriers observed with implementation of them
 - How midwives are supporting implementation
- Report back to the bigger group.
- Summarise and clarify the points.

Group 1: Antenatal care

- All pregnant mothers to receive HCT.
- HIV-positive mothers should receive AT LEAST 4 counselling sessions on infant-feeding.
- HIV-positive mothers should be educated on optimal IYCF.
- HIV-negative mothers should be counselled on:
 - the benefits of EBF for the first 6 months
 - continued breastfeeding thereafter
 - introduction of complementary foods
- There should be referral to support services.



Group 2: Within an hour of delivery

- Skin-to-skin contact for all mothers and their babies.
- Help mothers to initiate breastfeeding within an hour of delivery.
- Initiate ART for babies of HIV-positive mothers immediately after birth.



Group 3: Postnatal care

- Mothers and infants should receive follow-up to review feeding practices, check breast health, maternal and child health and provide general support:
 - within the first 3 days
 - again at 6 weeks
 - at all baby/well-infant clinics
- Mothers should receive ongoing psychosocial support to address:
 - infant-feeding practices
 - social security issues
 - child health
 - positive prevention for HIV and AIDS



Highlighting the key messages

(10 minutes)

Key messages

Infant and young child feeding (IYCF) and baby friendly hospital initiative (BFHI) policies

- Health care workers, lay counsellors and community caregivers should all receive training on IYCF counselling in the context of HIV.
- Trained health care workers are expected to provide high-quality, unambiguous, unbiased information about the risks of HIV transmission through breastfeeding and the risk of replacement-feeding.
- IYCF counselling with pregnant women should start after the first post-test counselling session. These should also include PMTCT prophylaxes for HIV-exposed babies as per the national guidelines.
- All breastfed babies should receive NVP prophylaxis until breastfeeding stops.
- All formula-fed babies and babies whose mothers are on lifelong ART should receive NVP prophylaxis from birth until 6 weeks of age.
- Infant-feeding plans should be discussed with women during every ANC visit.
- Mixed-feeding should be strongly discouraged as it increases the risk of infection and HIV transmission in the baby.
- In addition to counselling sessions at the health care facility, messages on IYCF should be communicated through:
 - mass media
 - distribution of IEC materials
 - community-based activities
- Always remember that pregnant women living with HIV should be prioritised for lifelong ART if they are eligible. Lifelong ART helps keep the mother healthy and reduces both her viral load and the amount of HIV in breast milk.

(continued)

International code of marketing of breast milk substitutes (ICMBM)

The purpose of the code is to contribute to safe and adequate nutrition for infants by:

- Protecting and promoting breastfeeding
- Supporting proper and informed use of breast milk substitutes when necessary
- Promoting acceptable marketing and distributing practices

Scope of the code

- The code covers the following:
 - all breast-milk substitutes, including commercial infant formula, any other milks or foods, waters, teas and cereals which are sometimes marketed or otherwise represented as suitable for infants under 6 months of age
 - other milks for infants and young children up to the age of 2 years (for example, follow-on formula)
 - feeding-bottles and teats
- The code does not try to stop infant formula or other products being available, or sold or used when necessary. But it does seek to stop activities designed to persuade people to use them, or to influence their choice, such as:
 - advertising including posters in health facilities
 - giving free samples of infant formula to mothers and health care workers
 - giving discount coupons to mothers
 - giving free gifts of any sort to health care workers and mothers
 - giving free or low-cost supplies of formula to health facilities
- There should be no advertising or other forms of promotion to the general public of products within the scope of the code.
- No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of the code.
- Labels should be designed to provide the necessary information about the appropriate use of the product. They should not discourage breastfeeding.
- Where donated supplies of infant formula are distributed, the institutions or organisations should make sure that the supplies can be continued as long as the infants concerned need them.

Education materials

The code states that 'Informational and educational materials should include clear information on:

- The benefit and superiority of breastfeeding.
- Maternal nutrition and the preparation for and maintenance of breastfeeding.
- The negative effect on breastfeeding of partial bottle feeding (mixed-feeding).
- The difficulty of reversing the decision not to breastfeed.
- Where needed, the proper use of infant formula, whether manufactured industrially or home-prepared.
- The social and financial implications of its use (at a later stage).

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 11

The role of health care providers and counsellors to support IYCF

Session objectives

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

- Describe the role of health care providers and counsellors to support IYCF at community level during the stages of:
 - antenatal
 - labour and birth
 - postnatal

Activity

Activity 1: Group work on the role of health care providers and counsellors to support IYCF at different levels

Total time: 35 minutes

Materials needed

- Flipchart
- Markers

Introduction

(3 minutes)

Introduce the session by remarking that health care providers and counsellors are important in making sure of the success of infant and young child feeding.

- Ask the participants if they are clear about their role in IYCF.
- Allow for a few responses before introducing the activity below.

Activity 1

(30 minutes)

Group work on the role of health care providers and counsellors to support IYCF at different levels

Write down 5 labels:

- Pre-pregnancy
- Community level
- Antenatally
- Labour and birth
- Postnatally

Place each label on a table as well as a flipchart and a marker. Divide the participants into 5 groups and let each group sit around a table with labels. Each group should discuss their role to support IYCF based on their label. They should nominate one member to present their discussion. Allow the audience to comment after each presentation.

When	What
All stages including pre-pregnancy	<ul style="list-style-type: none">• HIV prevention• Counselling and testing for STIs, RTI, HIV• TB screening• Family planning• Condom use and dual protection• Referral for lifelong ART and other services• Nutrition• Assess for gender-based violence and refer
Community level	<ul style="list-style-type: none">• Encourage early attendance of ANC• Create awareness about services available• Promote optimal infant-feeding practices
Antenatal care	<ul style="list-style-type: none">• PMTCT plus services including ART prophylaxis• Infant-feeding counselling

(continued)

When	What
Labour and birth	<ul style="list-style-type: none"> • ART prophylaxis • Supporting initiation of breastfeeding
Postnatal care	<ul style="list-style-type: none"> • Managing HIV-positive women according to guidelines • Continuous infant-feeding counselling and support

Highlighting the key messages

(2 minutes)

Key messages

- All mothers need information on infant-feeding, regardless of their HIV status.
- A mother who is not breastfeeding should be referred to a nutritionist or doctor for additional supportive counselling.

Antenatally

- Each pregnant woman living with HIV should receive at least 4 ANC counselling sessions on infant-feeding.

Postnatally

- A health care provider or counsellor should visit the mother and baby immediately after the birth. She should schedule another visit within 7 days to monitor the infant-feeding progress.
- Follow-up infant-feeding counselling sessions should be scheduled for times when the mother brings the baby to the clinic for immunisations or well-baby care.
- Additional counselling sessions may be required when:
 - The child is sick.
 - The mother returns to work.
 - The child's HIV test results become available.
 - The mother's CD4 test results become available.
 - The mother decides to stop breastfeeding.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 12

Risk of HIV transmission from breastfeeding

Session objectives

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

- Explain what the actual risk of HIV transmission is from breastfeeding.
- Understand risk factors for HIV transmission from breastfeeding.
- Understand the impact that interventions have on reducing the risk of HIV transmission.
- Recommend methods for preventing or reducing HIV transmission from breastfeeding.

Activities

Activity 1: Self assessment of risk of HIV transmission from breastfeeding

Activity 2: Group demonstration of actual risk of HIV transmission

Activity 3: Group work identifying risks of transmission and methods to reduce risk

Activity 4: Role play on identifying risk factors

Activity 5: Role play on using counselling skills to explain dangers of mixed-feeding

Total time: 1 hour

Materials needed

- Flipchart and markers
- PowerPoint slides
- Participants' notes: Risk of transmission from breastfeeding

Activity 1

(10 minutes)

Self assessment of risk of HIV transmission from breastfeeding

- Have participants close their eyes so that we can do a 'self assessment'.
- Make sure they know that their responses are confidential.
- Have the co-facilitator count the number of responses for follow-up discussions.

Ask participants to put up their hands when answering the following questions:

- If there were 20 women infected with HIV (**not** on ART), how many do you think would transmit the virus to their baby...

- During pregnancy?

- 1-2
- 3-4
- 5-10
- more than 10

- During labour and delivery?

- 1-2
- 3-4
- 5-10
- more than 10

- If breastfeeding for 24 months?

- 1-2
- 3-4
- 5-10
- more than 10

- If exclusively breastfed for 6 months and then stopped?

- 1-2
- 3-4
- 5-10
- more than 10

Do not discuss the result, but move directly on to Activity 2.



Activity 2

(15 minutes)

Group demonstration of actual risk of HIV transmission

- Ask for 20 volunteers to stand on one side of the room.
- Ask the participants: If these were babies born to HIV-positive mothers, how many would be infected during pregnancy?
 - Have 1 person move from the group.
- How many during delivery?
 - Have 3 people move from the group.
- How many if breastfed for 24 months?
 - Have 3 people move from the group.
- How many if exclusively breastfed for 6 months?
 - Have 2 of the people in the 24-month breastfed group move BACK to the original group. These are the babies that do NOT get HIV.

Discussion of actual versus estimated risks of HIV transmission

The purpose of these activities was to demonstrate actual risk of HIV transmission – in the worst case scenario when there are NO interventions. Share the responses from Activity 1 with the group.

- During pregnancy?
 - 1-2
 - Placental barrier protects infant
- During labour and delivery?
 - 3-4
 - High-risk time
 - Reason for intensive PMTCT efforts during labour and delivery
- If breastfeeding for 24 months?
 - 3-4
 - But depends on many risk factors
- If exclusively breastfed for 6 months and then stopped?
 - 1-2

Were there surprises in learning these actual risks?

Did you over-estimate or under-estimate?

- It is important to keep in mind that even one HIV infection is too many; we want to prevent all. But we need to also consider that non-HIV illness can also cause infant morbidity and mortality – these risks must also be considered.
- Guidelines acknowledge this and include ARV prophylaxis during breastfeeding (12 months + 1 week after stopping. This will be covered in detail in the next session)
 - What is risk of HIV transmission?
 - Almost 0 transmission risk
 - Consider how infants should feed after ARV regimen is completed.

Activity 3

(12 minutes)

Group work identifying risks of transmission and methods to reduce risk

- Break into 3 groups
- Each group will be under these headings:
 - during pregnancy
 - during labour and delivery
 - postpartum / breastfeeding
- Write on a flipchart for each table / group: 2 columns: RISKS and WAYS TO AVOID
- Take 5 minutes to come up with risks of HIV transmission during each period AND ways to avoid these risks.
- One person in the group presents back a one-minute summary.
- The facilitator refers to the risk factors below and to the Learners' Notes to make sure that all information has been covered by the participants.

Risk factors for mother-to-child transmission of HIV

	Risks	Ways to avoid
Pregnancy (majority occurs after 36 weeks)	<ul style="list-style-type: none">• New HIV infection• Sexually transmitted infection (STI)• Malaria infection• Low CD4/high viral load	<ul style="list-style-type: none">• Practise safe sex (condom negotiation)• Practise safe sex (condom negotiation) • Bednets, malaria treatment• Get medical care, begin ART

	Risks	Ways to avoid
Labour and delivery	<ul style="list-style-type: none"> • Increased blood exposure • Sexually transmitted infection (STI) • Low CD4 / high viral load 	<ul style="list-style-type: none"> • Deliver in health facility to avoid / reduce prolonged haemorrhaging • Avoid invasive procedures during delivery (artificial rupture of membranes and episiotomy) • Practice safe sex (condom negotiation) • Caesarian section • Begin ART
• Breastfeeding	<ul style="list-style-type: none"> • New HIV infection • Low CD4 / high viral load • Breast infection (mastitis, cracked bleeding nipples) • Infant has cracks and sores or thrush in mouth • Long duration of breastfeeding • Mixed-feeding before 6 months 	<ul style="list-style-type: none"> • Practise safe sex (condom negotiation) • Get medical care • Maternal ART or infant prophylaxis • Get treatment for infection; do not breastfeed on that side; heat-treat breast milk from that breast • Heat-treat breast milk • Exclusively breastfeed for first 6 months • Exclusively formula feed for first 6 months

PowerPoint to summarise risks of HIV transmission

(10 minutes)



Show PowerPoint slide 1: Risk of HIV transmission

- Review original finding that risk of HIV increased among infants that were breastfed compared to those that were formula fed.
- Clarify that this study was flawed – many infants were mixed-fed so findings were not accurate.



Show PowerPoint slide 2: Causes of increased risk of mother-to-child transmission



Explain:

- The risks associated with HIV transmission and the role of mixed-feeding.
- Review exclusive breastfeeding from EBF session.

**Ask:**

What are the examples of what EBF does NOT mean from the earlier session?

**Explain:**

- Feeding water within one hour of birth
- Sugar water in the first week
- Grandmother feeding animal milk while she watches baby
- Feeding water only on hot days

**Ask:**

What is meant by mixed-feeding?

**Explain:**

- Breastfeeding and feeding other liquids (water, milk, juice, tea) and / or solids (porridge, pumpkin).

**Ask:**

Why is this dangerous?



Show PowerPoint slides 3-7: Can HIV get through the infant's gut lining?

**Ask:**

- When water or food is added, what happens? In addition to nutrients, what else comes with these foods / liquids?
- What happens to the infant's gut when these germs / pathogens irritate the gut lining?
- Can HIV get through the infant's gut lining now?



Explain:

- If a baby gets breast milk, and other foods or drinks as well, even water, then the baby gets less breast milk. Baby has a higher chance of getting sick from diarrhoea and pneumonia.
- Giving breast milk only, with no other foods or drinks added, is called exclusive breastfeeding.
- Giving breast milk and anything else as well (such as *muthi wenyoni*, water, cereals, juices, tea, porridge, gripe water etc.) is called mixed-feeding.
- When a baby is partially breastfed, the baby does get some antibodies from the mother, but these are diluted. So the baby still gets sick much more often than if he or she is only fed breast milk.



Show PowerPoint slide 8: Supporting HIV-positive and -negative women to EBF in KwaZulu-Natal

- Discuss the importance of supporting women to safely breastfeed and avoid mixed-feeding.
- The role of the counsellor is important.
- This study in KwaZulu-Natal found that women who received counselling support were more successful in exclusively breastfeeding.



Show PowerPoint slide 9: HIV-free survival

- Discuss definition of HIV-free survival – goal is to have the child HIV negative AND alive.
- We need to consider all the risks that infants encounter – not only HIV – in order to keep the child healthy and growing.



Show PowerPoint slides 10-11: Making breastfeeding safer

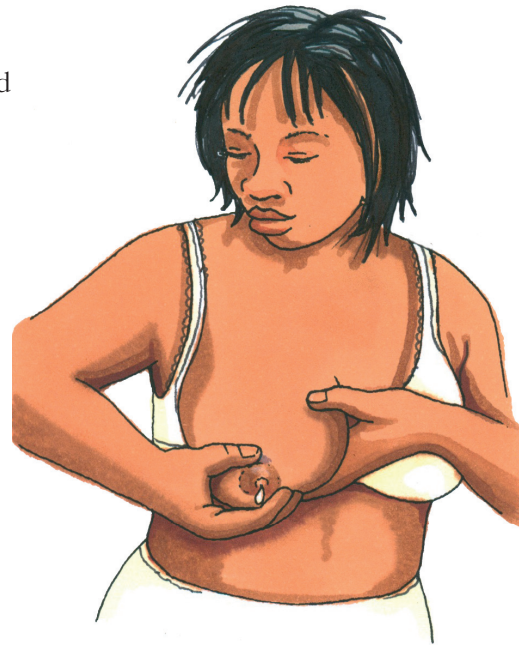
- Our goal is to make breastfeeding safer.
- It is possible to reduce risk through proven interventions.
- Now revised IYCF / PMTCT guidelines acknowledge this – provide ARV prophylaxis for 12 months to make breastfeeding safer.

Activity 4

(12 minutes)

Role play on the importance of identifying risk factors

- Role play 1 – An HIV-positive mother comes in for a routine infant visit. The nurse is busy. The mother mentions she is 'sore'. The nurse doesn't notice and continues her work.
- Role play 2 – The same situation but this time the nurse 'hears' her and asks what she means by 'sore'. She finds that the mother has mastitis in one breast. She counsels her on what to do. This means:
 - to only breastfeed on the other breast (or heat-treat, see page 107);
 - to treat the infected breast with prescribed medication; and
 - to express milk to avoid further blocked ducts and engorgement.



Discussion around the role plays

- What did the nurse notice?
- What risk factors were avoided?
- What counselling techniques were used?
 - Listening and learning skills
 - Building confidence in the mother
 - Making sure that the mother is listened to
 - Learning about breastfeeding on one side only and about expressing

Discussion around infant-feeding practices in the community

- Do you see mixed-feeding happening in your community? Why?
- What do mothers / health care workers think of exclusive breastfeeding? And mixed-feeding?
- What are the barriers to exclusive breastfeeding in your community?
- What have you heard mothers in your clinic say about exclusive breastfeeding?
- Why is mixed-feeding a common practice?
- What solutions do you see?
- How does this affect your role as a nurse / counsellor?

Activity 5

(11 minutes)

Role play on using counselling skills to explain the dangers of mixed-feeding

- Role play 1 – A mother comes to the clinic with her 3-month-old baby on a hot day. The counsellor asks how the baby is feeding. She says she feeds water on hot days like today. The counsellor says ‘You know you shouldn’t do mixed-feeding. Do you want your baby to get HIV?’ The mother just says ok, quietly. She walks away and feeds her baby water.
- Role play 2 – The mother comes to the clinic with her 3-month-old baby on a hot day. The counsellor asks how the baby is doing today. She says she feeds water to her baby on hot days like today. The counsellor praises the mother for continuing to breastfeed. She then asks why she feeds the baby water. The counsellor then explains how expressed breast milk is enough for her baby and that no water is necessary. The mother leaves and when someone asks her if baby should have water on hot day, she says no.

Discussion around the role plays

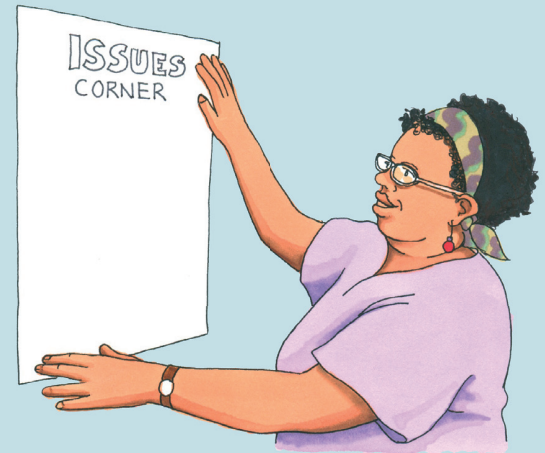
- What counselling skills were used?
 - building confidence
 - using non-judgmental words
 - negotiation skills

Key messages

- Mother-to-child transmission of HIV can occur in 3 ways:
 - intra-uterine
 - intra-partum
 - post-partum
- The risk of HIV transmission from breastfeeding can be increased or reduced depending on several risk factors.
- The majority of infants will not be infected with HIV from breastfeeding, even in the absence of any interventions.
- Prevention strategies, such as avoiding mixed-feeding and providing anti-retrovirals during breastfeeding, can significantly reduce the risk of transmission.
- Health care workers play an important role in providing education and support for women to practise safe infant-feeding, such as encouraging exclusive breastfeeding for the first 6 months.
- Anti-retroviral prophylaxis is now provided for 12 months during the breastfeeding period to reduce the risk of transmission while providing the infant with optimal nutrition.
- The goal is to make sure the child is free from HIV and is alive.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 13

Supporting HIV-positive women to optimally feed their infants

Session objectives

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

- Provide information and counselling for optimum infant feeding to mothers living with HIV.
- Use appropriate counselling checklist to help women optimally feed their infants.

Activities

Activity 1: Case study group work on counselling infant-feeding

Activity 2: Small group role plays

Total time: 90 minutes

Materials needed

- Flipcharts and markers
- PowerPoint slides
- Participants' notes: Supporting HIV-positive women to optimally feed their infants
- Copies of case studies
- Counselling observer checklist
- Copies of role play scenarios

Introduction

(20 minutes)

Review the guidelines for feeding a child of an HIV-positive mother as discussed previously.



Ask:

What are the recommendations for feeding a child of an HIV positive mother? Wait for few responses.



Show PowerPoint slides 1-2



Explain:

- Exclusive breastfeeding is now the recommended option for HIV-infected mothers in South Africa. Health facilities should focus on making sure that mothers adhere to the recommended ARV regimens and are supported to breastfeed.

All mothers who are known to be HIV-infected:

- Who are on lifelong ART or not, and who exclusively breastfeed their infants:
 - should do so for 6 months
 - should introduce appropriate complementary foods thereafter
 - and should continue breastfeeding for the first 12 months of life
- Who are **not** on lifelong ART, and who decide to stop breastfeeding at any time should do so gradually during one month while the baby continues to receive daily NVP. They should continue for one week after all breastfeeding has stopped.



Show PowerPoint slide 3



Explain:

When counselling HIV-positive women on infant-feeding it is important to explain:

- the benefits of breastfeeding
- how to exclusively breastfeed for 6 months
- how to prevent and manage breast-health problems
- how to continue breastfeeding beyond 6 months

Activity 1

(30 minutes)

Case study group work on counselling infant-feeding

- Divide the participants into 3 groups. For each group hand out copies of one case study.
- Have groups discuss and ask a representative in each group to write down circumstances in each mother's life that might relate to her ability to successfully **exclusively breastfeed**.
- Have each group co-facilitated and be sure key points below are discussed.

Case study 1

Nomusa is a 16-year-old high school pupil. She lives in Idutywa with her mother and 2 elder sisters. She goes to a local high school which is 5 km from her home. She is HIV positive, pregnant and hasn't told her family about her HIV status. Nomusa wants to go back to school soon after the baby is born. Her mother who is not working will look after the baby. Although her mother supports breastfeeding, she also believes that babies should be started on soft porridge at 2 weeks to help them sleep. They should also be given traditional remedies to heal certain ailments.

Key topics that should be discussed by group:

- Counselling on the benefits of exclusive breastfeeding
- Counselling on maternal nutrition and the adolescent mother
- Maintaining exclusive breastfeeding when going back to school / work through breast-milk expression
- Cup-feeding
- Involving family members in order to avoid mixed-feeding
- Educating the mother on exclusive breastfeeding and its benefit
- Counselling on disclosure
- Counselling on prevention and management of breast-health problems

Case study 2

Zodwa is a 30-year-old woman who is pregnant with her third child. She stays in Attridgeville with her husband and kids. Her family members, as well as those of her husband's, are in Lesotho. She teaches at a high school in Witbank and travels by bus. She has to leave home at 5 am and only gets back at 6 pm. Her other children breastfed for only 2 months and she gave formula when she went back to work. Her husband who works in Tshwane city drops the kids off at the day-care centre and picks them up after work. She intends to take this baby to a day-care centre as well when she goes back to work. Zodwa has just been diagnosed HIV positive.

Key topics that should be discussed by group:

- Benefits of breastfeeding especially exclusive breastfeeding for 6 months
- Maternity benefits (combining annual leave with maternity leave to maximise the stay at home)
- Expression and cup-feeding
- Educating day-care mothers to support exclusive breastfeeding

Case study 3

Thandi has a one-year-old baby that she has been breastfeeding. She is HIV positive and the baby's recent test indicates that he is negative. Thandi wants to stop breastfeeding and she is not on lifelong ART.

Key topics that should be discussed by group:

- HIV-positive women who are not on lifelong ART, who decide to stop breastfeeding at any time should do so gradually during one month.
- The baby should receive daily NVP and should continue for one week after all breastfeeding has stopped.
- Complementary feeding.

The group representatives should give feedback to the larger group.

Activity 2

(40 minutes)

Small group role plays

- Divide the participants into groups of 3s.
- Hand each group the 3 role plays and the counselling observer checklist.
- Explain about using the 3 different role players at one time: one participant plays the role of a counsellor; one is the mother; one uses the observation checklist to identify the counselling skills of the counsellor.

Role play 1

An HIV-infected woman comes to see you. She heard from her friends that all babies who breastfeed from an HIV-positive mother will become infected. She is depressed. She does not have regular work, but her husband is a taxi driver, and she has an aunt in another city who gives her money from time to time. She has disclosed to her aunt that she is HIV positive.

Role play 2

A woman has just delivered her baby and tells you she does not want to breastfeed because she will be going back to work soon. This is her second child and she mixed-fed the first child who is 2 years old now. She is a teacher at a local primary school and has a nanny who will look after the child. She is HIV infected.

Role play 3

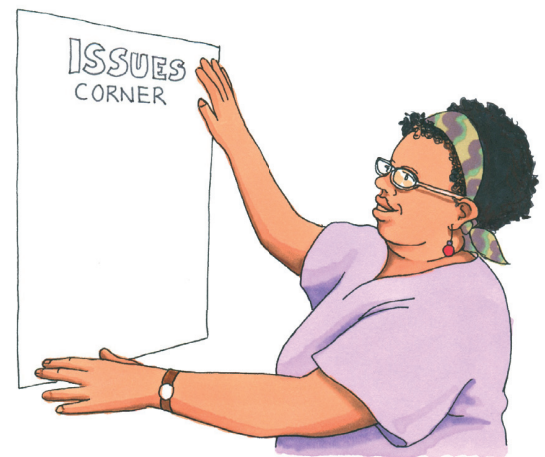
An HIV-positive woman brings her 6-month-old child to the well-baby clinic. She has been exclusively breastfeeding for the first 6 months but wants to stop now. She is unemployed and stays with her husband who works at the local mine.

Key messages

- Counselling and support for the mother is key to optimal infant and young child feeding.
- Women who are HIV positive must be given IYCF support on a continuous basis.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 14

Feeding infants in special circumstances

Session objectives

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

- Describe the circumstances that are considered to be special in terms of breastfeeding.
- Explain human milk banking and its benefits.
- Describe circumstances for heat-treating breast milk.

Activity

Activity 1: Group work on challenges with human milk banking and strategies for increasing breast milk donors

Total time: 35 minutes

Materials needed

- Flipcharts and markers
- PowerPoint slides
- Participants' notes: Feeding in special circumstances

Introduction

(5 minutes)



Ask:

Which circumstances would be considered special in terms of breastfeeding?

Wait for few responses.



Explain:

Special circumstances include:

- Premature babies in hospitals
- Breastfeeding babies admitted to hospitals without their mothers
- Mothers with breast-health problems such as mastitis and cracked nipples
- An infant whose mother has died



Ask:

Which strategies would you use in such circumstances?

Wait for few responses.



Explain:

Strategies for special circumstances should include:

- Human milk banking
- Heat-treatment of breast milk
- Commercial formulas

Human milk banking and heat-treatment of breast milk will be discussed in detail in this session. However, where commercial formula is to be used, a mother or caregiver should be referred to a professional health care worker for private practical advice.



Human milk banking

(10 minutes)



Ask:

Do you know of any milk banks in their area?

Wait for few responses.



Explain:

There are about 24 human milk banks in South Africa. Get the latest list of operating banks from Human Milk Banking Association of South Africa (www.hmbasa.org.za). List them to the participants as you explain.



Ask:

What is a human milk bank?

Wait for few responses.



Show PowerPoint slide 1



Explain:

A human milk bank is a process which collects, screens, treats and dispenses human milk donated by breastfeeding mothers who are not necessarily biologically related to the recipient infant.



Ask:

Who should receive donor milk?

Wait for few responses.



Show PowerPoint slides 2-4 and 5: Vulnerable children and WHO recommendations

WHO has encouraged its member states to investigate, as a risk-reduction strategy, the possible use and, in accordance with national regulations, the safe use of donor milk through human milk banks for vulnerable infants, in particular premature, low-birth-weight and immune-compromised infants, and to promote appropriate hygienic measures for storage, conservation, and use of human milk.

WHA61.20 – 8th plenary meeting, 24 May 2008



Ask:

Why is donor milk important?

Wait for few responses.



Show PowerPoint slides 5-6: The benefits of donor milk



Explain:

- Human milk provides nutrition, digestive enzymes, immunological, growth and other bioactive factors.
- Research has shown that premature infants who are fed infant formula have a higher risk of developing necrotising enterocolitis (NEC) than when they are fed human milk. This is either the mother's own milk or banked donor milk.
- Human milk is a very effective intervention for the prevention of infections, sepsis and NEC. It is also effective for potentially improved neuro-cognitive and cardiovascular outcomes in the long term.



Show PowerPoint slide 8: The process of human milk banking



Explain:

Explain: about the process of human milk banking.



Show PowerPoint slide 9: Pasteurisation



Show PowerPoint slides 10-13: Donor milk safety



Explain:

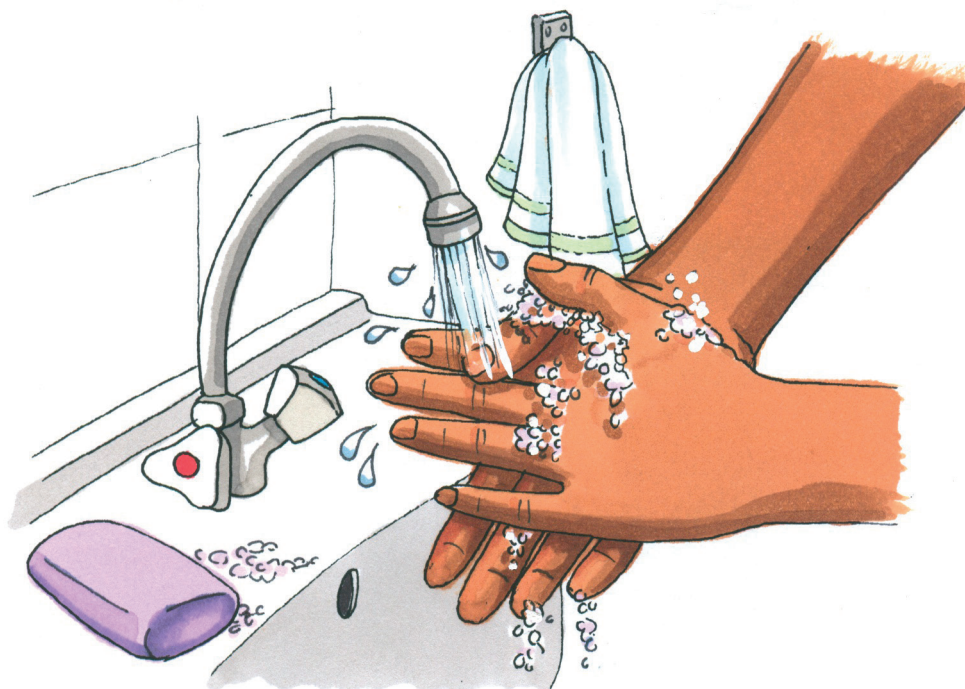
- The Human Milk Banking Association of South Africa (HMBASA) has developed a donor screening questionnaire and an operational checklist for the safety and quality assurance of donor breast milk. This is included in the Participants' notes.

Activity 1

(15 minutes)

Challenges of human milk banking and strategies for increasing breast-milk donors

- Divide participants into 2 groups.
- One group should discuss the challenges in milk banking. The other group should discuss the strategies for increasing breast milk donors in health facilities and communities.



Heat-treatment of breast milk

(5 minutes)



Ask:

When would heat-treatment of breast milk be an alternative?

Wait for few responses.



Explain:

HIV-positive mothers may consider expressing and heat-treating their breast milk as an interim feeding strategy (WHO recommendation no. 6):

- in special circumstances, such as if the infant is LBW or is unable to breastfeed
- if the mother is unwell or has a breast-health problem (e.g. mastitis) and is temporarily unable to breastfeed
- to assist mothers when stopping breastfeeding
- if ARV drugs are temporarily unavailable



Ask:

What, if any, heat-treatment methods they have seen?



Explain:

The flash-heating method is recommended because if done correctly it destroys the HIV and maintains the important nutrients.



Show PowerPoint slide 14: Impact of flash-heating on breast milk viral load



Explain:

The Participants' notes contain a step-by-step procedure on how to flash-heat breast milk. This will be demonstrated in a later session.

Key messages

- Donor breast milk through human milk banks is recommended for premature and low-birth-weight infants who cannot breastfeed.
- Heat-treated breast milk may be an option during special circumstances, such as when anti-retrovirals are not available or if the mother has a breast-health problem, such as mastitis.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 15

Community support for breastfeeding HIV-positive mothers

Session objectives

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

- Tell the difference between breastfeeding myths and facts.
- Describe common HIV-related perceptions in communities and how to deal with them.
- Explain strategies to address stigma and support disclosure in HIV-positive women.
- Explain strategies to strengthen support for breastfeeding.

Activities

Activity 1: Group work to identify beliefs and truths

Activity 2: Group work on community perception, stigma and disclosure

Activity 3: Strategies to strengthen support for breastfeeding

Total time: 60 minutes

Materials needed

- Flipchart and markers
- A ball

Introduction

(15 minutes)

- Open the session by explaining that there are myths or beliefs surrounding breastfeeding that exist in most communities.
- These myths or beliefs can sometimes be hazardous to breastfeeding practices. It is important to discuss them in order to clarify any misconceptions.
- Facilitate a discussion with participants using the questions below. Facilitate participation by randomly throwing a ball to participants and let whoever catches it respond. If participants are seated around tables, make sure that all tables get a chance to respond.
- Ask one of the co-facilitators to write down responses on the flipchart.

Questions:

- What are the attitudes in your community towards an HIV-positive mother?
- Do you see stigma in your communities?
- Is stigma associated with infant-feeding choices?
- How is your clinic addressing the stigma issue?
- Are mothers disclosing?
- What are the challenges and barriers to disclosing?
- How is your clinic helping mothers to disclose safely?
- How can you as a counsellor play a role in helping mothers disclose?

Activity 1

(14 minutes)

Group work to identify beliefs and truths

Divide participants into 5 groups. Give each group a flipchart written 'Beliefs' and 'Truths' in 2 columns. Let them answer the questions below by listing their answers under beliefs. For each belief or myth let them mention the correct 'truth'.



Ask:

What are the common beliefs or myths in your areas about breastfeeding?

Make sure the points below are covered:

- Throw out the colostrum.
- When coming from a funeral or coming from being away you must discard milk first before feeding the baby.
- Don't breastfeed when you are pregnant.
- After sex you must bath before breastfeeding.
- If your nipple is cracked, you must not breastfeed because evil spirits are sucking the breasts.



Ask:

What concerns do mothers in your community have about breastfeeding?

Make sure the points below are covered:

- Not having milk after you first deliver (just stained water).
- Not enough milk.
- Sore nipples.
- The baby doesn't want to suckle.
- The baby is crying.
- The baby is passing black stools (meconium).
- The breast is engorged.
- HIV.

Each group should present to the larger group and discuss common issues. They should also clarify misconceptions.

Activity 2

(20 minutes)

Group work on community perception, stigma and disclosure

Divide the participants into 6 groups. Give each group 2 flipcharts and markers.

Let the first 3 groups discuss the following questions:

- What are the perceptions about HIV in your communities?
- How can perceptions be addressed?

The last 3 groups should discuss the following questions:

- What are the contributory factors related to stigma?
- How can stigma be addressed to improve disclosure?

Each group should nominate a representative who will present to the larger group. Comments from the larger group should wait until after the presentation by all groups dealing with the same questions.

Activity 3

(10 minutes)

Strategies to strengthen support for breastfeeding

- Ask the participants to remain in their 6 groups.
- Let them discuss how they will strengthen support for breastfeeding within their communities.
- Give each group a flipchart to list their strategies.
- Let the co-facilitator collect the 6 flipcharts and put them up on the wall.
- Read them out to the group.
- Use the points below to add or highlight the mentioned strategies:
 - Community support groups for breastfeeding
 - Establishing human milk banks and finding ways to find donors
 - Creating awareness and advocacy through media
 - Family involvement especially male partners in antenatal breastfeeding education
 - Advocating for baby-friendly workplaces
- Conclude by highlighting the key messages below.

Key messages

- Breastfeeding education and counselling should include discussing mother's beliefs about breastfeeding in order to clarify misconception.
- Communication about HIV among members of the community is important for normalising HIV and reducing stigma.
- Avoiding talking about HIV will lead to the spread of the disease and more HIV-related death.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 16

Demonstration of infant-feeding preparations

Session objectives

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

- Practise optimal hygiene in preparing infant foods.
- Demonstrate correct positioning and attachment.
- Demonstrate correct breast milk hand-expression technique.
- Demonstrate correct cup-feeding technique.
- Explain when heat-treatment of breast milk may be considered an infant-feeding alternative.
- Explain and demonstrate the correct technique for heat-treatment of breast milk.

Activities

Activity 1: Self assessment on hygiene

Activity 2: Demonstration for hand washing and cleaning of equipment

Activity 3: Practice for correct positioning and attachment

Activity 4: Practice for hand-expression technique

Activity 5: Practice for cup-feeding

Activity 6: Demonstration for heat-treatment of breast milk

Total time: 120 minutes

Materials needed

- 5 demonstration tables set up prior to session
- Hand washing and cleaning equipment: spoon, cup, pot, water, soap, towel, stove (and fuel if needed)
- Dolls for positioning and attachment (if possible, arrange for volunteer breastfeeding mothers with their babies from the community)
- Balloons for practising hand-expression (if possible, arrange for volunteers)
- Cups for cup-feeding
- Heat-treatment of breast milk table: cup, pot, cow's milk for demonstrating, water, towel, stove (and fuel if needed)
- Participants' notes: xxxx

Activity 1

(10 minutes)

Self-assessment on hygiene

In the large group, have everyone shut their eyes. Give a true or false quiz with people putting their hands up. A monitor should take notes of responses for discussion:

- Washing the hands with warm water is as good as washing with soap.
- A mother must wash her breasts before feeding the baby.
- A mother must wash her hands after every breastfeed.
- Bacteria are the germs that can grow in food to make the baby sick.
- Expressed breast milk can stand at room temperature for 8 hours.
- A bottle can be cleaned as well as a cup for feeding the baby.

Hygiene discussion



Show PowerPoint slides 2-5: Safe preparation of food



Explain:

- In order to prepare infant foods safely the following should be done correctly:
 - hand washing (slide 2)
 - cleaning of feeding utensils (slide 3)
 - water boiling (slide 4)
 - food storage (slide 5)
- After 6 months of age all children require complementary feeds. Clean, safe preparation and feeding of complementary feeds are essential to reduce the risk of contamination and the illnesses that it causes.
- These points will be dealt with in detail when participants move to groups for demonstrations.

Demonstrations

Break participants into 5 groups. Have one group at a time visit each demonstration station for approximately 20 minutes each. Rotate groups so that each has an opportunity at the demonstration stations.

These activities will be highly interactive, participatory and hands on. Encourage discussions at each station by asking questions as the demonstration takes place. The main points to be covered at each station are below. Each group may have different dynamics or questions so a different flow of information may be given.

Activity 2

(20 minutes)

Demonstration for hand-washing and cleaning equipment



Ask:

What are the main components of practising proper hygiene when preparing infant foods?



Explain:

- Clean hands
- Clean utensils
- Safe storage of food

Clean hands

Make sure the points below are discussed and demonstrated when appropriate.

- 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

Make sure the points below are discussed and demonstrated when appropriate.

- 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.
- 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 the baby complementary foods.
- Use a clean cup to give the baby expressed breast milk.
- 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 storage of food

Make sure the points below are discussed and demonstrated when appropriate.

- 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 fruit and vegetables keep for several days if they are covered, especially if they have 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.

Clean cup for infant-feeding

Make sure the points below are discussed and demonstrated when appropriate.

- 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. 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.

Activity 3

(20 minutes)

Practice for proper positioning and attachment

- Remind participants of the demonstration they observed in Session 6.
- Repeat the demonstration and let each participants get a chance to assist a mother to position and attach the child correctly while applying the counselling skills.
- The rest of the group members will observe using the notes 'how to help a mother to position and attach her child to the breast' while they wait for their turn.

Activity 4

(20 minutes)

Practice for hand-expression technique

- Remind the participants of the demonstration they observed in Session 8.
- Repeat the demonstration and the participants' practice using the balloons or breast model if available.

Activity 5

(20 minutes)

Demonstration for cup-feeding

- Remind participants of the demonstration in Session 8.
- Repeat the demonstration and let each participant get a chance to practise.

Activity 6

(30 minutes)

Demonstration for heat-treatment of breast milk

- Review circumstances for heat-treatment of breast milk.
- HIV-positive mothers may consider expressing and heat-treating their breast milk as an interim-feeding strategy (WHO recommendation no. 6):
 - in special circumstances, such as if the infant is LBW or is unable to breastfeed
 - if the mother is unwell or has a breast-health problem (e.g. mastitis) and is temporarily unable to breastfeed
 - to assist mothers when stopping breastfeeding
 - if ARV drugs are temporarily unavailable

The flash-heat method

- Practise optimal hygiene for all procedures.
- Use a small saucepan.
- Use a glass jar as it transfers heat rapidly (do not use plastic as it is not as safe).
- Measure volumes based on finger-width (the water must be two finger-widths above the milk).
- The mother expresses breast milk into the clean jar.
- The jar is placed in the water in the saucepan.
- Use a high flame to ensure rapid heating.
- The water must come to a rolling boil.
- As soon as the water is boiling, remove the jar of milk from the saucepan.
- Place the jar of milk into water that is cool or at room temperature so that it will cool rapidly.

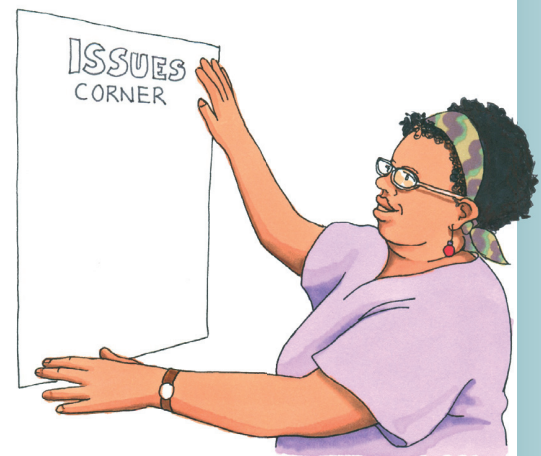
- The mother should be keeping watch all the time.
- Flash-heat kills HIV, but keeps most vitamins, proteins and antibodies.
- Emphasise the importance of following the correct protocol and hygiene techniques.
- Under-heating could result in the HIV not being destroyed.
- Over-heating could result in the destruction of vitamins, proteins and antibodies.
- Heat-treated breast milk is safe for up to 6 hours stored at room temperature.
- If the mother is going to store the milk, she should always heat it first and then store it:
 - in the fridge for up to 24 hours
 - in a freezer for up to 3 months

Key messages

- For clean and safe preparation of feeds always have:
 - clean hands
 - clean utensils
 - safe storage of food
- Health care workers will help mothers who are struggling to breastfeed. They will do this in a private room.
- If a mother chooses to flash-heat her milk, she must do so correctly:
 - if the milk is not heated enough, the HIV may not be killed
 - if the milk is burned, many of the nutrients will be damaged and it will not be as healthy for the baby
- The role of the health care worker is to promote and protect breastfeeding.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 17

Complementary feeding

Session objectives

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

- Describe what complementary feeding is and the types of food necessary to include in complementary feeds.
- Describe how to prepare complementary feeds.
- Demonstrate how to actively feed a child in a responsive way.
- Explain how to feed a child during illness.

Activities

Activity 1: Using flash cards to identify commonly used complementary foods

Activity 2: Group work on complementary food preparation

Activity 3: Menu-planning

Activity 4: Feeding demonstrations

Activity 5: Feeding practices during illnesses

Total time: 2 hours

Materials needed

- Flipchart and markers for all tables
- Food flash cards
- Big bowl of instant baby cereal that does not require cooking, a jug of water, a spoon, a bowl, an empty bottle for measuring water, and a towel
- Dolls for demonstrations
- Flipchart in front of room for groups to use during discussions
- PowerPoint slides
- Participants' notes:
 - complementary feeding frequency and quantity
 - complementary feeding key messages
 - feeding during illness

Facilitator's notes

- Prepare people for active-feeding demonstrations in advance.
- Prepare a clear 200 ml container that has been cut off the top part of a plastic water bottle for Activity 2 – complementary food preparation.

Introduction

(15 minutes)

Facilitate introductory discussion by asking the following questions.

For each question allow a few responses before the explanation.



Ask:

- When do babies begin to need other foods besides breast milk or formula?
- Why do babies need more food and nutrients starting at 6 months?
- Do infants still need breast milk after 6 months?
- What other milks could they use?



Explain:

Breast milk continues to be a critical part of an infant's diet after 6 months. We call the new foods complementary foods.



Ask:

Why are they called complementary foods?



Explain:

- We call them complementary foods because they are supposed to complement (add on), not to replace breast milk.
- Babies need them because they are growing and need additional energy and nutrients to breast milk.



Ask:

What is the difference between complementary feeding, mixed-feeding and weaning?



Explain:

Wait for a few responses and then explain what is in the following box.

Complementary foods

These are other foods rather than milk that are given from 6 months to complement the gaps in the breast milk (if the child is breastfeeding) or other milks (if the child is not breastfeeding).

Mixed-feeding

This may occur between 0 to 6 months when other feeds are given with breast milk or other milks.

Weaning

This is the gradually process of introducing solids with the aim of stopping breast-feeding.



Show PowerPoint slide 1: Energy required by age



Show PowerPoint slide 2: Gaps to be filled by complementary foods for a 12 -23 month old baby



Explain:

- As a baby gets bigger, the amount of energy and nutrients he needs increases.
- As nurses and counsellors, you may need to suggest to the mother different strategies of making sure that the baby gets all the energy and nutrients he needs from complementary foods as he grow older.



Ask:

What are some of the ways of making sure that the baby gets the energy and nutrients he needs from complementary foods?

Wait for a few responses.



Show PowerPoint slide 3: Strategies for increasing energy and nutrient intake

**Explain:**

We will talk about each of these components of making sure a baby gets enough energy and nutrients for growth and development.

**Ask:**

- What foods do mothers usually give around 6 months? Why? Is that good?
- What foods did you give to your children when they were that age?
- Were there some foods they liked more than others?

Have participants share experiences about introducing complementary foods to their own kids.

**Explain:**

How important it is that babies get a variety of foods.

Activity 1

(15 minutes)

Using flash cards to identify commonly used complementary foods

- Have the participants divide themselves into 3 groups.
- Distribute the food flash cards to the participants.
- Ask them to remove from the pile any strange foods or foods that they do not use regularly in their community.
- For the remaining piles ask them what they notice about the food colours?

**Ask:**

Why are foods sometimes different colours?



Explain:

- The different nutrients in the foods make them different colours.
- By eating foods that are lots of different colours, children are more likely to get all of the nutrients they need.
- One good message for mothers might be to give foods that are several different colours at each meal.
- South African food-based dietary guidelines give advice to all South Africans about healthy food choices for healthy living.
- These guidelines are for 7-year-old children to adults. However, they can be used as guidance while the guidelines for younger babies are being revised.



Remember to:

- Eat a variety of foods.
- Let starchy foods be the basis of all meals.
- Eat plenty of vegetables and fruit.
- Eat beans, peas and lentils regularly.
- Meat, fish and eggs may be eaten every day.
- Eat fats and oils sparingly.
- Salt and sugar sparingly
- Plenty of water
- Regular exercise



Ask:

- Participants to name other examples of common foods that are available in their communities.
- Which guideline do they belong to?



Explain:

- For each of the 3 groups they should choose one person to come to the front table and 'shop' (pick from the categories the food they could use to prepare complementary food) at the start and stop button.
- Back on the table give them 2 minutes to discuss how they could use the foods to prepare complementary food. Let them report back their discussion.
- Explain that when you feed children, try to give food from at least 2 to 3 different food groups at each meal.



Ask:

Ask the groups that if they were to improve on the variety what else could they add or exchange or remove? Why?



Explain:

One very important nutrient is iron. Iron is mostly found in animal meats, especially in organ meat.



Show PowerPoint slide 4: Gap for iron



Explain:

Explain what the slide is showing.



Show PowerPoint slide 5: Body building foods



Explain:

Explain what the slide is showing.



Ask:

- What are the challenges with meat?
- Are these given to babies?
- Can most families afford meat?
- What other foods are good to include that also contain iron and protein?



Show PowerPoint slide 6: Energy-giving foods



Explain:

Another very important nutrient that is often missing from diets is Vitamin A.



Show PowerPoint slide 7: Gap for Vitamin A



Ask:

What foods contain Vitamin A?

**Explain:**

- Vitamin A is found in orange fruit and vegetables and green leafy vegetables.
- It is also in egg yolks and milk.

**Ask:**

- What are some foods with Vitamin A that are eaten in your community?
- Do you think mothers would be willing to give more of these foods to their infants?



Show PowerPoint slide 8: Protecting foods

**Explain:**

Explain what the slide is showing

**Ask:**

Are there any foods that aren't favourable to be given to infants?

**Explain:**

Explain and talk about taboos here as well.

**Ask:**

- Why is the consistency of food important?
- When making porridge, how do mothers in your communities prepare it?
- Do they give it in a bottle? A cup? From a spoon? Why?
- What did you do with your children?

Give them few minutes to respond and share their experiences.

Activity 2

(15 minutes)

Group work on complementary food preparation

Divide participants into 3 groups at various tables. Give each table:

- a big bowl of instant baby cereal that does not require cooking
- a jug of water
- a spoon
- a bowl
- an empty bottle for measuring water
- a towel for cleaning up

Tell each group to prepare a bowl of porridge that is appropriate for an 8-month-old baby. It should be the right consistency and be enough volume to completely fill the empty stomach of the baby. (It is 200 ml, but do not tell them that yet). Tell them that they should keep track of how many spoons of cereal they use (decide if you want it to be flat or heaped spoons) and how much water they use (the proportions).

Preparation

- Prepare a clear 200-ml container cut off at the top part of a plastic water bottle. However, a clear measuring cup would be easier and more accurate.
- When each group is finished, have them show the whole group what they have done. For everyone to see, spoon each group's cereal into your 200-ml container to see how much porridge they made.
- For each group, record the total amount of porridge made and the proportion of cereal / water on a flipchart.
- Show the following slides and explain.



Show PowerPoint slides 9-10: Amount and consistency of food

Now compare the information from the slides to the porridge made by the groups and discuss.



Ask:

- Why are the proportions of flour / water important?
- How else can you explain to a mother how to prepare enough porridge of the right consistency if she will not be measuring?

Energy- and nutrient-rich foods



Ask:

How can you make more energy- and nutrient-rich foods?



Explain:

- Prepare porridge with less water and make a thicker porridge. Do not make the food thin and runny.
- For a soup or stew, take out a mixture of the solid pieces, such as beans, vegetables, meat and the staple. Mash this to a thick purée and feed to the child instead of the liquid part of the soup.
- Add energy- or nutrient-rich food to the porridge, soup or stew to enrich it. This is particularly important if the soup is mostly liquid with few beans, vegetables or other foods in it.
- Replace some (or all) of the cooking water with fresh milk, yoghurt or cream.
- Add a spoonful of milk powder after cooking.
- Mix legume, pulse or bean flour with the staple flour before cooking.
- Stir in a paste made from nuts or seeds, such as peanut butter.
- Add a spoonful of margarine or oil.

Frequency of feeding complementary foods

We have now looked at variety, consistency and quantity. Please refer to your Participants' notes about quantity and frequency.

- A child needs 2-4 meals and 1-2 nutritious snacks per day, depending on his age and appetite, plus breast milk or formula milk.
- Non-breastfed babies also need 1-2 cups of formula plus 1-2 extra meals per day, in addition to extra fluids.

Activity 3

(15 minutes)

Menu-planning

Let the participants divide into 5 groups. Each group should develop an appropriate menu for a 12-month-old for the entire day:

- 3 groups will have a breastfed child.
- 2 groups will have a non-breastfed child.

Be sure to include times for breastfeeds and formula feeds. Write in the time of day the child will get the food. Then you will present back to all the groups. Keep in mind all that we have learned about adequate diets. Put the menus up on a wall once they are presented.



Show PowerPoint slides 11-12: Recommendations for the non-breastfed child



Explain:

what the slide is showing.

Activity 4

(45 minutes)

Feeding demonstrations

Feeding an HIV-positive child



Ask:

Is feeding an HIV- positive child any different from what we have talked about? Why?



Show PowerPoint slide 13: Feeding HIV-positive babies



Explain:

Emphasise the following points:

- 10% increase if asymptomatic
- 20-30% increase if symptomatic
- 50-100% increase if growth faltering
- Getting weighed at least monthly

Make plans to help the mother deal with her baby's symptoms. Refer to the menus that have just been made.



Ask:

- How can a mother increase her child's food intake by this much (frequency, density, etc.)?
- How can you explain to her what to do without using percentages?
- Referring to a particular menu, ask what practical recommendations could be made?

Feeding techniques

All of the recommendations and suggestions that we have discussed so far are about what to feed the baby. But we haven't yet talked about **how** to feed the baby.



Ask:

What do you think I might mean by **how** to feed the baby?



Explain:

- When a child is learning to eat, he often eats slowly and is messy. He may be easily distracted.
- He may make a face, spit some food out and play with the food. This is because the child is learning to eat.
- A child needs to learn how to eat and to try new food tastes and textures.
- A child needs to learn to chew, move food around the mouth and to swallow food.
- He needs to learn how to get food effectively into the mouth, how to use a spoon and how to drink from a cup.
- Therefore, it is very important also to talk to caregivers and offer suggestions about how to encourage the child to learn to eat the foods offered. This can help families to have happier meal times. The technique suggested is called 'interactive feeding' or 'responsive feeding'.

Demonstrations

You will have prepared a few volunteers in advance about demonstrating the 3 scenarios below. The child is 18 months old. Discuss with the group after each demonstration.

Demonstration 1: Controlled feeding

- The 'young child' is sitting next to the caregiver (or on the caregiver's knees). There is a bowl of food ready to give to the child.
- The caretaker prevents the child from putting his hands near the bowl or the food.
- The caregiver spoons food into the child's mouth.
- If the child struggles or turns away, he is brought back to the feeding position.
- The child may be slapped or forced if he does not eat.
- The caregiver decides when the child has eaten enough and takes the bowl away.

**Ask:**

How do you think this child feels about eating?

**Explain:**

This is an example of controlled feeding. Children may not learn to regulate their intake, which may lead to obesity and food refusal later.

Demonstration 2: Leave to themselves

- The 'young child' is on the floor sitting on a mat.
- The caregiver puts a bowl of food beside the child with a spoon in it.
- The caregiver turns away and continues with other activities (but nothing too distracting for those watching).
- She does not make eye contact with the child or help very much with feeding.
- The child pushes food around the bowl, looks to the caregiver for help, eats a little, cannot manage the spoon well. He tries with his hands but drops the food. He gives up and moves away.
- The caregiver says, 'Oh, you aren't hungry'. She takes the bowl away.

**Ask:**

How do you think this child feels about eating?

**Explain:**

This is an example of feeding by leaving children to do it themselves. If the child has a poor appetite or is too young to manage the skills of eating, this can result in malnutrition.

Demonstration 3: Responsive feeding

- The caregiver washes the child's hands and her own hands. She then sits level with child.
- She keeps eye contact and smiles at the child.
- Using a small spoon and an individual bowl, small amounts of food are put to the child's lips and the child opens his mouth and takes it a few times.
- The caregiver praises him and makes pleasant comments – 'Aren't you a good boy', 'Here is lovely dinner' while feeding slowly.
- The child stops taking food by shutting mouth or turning away. Caregiver tries once – 'Another spoonful of lovely dinner?' Child refuses and caregiver stops feeding.

(continued)

Demonstration 3: Responsive feeding

- She offers a piece of food that the child can hold, like a bread crust, biscuit or something similar. 'Would you like to feed yourself?' Child takes it, smiles and sucks / munches it.
- The caregiver encourages him by saying 'You want to feed yourself, do you?'
- After a minute, the caregiver offers a bit more from the bowl. The child starts taking spoonfuls again.



Ask:

How do you think this child is feeling now?



Explain:

- In this last demonstration, the caregiver was feeding the child in response to the child's cues or signals.
- The child's cue that he is hungry may include restlessness, reaching for food or crying.
- Cues that he does not want to eat more may include turning away, spitting out food or crying.
- Caregivers need to be aware of their child's cues, interpret them accurately, and respond to them promptly, appropriately and consistently.

Responsive feeding techniques

- Respond positively to the child with smiles, eye contact and encouraging words.
- Feed the child slowly and patiently with good humour.
- Try different food combinations, tastes and textures to encourage eating.
- Wait when the child stops eating and then offer again.
- Give finger foods that the child can feed him / herself.
- Minimise distractions if the child loses interest easily.
- Stay with the child through the meal and be attentive.



Ask:

How do you think this child feels about eating?



Activity 5

(15 minutes)

Feeding practices during illnesses



Ask:

- What are the signs that a child is ill?
- What are the signs that a child was recently ill?
- How does illness affect a child's growth?



Show PowerPoint slide 14: The cycle of illness and nutrition



Explain:

- Children who are ill may lose weight because they have little appetite or their families may believe that ill children cannot tolerate much food.
- If a child is ill frequently, he or she may become malnourished and therefore be at a higher risk of more illness.
- Children recover more quickly from illness and lose less weight if they are helped to feed when they are ill.



Show PowerPoint slide 15: Feeding practice during illness

(Background of feeding during illness based on 2003 South African Demographic Health Survey)

Let the participants break into groups based on areas where they are from. Let them discuss and write down what and how people feed their children when they are sick at different ages up to two years.



Ask:

- Do they think these are good practices?
- Why do people use these practices?
- Would it be difficult to convince people to change if they are not good practices?

**Explain:**

Discuss what practices would be better and why.

**Ask:**

How could you convince a mother to change her practices if she is reluctant to feed her child during an illness?

**Explain:**

Explain and write up better practices on a flipchart.

In the same groups, let them discuss the following 2 questions. Have someone record the answers to share with the larger group later:

**Ask:**

What are reasons why a young child might eat less during illness?

**Explain:**

A child may eat less during illness because of:

- loss of appetite
- weak and lethargic
- vomiting
- mouth or throat is sore
- a respiratory infection that makes eating and suckling more difficult
- caregivers withholding food thinking that this is best during illness
- no suitable foods available in the household
- the child is hard to feed and the caregiver is not patient
- someone advises the mother to stop feeding / breastfeeding

**Ask:**

How can caregivers encourage children to eat more during illness, even if they do not have an appetite?

**Explain:**

- Encourage the child to drink and to eat with lots of patience.
- Feed small amounts frequently.
- Give foods that the child likes.
- Give a variety of nutrient-rich foods.
- Continue to breastfeed – often ill children breastfeed more frequently.

**Ask:**

Should children under 6 months get extra food or fluids besides breast milk when they are sick?

**Explain:**

- You should breastfeed more if your child is sick to prevent him from becoming dehydrated.
- If he seems dehydrated or is losing weight, see a health care worker immediately.
- The child may need oral rehydration solution or other treatment.
- Remember that children also need special attention when they are recovering from illness.

**Ask:**

What are the signs that could indicate that your baby is dehydrated or is becoming dehydrated?

**Explain:**

- More than 6 hours without a wet nappy.
- The urine looks darker in his nappy and smells stronger than usual.
- He is lethargic.
- He has a dry, parched mouth and lips.
- There are no tears while crying.

**Ask:**

What are the signs that your baby may be seriously dehydrated?

**Explain:**

- Sunken eyes.
- Hands and feet that feel cold and look blotchy.
- Excessive sleepiness or fussiness.
- Sunken fontanel (the soft spots on your baby's head).

**Ask:**

If the mother is sick, can she continue to breastfeeding?

**Explain:**

Even a sick mother can continue breastfeeding her child. Her antibodies will protect the baby.



Show PowerPoint slide 16: Weight for age (boys) chart

**Explain:**

This is the growth chart of John who is 12 months old.

**Ask:**

What do you think of the growth chart? Wait for a few replies and then continue.

**Explain:**

- John grew well for the first 5 months, then he stopped growing so well. He was ill and lost weight.
- He recovered some weight but then became ill again and lost more. After each illness, he did not get back to his previous growth curve and is heading towards being malnourished.
- During infections, the child needs more energy and nutrients to fight the infection.
- If children do not get extra food, their fat and muscle tissue is used as fuel. This is why they lose weight, look thin and stop growing.

**Ask:**

Why is it important to feed children more after they are ill?

**Explain:**

The goal in feeding a child during and after illness is to help him to return to the growth he had before he was ill.

**Ask:**

How can a mother make sure that her child gets more food while he is recovering?
What messages might you want to tell her?

**Explain:**

- Give **extra** breastfeeds.
- Feed an **extra** meal.
- Give an **extra** amount.
- Use **extra** rich foods.
- Feed with **extra** patience and love.

Key messages

When your baby is 6 months old, begin to give a variety of other foods in addition to breast milk or formula to help your baby grow and stay healthy.

Variety

- Give your baby a variety of different coloured foods at every meal.
- Orange fruit and vegetables and green leafy vegetables are especially good for your baby.
- Beans, legumes and nuts are good foods to give your baby every day.
- Enrich porridge by adding other healthy foods to it, such as ground nuts, eggs or vegetables.
- Avoid giving your baby juices, sweets, tea or other foods with added sugar.

Quantity

- Increase the amount of food you give your baby to eat at each meal as he grows older.
- Start with 2-3 spoons at 6 months and gradually increase to one cup of food at every meal.

Frequency

- Feed your baby more often as he gets older.
- Feed your baby 3-4 meals per day plus 1-2 snacks between meals.

Consistency

- Prepare food so that it is thick enough to stay on the spoon.

Hygiene

- Keep food safe and clean by storing it in clean covered containers off the floor.
- Serve cooked foods to your baby within one hour of preparation.
- Wash your hands with soap and running or poured water:
 - before preparing or serving food
 - after using the toilet
 - after changing a baby's nappy

Feeding techniques

- Give your baby his own bowl and spoon.
- Encourage your child to eat and show him love and affection.
- Be patient and give him enough time.
- When your child seems to be finished eating, wait a little, and then offer some more food.
- Never force feed your baby.
- Encourage your child to drink and eat while he is sick. Give him extra food after an illness to help him recover more quickly.
- Give an extra meal to your child every day for 2 weeks after he has been ill.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 18

Growth monitoring and promotion (GMP)

Session objectives

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

- Explain the importance of growth monitoring and promotion.
- Plot the child's weight on the card correctly and explain the meaning of the child's growth curve.
- Give correct advice to the caregiver depending on the child's age and growth pattern.
- Identify and refer children at risk to the health facility and other community services if available.

Activities

Activity 1: Explanation of background concept and slide presentation

Activity 2: Group work on plotting and interpretation of growth measurements

Total time: 1 hour

Materials needed

- Flipchart and markers
- PowerPoint slides
- Copies of growth charts for plotting activity
- Copies of South African growth charts for boys and girls
- Copies of children's measurements for plotting activity
- Participants' notes: Definition of terms, components of GMP and when to make a referral
- Road-to-health booklet
- Observer checklist for evaluation of counselling skills

Activity 1

(25 minutes)

Explanation of background concept and slide presentation

Start with the following remarks / questions:



Ask:

What is the easiest way for us to know if a child is healthy?



Explain:

Explain how much a child grows is a good indicator of whether or not the child is healthy.



Ask:

Why is it important to track the growth of an infant?



Explain:

- Measuring growth regularly allows us to see early on if a child is not growing well.
- He may have a health problem or an inadequate diet.
- Then we can help correct the problem before he becomes very ill or malnourished.



Ask:

- What are the different ways we can measure a child's growth?
- In South Africa, who is responsible for measuring infants?
- What measures are used?
- How often does this happen? Until what age?
- What are your experiences with measuring children?
- Is this something you do regularly?
- What do you do with the information you collect?



Show PowerPoint slide 1: Growth monitoring and promotion



Explain:

- Weight for age (under-weight), height for age (stunted), weight for height (wasted).
- Problems with a child's growth can be due to poor nutrition in the past or to current poor nutrition.



Ask:

- What different factors might affect a child from growing well?
- How does a child's diet affect each of those measures?



Show PowerPoint slide 2: Age / weight / height

	Age	Weight	Height
Ruth	16 months	9.9 kg	78.8 cm
Sara	20 months	12.1 kg	85.7 cm
Amanda	2 years	11.5 kg	86.4 cm

- Ruth and Amanda are on the median.
- Sara is +1 SD (standard deviation).
- Write down what this information tells us about the growth of these children.



Ask:

- Are these children growing well?
- What other information do we need to know to see if they are growing well?

Comparison of growth charts



Ask:

How does their growth compare with the growth of other healthy children?



Explain:

- To know if a girl weighs enough for a healthy child her age, we need to compare her to other healthy children of the same age.
- To do this, we use standard growth curves of healthy children developed by the World Health Organization (WHO).
- There are different standard growth curves for each of the growth measures.
- Weight for age is the easiest measure to collect and the one used the most often.



Show PowerPoint slide 3: Weight for age (girls) chart



Explain:

A child is growing well if his or her growth trajectory / curve is parallel to reference curves. Growth reference curves can have different numbers of lines. These are the reference curves currently used by WHO.



Ask:

Do you know what the South African growth curve looks like? Have someone draw them.



Explain:

Explain and show them the South African growth charts for boys and girls.

**Ask:**

On this chart, what 2 measures are we looking at?

**Explain:**

- This chart shows the growth curves for weight for age.
- As the child gets older, his / her weight should also get higher.
- Explain the various lines on this chart.

**Ask:**

What happens to a child's growth if she / he has not had a good diet for a long time?

**Explain:**

- A child who is undernourished for a long time will show slow growth in length or height.
- This is referred to as stunting or very short height for age.

**Ask:**

Can a child make up for this growth and become a normal height?

**Explain:**

- After the age of about 2 years, it is impossible for a child to make up that height, so the child will be short for life. This can have health and productivity consequences for the child's entire life.
- Therefore, monthly growth monitoring for young children is extremely important to prevent a lifetime of malnutrition.

**Ask:**

What happens to a child's growth if he or she is poorly nourished for a short time?

**Explain:**

- This child will have a poor weight for height and become 'wasted'.
- Improving feeding practices can help a child recover from this problem.

**Ask:**

What are we measuring when we measure weight for age?

**Explain:**

- We are measuring the overall growth status of the infant. A poor weight-for-age could indicate that the child is short for his / her age or that the child does not weigh enough for his / her height.
- By measuring a child every month, you can catch a problem early. You can then counsel the mother to improve feeding practices and protect the child's health and growth.



Show PowerPoint slides 4-5: Growth curves

**Explain:**

There are 2 growth curves each with only one dot:

- One near the bottom line
- One near the top line

Here are 2 children who have had their weight plotted on the curves for normal children.

**Ask:**

Which of the children is growing better? Why?



Show PowerPoint slides 6-7: Growth curves

The full growth trajectory of each of those infants shows that the one who looked worse off is actually growing better.



Explain:

- We cannot tell if a child is growing well with only one measurement.
- There is natural variation in the size of children.
- The important thing is for a child to continue to grow on the same line over time.
- This is why it is important to measure a child every month, even if he / she appears to be in good health.



Show PowerPoint slide 8: Weight for age (boys) chart

This is a growth chart for 3 infants who have been weighed regularly.



Ask:

What do you see when looking at this chart with 3 different infants? Remember the general form of the growth curve.



Explain:

- The growth chart of these 3 infants shows that all the infants have a curve similar to the reference curve (median curve, 0). Nevertheless, each grows according to its individual curve. Notice that they all have different weights at birth.
- At the same age, a small infant weighs less than one of greater size, so that the 2 can be on different curve lines for weight. That is normal.
- One infant can grow more at a given time than another, so there can be highs and lows on the curve. It is therefore important to look for the general pattern.



Show PowerPoint slide 9: Curve of stationary growth

This is the growth curve for Masupha who has been regularly weighed.

**Ask:**

What do you think of the growth of Masupha? Wait for several responses, and then continue.

**Explain:**

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

**Ask:**

What would you ask Masupha's mother?

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

**Explain:**

- There are certain questions that you can ask about him:
 - What did you feed Masupha during the first 6 months of his life?
 - What are you now feeding Masupha?
 - What meals does Masupha eat now?
 - How many meals does he have each day?
 - What amount does he eat?
 - What types of food does he eat?
 - How do you prepare that food?
 - What was the health of Masupha over the past months?
- You can find out that Masupha was breastfed exclusively during the first 6 months of his life and that his mother continues to breastfeed him frequently during day and night.
- At 6 months his mother began to give him a light cereal twice a day.
- He has not been sick since his last visit.
- His weight does not increase because he needs other foods that are more nourishing (an enriched porridge, for example). He also needs to eat more often every day.

**Ask:**

What is Masupha's mother doing well?

Wait for several responses and then continue.

**Ask:**

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

Allow participants to share.

**Explain:**

These are some of the things you could say:

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

**Ask:**

Why is Masupha's weight not going up?

**Explain:**

- Masupha is only getting 2 meals a day of thin porridge.
- He needs complementary foods rich in nutrients more often now that he is older than 6 months.
- Later in the course we will speak more in detail about complementary foods.

Activity 2

(35 minutes)

Group work on plotting of growth measurements

- Ask the participants to divide themselves into groups of 3 people per group.
- Give each group measurements of the children below (one child per 3 groups depending on the number of groups).

Voyo

Age	Weight (kg)
Birth	2.3
1	3.2
2	4.0
3	4.5
4	5.2

Zoleka

Age	Weight (kg)
Birth	3.5
1	4.0
2	4.6
3	5.2
4	5.9
5	6.8
6	7.6
7	7.6
8	7.2



Aphiwe

Age	Weight(kg)
Birth	1.8
1	3.0
2	3.8
3	4.8
4	5.6
5	6.0
6	6.5
7	6.6
8	6.7
9	6.2
10	6.4
11	6.0

- Distribute the appropriate growth chart (boys or girls).
- Ask the participants to plot the weights of these children on the graph provided.
- Ask them to discuss the growth of that child using role play.
- Ask them to role play how they would discuss the growth chart with the mother (one being 'observer', one 'mother' and one 'counsellor').
- Use the observer checklist to evaluate the counselling skills of the nurse / counsellor.

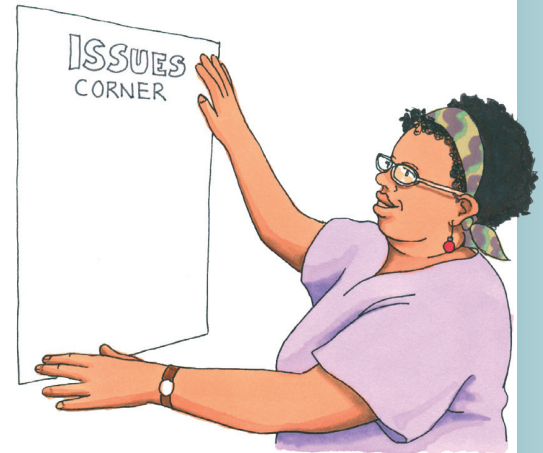
Key messages

When to make a referral or follow up (check for the following in the card / booklet):

- Missing 2 consecutive monthly sessions
- Acute or chronic illness that needs referral for medical care
- Lost weight
- Not gained weight for 3 consecutive months
- Has been discharged from hospital for malnutrition
- If mother has a breastfeeding problem

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 19

Building confidence and giving support

Session objectives

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

- Describe how to build up a woman's confidence and give her support.
- Explain the skills needed to build confidence and give support.

Activity

Activity 1: Demonstration of skills to build confidence and give support

Total time: 45 minutes

Materials needed

- Flipchart
- Marker
- Participants' notes: Counselling skills on building confidence and giving support

Facilitator's notes

Prepare 2 volunteers in advance to demonstrate building confidence.

Introduction

(10 minutes)

Facilitate a discussion by asking the questions below. Give the participants time to respond before giving an explanation



Ask:

What do we mean by building confidence and giving support?



Explain:

- Building confidence means you believe in her to help her believe in herself.
- Also we must build her confidence in the confidential counsellor–client relationship.



Ask:

- Was there a time in your life where you didn't have the confidence to do something?
- Then did someone encourage you and make you feel like you could do it?
- Did that give you the strength to succeed?
- Can you give an example? Share the examples with the group.

Share an experience of giving support to a patient. For example: a pregnant mother with a low CD4 count who was followed closely and given extensive support.

Giving support means being available to that mother anytime (during working hours) and to praise her. She needs the assurance to know she is doing things right.



Activity 1

(35 minutes)

Demonstration of skills to build confidence and give support

Write the key messages below on a flipchart and have everyone copy them onto a sheet of paper.

- Believe in herself
- Praise
- Empathise
- Trust
- Confidentiality

Have everyone look at 5 key messages during the role play and identify what was and wasn't used. Put a check or notes next to each one. Then review with the group after the demonstration.

Prepare 2 volunteers in advance to do the role play: one a 'counsellor' and the other a 'mother'.

Role play

A mother of a 3-month-old baby comes to the clinic and tells the counsellor that her baby is crying a lot in the evenings. She thinks her milk supply is decreasing. The baby's growth curve indicates that he is growing well.

Counsellor: Are you breastfeeding?

Mother: Yes.

Counsellor: Are you giving other things?

Mother: Yes, my mother gave him gripe water and water because it was hot.

Counsellor: But you know you're not supposed to give gripe water!

Mother: But my mother believes that the baby needs water and gripe water to clean the stomach.

Counsellor: But we told you at the clinic that you're not supposed to give all those things.

Mother: My mother was not at the clinic when you told me all of that.

Counsellor: You shouldn't listen to your mother. Don't bring your baby back here when he gets sick!

After the role play, ask the mother: 'How did you feel?' Review the role play with the audience. Then get another volunteer from the audience who can do better.

Use the same mother but the volunteer plays the counsellor. Then discuss how this counselling session was.

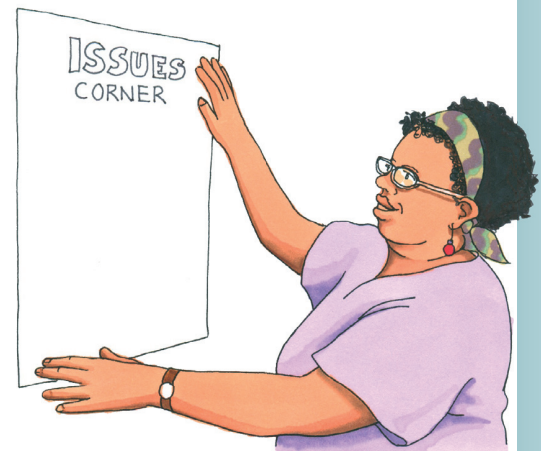
- Was there praise?
- How was confidence built in the mother?

Key messages

- Accept what the caregiver thinks and feels.
- Recognise and praise what a mother / caregiver and child are doing right.
- Give practical help.
- Give relevant information.
- Use simple language.
- Make one or two suggestions, not commands.
- Check that she understands everything.
- Check that you are building her confidence:
 - This means you believe in her and you help her believe in herself.
 - We must build her confidence in the confidential counselor–client relationship.
 - Giving support means to be available to that mother and to praise what she is doing correctly.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



SESSION 20

Action planning and on-site follow-up

Session objectives

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

- Plan infant and young child nutrition activities in their facilities and communities.
- Understand how to provide feedback and coaching to colleagues when observing counselling sessions.

Activities

Activity 1: Group presentations for proposed activities in their areas

Activity 2: Prepare for clinic visit for counseling observations

Total time: 2 hours

Materials needed

- Flipchart and markers for all tables
- Flipchart in front of room for groups to use during discussions
- Clinics identified and approved in advance for visit

Activity 1

(60 minutes)

Group presentations for proposed activities in their areas

- Ask participants to group themselves by facility / community / region so that those who are colleagues can work together for this planning session.
- Ask groups to choose 3 topics from the agenda items that have been covered during this session.
- For each topic, on a flipchart have each group write:
 - Topic
 - Reason for selecting this topic
 - Activity proposed to address this topic
 - Where / how / when / by whom will this activity be implemented?
 - What outcome is hoped to be achieved?
- Ask each group to present their proposed topics and activities.
- Be sure to include gaining support and buy-in from facility managers / supervisors in order to carry out these proposed activities.
- Discuss other opportunities for addressing IYCN needs in their facilities and communities.
- Discuss that these activities will be followed up in several months during on-site follow-up visits.

Activity 2

(90 minutes)

Prepare for clinic visit for counselling observations

Review logistics of clinic visit for the following day

- Which clinics?
- What groups assigned to each clinic?
- What supervisors will be accompanying groups?
- Departure times?
- Clinic staff will assist in identifying appropriate mothers in need of counselling.

Discuss the purpose of the clinic visit

- This will provide an opportunity to utilise the counselling skills they learned during the workshop in actual counselling sessions with mothers.
- This will also give the opportunity to provide constructive feedback to colleagues to help improve their counselling skills.
- Counselling teams will consist of a counsellor and an observer.
- The counselling checklist will be used as a guide for the observer to provide feedback following the counselling session.

Review of clinic visit

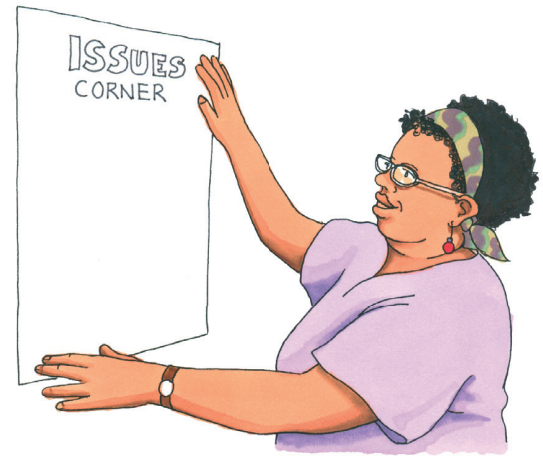
- The following day, ask counselling teams to share their observations using the counselling checklist as a guide for discussion.
- Discuss what counselling skills have been learned and what challenges remain.

Key messages

- Activities to promote infant and young child nutrition should be planned in advance, integrated into existing programmes, and be approved by managers to make sure they occur.
- Improving counselling skills requires practice. Making use of a counselling checklist and enlisting a colleague to observe and provide feedback can improve this process.

Questions and answers

- Ask participants if they have any questions. Try to answer them. If you are unable to answer a question, tell them that you will find out the answer and get back to them.
- Place a large piece of white flipchart paper on the wall in front of the room. On the top, write: ISSUES CORNER. Write down any issues that require additional information or that need to be addressed at a later date on this sheet of paper.
- If participants have questions about topics that will be covered in the later sessions, give a brief answer and explain that you will discuss the topic more fully later on.



ASSESSMENT FORMS

Infant and young child feeding

Pre / post test assessment form

Name of participant: _____

1. If 20 HIV-positive mothers gave birth, how many would transmit HIV to their babies from breastfeeding for 24 months (if NO ART was provided)?
 - A. 1 or 2
 - B. 3 or 4
 - C. Half of them
 - D. All of the babies
2. Which of the following indicates that a breastfeeding infant might have poor breast attachment?
 - A. Mouth wide open
 - B. More areola showing below than above the baby's mouth
 - C. Chin touching the breast
 - D. Lower lip turned outward
3. How long should an HIV-positive mother exclusively breastfeed?
 - A. 4 months
 - B. 6 months
 - C. 12 months
 - D. HIV-positive mothers should NEVER exclusively breastfeed.
4. When is the appropriate time to introduce complementary foods?
 - A. When the mother thinks she doesn't have enough milk
 - B. After 3 months
 - C. At 6 months
 - D. When the baby seems hungry

Circle the word 'true' or 'false' for each of the statements below.

5. A mother who is exclusively breastfeeding should give water to her infant if the weather is very hot.	True	False
6. Breastfeeding more often helps a woman produce more milk for her baby.	True	False
7. Giving prescription medications to an exclusively breastfed infant is fine.	True	False
8. After weighing a child, it is not necessary to take action if their weight has dropped ONLY at this visit.	True	False
9. Children should be weighed totally naked, with all clothing removed.	True	False
10. Feed a child more frequently after they have been ill.	True	False
11. An HIV-positive woman can continue to breastfeed her baby from a breast with mastitis.	True	False
12. You can tell if a baby is eating well by only looking at the weight of the baby that day.	True	False
13. HIV-positive pregnant women need more energy than HIV-negative pregnant women.	True	False

14. An HIV-positive lactating woman should:

- A. Eat less than during pregnancy
- B. Eat more than during pregnancy
- C. Eat the same as during pregnancy

15. If a breastfeeding mother is on lifelong ART, she:

- a. Is very likely to transmit HIV through breastfeeding
- b. Is less likely to transmit HIV through breastfeeding
- c. Should stop breastfeeding

16. A mother has a 9-month-old child who is not growing well. What is one thing she can do to help her child grow better?

- A. Feed more frequently
- B. Increase variety of foods
- C. A and B
- D. Nothing

17. Heat-treatment of breast milk can be for:

- A. All mothers just to make the breast milk warm
- B. During mastitis
- C. When ARV prophylaxis is not available
- D. B and C

18. When should a mother receive IYCF counselling?

- A. During ANC
- B. Postnatally
- C. When baby is sick
- D. At every visit

Antenatal infant-feeding counselling for HIV-positive women: assessment checklist

INDICATOR (During the counselling session)	Yes: Sufficient	Yes: Limited	No / Not at all	N/A for this visit	Comments / observations
1. Did the counsellor greet the woman and make sure there was a private setting?					
Welcome / greet the woman by name					
Introduce himself / herself Counsellor wears a nametag					
Hold the counselling session in a private space					
Explain privacy to the woman					
Ask the woman why she has come to the clinic today					
Ask the woman if she brought a 'feeding buddy' If yes: Allow 'feeding buddy' into the room If no: Explain 'feeding buddy' concept					
2. Did the counsellor check the woman's understanding of the PMTCT programme?					
Ask if she has any questions about her HIV test result					
Ask if she has heard of MTCT					
Explain how HIV can be passed from mother to baby					
Reassure her that there are ways to minimise the risk of MTCT					

INDICATOR (During the counselling session)	Yes: Sufficient	Yes: Limited	No / Not at all	N/A for this visit	Comments / observations
<p>Explain the PMTCT programme using non-medical terms</p> <ul style="list-style-type: none"> • Medicine for mother and baby during labour and after birth to reduce chance of MTCT • Medicine (prophylaxis) for baby starting at birth • Blood monitoring and possible treatment for mother • Counselling and support for safe infant feeding 					
3. Did the counsellor give accurate information about exclusive breastfeeding (EBF)?					
Ask the woman if she knows what exclusive breastfeeding is					
<p>Explain the key points of exclusive breastfeeding:</p> <ul style="list-style-type: none"> • Baby is given only breast milk (for the first 6 months) • No other liquids or solids, not even water • Only exception is medicine prescribed by health worker • Can give breast milk directly from breast or mother can express and give breast milk to baby in cup • Nearly all women make enough breast milk to nourish their baby for 6 months 					
<p>Explain the advantages of exclusive breastfeeding:</p> <ul style="list-style-type: none"> • Breast milk is the best and most complete food for babies: helps with growth and development • Baby is much less likely to get diarrhoea, respiratory infections, malnutrition, etc. • Breast milk is free and always available • Breastfeeding is culturally acceptable • It protects mothers' health • It promotes mother–infant bond • Less chance of HIV transmission EBF 					

INDICATOR (During the counselling session)	Yes: Sufficient	Yes: Limited	No / Not at all	N/A for this visit	Comments / observations
Explain the dangers of mixed-feeding					
Ask if she thinks EBF sounds feasible or if she has concerns					
Give her time to ask questions					
Make sure the woman understands before proceeding to the next feeding method, for example, ask her to summarise the key points of EBF just discussed					
Discuss ways to reduce the risk of MTCT from breast milk: <ul style="list-style-type: none"> • Practise EBF (no mixed feeding) • Prevent re-infection of mother (practise safe sex) • CD4+ testing and adherence to ART regimen • Practise good positioning and attachment; • Seek immediate care for breast-health problems • Treat opportunistic infections • Make sure there is good maternal nutrition • Give infant prophylaxis at birth • Express and heat-treat breast milk 					
Ask her what challenges she thinks she might have with breastfeeding					
Engage her in a problem-solving activity, for example, role play					
Review key points					
Emphasise the dangers of mixed-feeding					
Refer her for CD4+ count					
Schedule her next appointment					
Encourage her to bring a support person / 'feeding buddy' next time					
Remind her that she can come back at any time if she has questions / concerns / problems					

During this counselling session, did the counsellor:

Establish rapport:

- Treat the woman with respect?
- Sit facing the woman with no barriers between them?
- Use a warm / friendly tone of voice?
- Thank / congratulate the woman for coming today?
- Ask the woman why she came to the clinic today?
- Ask the woman how she could help her?

Provide information that was:

- Accurate / true? *(If no, please note this in the space below)*
- Unbiased? *(If no, please note this in the space below)*
- Relevant (tailored) to the woman's personal situation?
- Well organised?

Ask questions that were:

- Non-judgmental?
- Open-ended?
- Relevant to the woman's personal situation?

Encourage the client to participate:

- Encourage the woman to talk / ask questions?
- Answer all of the woman's questions fully?
- Ask the woman if her questions were answered fully?
- Maintain eye contact with the woman?
- Listen quietly while the woman spoke?
- Ask open-ended questions?
- Paraphrase / repeat what the woman said?
- Use non-judgmental tone / words?
- Empathise with the woman?
- Comfort the woman if she was upset?
- Use non-verbal communication to show interest and concern, for example, nod, smile?
- Thank the woman for expressing her desires / concerns?
- Show respect for the woman's desires / concerns?

Please use the space below to summarise your overall impressions of this counselling session and the counsellor (for example: what did the counsellor do well? what needs improvement?).

Case studies

Case study 1

Nomusa is a 16-year-old high school pupil. She lives in Idutywa with her mother and 2 elder sisters. She attends a local high school which is 5 km from her home. She is HIV positive, pregnant and hasn't told her family about her HIV status. Nomusa intends going back to school soon after the baby is born. Her mother who is not working will look after the baby. Although her mother supports breastfeeding, she also believes that infants should be started on soft porridge at 2 weeks to help them sleep. They should also be given traditional remedies to heal certain ailments.

Case study 2

Zodwa is a 30-year-old woman who is pregnant with her third child. She stays in Atteridgeville with her husband and kids. Her family members, as well as those of her husband's, are in Lesotho. She teaches at a high school in Witbank and travels by bus. She has to leave home at 5 am and comes back at 6 pm. Her other children breastfed for only 2 months and she gave formula when she went back to work. Her husband who works in Tshwane city drops the kids off at the day-care centre and picks them up after work. She intends to take this baby to a day-care centre as well when she goes back to work. Zodwa has just been diagnosed HIV positive.

Case study 3

Thandi has a one-year-old baby that she has been breastfeeding. She is HIV positive and the baby's recent test indicates that he is negative. Thandi wants to stop breastfeeding and she is not on lifelong ART.

Role plays

Role play 1

An HIV-infected woman comes to see you. She heard from her friends that all babies who breastfeed from an HIV-positive mother will become infected. She is depressed. She does not have regular work, but her husband is a taxi driver. She has an aunt in another city who gives her money from time to time. She has disclosed to her aunt that she is HIV positive.

Role play 2

A woman has just delivered her baby and tells you she does not want to breastfeed because she will be going back to work soon. This is her second child and she mixed-fed the first child who is 2 years old now. She is a teacher at a local primary school and has a nanny who will look after the child. She is HIV infected.

Role play 3

An HIV-positive woman brings her 6-month-old child to the well-baby clinic. She has been exclusively breastfeeding for the first 6 months but wants to stop now. She is unemployed and stays with her husband who works at the local mine.

Breastfeeding observation checklist

Breastfeeding observation checklist	
Mother's name _____	Date _____
Baby's name _____	Baby's age _____
Signs that breastfeeding is going well: GENERAL Mother: <input type="checkbox"/> Looks healthy <input type="checkbox"/> Is relaxed and comfortable <input type="checkbox"/> Signs of bonding between mother and baby Baby: <input type="checkbox"/> Looks healthy <input type="checkbox"/> Looks calm and relaxed <input type="checkbox"/> Reaches out or roots for breast if hungry BREASTS <input type="checkbox"/> Look healthy <input type="checkbox"/> No pain or discomfort <input type="checkbox"/> Well supported with fingers BABY'S POSITION <input type="checkbox"/> Head and body in line <input type="checkbox"/> Held close to mother's body <input type="checkbox"/> Whole body supported <input type="checkbox"/> Approaches breast, nose to nipple	Signs of possible difficulty: GENERAL Mother: <input type="checkbox"/> Looks ill or depressed <input type="checkbox"/> Looks tense and uncomfortable <input type="checkbox"/> No mother / baby eye contact Baby: <input type="checkbox"/> Looks sleepy or ill <input type="checkbox"/> Is restless or crying <input type="checkbox"/> Does not reach out or root BREASTS <input type="checkbox"/> Look red, swollen, or sore <input type="checkbox"/> Breast or nipple painful <input type="checkbox"/> Held with fingers on areola away from nipple BABY'S POSITION <input type="checkbox"/> Neck and head twisted to feed <input type="checkbox"/> Not held close <input type="checkbox"/> Supported by head and neck only <input type="checkbox"/> Approaches breast, lower lip / chin to nipple

(continued)

Breastfeeding observation checklist

BABY'S ATTACHMENT

- More areola seen above baby's top lip
- Baby's mouth open wide
- Lower lip turned outwards
- Baby's chin touches breast

SUCKLING

- Slow, deep sucks with pauses
- Cheeks round when suckling
- Baby releases breast when finished
- Mother notices signs of oxytocin reflex

BABY'S ATTACHMENT

- More areola seen below bottom lip
- Baby's mouth not open wide
- Lips pointing forward or turned in
- Baby's chin not touching breast

SUCKLING

- Rapid shallow sucks
- Cheeks pulled in when suckling
- Mother takes baby off the breast
- No signs of oxytocin reflex noticed

Food intake checklist (6-23 months)

Food intake checklist (6-23 months)

Child's name		
Date of birth		Age of child at visit
Feeding practice	Yes / number where relevant	Key message given
Growth curve rising?		
Child received breast milk?		
How many meals of a thick consistency did the child eat yesterday? (use consistency photos as needed)		
Child ate an animal-source food yesterday? (meat / fish / liver / chicken / eggs?)		
Child ate a dairy product yesterday?		
Child ate pulses, nuts or seeds yesterday?		
Child ate a dark green or orange vegetable or orange fruit yesterday?		

Food intake checklist (6-23 months)

Child ate sufficient number of meals and snacks yesterday, for his / her age?		
Quantity of food eaten at main meal yesterday appropriate for child's age?		
Mother assisted the child at meal times?		
Child took any vitamin or mineral supplements?		
Child ill or recovering from an illness?		

Negotiation observer checklist

What skills did the counsellor use to make the mother feel comfortable?	
How did the counsellor get the mother to tell her what is bothering her?	
How did the counsellor encourage the mother to change her behaviour?	
How did the counsellor make the mother feel confident of her ability?	

Negotiation observer checklist (continued)

Did the counsellor address the issue that the mother was trying to explain?	
What could the counsellor have done better?	

