

# Infant and Young Child Feeding

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Uganda National Counselling Cards

# Acknowledgements

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Sincere gratitude is extended to all development partners and community members who participated in the multiple technical working groups, review committees and field testing of these materials, for their contributions from the time of their inception through the final stages. Non-governmental organisations including the International Baby Food Action Network (IBFAN), the Elizabeth Glazier Pediatric AIDS Foundation (EGPAF), CARE International, Protecting Families Against HIV/AIDS (PREFA), Catholic Relief Services (CRS), Save the Children in Uganda (SCIUG) and many others invested substantial time and resources. The process has been very labour intensive and the development would not have been possible if it were not for the untiring efforts and commitment of these organisations and individuals.

Special recognition is made to the Nutrition Unit and the Division of Health Promotion and Education of the Ministry of Health, and also members of the Maternal and Child Health Cluster, Senior Management Committee, Health Policy Advisory Committee and Top Management Committee of the Ministry of Health for their technical input in finalizing the current Policy Guidelines on Infant and Young Child Feeding and in reviewing and refining the integrated set of counselling materials.

These National Counselling Cards, the Question and Answer Guide and take-home leaflets were adapted from material originally developed by University Research Co, LLC in Tanzania under the Quality Assurance Project/Health Care Improvement Project. Both technical and financial support was provided by Nulife-Food and Nutrition Interventions for Uganda through the generosity of the American people, under USAID Cooperative Agreement 617-A-00-08-00006-00. January 2009.

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# Infant and Young Child Feeding (IYCF) Counselling Cards

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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 Other 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 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 community 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 facility based health workers who have attended either the 5 day National Infant and Young Child Feeding Counselling Training Course and/ or the 2 day Orientation on the Effective Use of Infant and Young Child Counselling Tools.

If a health worker encounters a situation that he or she cannot manage, the health worker is advised to refer the mother to a specialized infant feeding counsellor or to a health facility designated by the Ministry of Health as “Baby Friendly”. Facilities designated as “Baby Friendly” are assessed annually and the latest list can be found in the DHO’s office.

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 exclusively breastfeed their infants for the first six months of the infant’s life unless medically contra-indicated.

### **Policy Guideline 2**

Parents should be counselled and supported to introduce nutritionally adequate, safe and appropriately fed complementary foods at six 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. All HIV positive pregnant and lactating women should be put on long life treatment for HIV.

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**

All children born to HIV positive mothers should be exclusively breastfed for the first six months of life then continue with complementary feeding up to one year.

All these children should receive prophylactic ARVs for the first six weeks as they are linked to HIV care.

### **Policy Guideline 6**

Infants born to mothers living with HIV should be tested for HIV infection at 6 weeks of age.

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### ***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 contra-indication. Mothers of low birth weight infants who cannot suckle well should be encouraged and assisted to express breast milk and give it by cup, spoon or Nasal Gastric Tube.

#### **Policy Guideline 9**

Mothers, caretakers, and families should be counselled and supported to practice optimal Infant and Young Child Feeding in emergencies and other exceptionally difficult/special circumstances.

### ***Take-home Leaflets***

The series of take-home leaflets also reflect the National Policy Guidelines and complement the key messages found in the counselling cards. These leaflets are intended to be given to mothers or caregivers as part of a counselling session, to reinforce the messages given during that session. Ideally, the health worker should choose the brochure that best corresponds with the individual needs of the person being counselled and the child. 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

### ***A Question and Answer Guide***

A Question & Answer Guide: Infant and Young Child Feeding, with a special focus on of HIV AIDS is a reference tool for counsellors meant to help the health worker respond to questions commonly asked by mothers and their families.

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# Positive Counselling Skills

Positive Counselling Skills are important for all health workers.

## 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(s) say

5) Avoid using “judging” words

## General counselling guidelines

- Organise your counselling tools before beginning a counselling session. Use the appropriate counselling cards and take-home leaflets 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 11 and 12, 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).



- 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 she is willing is most appropriate given her own Special Situation.



# Maternal Nutrition during Pregnancy and Breastfeeding



# Maternal Nutrition During Pregnancy and Breastfeeding

1

- Adequate nutrition during pregnancy and lactation is important for both the mother and her baby.
  - Eat at least one extra meal a day during pregnancy in addition to regular meals, and two extra meals during breastfeeding.
  - Eat a variety of fruits and vegetables with every meal to get additional protection against diseases
  - Drink enough liquid every day (at least 8 glasses/ 2.5litres/6 full NICE cups for improved functioning of the body
  - Throughout your pregnancy and for at least 3 months after your baby is born you need iron and folic acid to prevent anaemia.
    - It is better to take iron tablets with meals to avoid potential side effects, particularly nausea.
    - Taking iron tablets with foods rich in vitamin c such as fruit juices helps to increase iron absorption
  - Always use iodised salt to prevent poor brain development, poor physical growth and goiter. Iodised salt also protects against unexplained abortions, miscarriages and still-births.
  - Consume fortified foods such as vegetable oil, margarine and flours to get additional vitamins and minerals. Fortified foods have "F" mark on the label.
  - Get a vitamin A capsule from the nearest health facility and take immediately after delivery or within 8 weeks to help build your baby's immune system through your breast milk.
  - Take de-worming tablets as prescribed to treat worms and to prevent anemia.
  - Sleep under an insecticide-treated mosquito net to prevent malaria. Take antimalarial drugs as prescribed by a health worker.
  - Attend antenatal care at least four times during pregnancy and always follow your health worker's recommendations.
  - Reduce workload for the pregnant woman and lactating mother
  - Avoid taking tea or coffee with meals because they interfere with iron absorption and may contribute to anemia. It is better to drink tea or coffee an hour before or after a meal.
  - Do not use alcohol, narcotics or tobacco products.
- Special note for the adolescent mother:**
- Before the age of 18 your body is still growing.
  - You need extra care, more food and more rest than an older pregnant or breastfeeding mother to enable your body to grow fully and ensure that it produces enough milk for your baby.

# Early Initiation of Breastfeeding





# Early Initiation of Breastfeeding

- Putting a baby on the breast immediately after birth provides the best start for your baby and can save his or her life.
- Immediate skin to skin contact provides warmth and promotes bonding.

As soon as your baby is born the baby should be put skin to skin and initiated on breastfeeding and covered to keep the baby warm for at least one hour.

- In case of a caesarean section, the baby should be put skin to skin and initiated on breastfeeding as soon as the mother is stable. Put your baby on the breast within one hour of birth to help expel the placenta and reduce bleeding.
- The thick yellowish milk known as colostrum is very healthy and helps protect your baby from illness.

- Colostrum will help to expel your baby's first dark stool.
- Water or pre-lacteal feeds (sugar water or liquids/fluids) are NOT necessary and dangerous. They cause a delay in your milk "coming in" (or start flowing).
- Even though your baby feeds for short periods of time, this small amount of milk is enough.
- During these early hours, feed your baby often (every 1 1/2 to 2 hours) for short feeding times. Frequent feeding will help your milk to flow sufficiently over the next few days.

# Positioning and Attachment (preferably 0 -6mons)



Cradle position



Cross cradle for  
small Infants



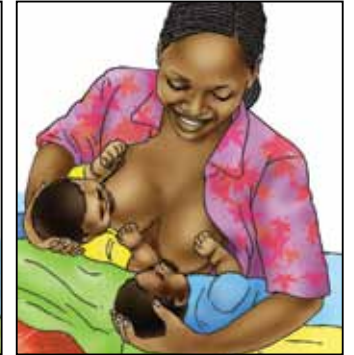
Cross position  
for twins



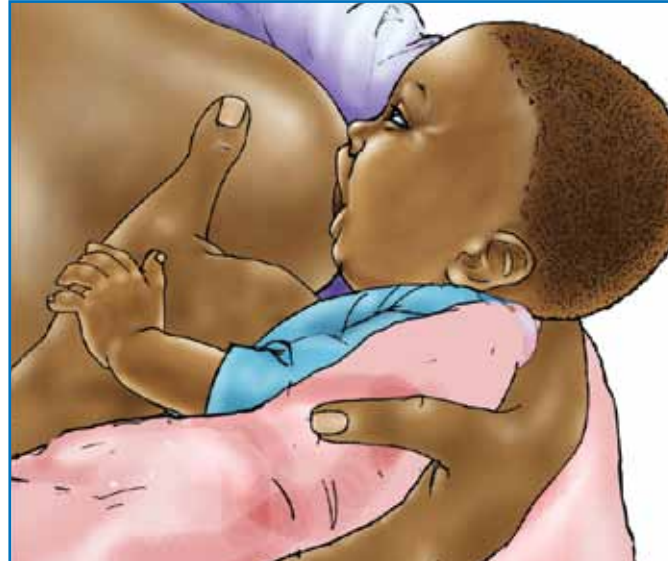
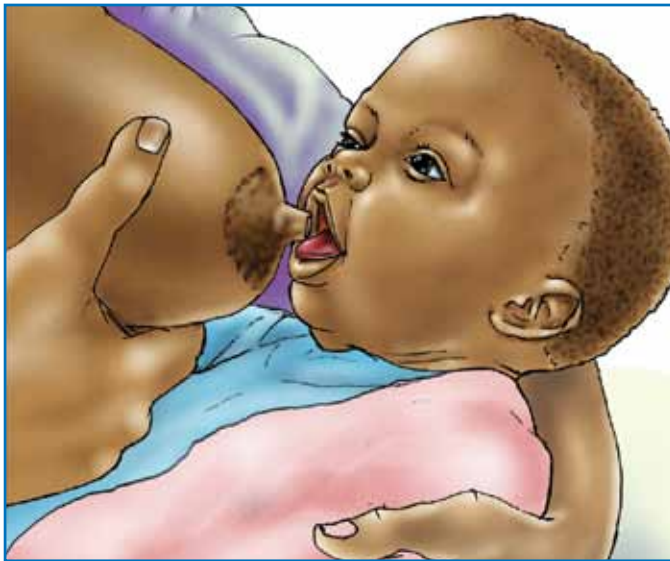
Lying down



Under arm  
position



Under arm position  
for twins



# Positioning and Attachment (preferably 0 -6 months)

- Correct positioning and attachment help to ensure that the baby suckles well and the mother produces a good supply of breast milk.
- Correct positioning and attachment help to prevent sore and cracked nipples.

## Positioning

- Ensure that your baby is well-positioned by baby's:
  - tummy facing your tummy
  - head and rest of the body in line
  - whole body supported
  - nose facing the nipple
- Your baby should be able to look up at your face. The baby should not be held flat to the mother's chest or abdomen.
- You should hold your breast with your fingers in a "C shape", the thumb being above the dark part of the breast (areola) and the other fingers below.
- Fingers should not be in "scissor hold" because this method tends to put pressure on the milk ducts and can take the nipple out of the infant's mouth.
- There are different ways to position the baby:
  - Cradle position (most commonly used)
  - Cross cradle position (suitable for small infants)
  - Side-lying position (can be used right after delivery, to rest while breastfeeding or at night)
  - Under-arm position (best used after a Caesarean section, when the nipples are painful and to breastfeed twins or small infants)

## Attachment

- When you first begin to breastfeed, you may need to help the baby attach well to the breast to avoid hurting your nipples.
- Touch the baby's lips with your nipple. When the baby's mouth opens wide, move the baby quickly onto the breast, aiming the lower lip slightly below the nipple.
- The baby's tongue should be over the bottom gums. If the baby is in a poor position, or if you feel any pain, then gently take the baby off the breast and start again.
- Check that your baby is feeding well by seeing that the baby's:
  - mouth is wide open and has most of the darker skin (areola) in his or her mouth
  - lower lip is turned outward
  - chin is touching the breast
  - cheeks are rounded
  - taking slow deep sucks, sometimes pausing
- You may also hear the baby swallowing.
- Let your baby empty one breast first and come off the breast on his or her own. This will ensure that your baby gets the most nutritious and satisfying milk. Then give your baby the other breast.

**(Should we stay silent about managing flat and inverted nipples)**

# Exclusive Breastfeeding for the First 6 Months

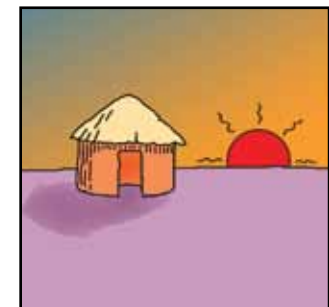
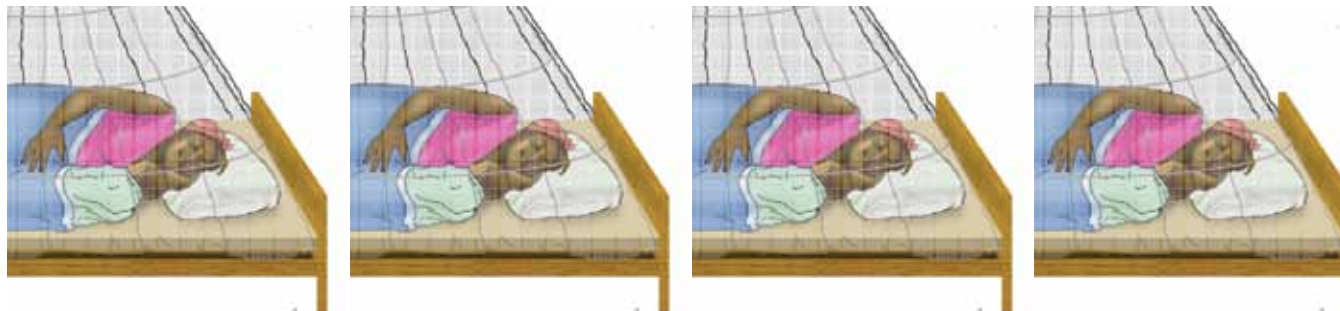
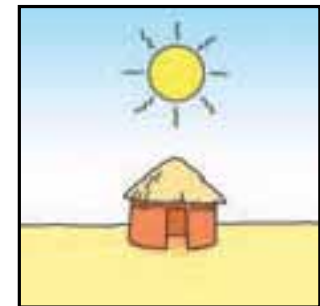
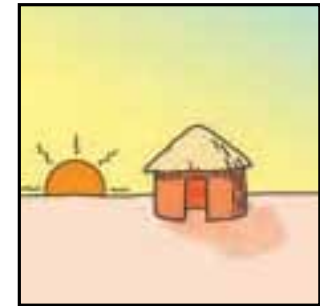




# Exclusive Breastfeeding for the First 6 Months

- Exclusive Breastfeeding for the first six months of life is important for proper growth health and development of your baby.
- Breast milk provides all the nutrients including water a baby needs during the first 6 months of life.
- The thick yellowish milk known as colostrum that is produced during the first few days after delivery is very important because it protects your baby from many diseases.
- Do not give any food or drink to your newborn baby the yellowish milk is enough. Giving something else other than breast milk will interfere with breast milk production.
- Even during very hot weather, breast milk will satisfy the baby's thirst during the first 6 months.
- Breastfeeding the baby often, at least 8 times, day and night, helps to produce lots of breast milk to ensure that the baby grows well.
- Breastfeeding should happen on demand on both the side of the mother and the baby.
- Breastfeeding protects the baby from diarrhoea and respiratory infections.
- Breast milk is inexpensive, always available and does not need any preparation.
- Feeding the baby ONLY breast milk up to 6 months helps a mother to recover from child birth and protects her from getting pregnant too soon if her menses have not yet returned.
- Do not give anything else, NOT even water (nor tea, glucose water, gripe water, other animal milks, infant formula or porridge) as this will make the baby to suckle less leading to the mother produce less milk. Resist pressure from others. Even if you work outside home you can maintain exclusive breastfeeding (Card 19 ).
- If the mother is complaining about lack of breast milk go to Card 5

# Breastfeeding more often Increases your Breast Milk Supply



# Breastfeeding more often Increases your Breast Milk Supply

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## **Note for the health worker:**

Ask the mother questions to find out the following:

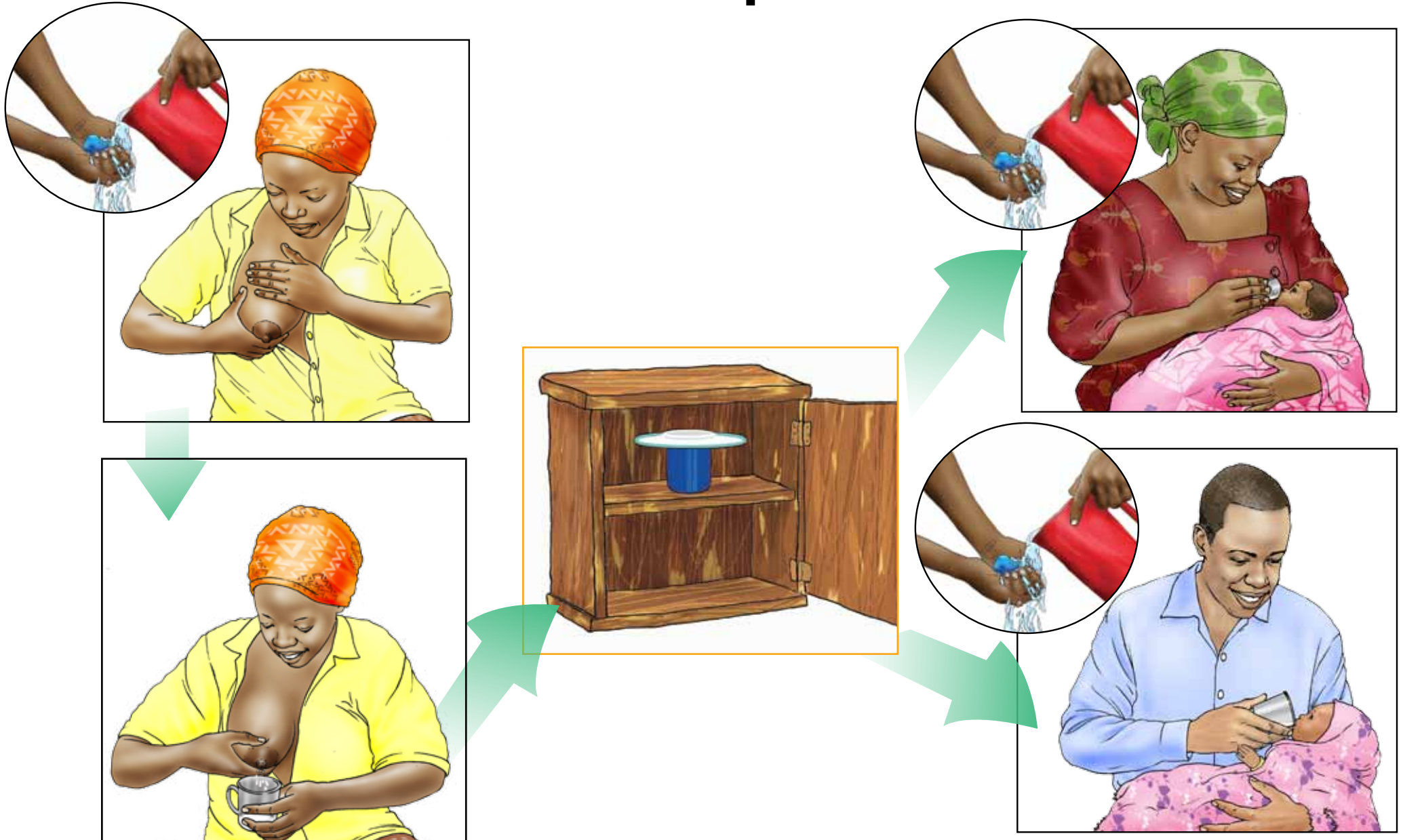
- Is the baby gaining insufficient weight?
- Is the baby having fewer than 6 wets a day?
- Is the baby relaxed and satisfied after feeds, uncomfortable and crying?
- is the baby receiving anything else other than breastmilk (If the baby is under 6 months), ?

## **Advise the mother to do the following:**

- Breastfeed frequently, at least 8 times a day.
- If the baby below 6 months has been receiving other foods, stop giving the other foods. . This will make your baby suckle more and increase your milk production.
- Breastfeed day and night.
- To empty one breast first before giving the other.
- If the baby is ill or sleepy, encourage the mother to wake him or her and offer the breast often.

- Breastfeed or express the breastmilk to avoid swelling of the breast and discomfort. Observe positioning and attachment of the baby and correct accordingly (Refer to Card 4 ).
- Get support from the family to perform household chores.
- Avoid using bottles, teats and spouted cups while feeding the baby.

# How to Hand Express Breast Milk





# How to Hand Express Breast Milk



- Wash your hands with soap and running water.
- Make sure the container you will use to express your breast milk is clean.
- Sit or stand in a comfortable position, in a quiet place.
- Use any hand for either breast. Put your thumb on the breast above the dark area around the nipple. Place your first finger below the nipple and the dark area. Support your breast with your remaining fingers.



- Compress the breast gently while moving your hand away from the chest wall. This should not hurt. If it does, then you are not doing it right.
- Press the same way on each side of the dark area around the nipple in order to empty all parts of the breast. Do not squeeze the nipple itself or rub your fingers over the skin
- Express one breast for 3 to 5 minutes until the flow slows down and then switch to the other breast. Then express each breast again. Change your hands when one hand gets tired. It usually takes 20 to 30 minutes to express all of the milk.



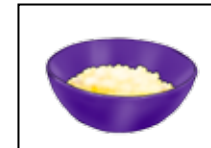
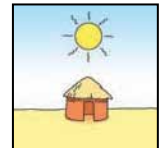
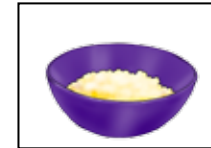
- If your milk does not come easily, massage your breasts using a warm cloth. A back massage or thinking about your baby might also help.
- Store your expressed breast milk in a clean covered container until you are ready to feed your baby. Expressed milk can be stored for up to 8 hours in a cool place.
- Always feed the baby using a clean open cup. Even a newborn baby learns quickly how to drink from a cup or spoon. DO NOT use bottles, teats or cups with a mouth piece. They are difficult to clean and can cause your baby to become sick.

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## Note for the health worker:

- Using expressed breastmilk is an option for HIV- positive woman while she has a breast problem on one or both breasts. Attachment of baby on the breast can be continued after the breast problem has resolved.

# Complementary Feeding from 6-8 months



# Complementary Feeding from 6-8 Months

- At 6 completed months, your baby needs other foods in addition to breast milk. This is because breast milk alone is no longer adequate to meet the baby's requirement for growth and development.
- Continue breastfeeding your baby on demand, day and night to maintain his or her health and strength as breast milk continues to be the most important part of your baby's diet.
- When feeding a baby between 6 - 8 months old always give breast milk first before giving other foods.
- Consider of the following when giving complementary foods to your baby:

**F** = Frequency, **A** = Amount, **T** = Thickness (consistency),

**V** = Variety (different kinds of foods), **A** = Active/responsive feeding, and

**H** = Hygiene (**FATVAH**).

## At 6 completed months:

**F** = Feed your baby 3 times a day.

**A** = Amount of food recommended is to start with 2-3 heaped tablespoons per feed.

## 7-8 months:

**F** - Feed your baby 3 times a day.

**A** - Amount of food should gradually be increase to at least one-third (1/3) of a NICE cup. Babies have small stomachs and can only eat small amounts at each meal.

**T** Mash and soften the foods so the baby can easily chew and swallow; breastmilk or animal milk can be used to prepare the soft food, do not add water. Be careful not to make the baby's food too thin.

- **T** Thicken the baby's food as the baby grows older, making sure that he or she is still able to easily swallow without choking.

- **V** Variety of foods should be given to the baby every day, or as often as possible. Your baby needs small bits of food from each of the following groups :
  - a)** Millet flour, sorghum flour, maize flour, potatoes, matooke etc
  - b)** Fresh or dry beans, peas
  - c)** Meat, chicken, fish or eggs
  - d)** Vegetables like dark green vegetables (dodo, nakati, buga) and tomato, eggplant, carrot, cabbage etc
  - e)** Fruits like passion fruit, mango, pawpaw, orange, banana watermelon, pineapple, avocado etc
  - f)** Oil or ghee where required.

- **A** Actively and patiently encourage your young child to eat.
  - Use a separate plate for the child to make sure he or she eats all the food given.
- **H** Hygiene should be observed when feeding.
- Always wash your hands with soap and clean running water.
- Give water and any liquid foods always use a clean open cup.
- Foods given to the baby must be prepared in hygienic conditions to avoid diarrhoea and illness.
- Take baby for vitamin A supplementation at 6months and after every six months till the baby is 59 months.
- DO NOT use bottles, teats or spouted cups to feed your baby. They are very difficult to keep clean and can make your baby sick with diarrhoea.

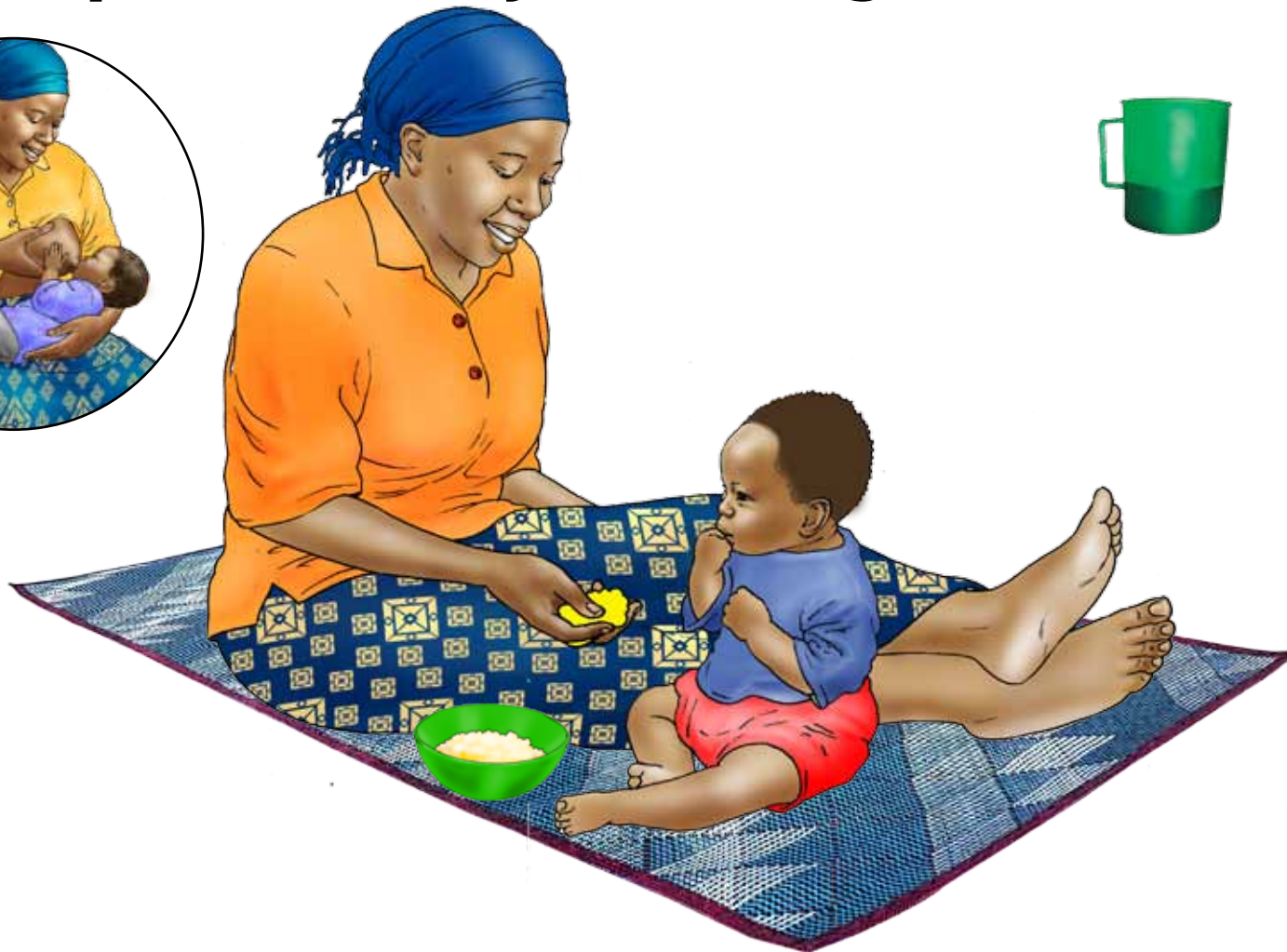
**Note:** Sweet foods causes loss appetite to infants

## Examples of Balanced Baby Food

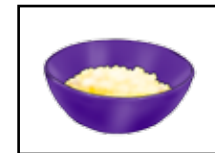
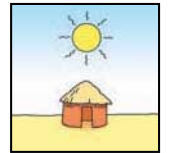
- A thick porridge can be made out of the following: a flour of either maize, millet, soya. Sugar, oil, milk, groundnuts, eggs and fruits can be mixed into the porridge
- Mashed food is a mixture of a food like matooke, potatoes, cassava, posho (maize or millet) and fish, meat, beans or groundnut and/or simsim paste. Also vegetables like greens, pumpkin, carrot, eggplant, avocado or tomato should be mixed in the baby food.



# Complementary Feeding from 9-11 months



9-11 months





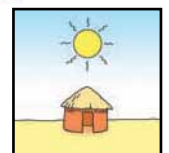
# Complementary Feeding from 9-11 Months

- Continue breastfeeding your baby on demand, day and night to maintain his or her health and strength as breast milk continues to be the most important part of your baby's diet.
  - When feeding a baby between 9-11 months old always give breast milk first before giving other foods.
  - Think of the following when giving complementary foods to your baby:  
**F** = Frequency, **A** = Amount, **T** = Thickness (consistency), **V** = Variety (different kinds of foods), **A** = Active/responsive feeding, and **H** = Hygiene (**FATVAH**).  
 From 9 months onwards feed your baby 4 times a day (3 meals and 1 snack).
  - **F** From 9 months onwards, feed your baby 4 times a day (3 meals and 1 snack).
- Snacks:**
- Are extra foods given between meals that are easy to prepare
  - These extra foods are in addition to the meals—they do not replace meals
  - good snacks provide energy and nutrients (soft drinks and sweets are discouraged)
  - most snacks can be eaten as finger foods such as pieces of ripe mango, pawpaw, banana and vegetables
- **A** Amount of food should gradually be increased to at least one-third (1/3) of a TUMPECO cup. (A full "TUMPECO" cup is 500 ml.) Babies have small stomachs and can only eat small amounts at each meal.
  - **T** Thicken the baby's food as the baby grows older, making sure that he or she is still able to easily swallow without choking.
  - Mash and soften the foods so the baby can easily chew and swallow; breastmilk or animal milk can be used to prepare the soft food, do not add water. Be careful not to make the baby's food too thin.
- **V** Variety of foods should be given to the baby every day, or as often as possible. Your baby needs small bits of food from each of the following groups :
    - a)** Millet flour, sorghum flour, maize flour, potatoes, matooke etc
    - b)** Fresh or dry beans, peas
    - c)** Meat, chicken, fish or eggs
    - d)** Vegetables like dark green vegetables (dodo, nakati, buga) and tomato, eggplant, carrot, cabbage etc
    - e)** Fruits like passion fruit, mango, pawpaw, orange, banana watermelon, pineapple, avocado etc
    - f)** Oil or ghee when necessary.
  - **A** actively and patiently encourage your young child to eat.
    - Use a separate plate for the child to make sure he or she eats all the food given.
  - Hygiene should be observed when feeding. Always wash your hands with soap and clean running water and give water and any liquid foods always use a clean open cup. DO NOT use bottles, teats or spouted cups to feed your baby. They are very difficult to keep clean and can make your baby sick with diarrhoea.
    - Foods given to the baby must be prepared in hygienic conditions to avoid diarrhoea and illness.
  - Ensure child received Vitamin A at 6 months and if not, advice the mother to take the baby for Vitamin A supplementation.
- Examples of Balanced Baby Foods**
- A thick porridge can be made out of the following: a flour of either maize, millet, soya. Sugar, oil, milk, groundnuts, eggs and fruits can be mixed into the porridge.
  - Mashed food is a mixture of a food like matooke, potatoes, cassava, posho (maize or millet) and fish, meat, beans or groundnut and/or simsim paste. Also vegetables like greens, , carrot, eggplant, avocado or tomato should be mixed in the babyfood.

# Complementary Feeding from 12-24 months



12-24 months



# Complementary Feeding from 12 – 24 Months

- Continue breastfeeding your young child on demand, day and night to maintain his or her health and strength.
- In your young child's 2nd year, breastmilk continues to make up 1/3 of his or her diet. HIV positive mothers who have decided to stop breastfeeding should feed their babies at least 1 full Tumpeco cup of milk every day. (A full TUMPECO cup is 500 ml.)
- Think of the following when giving complementary foods to your baby:  
**F** = Frequency, **A** = Amount, **T** = Thickness (consistency), **V** = Variety (different kinds of foods), **A** = Active/responsive feeding, and **H** = Hygiene (**FATVAH**).
- **F** From 12 months onwards, feed your young child 5 times a day (3 meals and 2 snacks).

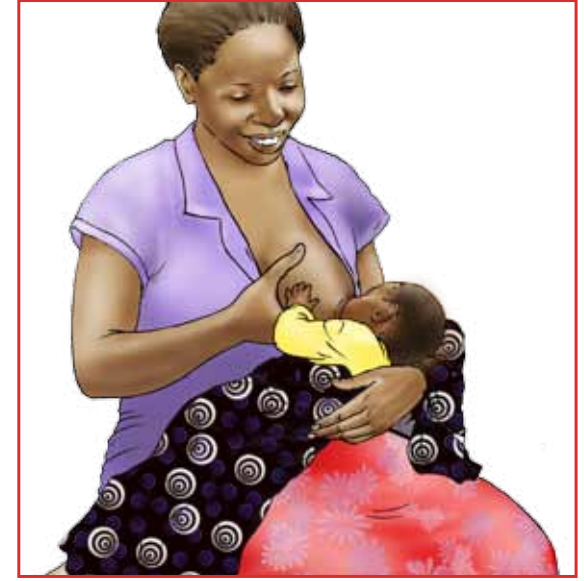
## Snacks

- extra foods between meals that are easy to prepare
- these extra foods are in addition to the meals—they do not replace meals
- good snacks provide energy and nutrients (not to be confused with sweets)
- most snacks can be eaten as finger foods such as pieces of ripe mango, pawpaw, banana and vegetables
- **A** Amount of food should gradually be increased to at least one-third (1/3) of a TUMPECO cup. (A full "TUMPECO" cup is 500 ml.) Babies have small stomachs and can only eat small amounts at each meal.
- **T** Thicken the baby's food as the baby grows older, making sure that he or she is still able to easily swallow without choking.

- Mash and soften the foods so the baby can easily chew and swallow; breastmilk or animal milk can be used to prepare the soft food, do not add water. Be careful not to make the baby's food too thin.
- **V** Variety of foods should be given to the baby every day, or as often as possible. Your baby needs small bits of food from each of the following groups :
  - a)** Millet flour, sorghum flour, maize flour, potatoes, matooke etc
  - b)** Fresh or dry beans, peas
  - c)** Meat, chicken, fish or eggs
  - d)** Vegetables like dark green vegetables (dodo, nakati, buga) and tomato, eggplant, carrot, cabbage etc
  - e)** Fruits like passion fruit, mango, pawpaw, orange, banana watermelon, pineapple, avocado etc
  - f)** Oil or ghee when necessary
- **A** actively and patiently encourage your young child to eat.
  - Use a separate plate for the child to make sure he or she eats all the food given.
- **H** Hygiene should be observed when feeding. Always wash your hands with soap and clean running water and give water and any liquid foods always use a clean open cup. **DO NOT** use bottles, teats or spouted cups to feed your baby. They are very difficult to keep clean and can make your baby sick with diarrhoea.
  - Foods given to the baby must be prepared in hygienic conditions to avoid diarrhoea and illness.
- Ensure child received Vitamin A at 12 months and encourage mother to take baby for vitamin A after every 6 months up to 5 years of age
- The child should be given de-worming tablets at year and thereafter Bi annually until 14 years.



## Feeding the Sick Child Less than 6 Months



## Feeding the Sick Child More than 6 Months





## Less than 6 Months

- Breastfeed more during illness. This will help your baby to fight sickness, recover more quickly and not lose weight.
- Breastfeeding also provides comfort to a sick baby.
- If your baby refuses to breastfeed, continue to encourage your baby until he or she takes the breast again.
- Give only breast milk and prescribed medicines to your baby.
- If your baby has been very ill, you may need support to re-establish exclusive breastfeeding.
- If the baby is too weak to suckle, express breastmilk to give the baby, either by cup/spoon or by hand expression directly into the baby's mouth. This will also help the mother to keep up her milk supply and prevent breast swelling.
- Practice exclusive breastfeeding from 0 - 6 months.

**NOTE:** The mother may need support to re-establish exclusive breastfeeding.

## Feeding during recovery

- When a baby is recovering from an illness, he or she will breastfeed and eat more than usual. The baby is replacing what he or she lost during illness..
- If your child is over 6 months, give him or her one additional meal of solid food each day during the next two weeks after he or she has recovered. This will help your child regain weight lost during the illness.
- Take enough time to actively encourage your child to eat this extra food and breastfeed more frequently when his or her appetite has returned.

## More than 6 Months

- Increase the frequency of breastfeeding and offer additional food to your child to maintain his or her strength, reduce weight loss and to recover faster.
- Encourage your child to breastfeed, eat and drink more. A child needs more food and drinks during illness.
- DO NOT use bottles, teats or spouted cups, since these are difficult to clean and may increase the risk of child getting diarrhea.
- Be patient and encourage your sick child to eat as his or her appetite may be decreased because of the illness.
- Give your child small frequent meals.
- Feed your child foods that he or she likes in small quantities throughout the day.
- Offer your child simple foods like porridge and fruits, even if he or she does not express interest in eating.
- Avoid spicy or fatty foods increased nausea, and vomiting to the sick child.

# If a Mother is HIV Positive

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



Out of 20 Babies born to HIV - Positive Mothers:



The majority of babies (12) are not infected with HIV but should be protected.



Most babies 5 become infected with HIV during pregnancy, labor and birth.



Other babies 3 are infected with HIV through breastfeeding.

**Protect your baby-**

**Seek for routine counseling and testing for HIV during pregnancy and after delivery**

# Risk of HIV Transmission

- An HIV positive mother can pass on HIV to her baby during
  - pregnancy
  - labor and delivery
  - breastfeeding

## **Without any intervention:**

- 30% of babies will be infected with HIV from their mothers  
this percentage of children will be infected through pregnancy, labour, and delivery. ....% of babies will be infected through breast feeding alone

## **However:**

- if a mother and baby take ARV's and the baby breast feeds exclusively for the first 6 months of life, the risk of HIV transmission is reduced to less than 5%.
- HIV positive mothers should be encouraged to exclusively breast feed their infants for the first 6 months of life.
- The mother should be on HAART and the infant receives ARV prophylaxis for the first 6 weeks.

- From 6 months of age, the infant should be started on complementary foods while breast feeding continues up to 12 months age
- if the infant is already HIV infected, then exclusive breastfeeding for the first 6 months of life is recommended and the infant should be started on complementary foods at 6 months while continuing to breast feed for two years or beyond
- Mixed feeding is discouraged because it increases the risk of HIV transmission to the baby
- Replacement feeding is discouraged because it increases the risk of diarrhea, pneumonia and other infections

# 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 20 babies born to HIV - positive mothers who take ARVs:**



The majority of babies 17 are not infected with HIV.



Most of these babies 2 become infected with HIV during pregnancy, labor and birth.



Breastfed babies 1 can become infected. Exclusive and safer breastfeeding reduces the risk.

**Protect your baby-  
get tested and know your HIV status!**



# Risk of HIV Transmission

If a mother is HIV positive... what is the chance of passing HIV to her baby when mother and baby take anti-retrovirals and practice exclusive breastfeeding?

- Think of 20 babies born to women with HIV... Did you know that if the mother and baby are given ARV'S and she practices exclusive breastfeeding the risk of passing HIV to the baby decreases?  
17 out of 20 babies will not be infected.
- Only 2 of the 20 babies will become infected during pregnancy, labor and delivery.
- Only 1 of the 20 babies will be infected through breastfeeding. However breastfeeding should be done exclusively.

# Infant feeding mode and risk of HIV Transmission

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

### Only Breast Milk



Healthy babies  
without HIV infection

### Only Replacement Milk (Infant Formula or Cow's Milk)



Babies who die from diarrhoea  
pneumonia and other infections

### Practicing Mixed Feeding

(Breast milk plus other milk, liquids or foods)



Babies with  
HIV-infection

# Infant feeding mode and risk of HIV Transmission

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- It is important for you to know that all feeding options have risks for your baby. The reason for discussing these risks is to help you decide how to feed your baby.
- It is possible to reduce the risk of illness (such as diarrhoea and respiratory infections like pneumonia). These pictures show the kind of risks associated with the different feeding options. It is important for you to understand these risks.
- Exclusive Breastfeeding (giving ONLY breast milk for the first 6 months): reduces the chance of passing HIV to your baby by half compared with mixed feeding (giving both breast milk and other milks/foods).
- Exclusive Replacement Feeding (giving ONLY formula or modified fresh animal milk for the first 6 months): there are no chances of HIV infection through breastfeeding, but there are more chances of your baby dying from diarrhoea, pneumonia and other infections.
- Mixed Feeding (giving both breast milk and other milks or foods): compared to exclusive breastfeeding, mixed feeding greatly increases the chances of passing HIV to your baby. It also increases the chances of your baby suffering from other illnesses and dying because he or she is not protected through breast milk.
- We shall shortly go through some important information which will help you make a decision that is best for you and your baby.

# Only Breast Milk

## Exclusive Breastfeeding



Use expressed  
breast milk when  
away from baby



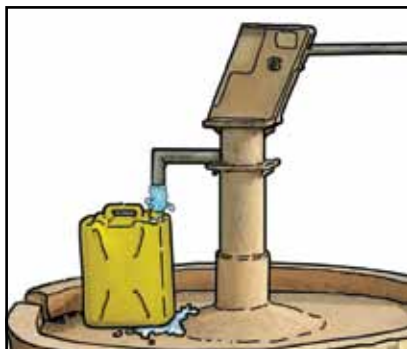
# What are your infant feeding options?

## **Exclusive Breastfeeding for the first 6 months**

- Exclusive breastfeeding means that a baby receives ONLY breast milk during the first 6 months of life – no other foods, drinks or even water are required.
- Breast milk is the perfect food for your baby and helps him or her to grow and develop fully.
- Breast milk is inexpensive, always available and does not need any preparation.
- Feeding the baby on only breast milk up to six months helps you to recover from childbirth and protects you from getting pregnant too soon.
- Early and frequent feeding will help you to produce enough milk for your baby.
- There is a risk of passing HIV to your baby through your breast milk. But if both the mother and infant are on ARV's then the risk of HIV transmission is greatly reduced. Exclusive breast feeding also reduces the chance of other illnesses for your baby (diarrhoea, pneumonia etc) and for you (reduces bleeding, ovarian and breast cancers).

## If you are HIV -positive

# Is replacement feeding a safe option for your baby?



Access to safe water



Clean home environment



Good Sanitation



Sufficient Income



Safe storage for milk



Enough cooking Fuel



Able to prepare night feeds



Good family support



Access to healthcare

# Assessing the mother's situation

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**FOR REPLACEMENT FEEDING TO BE A VIABLE OPTION:** Mothers should meet all of the requirements in the right hand column unless those from the middle column can be improved to meet the requirements. **Note to health worker:** When asking the questions below, make sure to probe until you have all the desired information. Do not suggest possible answers, keep your questions open-ended.

| QUESTIONS                                                                                                                                                                                               | MOST SUITABLE FEEDING METHOD                                                      |                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                         | BREASTFEEDING                                                                     | REPLACEMENT FEEDING                                                                         |
| (If fresh animal milk is the replacement feeding option:) Where do you get animal milk?                                                                                                                 | Unreliable source: with additions, vendor, not regular                            | Reliable source: animal at home or nearby, packaged milk                                    |
| Where do you get your drinking water?                                                                                                                                                                   | River, stream, pond or well                                                       | Piped water at home or nearby, borehole or can buy clean water                              |
| Please describe your home environment? (location, kitchen, cooking fuel, garbage)                                                                                                                       | Non-hygienic                                                                      | Hygienic                                                                                    |
| Do you have a toilet at home? If so, what kind of toilet?                                                                                                                                               | None or traditional pit latrine                                                   | Ventilated pit latrine, or flush toilet                                                     |
| What do you do to earn your living? And your partner?<br>(Explain the monthly cost of the replacement feeding option) Are you able to afford replacement feeding for at least six months?               | Not enough for 15 - 30 liters/month *                                             | Enough for 15-30 liters/month (AM)<br>Enough for 8 tins/month (FM) *                        |
| Can you afford transportation to get formula when you run out, for fuel, for utensils, sugar etc?                                                                                                       | No                                                                                | Always                                                                                      |
| Where would you keep unprepared replacement milks, the ingredients used to prepare them and clean utensils?                                                                                             | Not safe: irregular power supply, no cupboard, no clean special bucket with cover | Safe place: refrigerator and regular power, clean cupboard, clean special bucket with cover |
| Are you able to boil enough water for the day and night feeds?<br>(If fresh animal milk is the replacement feeding option:) Are you able to boil enough milk in the morning, afternoon and the evening? | No                                                                                | Yes, can continuously boil water (and milk)                                                 |
| How would you arrange night feeds? (light, location, time, security)                                                                                                                                    | Too difficult                                                                     | Feasible                                                                                    |
| Do your partner, in-laws and parents know you are HIV-positive?                                                                                                                                         | No                                                                                | Yes                                                                                         |
| How would you feel about replacement feeding in public (in front of your family, neighbors and other community members)?                                                                                | Not confident                                                                     | Confident, family is supportive                                                             |
| Where do you go for health services? (location, distance, cost, accessibility)                                                                                                                          | Difficult access                                                                  | Easy access                                                                                 |

\* **Note for the counsellor:** calculate the monthly cost of replacement feeding in your community **AM: Animal Milk, FM: Formula Milk**

# Feeding a Low Birth Weight Baby



**Cross Cradle Position**



**Under Arm Position**



**Kangaroo Care**



# Feeding a Low Birth Weight Baby

## Note for the health worker:

- Explain the problem of Low Birth Weight: a Low Birth Weight baby needs special care and feeding
- If very small (less than 30 weeks gestation or less than 1.5kg) refer for further management
- If medium size (30 to 34 weeks gestation or more than 1.5kg) the mother should breastfeed as much as possible. Babies with difficulties in attachment and sucking should be given additional expressed breast milk in an open cup (Refer to the card on hand expression).
- The mother needs support for correct attachment. The cross cradle and underarm positions are good positions for feeding low birth weight babies because they allow the mother to better control the positioning of the baby's mouth on the nipple.
- Direct breastfeeding may not be possible for several weeks, but the mother should be encouraged to express breast milk and feed the breast milk to the infant using a clean open cup. The baby should be put on the breast frequently to get him or her used to the breast and to keep the milk flowing.
- If the baby sleeps for too long, the caretaker should unwrap and hold him or her to awaken before feeding.
- The mother should watch baby's sleep and wake cycle and feed during quiet-alert states.
- Crying is the last sign of hunger. The mother should recognize earlier signs of hunger (including tooting, licking movements, flexing arms, clenching fists, tensing body and kicking legs) and feed the baby.

## Kangaroo Mother Care

- Different caretakers can care for the baby using the Kangaroo method
- Position: place the naked baby on the caretaker's naked chest with his or her legs flexed and secure the baby in a cloth that passes just under the infant's ears and is tied around the caretaker's chest.
- Warmth is needed:
  - keep skin-to-skin contact, both naked
  - cover the baby's head with a hat

# Working Mother



# Sick Mother



# Working Mother and Sick mother

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## Working Mother

### Working mothers with formal employment:

According to the Ugandan law, a mother is entitled to a paid maternity leave of 60 working days and her male partner to 4 days of paternity leave

Get your employer's support to:

- give you breast feeding breaks
- give all your entitled leave in addition to maternity leave
- make storage provisions for expressed breast milk

### For all working mothers:

Continue to breastfeed even when you go back to work. You can:

- Express breast milk to be fed to the baby from a cup while away
- Express breast milk at work to keep the milk flow going and to prevent breast swelling
- If possible, carry the baby to the place of work or have someone bring the baby when you have a break
- Take extra time to feed the baby before leaving for work and when you come back from work
- Increase the number of times you feed your baby while you are around; e.g. increase day, night and weekend feedings.
- Get extra support to care for the baby while at work
- Reduce work load for the breastfeeding for the first 6 months

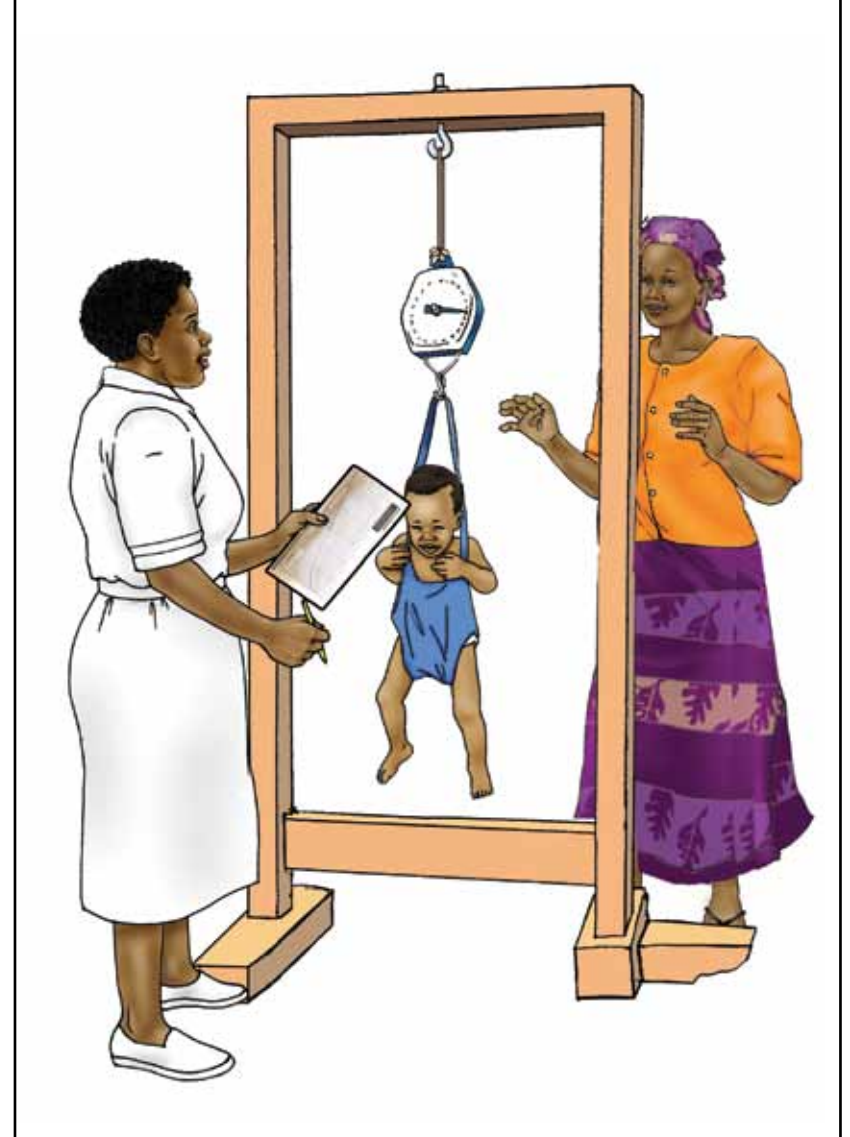
## Sick Mother

- Its important for the baby to continue to breastfeed for the baby's health and to prevent breast problems
- It is important that you continue to eat, even when you do not have appetite
- During illness you need extra nutritious food to recover quickly from the illness and and to continue producing breast milk..
- Avoid self medication because it might harm you and your baby

### Nutrition advice for a sick mother:

- Eat a variety of favorite foods
- Eat small frequent meals
- Make sure you take more liquids (e.g. water, juice, porridge, soup)
- Avoid fried and spicy foods or strong smelling foods
- Prepare foods in other ways than usual (e.g. mashed foods, more soups)
- Avoid foods that cause stomach discomfort
- Continue eating, even when you have diarrhoea
- Ensure proper hygiene when preparing the food For more information on feeding a Breastfeeding mothers refer to card

# Regular Growth Promotion and Monitoring Prevents Malnutrition





# Regular Growth Promotion and Monitoring Prevents Malnutrition

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## Note for the health worker:

- A healthy child grows well. Any reduced growth shows that something is wrong.
  - Infants and young children should gain a certain amount of weight every month.
  - A child should be weighed once every month from birth until he or she is two years old. Encourage mothers or caregivers to bring their children for weighing every month
- At each visit weigh the child, plot the weight in the child health card and interpret the findings to the parent/caretaker.
- It is much easier to take corrective action in an early stage of reduced growth than when the child has already become malnourished.
  - If the child is not growing well , try to find out the cause.
  - Discuss the possibility of continuing frequent breastfeeding or re-lactation where appropriate (Cards **4, 5, 6**).
  - If the baby is older than six months, discuss the appropriate complementary foods/ nutrition education using the appropriate age. (Cards 7, 8, 9).
  - If the child has been or is sick, treat the child and discuss the feeding recommendations.
- If assessment shows that the child suffers from moderate or severe malnutrition do the following:
  - With the help of the Child Health Card and this counselling card, explain the risks and signs of malnutrition.
  - Discuss the possibility of continuing frequent breastfeeding or re-lactation where appropriate (Cards **4, 5, 6**)
  - If the baby is older than six months, discuss the appropriate complementary foods/ nutrition education using the appropriate age. (Cards **7, 8, 9**).
  - Encourage the mother or caretaker to take the child for regular growth promotion and monitoring (GPM).
  - Encourage the mother/ caretaker and the child to go for an HIV test
  - Use the child Health Card to interpret the child development milestones to the parent/ Caretaker.

# Good hygiene and sanitation practices prevent disease



# Good Hygiene and Sanitation Practices Prevent Disease

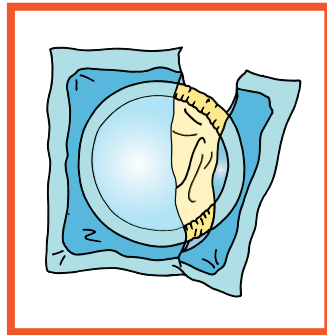
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- Wash your hands with soap and running water before and after preparing food,= eating, and feeding young children.
- All foods should be covered and kept in a clean, cool and dry place
- Thoroughly wash cups and utensils immediately after feeding your baby. Keep them dry and covered. •DO NOT use bottles, teats or spouted cups for feeding the baby because they are difficult to clean and can cause diarrhoea.
- Wash children's hands with soap and running water before they eat and after they have passed stool.
- Wash your hands with soap (or ash) and running water after using the latrine or cleaning the baby's bottom.

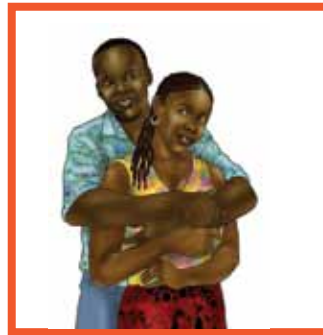
# Optimal Child Spacing promotes Child Survival



**LAM**  
(Exclusive breastfeeding)



**Male Condom**



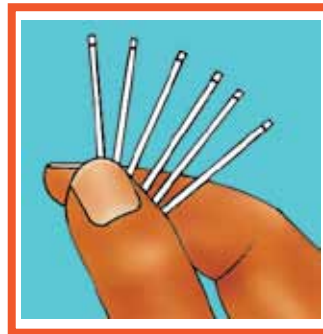
**Abstinence**  
(Avoiding intercourse)



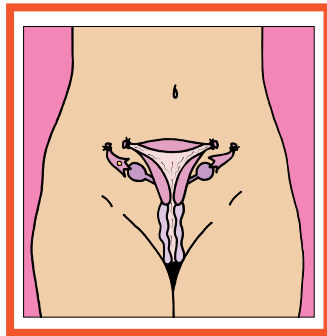
**Injectables**  
(Depro-Provera®)



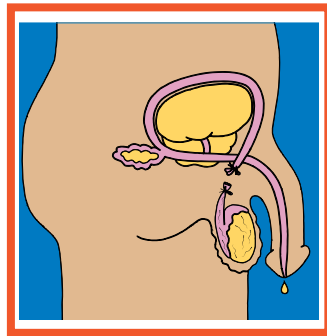
**Oral Contraceptives**



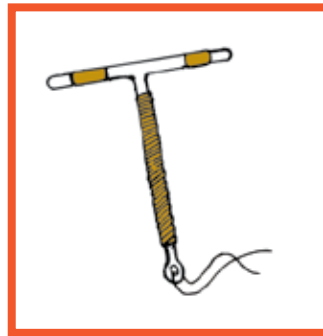
**Implants**



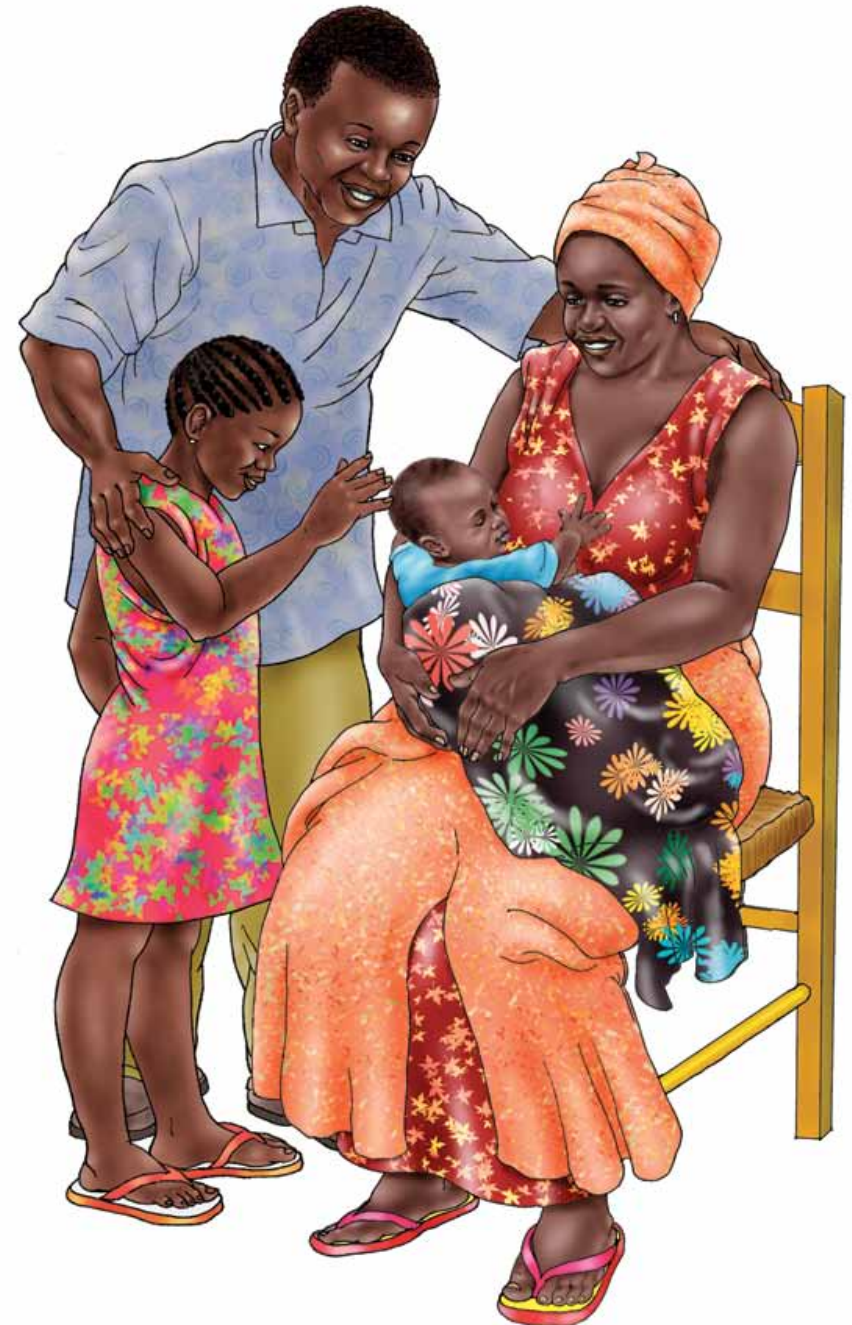
**Tubal Ligation**



**Vasectomy**



**IUD**





# Optimal Child Spacing Promotes Child Survival

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## Key messages to be given to a mother:

- Optimal child spacing means:
  - having your children at least 2 to 3 years apart
- Optimal child spacing promotes child survival through having:
  - more time to breastfeed and care for child
  - more money for child care because you will have less school fees to pay, clothes and food to buy etc.
  - more time for your body to recover and prepare for the next pregnancy
- Feeding your baby exclusively on breast milk for the first 6 months helps to space births in a way that is healthy for you and your baby.
- By exclusively breastfeeding your baby for the first six months you can prevent pregnancy only if:
  - you feed the baby frequently day and night.
  - your baby is not more than 6 months old
  - your menstrual period has not returned
- If any of these three conditions change, you are no longer protected against pregnancy.

## Note for the health worker:

### Family planning options for a breastfeeding mother:

- Any time after delivery for maximum of 6 months: LAM
- Any time after delivery: male and female condoms
- Any time after delivery: Abstinence
- Within 48 hours or after 4 weeks after delivery: Intra-Uterine Device (IUD)
- Within 7 days or 6 weeks after delivery: tubal ligation
- Any time during pregnancy or after delivery: vasectomy
- 6 weeks after delivery: progestin-only pills
- 6 months after delivery : Combined Oral Contraceptives, implants, injectables
- After 3 regular menstrual cycles: Moon Beads



## Note for the health worker :

### When dealing with an HIV-positive mother:

- Counsel on dangers of another pregnancy.
- If the mother is to engage in sex, she should use condoms to prevent re-infection and to prevent infecting her partner. She should also use another family planning method to prevent pregnancy.

# When to Bring Your Child to the Health Facility



Difficulty breathing



Diarrhoea



For Polio Vaccination



Refusal to feed



Vomiting



Fever



Malnutrition

# When to Bring Your Child to the Health Facility

**Key message to health worker: Young children can become suddenly ill and may need to be assessed urgently by a health worker and the following should be given to the mother;**

- Take your child to a health worker if he or she shows any of the following signs:
  - Fever (possible risk of malaria)
  - Refusal to feed and weakness/discomfort
  - Chest infection (cough and difficulty in breathing)
  - Diarrhoea (more than 3 loose stools a day for two days or more and/or blood in the stool, sunken eyes)
  - Vomiting (cannot keep food/drink in the stomach)
  - Malnutrition (loss of weight or swelling of the body)
- You should also take your child for routine postnatal checkups, immunizations, Vitamin A supplementation twice yearly and continued growth monitoring until he or she is 2 years of age.
- If you are HIV positive, your children can be tested at 6 weeks of age so that you can know if they are infected with HIV and they can begin to receive treatment and care.
- Take MUAC for all children from 6 months up to 5 years who are brought to the facility