Infant and Young Child Feeding

National Counselling Cards for Community Volunteers
Acknowledgements

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This set of Counselling Cards is divided into three sections, Indicated by three colors: Part 1 (green): Infant and Young Child Feeding in Normal Circumstances; Part 2 (purple): Infant and Young Child Feeding in the Context of HIV/AIDS and in Exceptionally Difficult Circumstances, and Part 3 (blue): Topics to cover with all caregivers. These materials are part of an integrated package of job aids, or counselling tools, aimed to support (community) health workers in counselling mothers and other caregivers of children from birth to 24 months of age. The content of these materials is guided by the updated Uganda Policy Guidelines on Infant and Young Child Feeding (January 2009). Additional materials in the integrated package include a set of counselling cards for health workers, a Question and Answer Guide on Infant and Young Child Feeding with a Special Focus on HIV/AIDS, and 7 individual take-home leaflets.

This material and the other elements of the integrated package are intended for use by community health workers who have attended a training on the use of these counselling cards. If a community health worker encounters a situation that he or she cannot manage, the community health worker is advised to refer the mother to a trained health worker who is specialized in infant feeding counselling or to a health facility designated by the Ministry of Health as “Baby Friendly”.

The Ugandan Policy Guidelines on Infant and Young Child Feeding (IYCF) provide the framework for ensuring the survival and enhancing the nutrition, health, growth and development of infants and young children. They are also intended to strengthen care and support for parents and/or caretakers to achieve optimal infant and young child feeding. The Policy Guidelines are presented as 9 policy statements, divided into three sections – Feeding the Child under Normal Circumstances, Feeding the Child Who is Exposed to HIV, and Feeding the Child in Other Exceptionally Difficult Circumstances:

**a) Feeding the Infant/Young Child under Normal Circumstances**

**Policy Guideline 1**
All mothers should be counselled and supported to initiate breastfeeding within an hour of delivery and to exclusively breastfeed their infants for the first 6 months of the infant’s life unless medically contra-indicated.

**Policy Guideline 2**
Parents shall be counselled and supported to introduce adequate, safe and appropriately fed complementary foods at 6 months of the infant’s age while they continue breastfeeding for up to 2 years or beyond.

**Policy Guideline 3**
Pregnant women and lactating mothers should be appropriately cared for and encouraged to consume adequate quantities of nutritious foods.

**b) Feeding the Child Who is Exposed to HIV**

**Policy Guideline 4**
4a) Health service providers should establish the HIV status of all pregnant women and lactating mothers.
4b) All pregnant women and lactating mothers should be encouraged to confidentially share their HIV status with service providers and key family members in order to get appropriate IYCF services.

**Policy Guideline 5**
Exclusive breastfeeding should be recommended for infants of HIV infected women for the first 6 months of the infant’s life, irrespective of the infant’s HIV status, unless replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS) for them and their infants before that time.

**Policy Guideline 6**
Infants born to mothers living with HIV should be tested for HIV infection from 6 weeks of age, appropriate IYCF counselling given to the mother, based on her personal situation.ers living with HIV should be tested for HIV infection at 10 weeks of age.
c) Feeding the Child in Other Exceptionally Difficult Circumstances

Policy Guideline 7
Malnourished children should be provided with appropriate medical care, nutritional rehabilitation and follow-up.

Policy Guideline 8
Mothers of infants who are born with low birth weight but can suckle should be encouraged to breastfeed, unless there is a medical contraindication. Mothers of low birth weight infants who cannot suckle well shall be encouraged and assisted to express breast milk and to give it by cup, spoon or naso-gastric tube.

Policy Guideline 9
Mothers, caretakers, and families should be counselled and supported to practice optimal IYCF in emergencies and other exceptionally difficult/special circumstances.

Take-home Leaflets
There is also a series of take-home leaflets reflecting the National Policy Guidelines and complementing the key messages supporting the counselling cards. These leaflets will be handed out by health workers to caregivers as part of a counselling session, to reinforce the messages given during that session. Following leaflets were developed:

- How to Breastfeed Your Baby
- How to Hand Express Breast Milk
- How to Safely Heat Treat Breast Milk (insert)
- How to Feed your Baby Fresh Animal Milk
- How to Feed your Baby Infant formula
- How to Feed a Baby after 6 Months
- Nutrition during Pregnancy and Breastfeeding
- How to Feed a Sick Child
Positive Counselling Skills are important for all community volunteers.

**Listening and learning skills**

1) Use helpful non-verbal communication:
   - Keep head level with caretaker(s)
   - Pay attention
   - Reduce physical barriers
   - Take time
   - Touch appropriately

2) Ask open questions

3) Use responses and gestures that show interest

4) Reflect back what the caretaker says

5) Avoid using “judging” words

**General counselling guidelines**

- Organise your counselling tools before beginning a counselling session. Use the appropriate counselling cards that are needed.
- Greet the caretaker(s) and establish confidence.
- If the woman is pregnant, refer to counselling cards and leaflet on maternal nutrition (Card 1) and the cards on early initiation (Card 2) and exclusive breastfeeding (Card 4).
- All pregnant and lactating women should be counselled with Cards 13 and 14, explaining the risks of passing HIV to the baby. All mothers should be encouraged to have an HIV-test and to disclose their status.
- If she has an infant less than 2 years old, ask the caretaker about the age of her baby and current feeding practices. Use the counselling cards that correspond with the age of the child and also the cards that discusses the next development stage (Cards 7, 8, 9 and 10).
- Listen to the concerns of the caretaker(s).
- Praise what the caretaker(s) are doing right.
- Identify feeding difficulties, if any, and causes of the difficulties.
- Observe baby and caretaker(s).
- Answer questions that caretaker(s) have (if any).
- Discuss with the caretaker(s) different feasible options to overcome the difficulties.
- Present options and help the caretaker(s) select one that they are willing is most appropriate given her own Special Situation.
Cradle position

Cross cradle for small Infants

Cross position for twins

Lying down

Under arm position

Under arm position for twins
6 months

Card 7
Complementary Feeding from 7–8 Months
Card 9

Complementary Feeding from 9–11 Months

9-11 months

- Baby food
- Banana
- Rice

Avoid:
- Solid if too early
- Too much milk
- Uncooked eggs
- Raw fish
- Too much salt
Complementary Feeding from 9–11 Months

12-24 months

Card 10
If a Mother is HIV Positive

What is the risk of HIV passing to her baby when NO preventive actions are taken?

Out of 100 babies born to HIV-positive mothers:

- The majority of babies (60) are not infected with HIV, but should be protected.
- Most babies (25) become infected with HIV during pregnancy, labor and birth.
- Other babies (15) are infected with HIV through breastfeeding.

Protect your baby-
get tested and know your HIV status!
If a Mother is HIV Positive

…but mother and baby take ARV’S and practice exclusive breastfeeding, the risk of passing HIV to her baby decreases.

Out of 100 babies born to HIV-positive mothers who take ARVs:

- The majority of babies (85) are not infected with HIV.
- Most of these babies (10) become infected with HIV during pregnancy, labor and birth.
- Breastfed babies (5) can become infected. Exclusive and safer breastfeeding reduces the risk.

Protect your baby—get tested and know your HIV status!
If you are HIV-positive

What is the risk of HIV transmission when you are using:

- Only Breast Milk
- Only Replacement Milk (Formula or Cow’s Milk)
- Practicing Mixed Feeding (Breast milk plus other milk, liquids or foods)

Healthy babies without HIV infection

Babies who die from diarrhoea, pneumonia and other infections

Babies with HIV-infection

Card 15

Protect your baby - get tested and know your HIV status!
Cross Cradle Position

Under Arm Position

Kangaroo Care
Good Hygiene Practices Prevent Disease
Family Planning Methods

Temporary use methods:
- Female sterilization
- Male sterilization
- Male condom
- Oral contraceptives
- Injectables
- Spermicide
- Diaphragm
- Abstinence (Avoiding intercourse)

Long-term methods:
- IUCD
- Norplant
- Injectable (Depro-Provera®)
- Male Condom
- Spermicides
- Oral contraceptives (Injectables)
- LAM (Exclusive breastfeeding)

Other methods:
- Contraceptive gel
- Vaginal ring

For more information, consult a health care provider.
Difficulty breathing
Diarrhoea
Refusal to feed
Vomiting
Fever
Malnutrition