



mami
Management of small
& nutritionally At-risk
Infants under six months
& their Mothers

MAMI Counselling Cards and Support Actions Booklet



Introduction

This MAMI Counselling Cards and Support Actions Booklet has been developed to help health care providers and IYCF counsellors provide counselling and support on key topics for mothers or caregivers of small and nutritionally at risk infants less than 6 months of age as part of the MAMI Care Pathway. The booklet and cards are an update of the Counselling Cards and Support Actions Booklet included in MAMI Tool Version 2¹ and are primarily based on the UNICEF IYCF Community Counselling Cards² and the WHO IYCF Counselling Integrated Course³, as well as other references as indicated on each of the cards. The cards were tailored and adapted to actions and counselling needs in the context of management of small and nutritionally at risk infants under six months and their mothers.

This MAMI Counselling Cards and Support Actions Booklet is divided into three sections based on the needs of the mother or caregiver:

- **Section A is focused on issues and needs of infants who are breastfed or predominantly breastfed.**
- **Section B is focused on issues and needs of infants who are not breastfeeding.**
- **Section C is focused on core topics to discuss with the mother as well caregiver/partner/family members.**

The MAMI Counselling Cards and Support Actions Booklet serves as a job aid to be used by counsellors during the counselling session to address needs identified during the assessment phase of the pathway. They are designed such that each card includes an illustration that can be shown to the mother or caregiver during the counselling session with key messages and actions listed on the back of each card for the counsellor's reference. For each counselling visit, the counsellor can choose the relevant card(s) to address key identified problems (CARDS A1 to B3) as well as discuss other general topics (CARDS C1-C7). The booklet and cards are not meant to replace existing knowledge and skills that the counsellor should be equipped with, but rather serve as reminder of the actions and key messages. To ensure effective counselling and follow up, ensure that a record is kept on which topics were addressed at each visit.

¹ <https://www.enonline.net/c-mami>

² https://sites.unicef.org/nutrition/index_58362.html

³ <https://www.who.int/nutrition/publications/infantfeeding/9789241594745/en/>



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Counselling and communication skills

Positive counselling skills are important for the success of counselling. Basic counselling skills include listening and learning, building confidence and giving support.

Listening and Learning Skills

- Use helpful non-verbal communication.
- Ask open questions to understand the concern.
- Use responses and gestures that show interest.
- Reflect back what the mother/caregiver says.
- Empathize – show that you understand how she/he feels.
- Avoid words that sound judgmental.
- Keep your head at the same level of the mother or caregiver.
- Reduce physical barriers.

Building Confidence and Giving Support Skills

- Listen carefully to the mother's or caregiver's concerns.
- Accept what a mother or caregiver thinks and feels. Let them talk through their concerns before correcting any wrong ideas or misinformation. This helps establish confidence.
- Recognize and praise what a mother/caregiver and child are doing right.
- Give practical help.
- Give a little, relevant information at a time.
- Use simple language that the mother or caregiver will understand.
- Make one or two suggestions, not commands.
- Allow time to listen to mother's/father's/caregiver's concerns.

3-step Counselling

The following 3-Step Counselling will help you to counsel mothers or caregivers about infant and young child feeding.

The 3 steps are: Assess, Analyze and Act.

Step 1: Assess, listen, and observe

- Greet the mother (or caregiver) using friendly language and gestures.
- Ask some initial questions that encourage her (or him) to talk.
- Listen to what is being said and observe what is going on using your Listening and Learning and Building Confidence and Giving Support skills.

Step 2: Analyze: identify difficulty (and if there is more than one then prioritise difficulties)

- Decide if the feeding you observe is age-appropriate and if the condition or health of the child and mother (or caregiver) is good.
- If there are no apparent difficulties, praise the mother (or caregiver) and focus on providing information needed for the next stage of the child's development.
- If one or more feeding difficulty is present or the condition or health of the child or mother (or caregiver) is poor, prioritize the difficulties.
- Answer the mother's (or caregiver's) questions if any.

Step 3: Act: discuss, suggest a small amount of relevant information, agree on do-able action

- Depending on the factors analysed above, select a small amount of information to share with the mother or caregiver that is most relevant to her or his situation.
- Be sure to praise the mother or caregiver for what she or he is doing well.
- Present options for addressing the feeding difficulty or condition of health of the child or caregiver in terms of small do-able actions. These actions should be time-bound (within the next few days or weeks).
- Share key information with the mother or caregiver using the appropriate counselling cards or take-home brochures and answer questions as needed.
- Help the mother or caregiver select one option that she or he agrees to try in order to address or overcome the difficulty or condition that has been identified. This is called 'reaching an agreement'.
- Suggest where the mother or caregiver can get additional support. Refer to clinical treatment if appropriate and/or encourage participation in educational talks or IYCF Support Groups in the community.
- Confirm that the mother or caregiver knows where to find a community volunteer and/or other health worker.
- Thank the mother or caregiver for her or his time.
- Agree on when you will meet again, if appropriate.

Communicating with mothers and caregivers with mental health concerns

Using effective communication skills allows the counsellor to deliver effective counselling to mothers and caregivers with mental health concerns. It is therefore important to consider the following communications skills:

Creating a safe environment:

- Meet the mother in a private and safe place if possible.
- Be welcoming and conduct introductions in a culturally appropriate manner.
- Maintain eye contact and use body language and facial expressions that facilitate trust.
- Explain that information discussed during the counselling session will be kept confidential and will not be shared without prior permission.

Listening and learning:

- Allow the mother or caregiver to speak without interruptions.
- Be patient, calm, and respectful.
- Practice active listening.
- Listen to her and help her to feel calm.

Building confidence and support:

- Use simple language. Be clear and concise.
- Use open ended questions, summarising and repeating key points.
- Allow mother or caregivers to ask questions.
- Respond with sensitivity when mother or caregiver disclose sensitive experiences.
- Acknowledge the difficulty of disclosing information.
- **Be aware of key psychosocial interventions for mothers and caregivers with mental health conditions.**
- Identify and discuss relevant stressors that place stress on the mother or caregiver (e.g. family problems, financial, health, etc.)
- Assist mother to address stress by discussing and identifying methods to relieve stress such as relaxation techniques (refer to 'Relaxation I and II' CARD C5 & C6).
- Identify supportive family members and involve them as much as possible (refer to 'Family and partner support' CARD C1).
- Discuss ways to strengthen social support (refer to 'Community Support' CARD C2).
- Refer to needed psychosocial support as appropriate.

Sources:

- WHO Psychological First Aid, Available at: <https://www.who.int/publications/item/9789241548205>
- WHO mh GAP Intervention Guide. Available at: <https://www.who.int/publications/i/item/mhgap-intervention-guide---version-2.0>

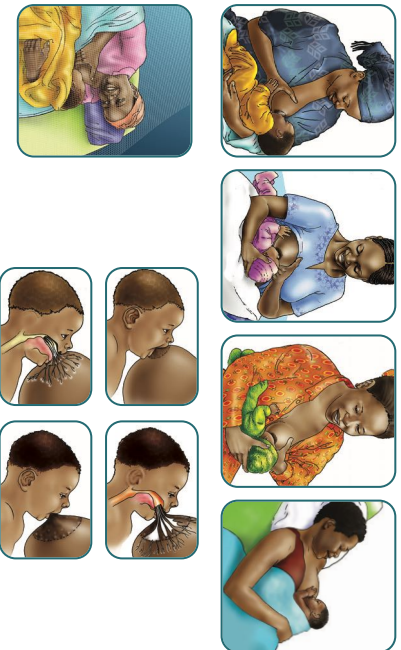




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SECTION A

Breastfeeding counselling and support actions – breastfed infants



Assess and Analyse

Attachment

1. Infant's mouth wide open when breastfeeding.
2. Infant's lower lip turned outwards.
3. Infant's chin touching breast.
4. Can see more darker skin (areola) above than below the infant's mouth.

Positioning

1. Infant's body should be **straight**, not bent or twisted.
2. Infant's body should be **facing the breast**.
3. Infant should be held **close to mother**.
4. Mother should **support** the infant's whole body, not just the neck and shoulders.

For tummy down or reclining position: infant's full weight should rest on the mother's body during the period when the infant is learning to breastfeed; works with cesarean sections.

Counselling and Support Actions

Note on Natural Breastfeeding

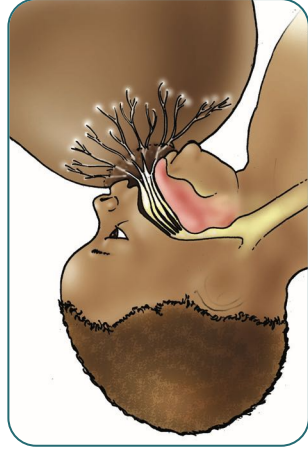
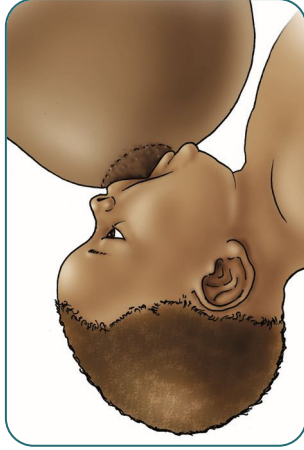
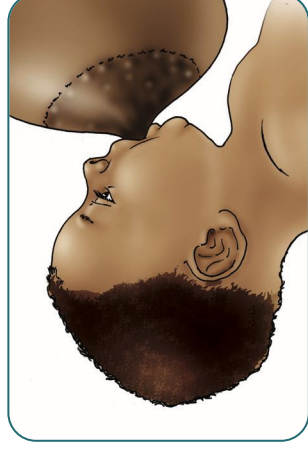
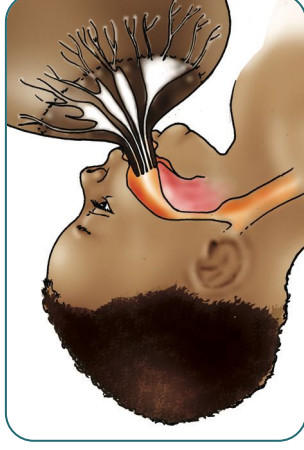
- Every newborn has a series of responses designed by Mother Nature to make the infant an active breastfeeding partner.
- When newborn lies tummy down on the mother, anchored by gravity, the baby's innate reflexes kick in. This position helps the baby move toward the breast, resulting in attachment and suckling.
 - If infant is not alert/does not open mouth, hand express drops of milk and apply on infant's lips to stimulate mouth opening.
 - Good attachment helps to ensure that baby suckles well and helps mother to produce a good supply of breast milk.
 - Good attachment helps to prevent sore and cracked nipples.

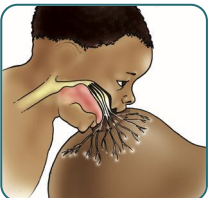
Note: there is no ONE right position for all mothers. No matter the position (from cradle to tummy down), there are commonalities that assist a deep latch.

See videos:

- Breastfeeding attachment: <https://globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/?portfolioID=10861>
- Breastfeeding positions: <https://globalhealthmedia.org/portfolio-items/positions-for-breastfeeding/?portfolioID=10861>
- Breastfeeding in the first hours after birth: <https://globalhealthmedia.org/portfolio-items/breastfeeding-in-the-first-hours-after-birth/?portfolioID=10861>

¹ Note: if infant is poorly responsive and severely unwell, he/she should receive urgent attention and be immediately referred.





Assess and Analyse

1. Slow deep suckles, sometimes pausing.
2. Audible or visible swallowing.
3. Infant's jaw will drop distinctly as he or she swallows.
4. Infant's cheeks are rounded and not dimpled or indrawn.
5. Mother responds with satisfaction and self-confidence.

Counselling and Support Actions

- Counsel on the same actions as above for good attachment.
- If infant is not suckling, hand express drops of milk into infant's mouth to encourage suckling.²

See videos:

Effective suckling and breastfeeding frequency: <https://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk/?portfolioID=10861>

² Note: If infant is unresponsive or lethargic, he/she should be urgently referred to hospital to receive clinical care.





Assess and Analyse

Breastfeeding pattern

- On demand (on cue) breastfeeding, day and night.
- Infant releases one breast before switching to the other.
- Infant breastfeeds 8 – 12 times in 24 hours.

Counselling and Support Actions

If fewer than 8 breastfeeds in 24 hours

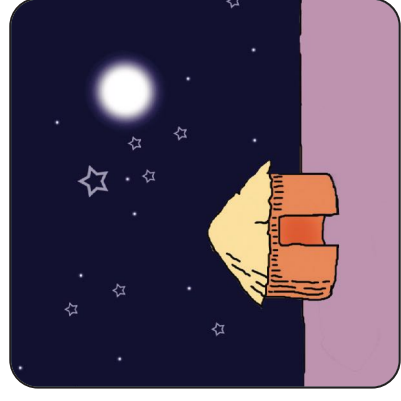
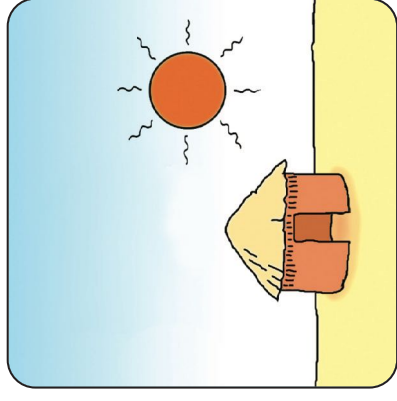
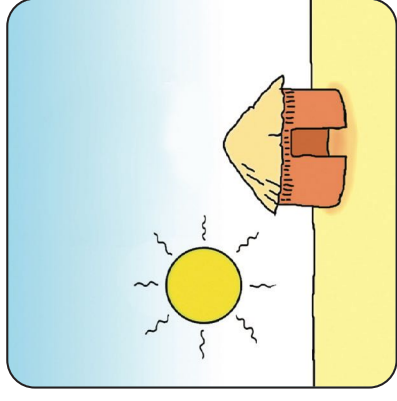
- Increase frequency of breastfeeding by alerting and stimulating infant to breastfeed.
- Breastfeed as often and as long as the infant wants, day and night.
- Let infant release one breast before offering the other.

If more than 12 breastfeeds in 24 hours

- Assess length of each breastfeed.
- Assess if infant is getting milk at each feed: refer to 'Not enough breastmilk' (CARD A5).
- Check 'Good positioning and attachment' (CARD A2).

Note: Infants less than 2 months of age or infants who are low birth weight or small for gestational age sometimes breastfeed every 2 hours because they have very small stomachs. Breastfeeding more frequently helps to establish breastfeeding/breast milk flow.

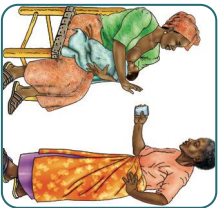
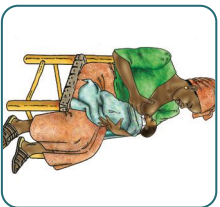
- Explain about growth spurts (around 3 weeks, 6 weeks, 3 months) or cluster feeds (feeds are bunched closely together during certain times of the day).
- Explain that when the mother exclusively breastfeeds her baby 8-12 times and her menstrual period has not returned, she is practising a family planning method called Lactation Induced Amenorrhoea (LAM). However, even when one of the three conditions do not exist, LAM no longer protects against pregnancy (refer to 'Family planning' CARD C3).



Assess and Analyse

Exclusive breastfeeding from 0 up to 6 months (no water, liquids, semi-solids or solids).

Medicine may be prescribed by a health worker:



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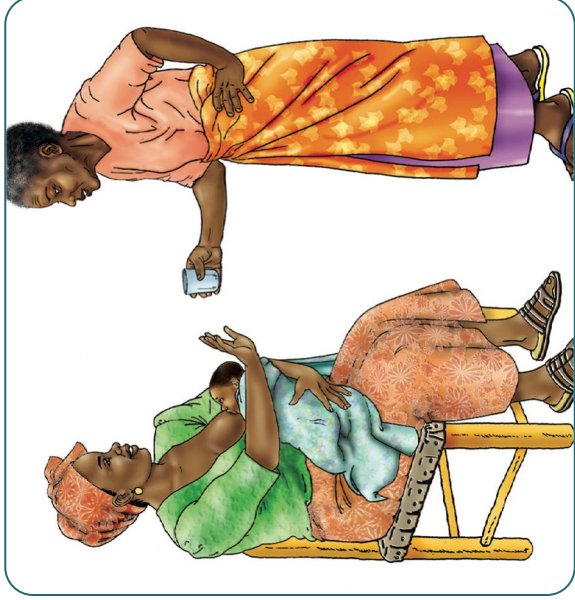
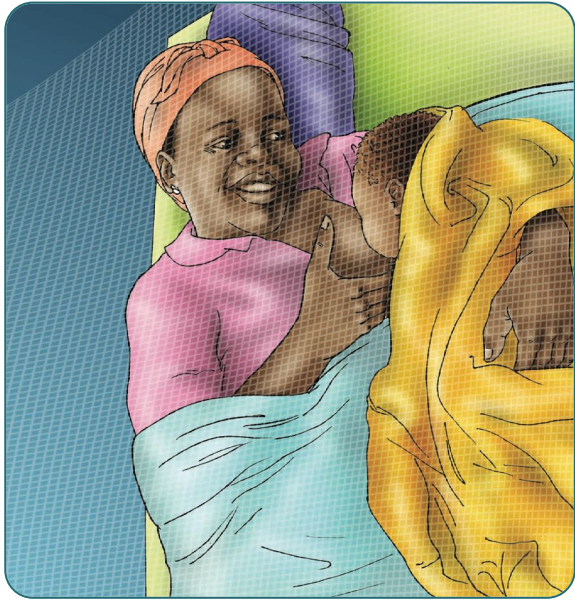


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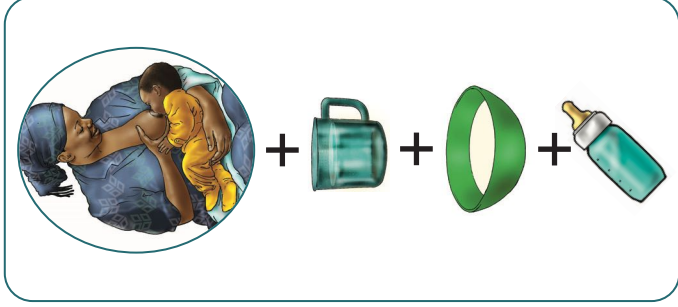


Counselling and Support Actions

- Counsel mother on the importance of exclusive breastfeeding.
- Explain that giving other foods during this period:
 - May cause baby to suckle less and reduce milk production.
 - May make it difficult for baby to breastfeed.
 - May cause the baby to become ill or not grow well.
- Address reason(s) for giving water, other drinks or foods including mother's absence for work (see 'Breast milk expression and storage' CARD A21).
- Counsel on increasing breastfeeding frequency; and reduce other drinks and foods to eventually stop.
- Assess the feeding realities and choices the mother is making and work with her to reduce the risk (e.g. from care and WASH practices on).
- Explain that even during very hot weather, breast milk will satisfy baby's thirst.
- Explain that when the mother exclusively breastfeeds her baby 8-12 times and her menstrual period has not returned, she is practising a family planning method called Lactation Induced Amenorrhea (LAM). However, even when one of the three conditions do not exist, LAM no longer protects against pregnancy (refer to 'Family planning' CARD C3).



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Assess and Analyse

Real “not enough” breastmilk production:

- Infant is still passing black stools on Day 4 (after birth).
- Less than 6 “wets” or urine per day after the first week.
- Infant is not taking good deep suckles followed by a visible or audible swallow.
- Infant not satisfied after breastfeeding.
- Infant cries often after feeds.
- Very frequent and long breastfeeding.
- Infant refuses to breastfeed.
- Infant has hard, dry, or green stools.
- Infant has infrequent small stools.
- Infant is not gaining weight: trend line on growth chart for infant less than 6 months is flat or slopes downward.³

Mother thinks she has “not enough” breastmilk production but not “real”:

- Mother thinks she does not have enough milk.
- (Infant restless or unsatisfied)
- First decide if the infant is getting enough breastmilk or not (weight, urine and stool output): see above.

Counselling and Support Actions

- Look for good attachment.
- Look for effective suckling.
- Ask about frequency of breastfeeding: 8 – 12 times in 24 hours.
- Stop any supplements: infant should receive no water, other drinks or foods. (See ‘Receives other liquids or foods’ CARD A4).
- Look for illness or physical abnormality in the infant or mother.
- Look for bonding or rejection.
- Explain to mother that she and infant will be seen daily until infant begins gaining weight, and it may take 3-7 days for the infant to gain weight.
- Build mother’s confidence – reassure her that she can produce enough milk.
- Explain what the difficulty may be – growth spurts (around 3 weeks, 6 weeks, 3 months) or cluster feeds (feeds are bunched closely together during certain times of the day).
- Explain: The more an infant suckles and removes milk from the breast, the more milk the mother produces.
- Let infant come off the first breast by him/herself before mother offers the 2nd breast.
- Avoid separation and keep mother and infant skin-to-skin as much as possible.
- Ensure mother gets enough to eat and drink.
- If no improvement in weight gain after 7 days, refer mother and infant to inpatient-care for supplementary suckling (See ‘Supplementary suckling to help mother relactate’ CARD A24).

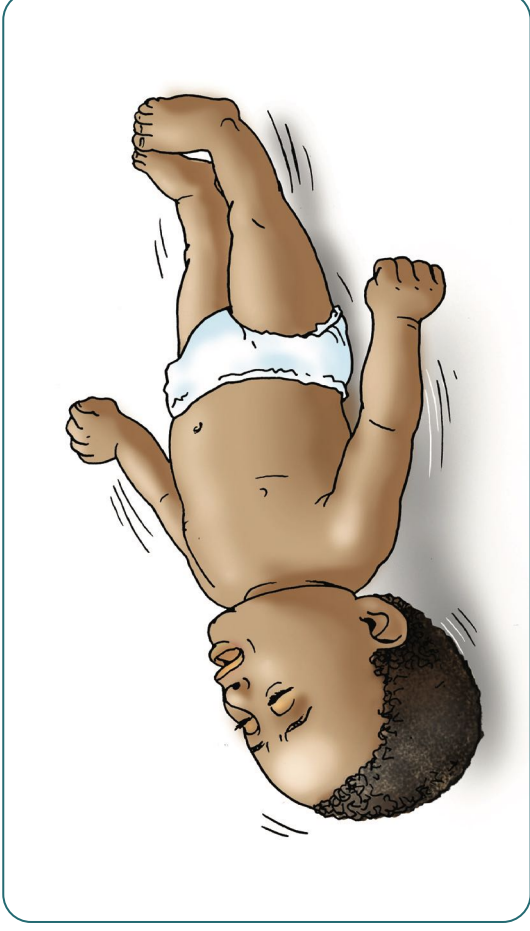
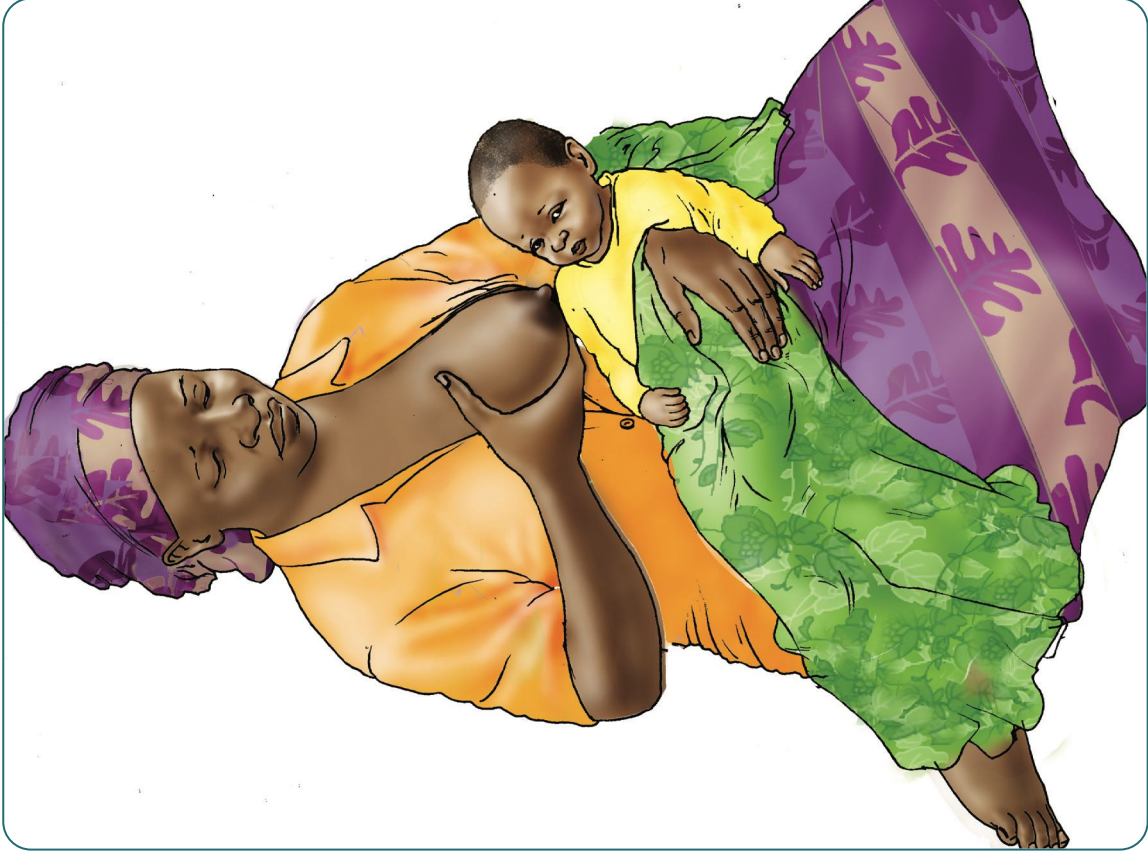
- Listen to mother’s concerns and why she thinks she does not have enough milk.
- Check infant’s weight and urine and stool output (if poor weight gain, refer to inpatient care).
- Apply same counselling/actions as for ‘real’ ‘not enough’ breastmilk (above).

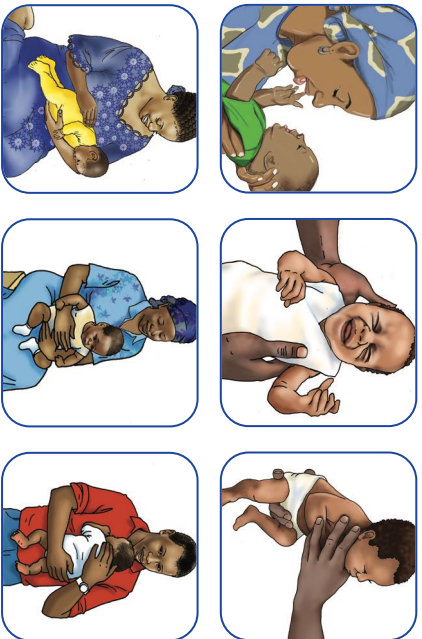


See videos:

- Perception of ‘not enough’ breastmilk: <https://globalhealthmedia.org/portfolio-items/increasing-your-milk-supply/?portfolioID=10861>
- Is your baby getting enough milk: <https://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk/?portfolioID=10861>

³ If infant is losing weight or not gaining sufficient weight (e.g. at least 5g/kg/day. For example, 5x4x7 = 140g per week for a 4kg infant of 5*5*7 to 5x5x7 per week for a 5kg infant) then refer infant and mother for further assessment and possible admission to inpatient care for supplementary suckling.





Symptoms/signs/ indicators of practice

Mother reports excessive crying and lack of sleep in infant.

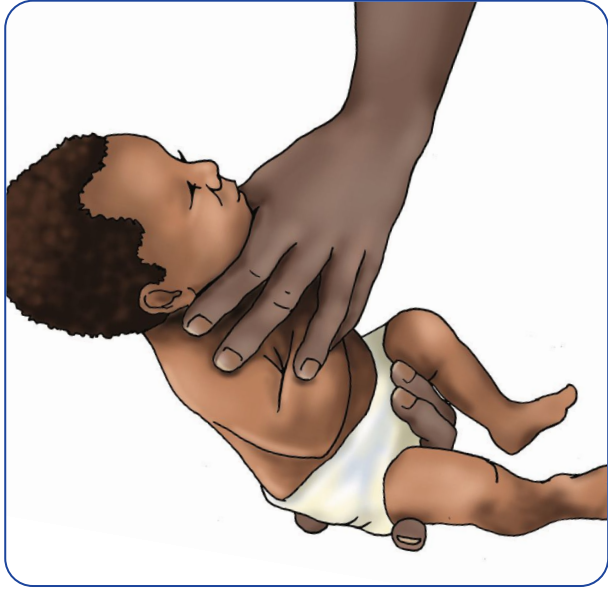
Counselling and Support Actions

Refer to 'Crying and sleeping' CARD C4 for counselling actions on normal crying and sleep.

- Assess breastfeeding position and attachment to ensure feeding is correct (refer to 'Good attachment and positioning' Card A1).
- Check if baby is ill or in pain.
- Explain to mother that crying is natural (refer to 'Crying and sleeping' CARD C4) and empathise with her concern.
- Reassure mother that crying does not necessarily mean that she doesn't have enough milk (refer to 'Not enough breastmilk' CARD A5) and that giving artificial feeds or other foods or medicines will not solve the problem.
- Explain that babies are most often comforted with closeness, gentle movement, and gentle pressure on the abdomen. Demonstrate ways to hold a crying baby.

Discuss potential causes of crying and how to address them:

- Discomfort (dirty diapers, hot, cold, etc.)
- Fatigue and tiredness (too many visitors, too much stimulation):
→ give time to rest and decrease stimulation.
- Fatigue of parents:
→ seek support (refer to 'Community support' CARD C2).
- Hunger:
- Explain that crying is a late sign of hunger. Early signs that baby wants to breastfeed include: 1) restlessness, 2) opening mouth and turning head from side to side, 3) putting tongue in and out, 4) suckling on fingers and fists.
→ Counsel to know the signs of hunger (responsive feeding).
- Explain about growth spurts (around 3 weeks, 6 weeks, 3 months, or at other times) or cluster feeds (feeds are bunched closely together during certain times of the day). Encourage the mother to feed more frequently for a few days to increase her milk.
- Mother's food. Excessive crying can happen with any food and there are no special foods to advise mothers to avoid, unless she notices a problem.
- Medicines or drugs that mother is taking (cigarettes, caffeine, other drugs).
- Colic:
- Baby cries continuously at certain times of day, often in the evening. Baby may pull up his legs as if he has abdominal pain and may appear to want to suckle, but it is very difficult to comfort him. Babies who cry in this way may have a very active gut, or wind, but the cause is not clear. This is called colic. Explain that colicky babies usually grow well, and the crying usually becomes less after the baby is 3 months old. Demonstrate ways to hold a colicky baby.





Assess and Analyse

Mother thinks she may be unable to breastfeed the infant.

Counselling and Support Actions

- Listen to mother's concerns. If mother expresses concern about her diet/nutrition, refer to CARD A16.
- Assess mother for any problem she thinks she may have; if appropriate, help mother address the issue.
- Encourage her to enjoy skin-to-skin contact and to play with her infant face-to-face
- Build her confidence:
 - Recognise and praise what she is doing right – including signs of milk flow.
 - Give relevant information in an encouraging way and correct misconceptions.
- Provide mother with hands-on help to attach infant to breast and get breastfeeding established.
- Help her to breastfeed near trusted companions, which helps with relaxation and milk flow.
- Refer to relevant MHPPSS services if needed.





Assess and Analyse

- Can occur on both breasts
- Swelling
- Hard
- Tenderness
- Warmth
- Slight redness
- Pain
- Skin shiny, tight and nipple flattened and difficult to attach.
- Can often occur on 3rd to 5th day after birth (when milk production increases dramatically and suckling not established).

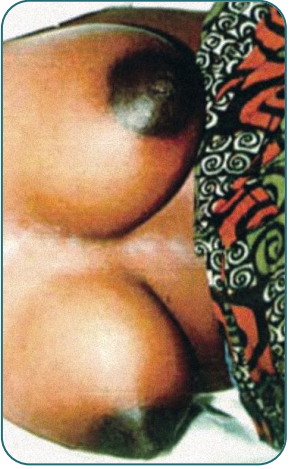
Counselling and Support Actions

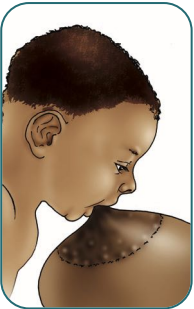
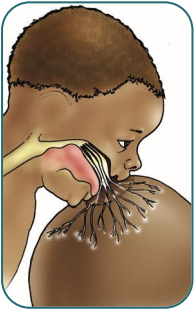
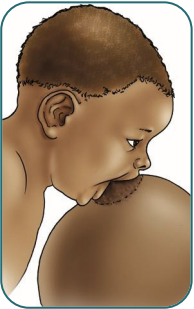
- Look for good attachment.
- Look for effective suckling.
- Ask about frequency of breastfeeding: 8 – 12 times in 24 hours.
- Breastfeed at least every 2 hours, allowing baby to 'finish the first breast first'.
- Stop any supplements: infant should receive no water, other drinks or foods (See 'Receives other liquids or foods' CARD A4)
- Keep mother and infant together after birth.
- Put infant skin-to-skin with mother.
- Gently stroke breasts to help stimulate milk flow.
- Press around areola to reduce swelling, to help infant to attach.
- Offer both breasts.
- Express milk to relieve pressure until infant can suckle.
- Apply to breasts cold compresses wrapped in a cloth between feedings for about 20 minutes to reduce swelling.
- Briefly apply warm compresses to help the milk flow before breastfeeding or expressing breastmilk.

Note: on the first day or two infants may only feed 2 to 3 times per day.

See videos:

Breast engorgement: <https://globalhealthmedia.org/portfolio-items/breast-engorgement/?portfolioID=10861>





Assess and Analyse

- Breast/nipple pain
- Cracks across the top of the nipple or around the base.
- Occasional bleeding
- May become infected

Counselling and Support Actions

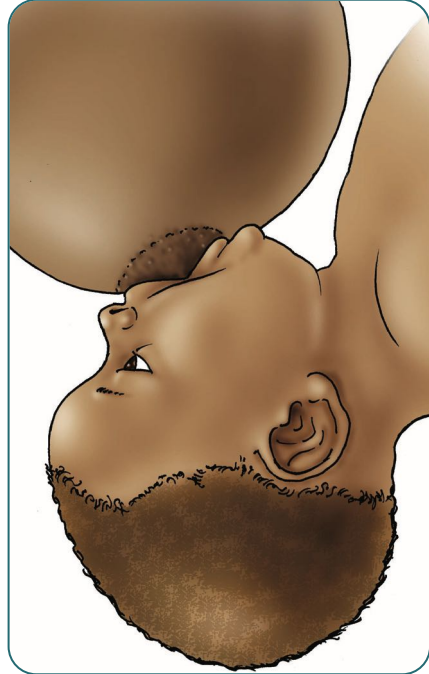
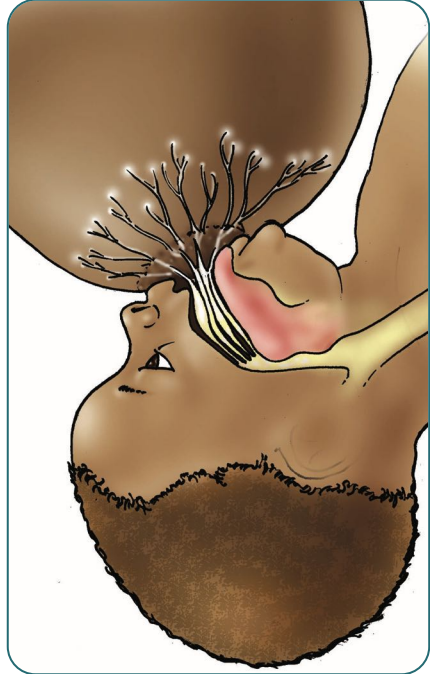
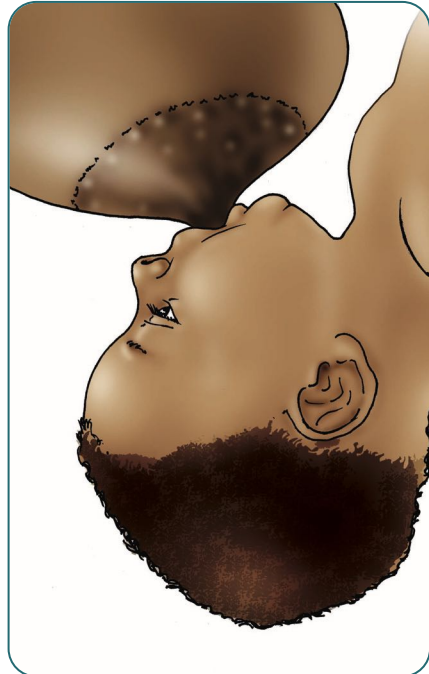
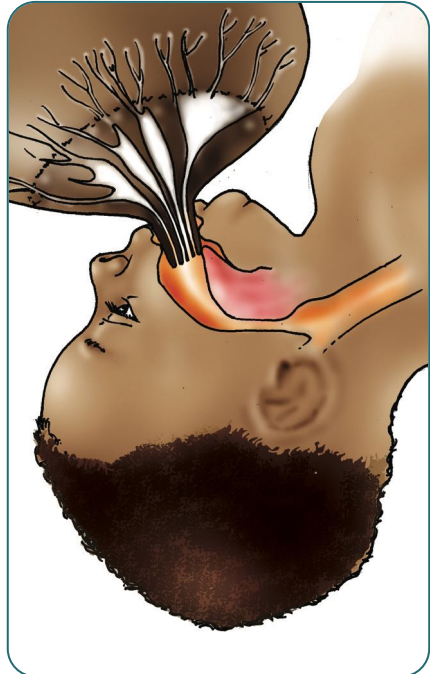
- Look for good attachment.
- Look for effective suckling.
- Ask about frequency of breastfeeding: 8 – 12 times in 24 hours.
- Stop any supplements: infant should receive no water, other drinks or foods. (See 'Receives other liquids or foods' CARD A4).
- Do not stop breastfeeding.
- Begin to breastfeed on the side that hurts less.
- Change breastfeeding positions.
- Let infant come off breast by him/herself.
- Hand express to start the flow of milk before putting infant to breast.
- Apply drops of breastmilk to nipples.
- Do not use soap or cream on nipples.
- Do not wait until the breast is full to breastfeed.
- Do not use feeding bottles.
- If sore is large and infected after applying these measures, refer for clinical treatment.
- If mother is HIV positive she should not breastfeed from the breast with a cracked or bleeding nipple; she can express milk from damaged breast and discard until nipple heals, or heat-treat expressed breast milk.

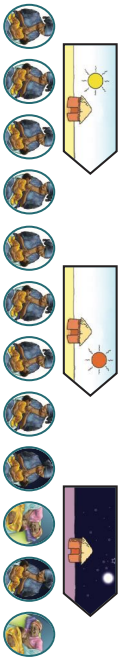
Note: If baby is known to be living with HIV, a mother with cracked nipples and mastitis still needs to heat-treat expressed breast milk to prevent re-infection.⁴

See videos:

Nipple pain: <https://globalhealthmedia.org/portfolio-items/what-to-do-about-nipple-pain/?portfolioID=10861>

⁴ Israel-Ballard K et al. Flash heat inactivation of HIV-1 in human milk. A potential method to reduce postnatal transmission in developing countries. *J Acquir Immun Defic Syndr* 45 (3): 318-323, 2007)





Assess and Analyse

Plugged ducts:

- Lump, tender, localised redness, feels well, no fever.

Mastitis:

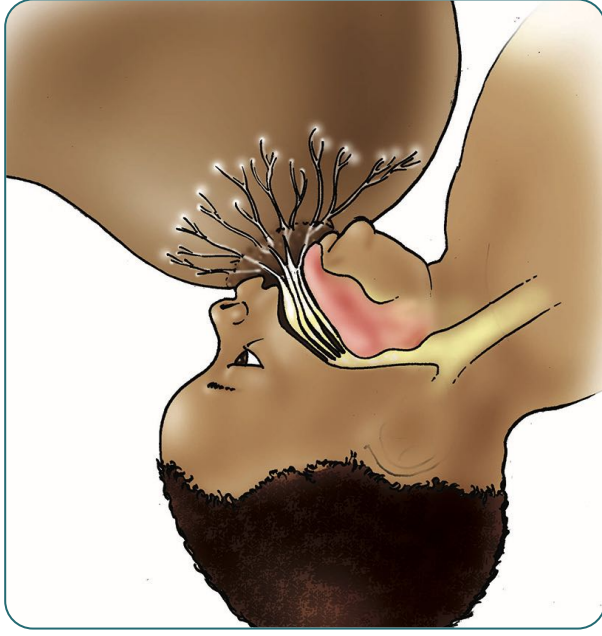
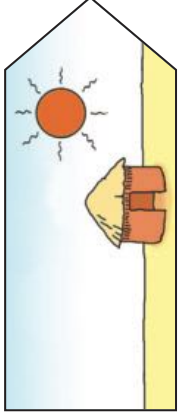
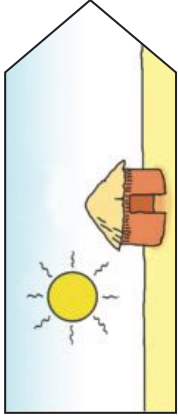
- Hard swelling
- Severe pain
- Localised redness
- Generally, not feeling well
- Fever
- Sometimes, an infant refuses to feed as milk tastes more salty.

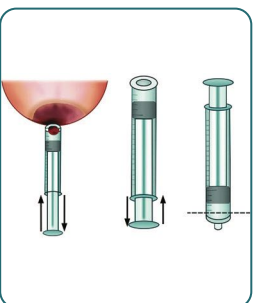
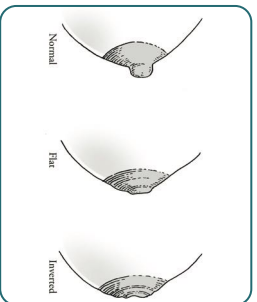
Counselling and Support Actions

- Look for good attachment.
- Look for effective suckling.
- Ask about frequency of breastfeeds: 8 – 12 times in 24 hours.
- Stop any supplements: infant should receive no water, other drinks or foods. (See 'Receives other' liquids or drinks' CARD A4).
- Do not stop breastfeeding (if milk is not removed, risk of abscess increases; let infant feed as often as he or she wants).
- Apply warmth (water, hot towel) before feeding.
- Hold infant in different positions so that the infant's tongue/chin is close to the site of the plugged duct/mastitis (the reddish area). The tongue/chin will massage the breast and release the milk from that part of the breast.
- Get support from the family to perform non-infant care chores.
- Breastfeed on demand and let infant finish/come off breast by him/herself.
- Avoid holding the breast in scissors hold.
- Avoid tight clothing.
- For plugged ducts: apply gentle pressure to breast using the flat area of the hand, rolling fingers towards nipple; then express milk or let infant feed every 2-3 hours day and night.
- Rest (mother).
- Drink more liquids (mother).
- If no improvement in 24 hours, refer for clinical treatment.
- If mastitis: express if too painful to suckle; expressed breastmilk may be given to infant; seek treatment (mother may need antibiotics).
- If there is pus, discard by expressing and continue breastfeeding and seek clinical treatment.

See videos:

Breast pain: <https://globalhealthmedia.org/portfolio-items/what-to-do-about-breast-pain/?portfolioID=10861>





Assess and Analyse

Observe nipple appearance.

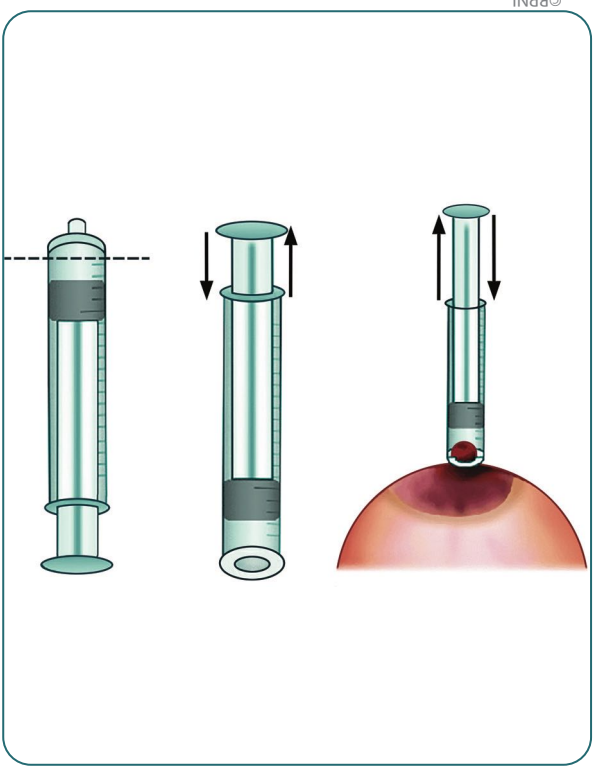
Counselling and Support Actions

Flat, inverted, large or long nipples are managed using the same techniques:

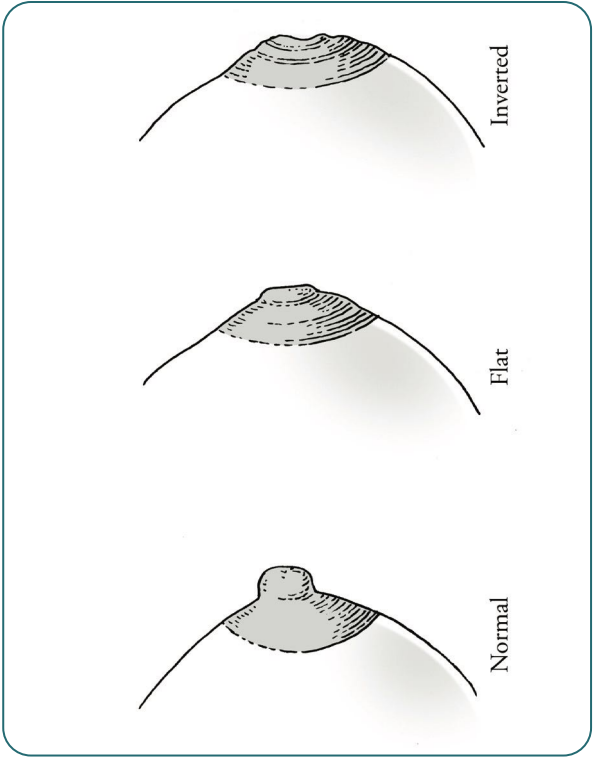
- Listen to the mother's concerns.
- Give extra help with attachment; make certain that as the mother is putting the infant on her breast she:
 - Gently touches the infant's lips to encourage him/her to open widely and take a big mouthful of breast.
 - Aim the infant's lower lip well below her nipple, so that the nipple goes to the top of the infant's mouth and the infant's chin touches her breast (see additional information under 'Good attachment and positioning' CARD A11).
- Flat or long nipples, place infant in a semi-sitting position to breastfeed.
- Encourage mother to give the infant plenty of skin-to-skin contact near the breast, with frequent opportunities to find his or her own way of taking the breast into his/her mouth (mother should not force infant to take the breast or force infant's mouth open).
- Encourage mother to try different breastfeeding positions so that her breast falls towards the infant's mouth (e.g. lying down, holding infant in underarm position, or lying or leaning forward).
- Teach mother to express her milk at least 8 times a day and to feed the expressed milk to the infant with a cup.) See 'Breast milk expression and storage' CARD A21 and 'Cup feeding' CARD A22).
- Keep on trying. Most babies want to suckle and they will find out how to open their mouths wide enough to take the nipple eventually. It may take a week or two.
- For an inverted nipple: If it is possible to get a 20 ml plastic syringe, it can be used to pull out an inverted nipple in the following way:
 - Cut off the adaptor end and put the plunger in backwards.
 - Put the smooth (uncut) end of the syringe over the nipple and draw out the plunger. This will stretch out the nipple.
 - Do this for half a minute to make the nipple stand out just before each breastfeed.

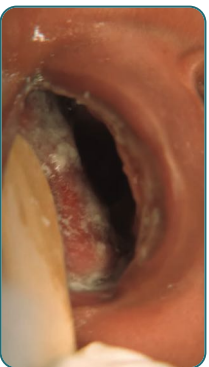
See videos:

Large breasted mothers: <https://www.youtube.com/watch?v=584nv1oNxvw>



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Assess and Analyse

Infant's symptoms:

- White patches inside cheek or on tongue.
- There may be a rash on infant's bottom.
- Infant repeatedly pulls off the breast or refuses to breastfeed.

Counselling and Support Actions

Infant Thrush:

- Both counsellor and mother wash hands.
- Teach the mother to identify and treat thrush at home:
 - Show mother how to look for ulcers or white patches in the mouth of infant.
 - Explain to mother: it is necessary to carry out the treatment four times daily for 5 days after the thrush has cleared.
 - Explain to mother that the ulcers/white patches are the thrush, and teach her how to treat the thrush at home.
- Give the mother an antifungal liquid (nystatin).
- Demonstrate to mother how to paint (part of the infant's) mouth with nystatin using a soft cloth wrapped around the fingers.
- Continue four times a day until five days after the thrush has cleared.
- Ask her if she has any questions, and have her show you how to paint the other part of the child's mouth.
- Ask mother to return after 2 days.

Follow up care:

- After 2 days:
 - Look for ulcers or white patches in the mouth. If thrush is worse, check that treatment is being given correctly.
 - Reassess infant's feeding.
 - If infant has problems with attachment or suckling, refer for clinical treatment.

Mother's symptoms:

- Sore nipples with pain continuing between feeds, pain like sharp needles going deep into the breast, which is not relieved by improved attachment.
- There may be a red or flaky rash on the areola, with itching and de-pigmentation

- Examine the infant's mouth for white spots and the infant's bottom for a spotty red rash. These are signs that the infant may have thrush, which is also affecting the mother's nipples.
- Treat infant: Refer to 'Oral Thrush Infant' for treatment.
- Treat mother: apply nystatin cream on mother's nipples.
- The mother can continue breastfeeding during the treatment; the medicine on her nipples will not harm the infant; do not use pacifiers or feeding bottles.
- Discourage use of soap or ointments on the nipples. Use ordinary washing for the rest of the body.

See videos:

Thrush: <https://globalhealthmedia.org/portfolio-items/thrush/?portfolioID=5638>

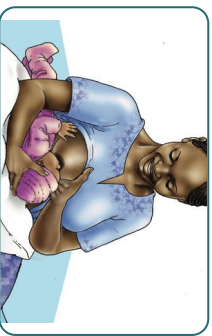




Kangaroo Care



Cross-arm/cross-cradle



Under-arm

Assess and Analyse

- Low weight for length.
- Low weight for age.

Counselling and Support Actions

For ALL breastfeeding mothers with low weight infants:

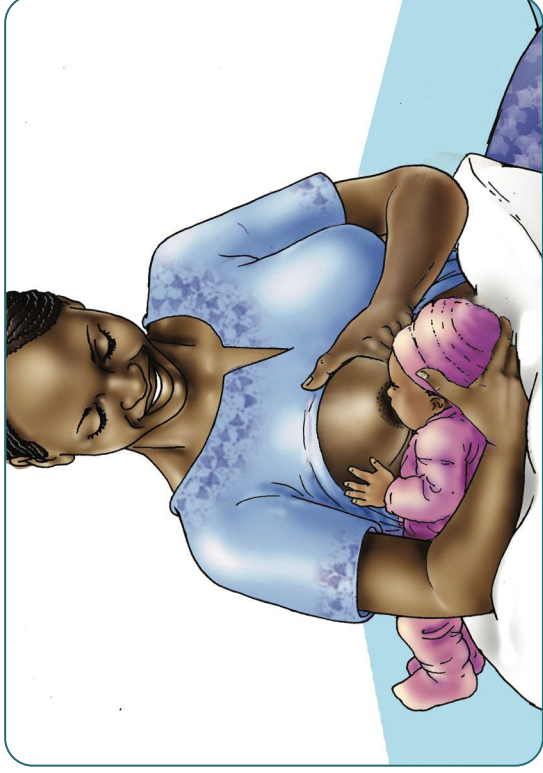
- If not well attached or not suckling effectively, demonstrate and assist mother to correctly position and attach infant (specify cross- arm/ cross-cradle hold), and identify signs of effective suckling.
- If not able to attach well immediately, demonstrate breastmilk expression and feeding by a cup: CARD A21 & A22.
- If attached but not suckling, hand-express drops of milk into infant's mouth to stimulate suckling.
- If breastfeeding less than 8 times in 24 hours, counsel to increase frequency of breastfeeding.
- Counsel the mother to breastfeed as often and as long as the infant wants, day and night.
- Counsel mother on establishing exclusive breastfeeding.
- If infant is receiving water, other drinks or foods, counsel the mother about breastfeeding more, reducing water, other drinks or foods, and using a cup rather than a bottle if infant has been bottle-fed (See 'Receives other liquids or foods' CARD A4 and Cup feeding' CARD A22)
- Low weight infants fatigue easily and may fall asleep after few minutes; try breastfeeding again after a break.
- Help mother to increase her breastmilk supply: see "Not enough" breastmilk CARD A5.
- Counsel mother to wait until the infant releases one breast before switching to the other breast.
- Mother may need to spend more time feeding, perhaps at times with a cup using only expressed breastmilk.
- Mother may need to share some of her other household duties with others for a month or two.
- For the mother who has breastfed in the past and is interested in re-establishing breastfeeding: see 'Relaxation' CARD A23.
- Show mother how to provide stimulation and play to make her infant more alert.
- Weigh each infant weekly until weight gain is established (at least 125 g/week, 500 g/month) and appetite improves.
- Give mother frequent reassurance, praise, and help to build her confidence.

Kangaroo Care improves breastfeeding:

- Provide skin-to-skin contact as much as possible, day and night. For skin-to-skin contact, demonstrate Kangaroo Care:
 - Dress the infant in a warm shirt open at the front, a nappy, hat, and socks.
 - Place the infant in skin-to-skin contact on the mother's chest between her breasts. Keep the infant's head turned to one side.
 - Cover the infant with mother's clothes (and an additional warm blanket in cold weather).
- When not in skin-to-skin contact, always keep the young infant clothed or covered. Dress the young infant with extra clothing including hat and socks, loosely wrap the young infant in a soft dry cloth and cover with a blanket.
- Keep the room warm (at least 25°C) with home heating device (if available) and make sure there is no draught of cold air.
- Close windows/cover window spaces at night.
- Avoid bathing the low weight infant. When washing or bathing, do it in a very warm room/ at a warm time of the day with warm water, dry immediately and thoroughly after bathing and clothe the young infant immediately.
- Change clothes (e.g. nappies) whenever they are wet.
- Check frequently if the hands and feet are warm. If cold, re-warm the infant using skin-to-skin contact.
- Breastfeed the infant frequently (or give expressed breastmilk by cup).
- Give a hot drink to the adult providing Kangaroo Mother Care for relaxation and production of more body heat.

See videos:

Cup Feeding Your Small Baby: <https://globalhealthmedia.org/portfolio-items/cup-feeding-your-small-baby/?portfolioID=13325>





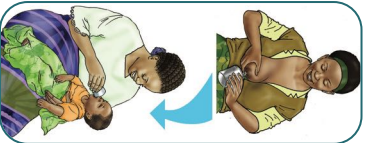
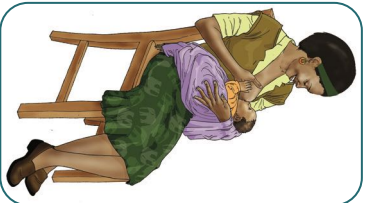
Assess and Analyse

- Gain in weight and length consistent and continuous. although below growth chart lines.
- Satisfactory slow weight gain has the following characteristics:
 - Frequent feeds
 - Active suckling and swallowing
 - Mother experiences regular let-downs
 - Pale urine: 6 or more diapers soaked daily
 - Seedy or soft stools, frequency within normal ranges
 - Infant is alert and active
 - Appropriate developmental milestones met
 - Good muscle tone and skin turgor.

Counselling and Support Actions

- Check attachment and breastfeeding positions.
- Listen for deep suckles and audible swallowing.
- Counsel mother to breastfeed frequently.
- Encourage mother to continue to exclusively breastfeed.
- Praise and reassure mother, build her confidence.



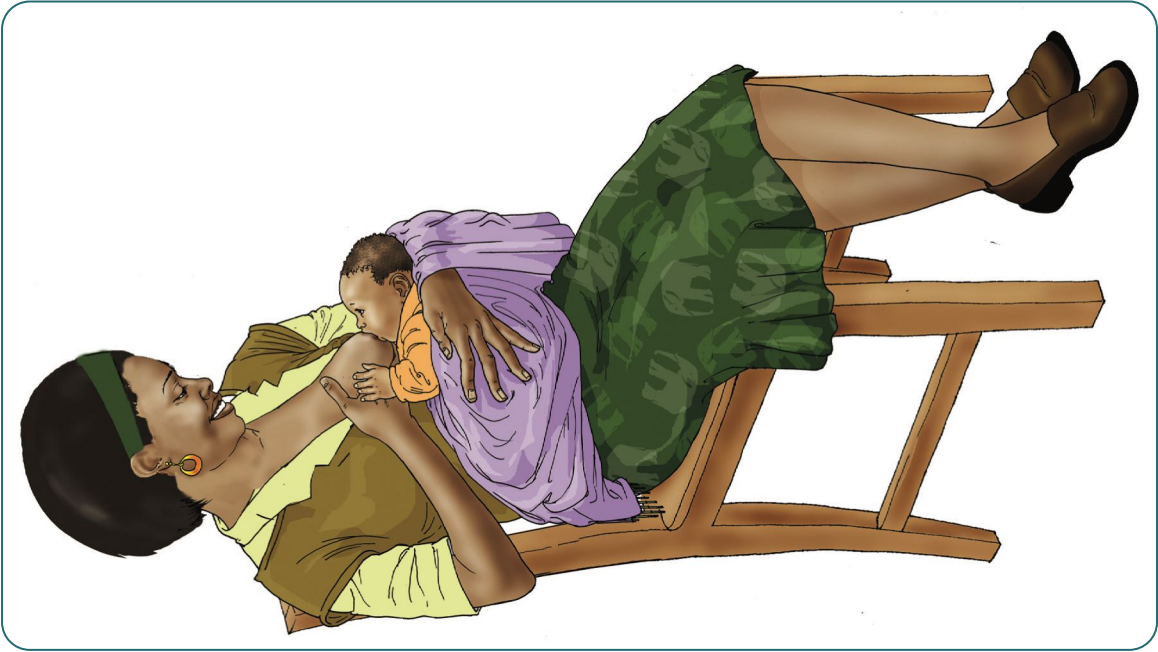
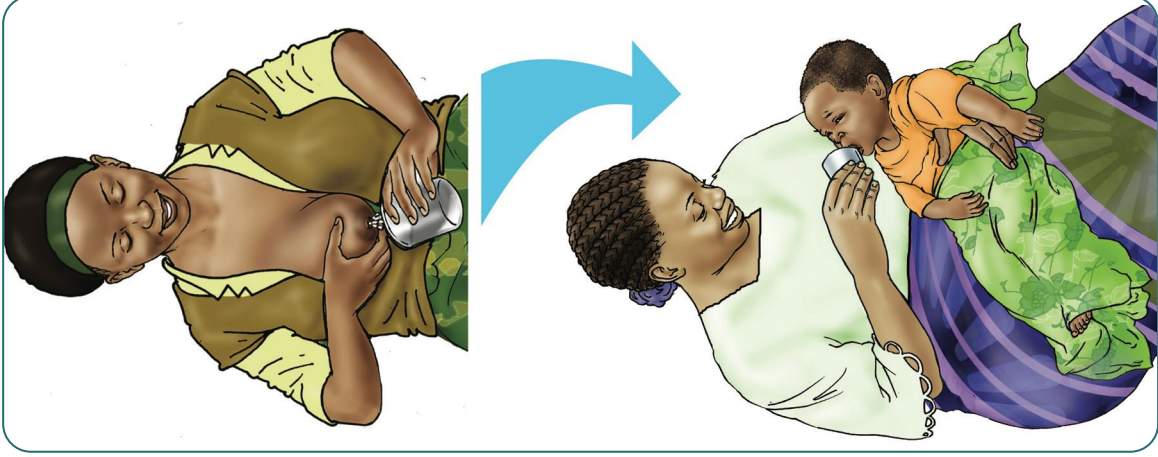
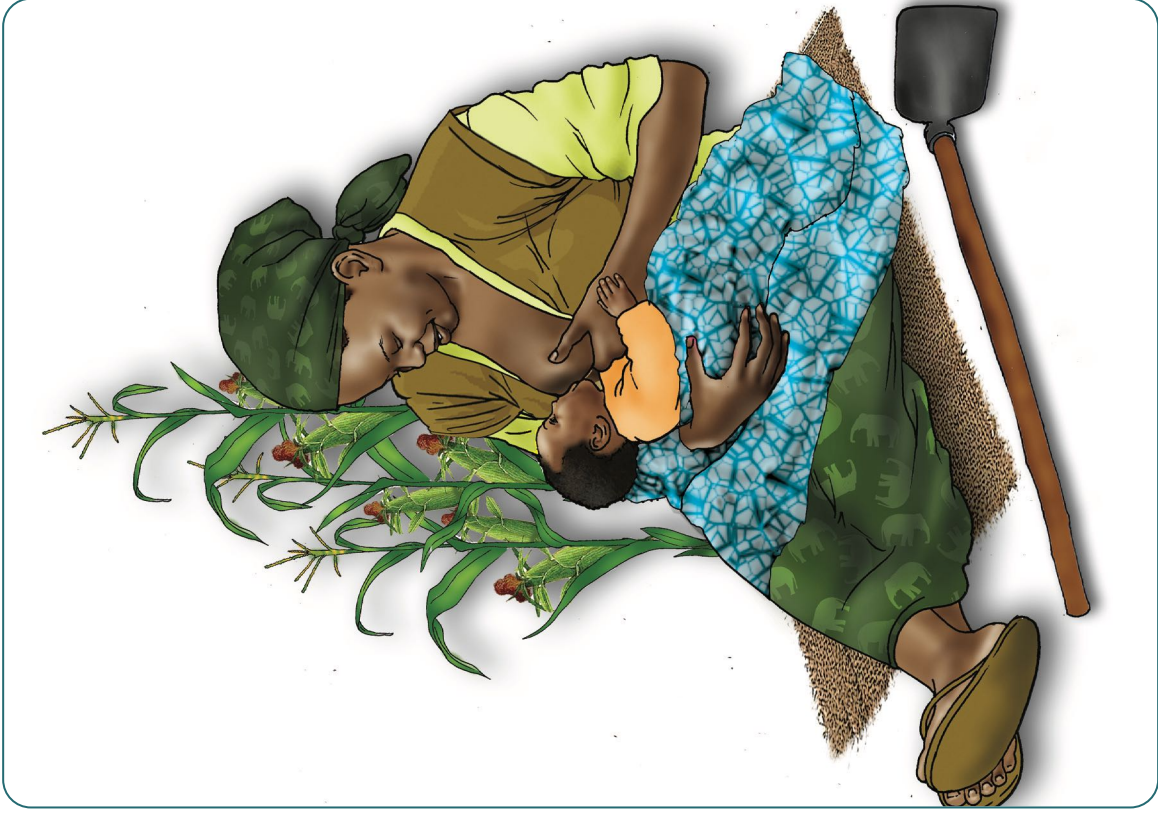


Assess and Analyse

Mother is concerned about being away from her infant and her ability to feed her infant exclusively on breastmilk.

Counselling and Support Actions

- Listen to mother's concerns.
- Explain to mother: if she must be separated from her infant, she can express her breastmilk and leave it to be fed to her infant while she is absent.
- Help mother to express her breastmilk and store it safely to feed the infant while she is away (see 'Breastmilk expression and storage' CARD A21 and 'Cup feeding' A22).
- Mother should allow infant to feed frequently at night and whenever she is at home.
- Mother who can keep her infant with her at the work site or go home to feed the infant should be encouraged to do so and to feed her infant frequently.
- Reassure mother that any amount of breastmilk will contribute to the infant's health and development, even if she cannot practise exclusive breastfeeding.



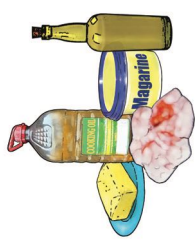


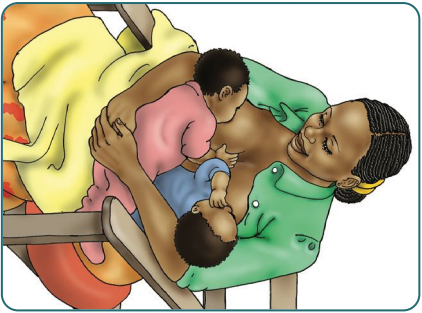
Assess and Analyse

- Mother thinks her diet affects her ability to produce enough good quality breastmilk.
- Enrolled in Supplementary Feeding Programme (SFP) and/or similar food-related/social protection services.

Counselling and Support Actions

- Listen to mother's concerns about her diet and her ability to breastfeed.
- Remind mother that breastmilk production is not affected by her diet:
 - No one special food or diet is required to provide adequate quantity or quality of breastmilk.
 - No foods are forbidden.
- Mother should limit alcohol and avoid smoking.
- Encourage mother to eat more food to maintain her own health:
 - Eat two extra small meals or 'snacks' each day.
 - Continue eating a variety of foods.
 - Use iodised salt.
 - Drink to satisfy thirst.
 - Consume local dietary sources of vitamin A.
- Attend nutrition education (e.g. maternal nutrition, cooking demonstrations).
- In some communities, certain drinks are said to help 'make milk'; these drinks usually have a relaxing effect on the mother and can be taken (but are not necessary).
- **Link pregnant and lactating women with registration for other services such as general food distribution, Supplementary feeding programme, targeted cash/voucher schemes, social protection schemes, etc.**
 - The additional rations distributed to breastfeeding women contribute to mother's own nutrition while she continues to breastfeed.





Assess and Analyse

A mother can exclusively breastfeed both infants.

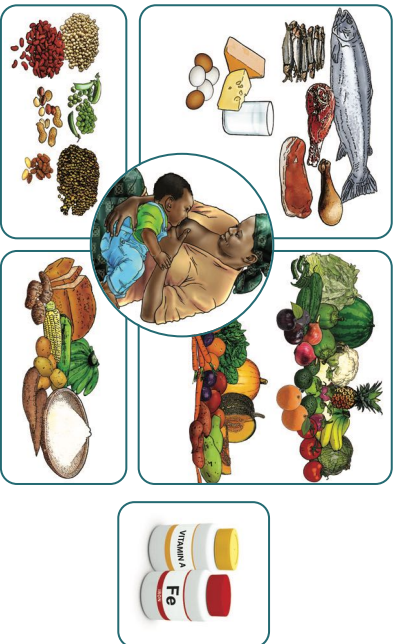
Counselling and Support Actions

- The more an infant suckles and removes milk from the breast, the more milk the mother produces.
- Mothers of twins produce enough milk to feed both infants if the infants breastfeed frequently and are well attached.
- The twins need to start breastfeeding as soon as possible after birth – if they cannot suckle immediately, help the mother to express and cup feed. Building up the milk supply from very early on helps to ensure that breasts make enough for two infants.
- Explain different positions – cross cradle, one under arm, one across, feed one by one etc. Help mother to find what suits her.

Responsive feeding and care practices

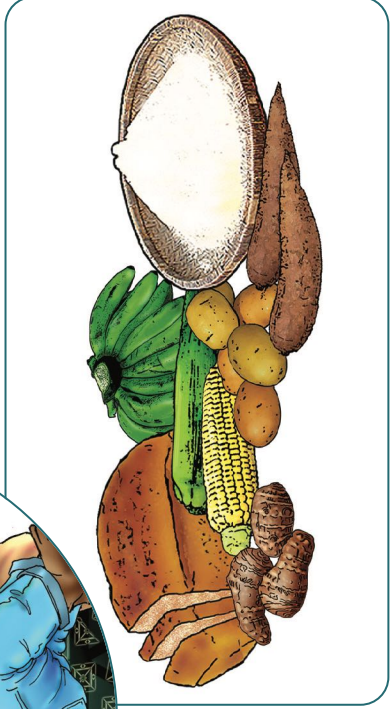
- Pay attention to infant(s): look at infant(s); look into infants' eyes; respond to infants.



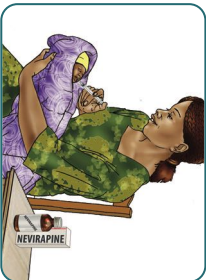
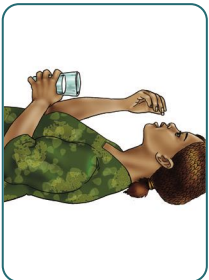


Counselling and Support Actions

- Adolescent mothers need extra care, more food and more rest than an older mother.
- Adolescent mothers need to nourish their own bodies, which are still growing, as well as their growing infant's.
- Adolescent mothers need calcium. Note: as calcium is not present in the multiple micronutrient (MMN) supplement, 1g of Calcium/day should be added to the 1 tablet MMN/day (or IFA), needed to promote continuation of growth (especially pelvic bones) during pregnancy.
- All pregnant and lactating adolescents (under 19 years) should receive food supplements regardless of their anthropometry for better foetal and maternal outcomes.



Only breastmilk up to 6 months



Assess and Analyse

Mother tested positive for HIV.

Counselling and Support Actions

- Mother and infant should be counselled and treated according to national guidelines.
- Breastfeed and take antiretroviral therapy (ART).

Mother who tests negative or mother of unknown status:

- Exclusively breastfeed for up to 6 months, add complementary foods at 6 months and continue breastfeeding for 2 years and beyond with periodic re-testing (test & re-test & re-test & re-test for as long as a mother's results are negative and she is breastfeeding).

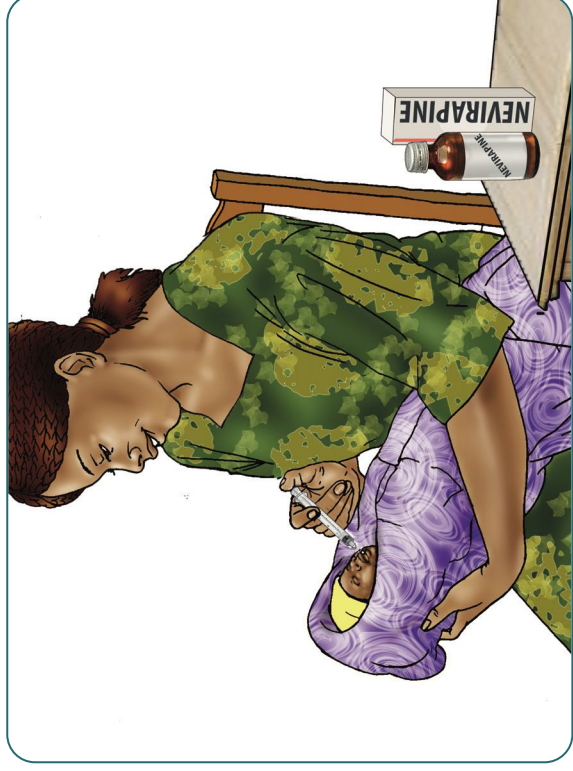
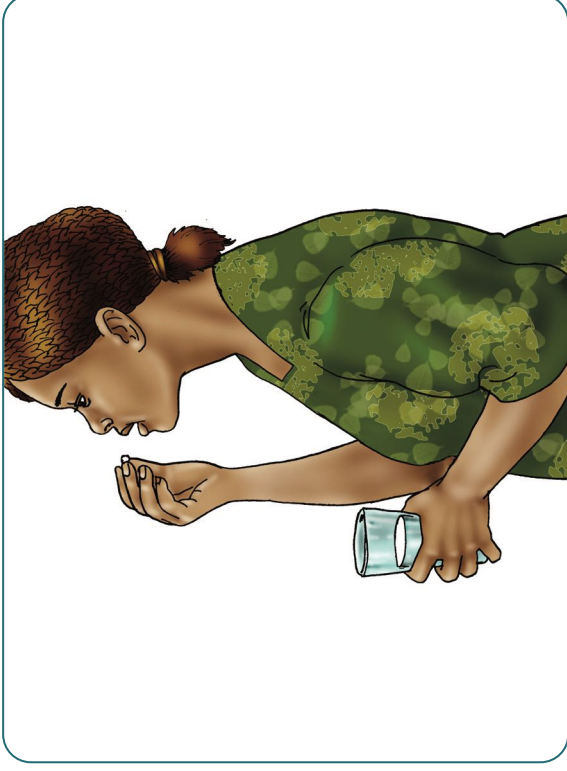
Mother living with HIV whose infant tests HIV negative or is of unknown HIV status:

- Exclusively breastfeed from birth up to 6 months together with ART for the mother (the infant will receive ART regardless of feeding method); add complementary foods at 6 months and continue breastfeeding for 2 years.
- Breastfeeding and ART should continue until 12 months and may continue up to 24 months or longer (similar to the general population).

Mother living with HIV whose infant is tested and also found to be living with HIV:

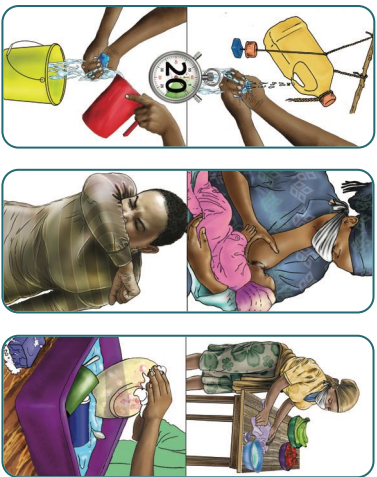
- Treatment for the infant should be initiated immediately.
- Exclusively breastfeed for up to 6 months, add complementary foods at 6 months and continue breastfeeding for 2 years and beyond.

Only breastmilk up to 6 months



Assess and Analyse

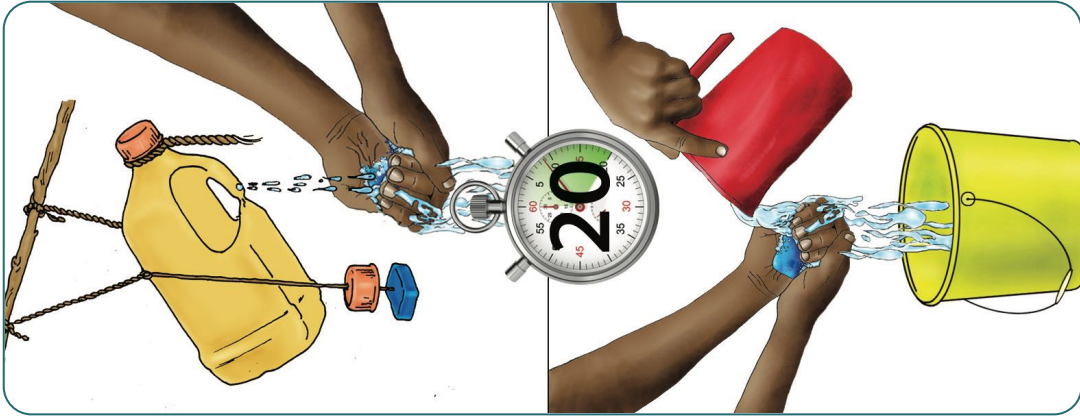
Mother or infant have suspected or confirmed COVID-19.

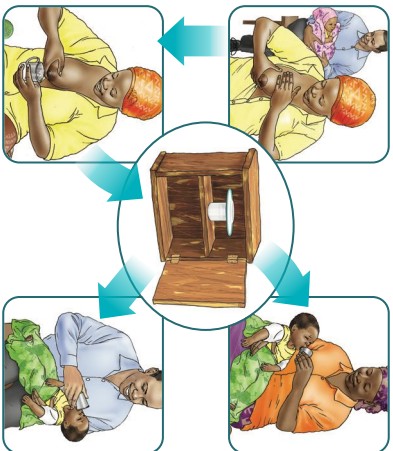
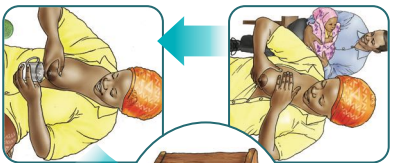
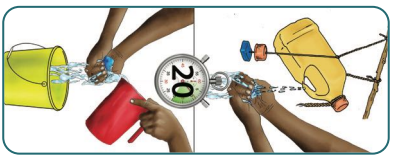


Counselling and Support Actions

- Breastfeeding helps to protect your baby even if you are infected. All recommended breastfeeding practices remain the same:
 - Breastfeed on demand, day and night.
 - Breastfeed exclusively for 6 months. Your breast milk provides all the food and water that your baby needs during this time. Breast milk also protects your baby against sickness or infection.
 - Do not give any other food or liquids to your baby, not even water, during your baby's first 6 months (See 'Receives other liquid or foods' CARD A4).
 - Even during very hot weather, breast milk will satisfy your baby's thirst.
 - Giving your baby anything other than breast milk will cause him or her to suckle less, will reduce the amount of breast milk that you produce and may make your baby sick.
- To help protect your baby while you are recovering from COVID-19, wash your hands with soap and clean running water for 20 seconds before and after contact with your baby.
- Wear a medical mask when available or a cloth face mask or cloth face covering when feeding or caring for your baby until you recover fully.
- Ask family members and others who are caring for your baby to use a medical mask when available or a cloth face covering.
- Ask family members and others who are helping to take care of the baby to wash their hands with soap and clean running water for 20 seconds.
- Do not touch your face, nose, or eyes, and ask family members and others to avoid touching their face, nose, or eyes.
- If you, or others who are around the baby, have to cough or sneeze, cover your mouth and nose with your bent elbow or use a tissue to prevent droplets from spraying.
- Safely dispose of used tissues after use and wash your hands with soap and clean running water.
- Clean frequently touched surfaces with soap and water.
- Practice physical distancing with community and household members.
- Stay at least 1 meter away from other persons. Two meters are suggested.
- Stay at home and avoid going to market, crowded places, or any public events.
- Ask family members to stay at home and avoid going to market, crowded places, or any public events.
- If someone needs to go out to buy food, fetch water, buy medicines, or visit the health centre, avoid crowds, and practice physical distancing as much as possible.







Assess and Analyse

If the infant is not able to attach immediately, demonstrate breastmilk expression, cup feeding, and storage of breastmilk.

Counselling and Support Actions

Ask the mother to:

- Wash her hands thoroughly for at least 20 seconds.
- Make herself comfortable.
- Hold a wide necked clean container under her nipple and areola.
- Stimulate breast with light stroking or gentle circular motion around whole breast.
- Place her thumb on top of her breast and the first two fingers on the underside of her breast so that they are opposite each other.
- With thumb and fingers press back to chest wall, press and hold together (compress) and release.
- Repeat the action: press back to chest wall, press and hold together and release. *Note:* this should not hurt.
- Compress and release all the way around the breast, with thumb and fingers the same distance from the nipple. Be careful not to squeeze the nipple or to rub the skin or move thumb or finger on the skin.
- Express one breast until the flow of milk is very slow; express the other breast.
- Alternate between breasts 5 or 6 times, for at least 20 to 30 minutes.

Storage of breastmilk

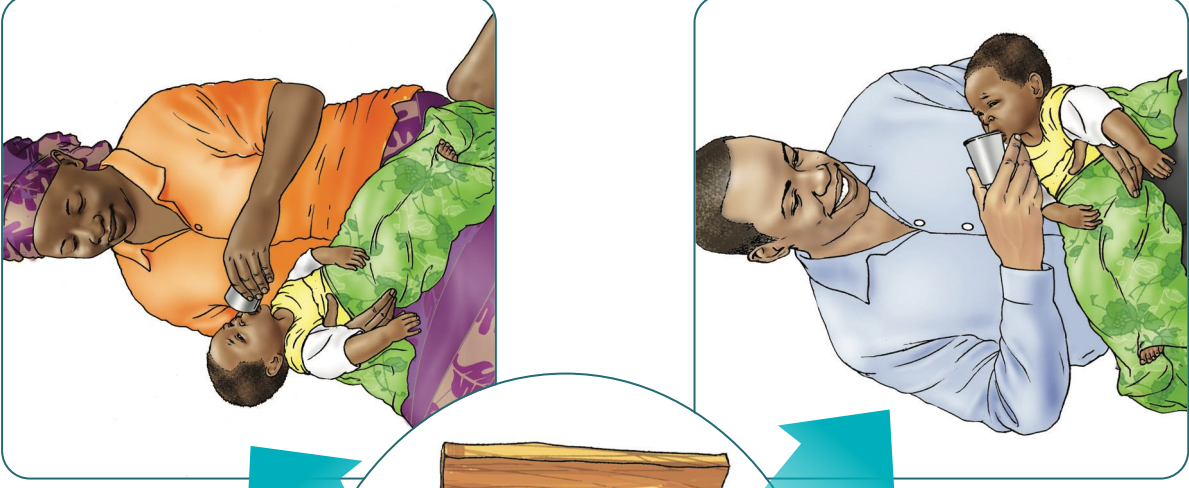
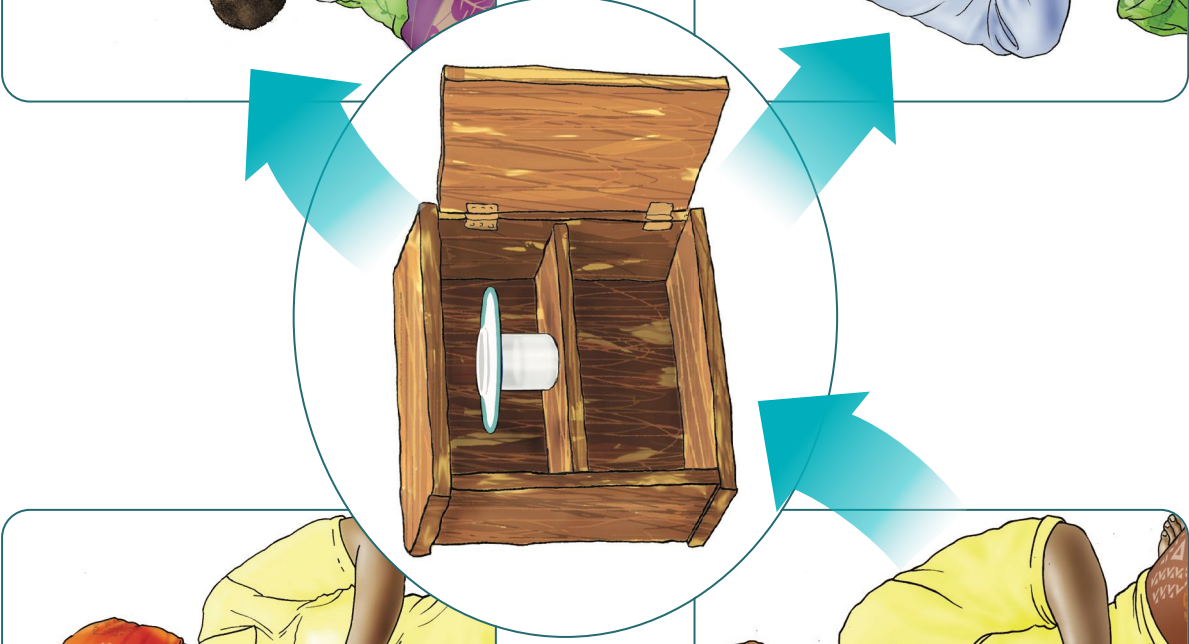
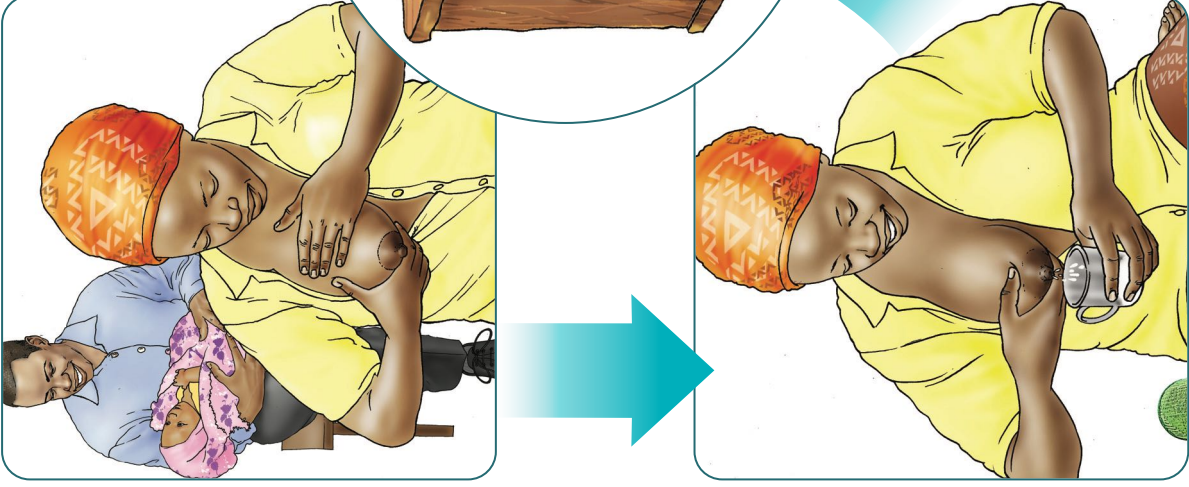
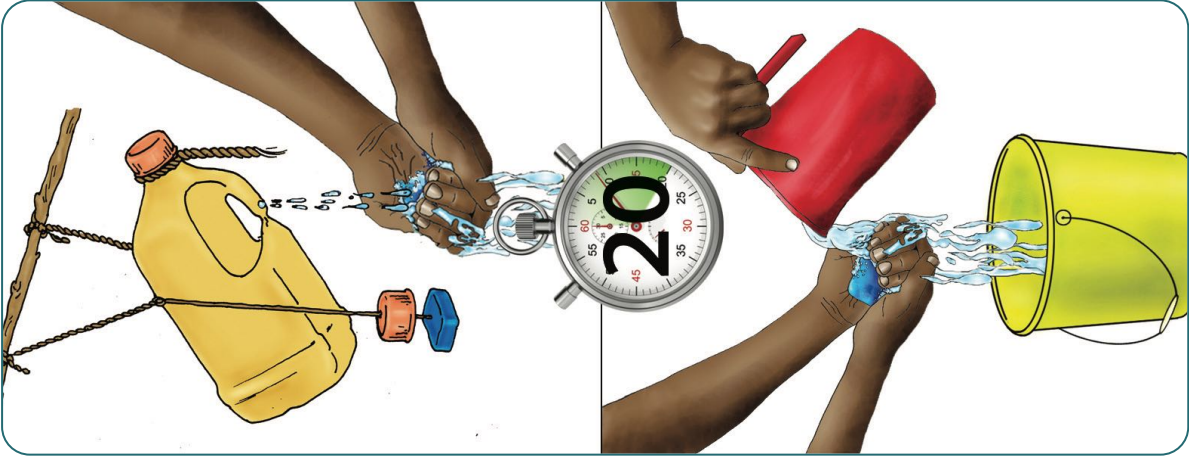
Ask the mother to:

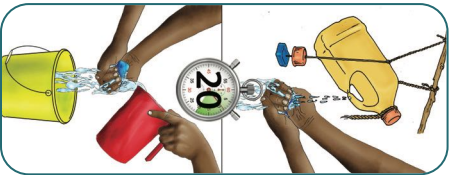
- Use a clean and covered glass or plastic container.
- Store only enough for one feeding in each container.
- Each container should be labelled with date and time.
- Store breastmilk in the coolest possible place: breastmilk can be left in a room at room temperature (<26 °C, in the shade) for 6 to 8 hours.
- Store in refrigerator at back of lowest shelf for up to 5 days (if milk remains consistently cold).
- Store frozen for up to 2 weeks in a fridge freezer or 3 months in a separate freezer.
- Use oldest milk first.
- To warm the milk, put the milk container in a bowl of warm water; do not heat on the stove.
- Use a cup to feed the infant expressed breastmilk

See videos:

How to express breastmilk: <https://globalhealthmedia.org/portfolio-items/how-to-express-breastmilk/?portfolioID=10861>

Storing breastmilk safely: <https://globalhealthmedia.org/portfolio-items/storing-breastmilk-safely/?portfolioID=10861>





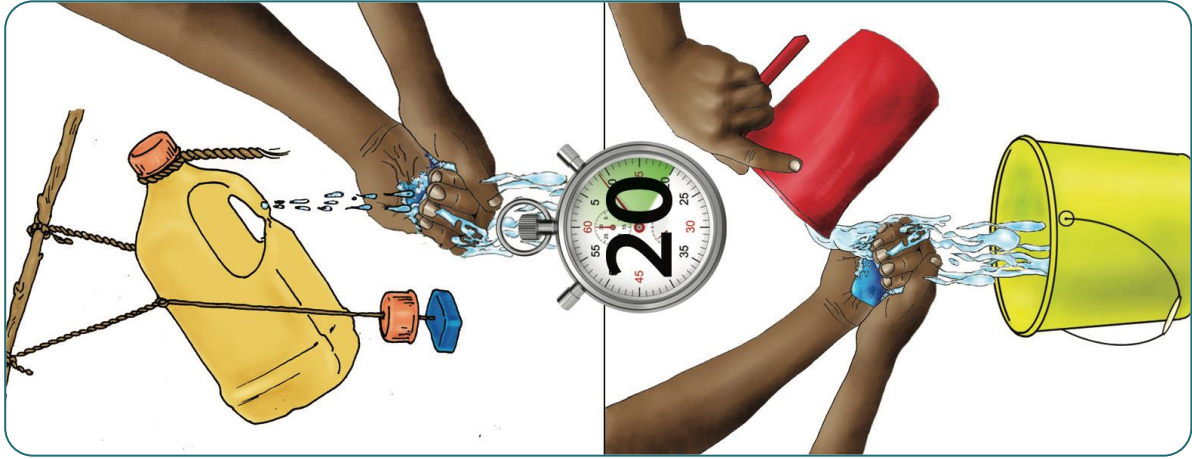
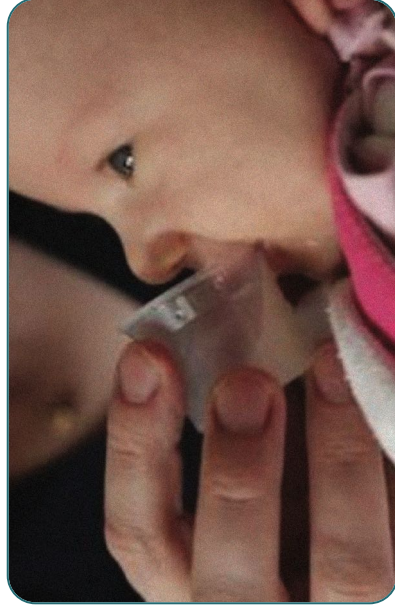
Counselling and Support Actions

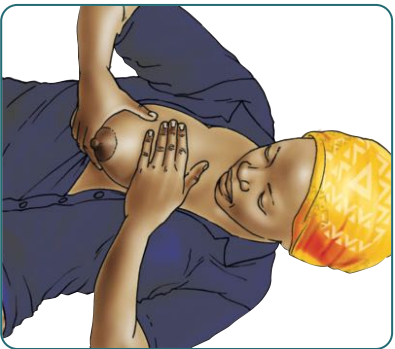
Assess readiness for cup feeding: rest the cup against the infant's lips, with milk touching infant's top lip. Wait and watch for infant response. If no response, try a few times with short intervals between them, and if no response after 2-3 trials, then refer to a facility where infant can be 'supported' to suckle.

Ask the mother or caregiver to:

- Put a cloth on the infant's front to protect his/her clothes as some milk can spill.
- Hold the infant upright or semi-upright on the lap.
- Put a measured amount of milk in the cup or pour only amount to be used at one feeding into the cup.
- Hold the cup resting on the lower lip and tip the cup so that the milk touches the infant's upper lip.
- Wait for the infant to draw in or suckle in the milk.
- Allow the infant to take the milk himself. DO NOT pour the milk into the infant's mouth.
- Caregiver should pause and let infant rest after every few suckles.
- Caregiver should pay attention to infant, look into infant's eyes and be responsive to infant's cues for feeding.
- Do not reuse any milk the infant does not drink for another feeding.
- Practice safe storage as indicated in 'Breast milk expression and storage' CARD A21 and 'Cup feeding' CARD A22 For infant formula preparation, refer to 'Use of infant formula' CARD B2 and 'Preparing infant formula' CARD B3.

See video on cup feeding: https://www.youtube.com/watch?v=u7ehmsAD_mw





Assess and Analyse

Re-lactation:
Mother/caregiver expresses interest in re-establishing breastfeeding after she has stopped, whether in the recent or distant past.

Counselling and Support Actions

Note: Re-lactation can be started at home if there is no supplementary feeding involved (refer to 'Supplementary suckling to help mother relactate' CARD A24).

Reassure the mother/wet nurse:

- Most women can re-establish breastfeeding. It will be easier if the mother/wet nurse has stopped breastfeeding recently and her infant still suckles occasionally, but re-lactation can still be accomplished, even by older and postmenopausal women who stopped breastfeeding a long time ago.

Prepare the mother/wet nurse:

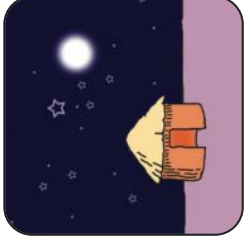
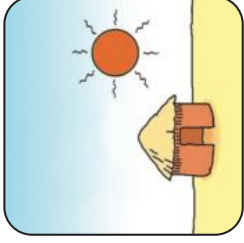
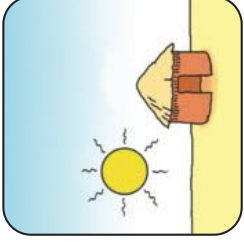
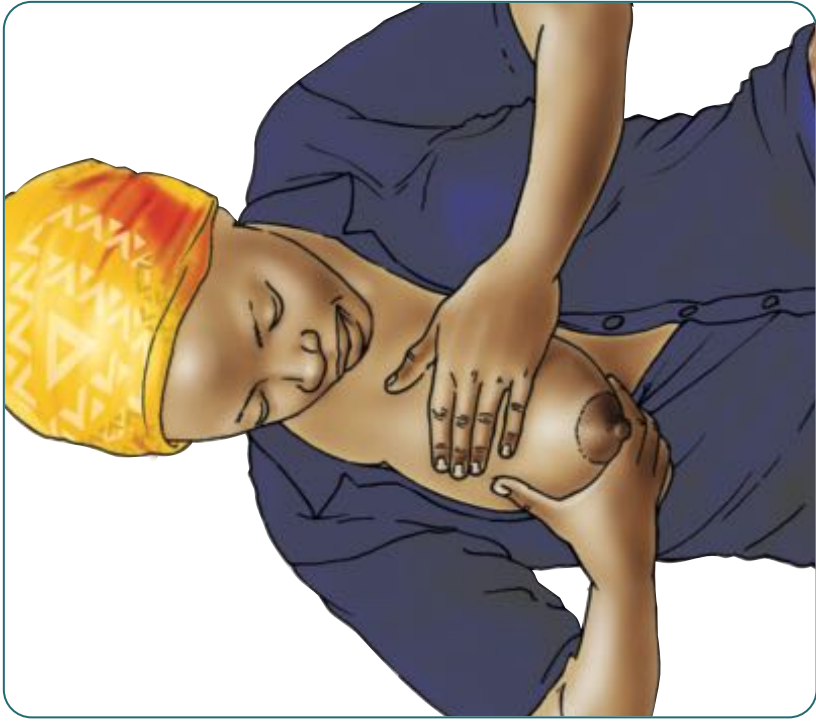
- Discuss how her infant will be fed while she re-establishes her breastmilk production (expressed breastmilk – refer to 'Breastmilk expression and storage' CARD A21 - or infant formula given by cup – refer to 'Cup feeding' CARD A22).
- To re-lactate, mother/wet nurse must be motivated and believe that re-lactation is possible.
- Mother/wet nurse's breasts must be stimulated frequently – ideally, by the infant's suckling, and/or by hand-expressing breastmilk. Reassure her that she will receive the support that she needs from skilled helpers.
- Inform the mother/wet nurse how long it may take, and discuss the need for her to be patient and persistent.
 - If an infant has stopped breastfeeding, it may take 1 – 2 weeks or more before much breastmilk comes.
 - It is easier for a mother/wet nurse to re-lactate if an infant is very young (less than 2 months) than if s/he is older. However, it is possible at any age.
- Discuss the importance of avoiding any practices

that can interfere with breastfeeding:

- Periods of separation from the infant.
- Feeding at fixed times, or using a pacifier or bottle (explain the need to feed on demand).
- Medicines that can reduce breastmilk production (e.g., oestrogen-containing contraception: provide a non-oestrogen method, if appropriate).
- If possible, introduce her to other women who have re-lactated and can encourage her.
- Explain to the woman's family and friends that she needs practical help and relief from other duties for a few weeks so that she can breastfeed often and take care of her infant: hold the infant close to her, sleep with the infant, and give skin-to-skin contact as often as possible.
- Ensure mother/wet-nurse gets enough to eat and drink.
- Explain to the mother that resting can help her to breastfeed frequently.

Starting re-lactation

- Encourage the mother/wet nurse to:
 - Stimulate her breasts with gentle breast massage.
 - Put the infant to the breast frequently, as often as s/he is willing (every 1 – 2 hours if possible, and at least 8 – 12 times every 24 hours).
 - Sleep with the infant so s/he can breastfeed at night.
 - Let the infant suckle on both breasts, and for as long as possible at each feed (at least 10 – 15 minutes on each breast).
 - Offer each breast more than once if the infant is willing to continue suckling.
- Make sure that the infant is well attached to the breast (refer to 'Good positioning and attachment' CARD A1)





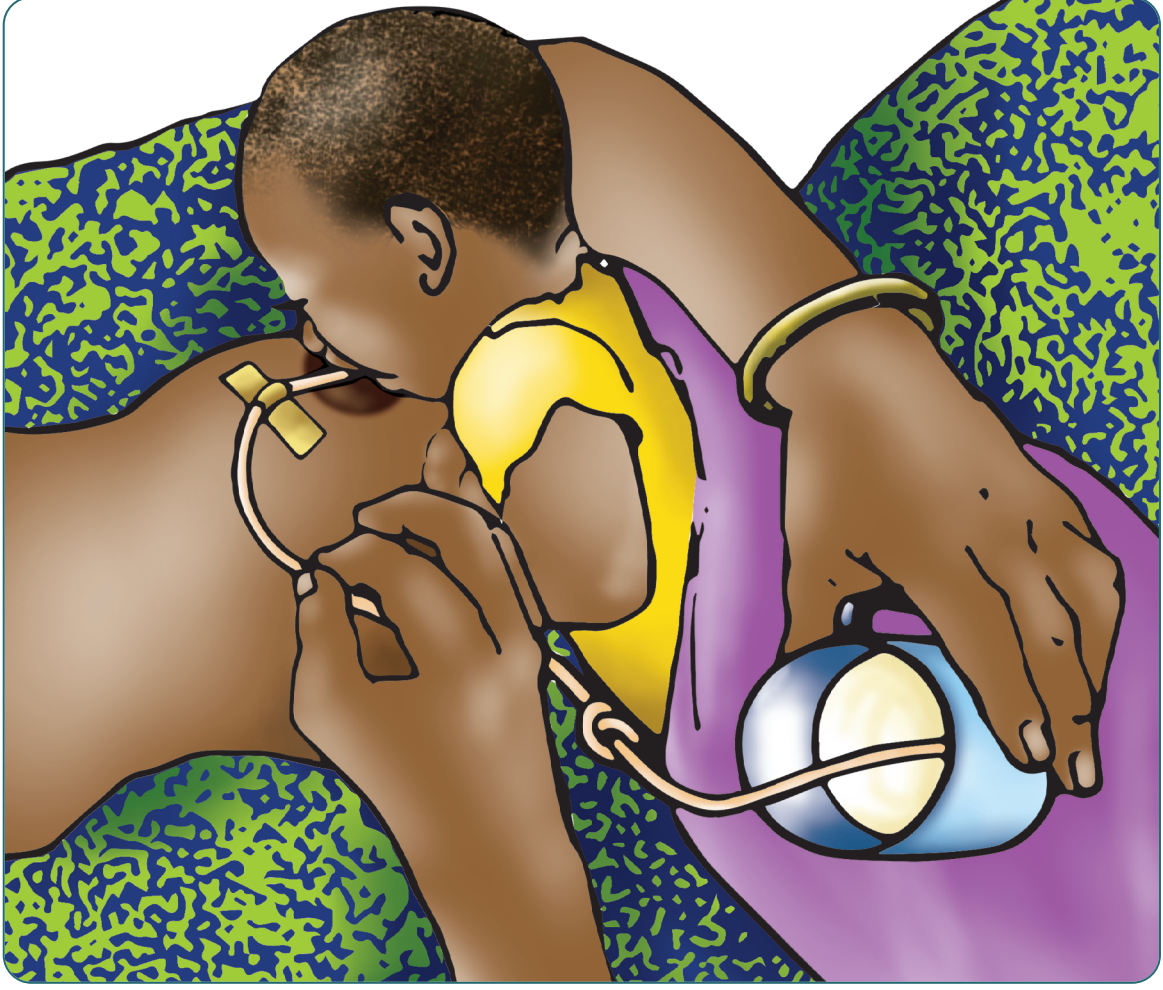
A breastfeeder supplementer consists of a tube that leads from a cup of supplement (expressed breastmilk or formula) to the breast, passing along the nipple into the infant's mouth.

Assess and Analyse

- Avoids using feeding bottles or pacifiers.
- For infants who are not willing to suckle at the breast, mother uses the supplementary suckling technique.
- Whenever the infant wants to suckle, he or she does so from the breast.

Counselling and Support Actions

- While encouraging the infant to resume breastfeeding, ask the mother to:
- Go to the health facility for supervision of practice.
 - Explain that the infant suckles and stimulates the breast at the same time as drawing the supplement (expressed breastmilk or formula) through the tube and is thereby nourished and satisfied. A fine nasogastric tube (gauge 8) or other fine plastic tubing should be used.
 - The mother can express her breastmilk into the infant's mouth, touching the infant's lips to simulate the rooting reflex and encourage the infant to open his or her mouth wider.
 - The mother controls the flow by raising or lowering the cup so that the infant suckles for about 30 minutes at each feed.
 - If the tube is wide, a knot can be tied in it, or it can be pinched to slow the flow of milk.
 - The cup and tube should be cleaned and sterilized each time mother uses them.
 - Encourage the mother to let the infant suckle on the breast at any time that he or she is willing – not just when she is giving the supplement.

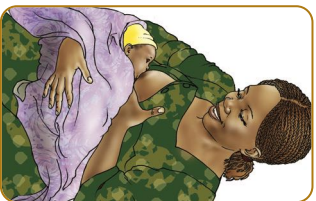
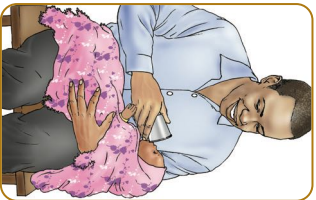
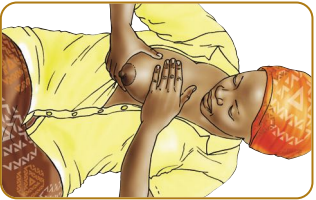




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SECTION B

Counselling and support actions for non-breastfeeding infants

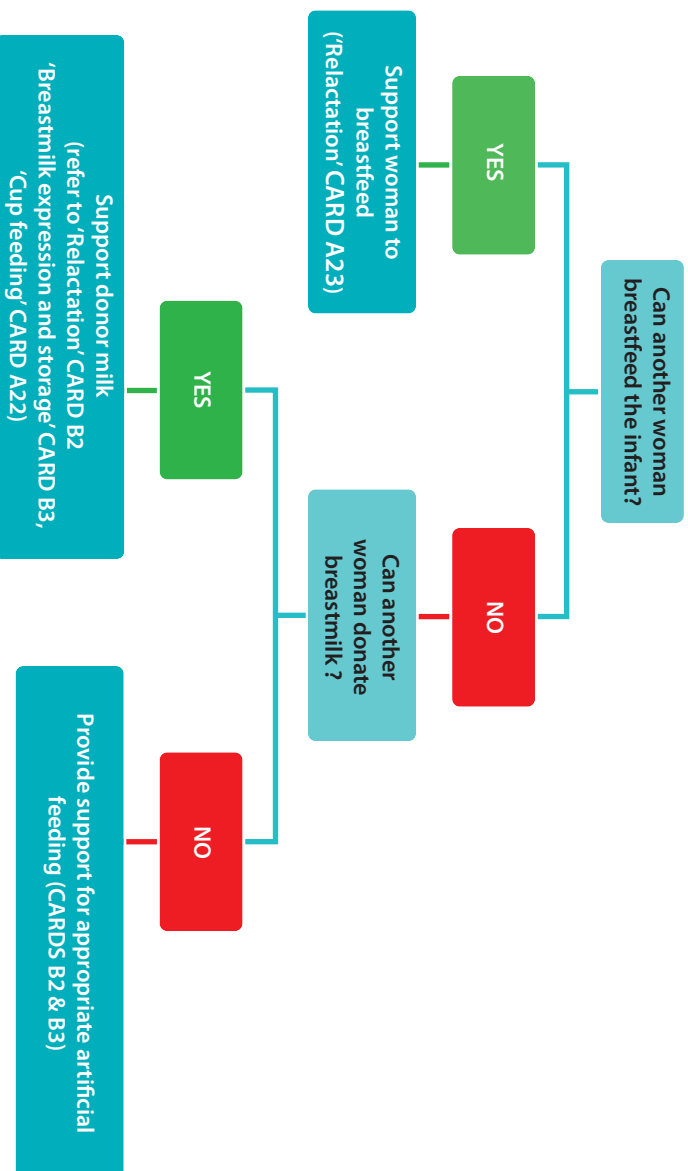


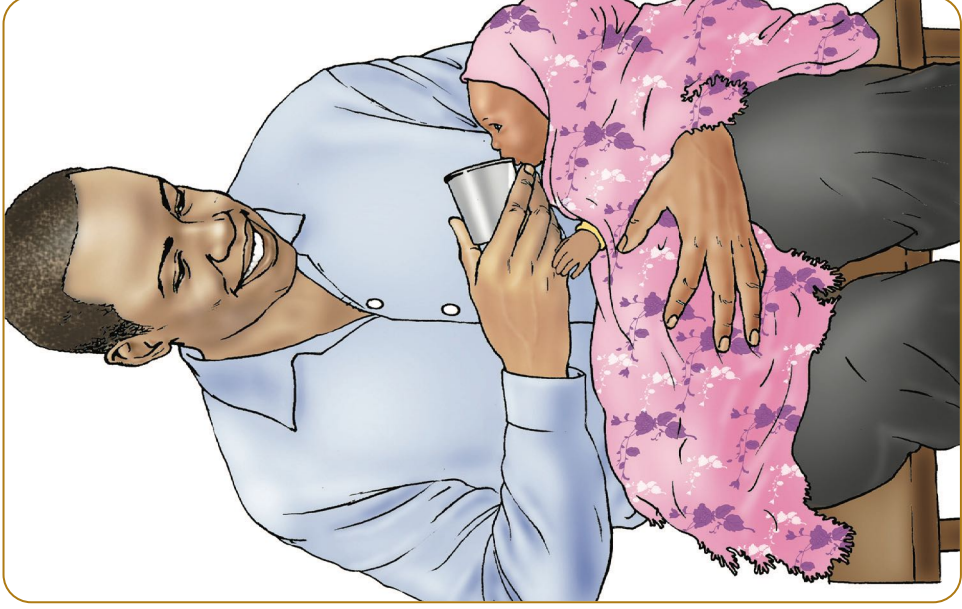
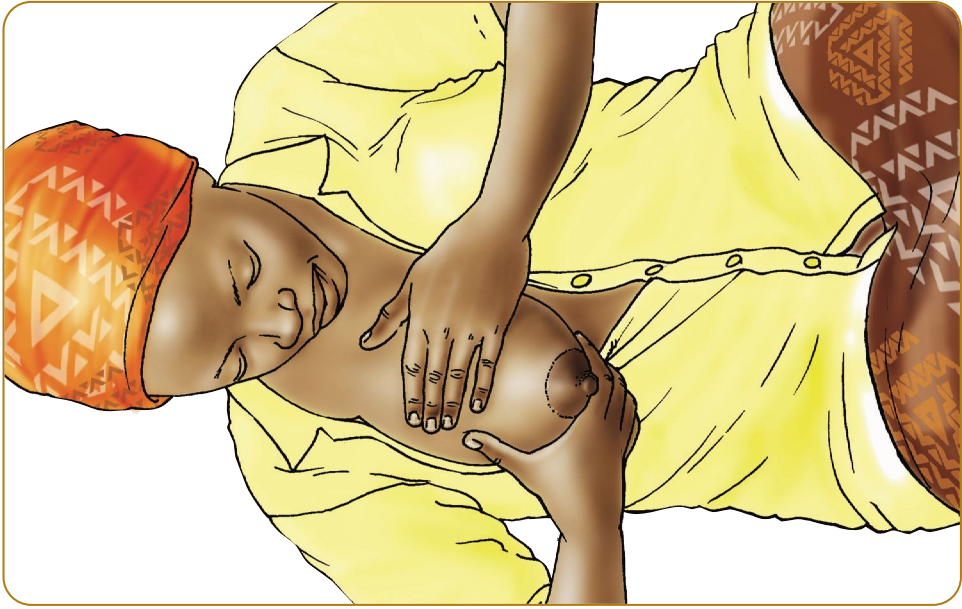
Assess and Analyse

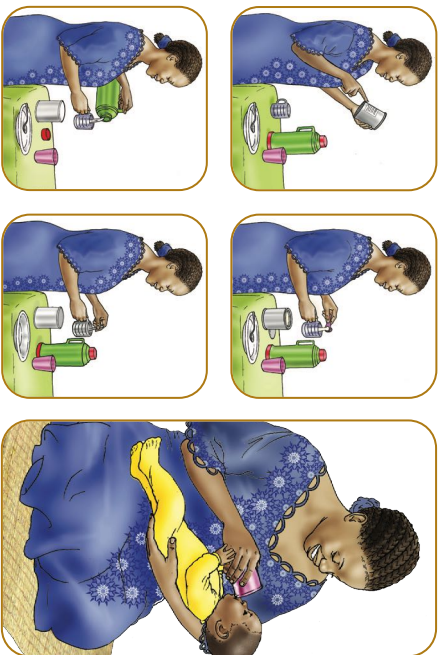
- Designated carer for infant.
- Wet nurse identified OR donor milk identified OR established supply of appropriate BMS where wet nurse is not available.

Counselling and Support Actions

- Establish the reasons for an absent mother:
- Temporary (at work, minding other children, minor illness).
 - Permanent (seriously ill, maternal death).
 - Identify and support a wet nurse: this is especially a priority for young infants (e.g. under 2 months of age) – refer to 'Relactation' CARD A23 if necessary.
 - Identify and support a supply of donor milk (refer to 'Breastmilk expression and storage' CARD A21).
 - Where a wet nurse or donor milk is not available, provide the necessary support for using an appropriate breastmilk substitute (refer to 'Use of infant formula' CARD B2, 'Preparing infant formula' CARD B3, and 'Cup feeding' CARD A22).







Assess and Analyse

- Availability:
 - Sustained source and required amount of infant formula.
 - Cooking and feeding equipment.
 - Staff to help mother.
- Access to adequate water, sanitation, and hygiene.

Counselling and Support Actions

Instruct caregiver about the importance of:

- Using infant formula that is suitable for infants under 6 months (give examples of unsuitable BMS (unmodified animal milks, condensed milk, cereal and water etc.).
- How much and how often to feed infant formula (refer to table below).

Age of infant in months	Weight in kilograms	Amount of infant formula per day	Number of feeds per day	Size of each feed
0 – 1	3	450ml	8	60ml
1 – 2	4	600ml	7	90ml
2 – 3	5	750ml	6	120ml
3 – 4	5	750ml	6	120ml
4 – 5	6	900ml	6	150ml
5 – 6	6	900ml	6	150ml

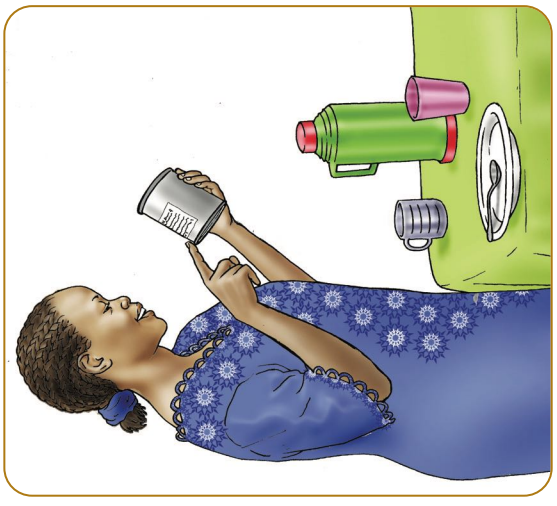
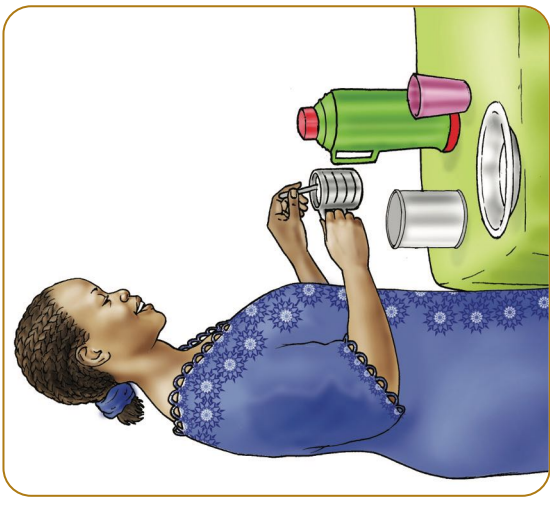
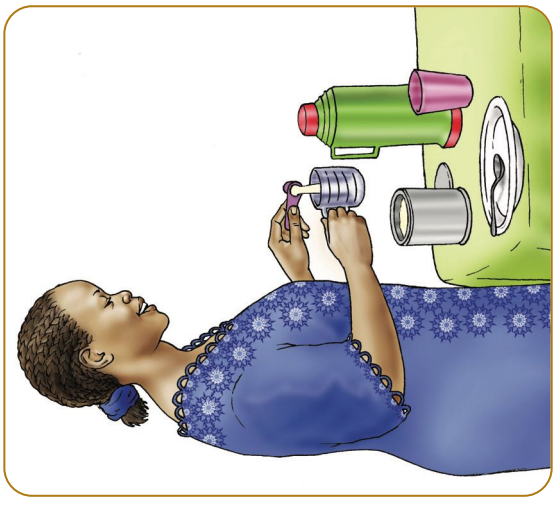
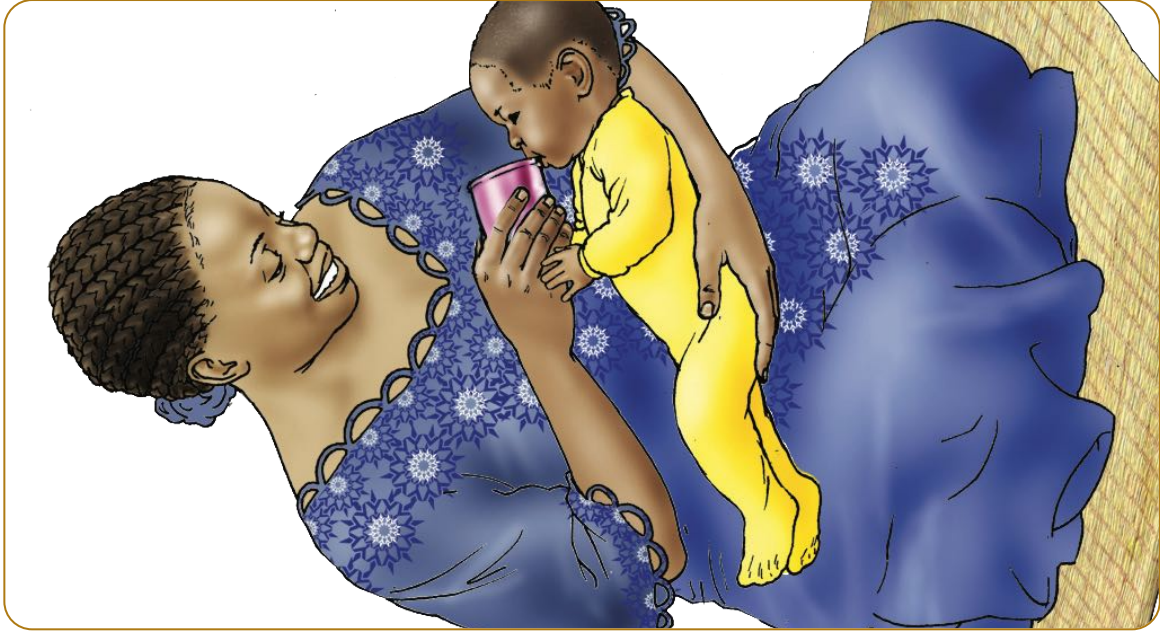
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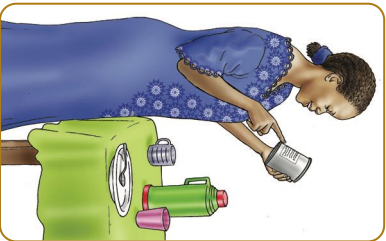
Note: On average, a newborn will take 60-90 ml of feed three to four times hourly. By the end of month 1, an infant will feed around 120ml/feed four times hourly. By 6 months, an infant will be feeding 180-240ml per feed, 4-5 feeds per 24 hours (often, by this stage, missing a night feed). An infant of 1 month will feed 120-150ml per feed and will increase the volume by 30 ml per feed each month until reaching a max feed volume of 210-240ml by the 6th month.

- How to prepare the feeds (refer to 'Preparing infant formula' CARD B3).
- How to give the feeds (refer to 'Cup feeding' CARD A22).

References:

For more information, refer to Infant Feeding in Emergencies (IFE) Module 2, Chapter 9: When infants are not breastfed (see Key Additional Material on page 9). Refer to Infant and Young Child Feeding Practices: Standard Operating Procedures for the Handling of Breastmilk Substitutes (BMS) in Refugee Situations for Children 0 - 23 months – [https://www.enonline.net/attachments/24110/UNHCR_BMS-SOP-LAY2-ANNEXES-D-\(1\).pdf](https://www.enonline.net/attachments/24110/UNHCR_BMS-SOP-LAY2-ANNEXES-D-(1).pdf)





Assess and Analyse

- Clean hands and utensils.
- Boiling water used to clean utensils.
- Cooled, boiled water to prepare infant formula.
- Follows instructions on formula tin.
- Feeds infant by cup (refer to 'Cup feeding' CARD A22).¹
- Safe storage of formula.
- No mixed feeding (water, other fluids, foods).
- No under- or over-dilution of formula.
- If ready-to-use infant formula (liquid, requires no dilution) is used, practice good hygiene, safe storage and follow instructions.

Counselling and Support Actions

- Wash hands with soap and water before preparing formula and feeding infant.
- Wash the utensils with clean water and soap, and then boil them to kill the remaining germs.
- Discuss cost/availability of infant formula with the mother/caregiver: an infant needs about 40 tins (500g per tin) in formula for the first 6 months.¹
- Always read and follow the instructions that are printed on the tin very carefully. Ask if she needs more explanation if she does not understand.
- Use clean water to mix with the infant formula. If possible, prepare the water that is needed for the whole day. Bring the water to a rolling boil for at least 2 minutes and then pour into a flask or clean covered container specially reserved for boiled water.
- Keep or carry boiled water and infant formula powder separately to mix for the next feeds, if the mother is working away from home and infant accompanies her, or for night feeds.
- Use only a clean cup to feed the infant. Even a newborn infant learns quickly how to drink from a cup. Avoid using bottles, teats or spouted cups as they are much more difficult to clean.
- Store the formula tin in a safe clean place.
- Only prepare enough infant formula for one feed at a time and use the formula within one hour of preparation.
- Refer to health facility if infant has diarrhoea or other illness or mother has difficulty obtaining sufficient formula.

¹ If bottle feeding is practiced, provide specific advice and support on hygiene and feeding practice. See Infant Feeding in Emergencies (IFE) Module 2, Chapter 9, When infants are not breastfed (see Key Additional Material, p3), www.ennonline.net/ife/module2

² Amount of milk calculated – 150ml/kg body weight/day – refer to 'Use of infant formula' CARD B2



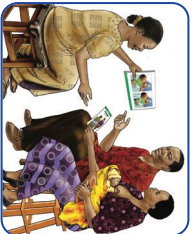
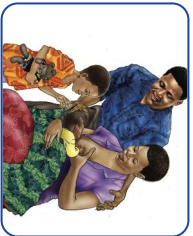


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SECTION C

Counselling and support

– core topics



Assess and Analyse

Presence of family support including husband, partner, and other family members.

Counselling and Support Actions

Counsel on role of family and partner:

- Breastfeeding and caring for infant is more successful when family members are involved.

During pregnancy:

- Accompany expectant mother to antenatal clinics (ANC).
- Remind her to take her iron/folate tablets.
- Provide extra food during pregnancy and lactation.

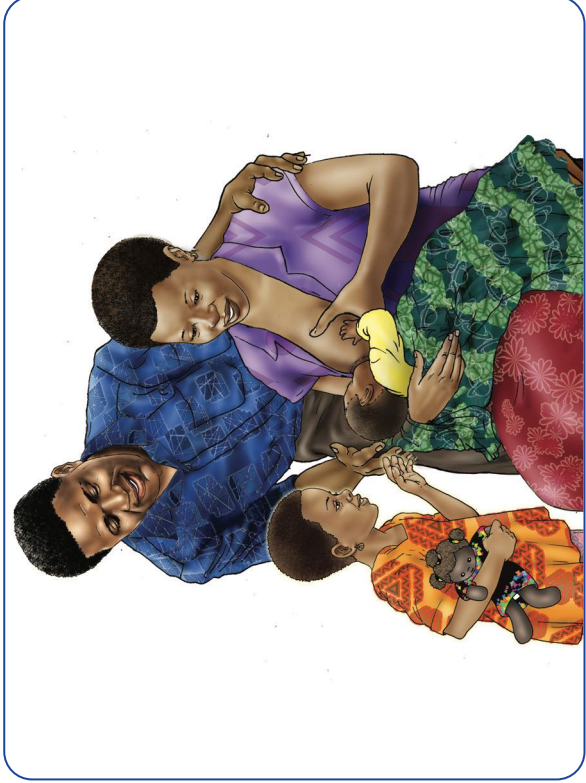
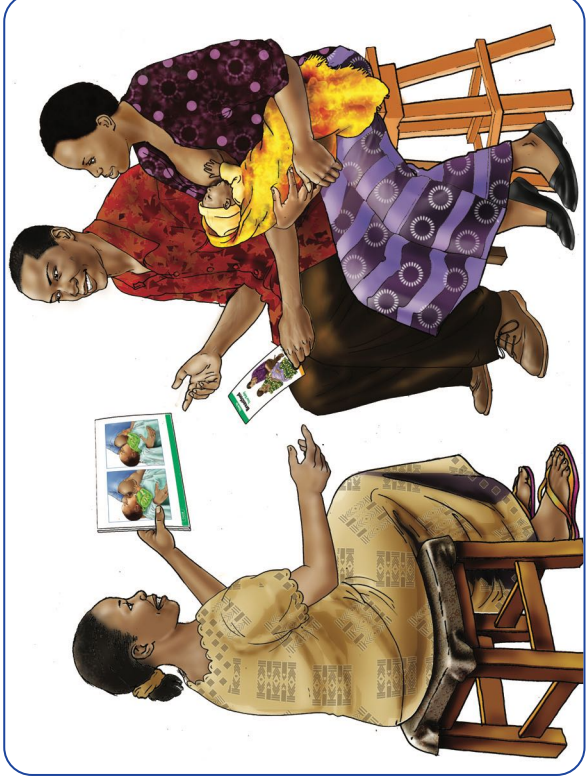
During labour and delivery

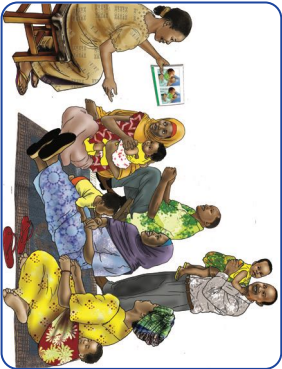
- Make sure there is a trained birth attendant.
- Make arrangements for safe transportation to facility for birth.
- Encourage breastfeeding immediately after birth and skin-to-skin contact.

After birth:

- Help with non-infant household chores and caring for other children.
- Make sure the infant exclusively breastfeeds for the first 6 months.
- Support the mother so that she has time to breastfeed. Give praise and encouragement.
- Pay attention to infant: look at infant; look into infant's eyes; respond to infant's responses; ask: what is infant thinking?
- Pay attention to/observe the signs/cues of hunger and learn to respond to the infant/young child: smile, go to infant, talk to infant to encourage infant to communicate his/her wishes, show infant that you/mother are preparing to feed.
- Discuss child spacing with wife/partner (refer to 'Family planning' CARD C3).
- Accompany wife/partner to the health facility when infant/child is sick, for infant/child's Growth Monitoring Promotion (GMP), and immunisations.
- Provide bed-nets for family in endemic malaria areas.

An adolescent pregnant woman/lactating mother: needs extra care, more food and more rest than an older mother. The adolescent pregnant woman/lactating mother needs to nourish her own body, which is still growing, as well as her growing infant's (refer to 'Adolescent mother' CARD A18).



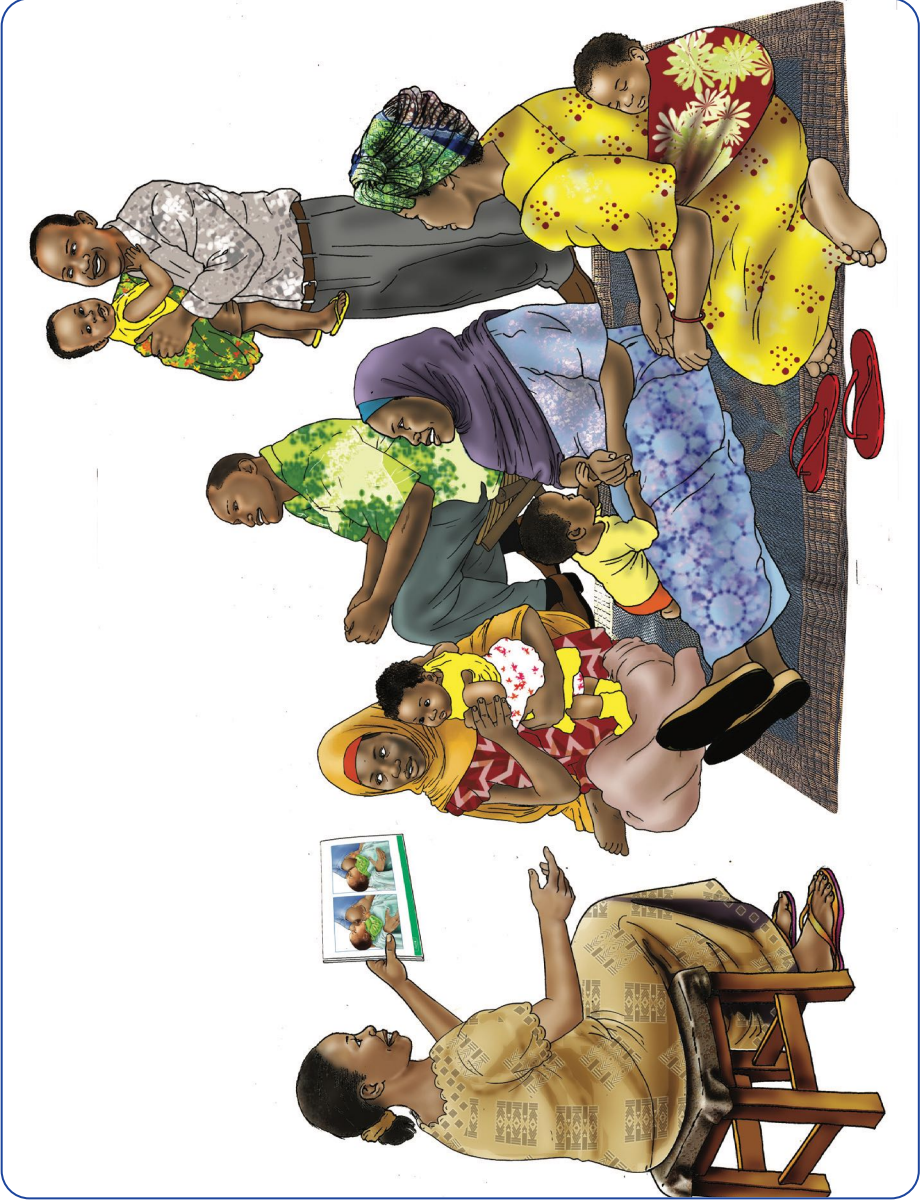
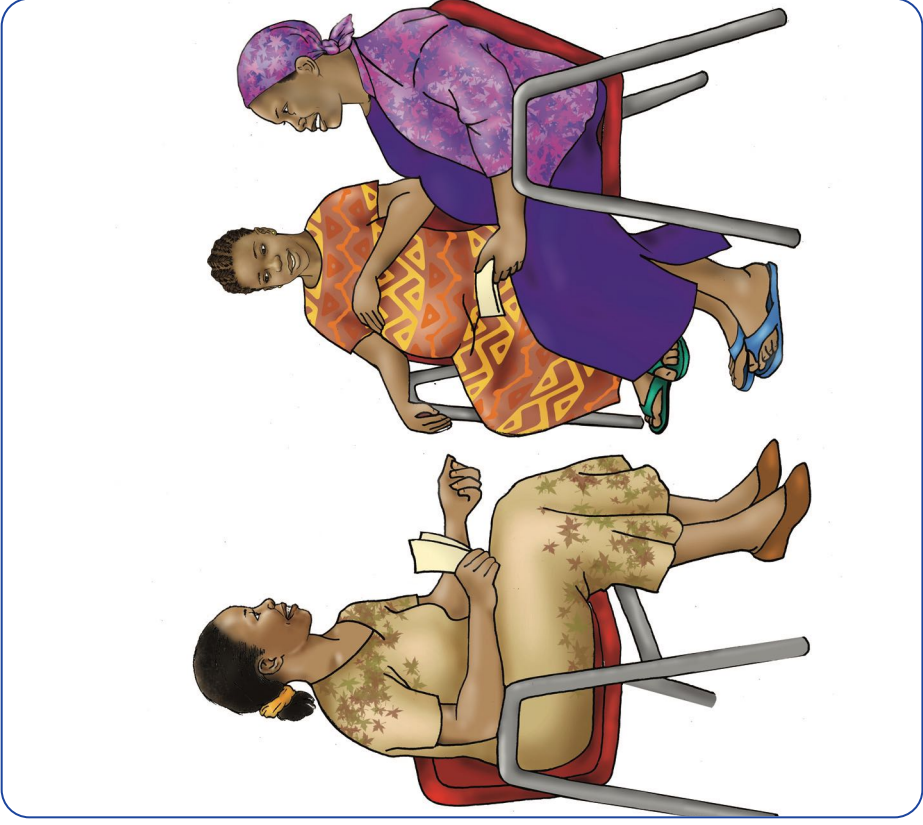


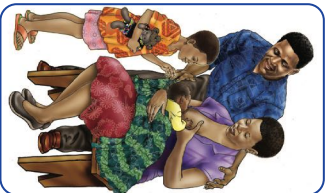
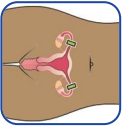
Assess and Analyse

Presence of community support.

Counselling and Support Actions

- Counsel mother, family, and community members on:
- Importance of identifying supportive community members to provide the needed support for mother especially if facing difficulties.
 - Community member support helps mother start and continue breastfeeding by listening and being there for the mother.
 - Mother-to-mother support groups provide an opportunity to share experiences, provide peer support, and a safe environment for breastfeeding.
 - Avoiding community members that may disseminate harmful myths and misconceptions.
 - Other forms of community support include attending education sessions on nutrition, child and maternal health, hygiene, etc.



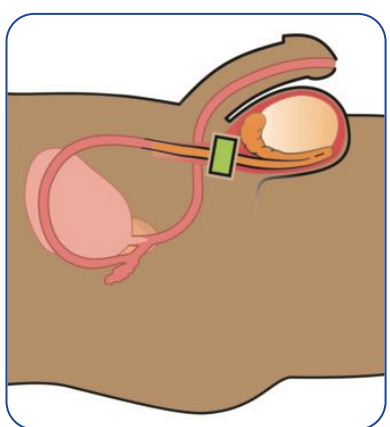
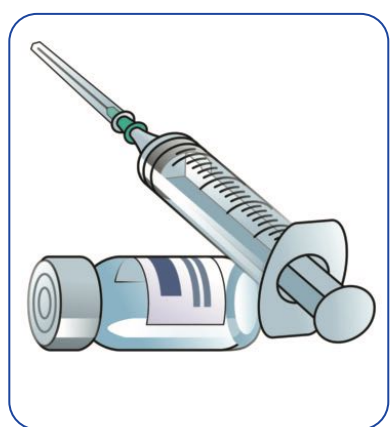
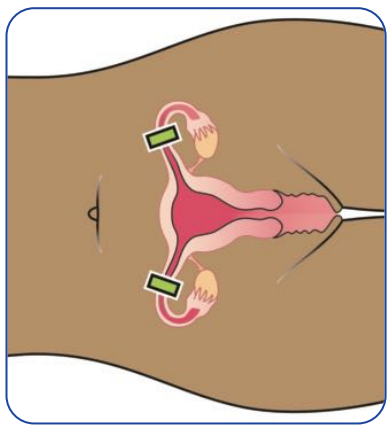
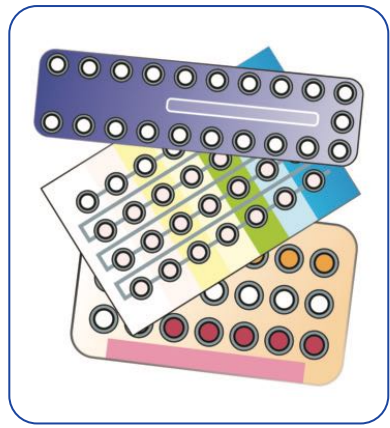
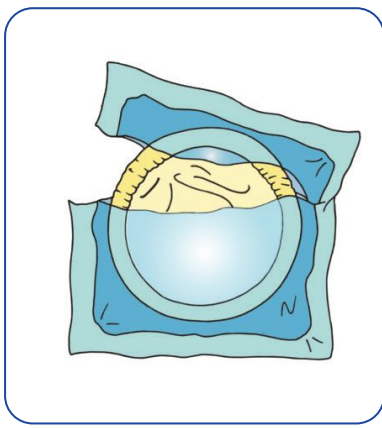
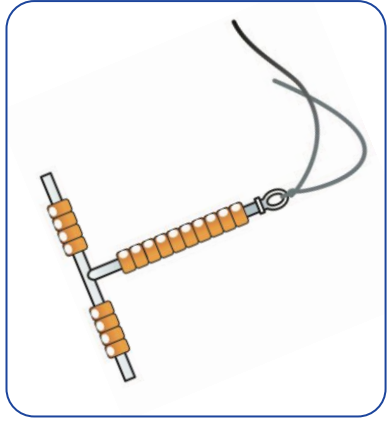
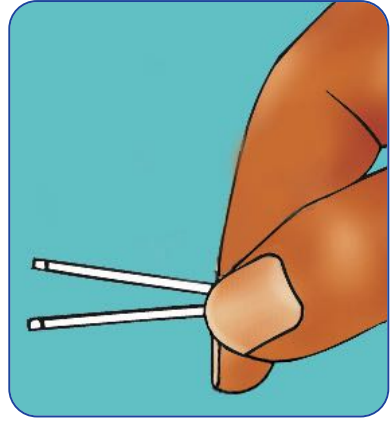
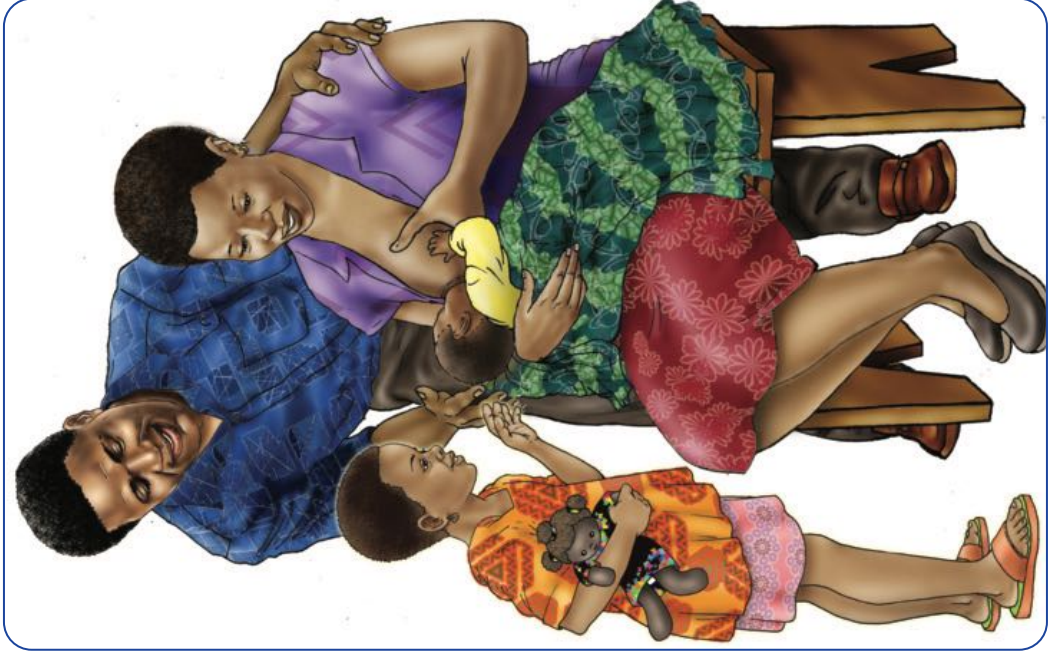


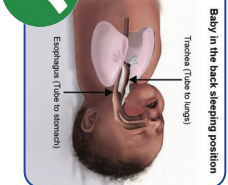
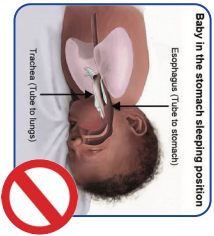
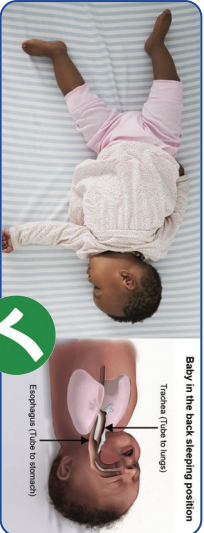
Assess and Analyse

Need for family planning, counselling, and referral.

Counselling and Support Actions

- Healthy timing and spacing of pregnancy means waiting at least 2 to 3 years before becoming pregnant again.
- Spacing children allows:
 - More time to breastfeed and care for each child.
 - More time for your body to recover between pregnancies.
 - More money because you have fewer children, and thus fewer expenses for school fees, clothing, food, etc.
- Feeding the infant only breast milk for the first 6 months helps to space births in a way that is healthy for both mother and baby.
- By exclusively breastfeeding for the first 6 months pregnancy can be prevented ONLY if:
 - Mother feeds the baby only breast milk.
 - Mother's menstrual period has not returned.
 - Baby is less than 6 months old.
- This family planning method is called the Lactational Amenorrhea Method, or LAM.
 - L = lactational
 - A = no menses
 - M = method of family planning
- If any of these three conditions are not met or change, the mother is no longer protected from becoming pregnant again.
- It is important to seek advice from the nearest clinic about what modern family planning methods are available, as well as when and how to use them.





Assess and Analyse

Pattern of crying and sleeping.

Counselling and Support Actions

Refer to 'Excessive crying' CARD A6 if mother complains of excessive crying.

Crying:

- Crying is natural and it is the way babies express themselves.
- Some babies cry more than others and some even cry when nothing is wrong. For a 2-month-old baby, crying can range from 30 minutes per day to 5-6 hours per day.
- Crying, sometimes in late afternoons and early evening, may increase at 6-8 weeks of age.
- Crying gets better over time.

Calming a crying baby:

- Let baby suckle at the breast.
- Hold the baby along the forearm.
- Hold the baby round the abdomen, on the lap.
- Hold the baby against chest.
- Undress the baby and massage them gently and firmly.
- Do not shake your baby to try stop the crying.

Note: Some babies cry more and need to be held and carried more. In communities where mothers carry their babies with them, crying is less common than in communities where mothers like to put their babies down to leave them or put them to sleep in separate cots.

Sleep:

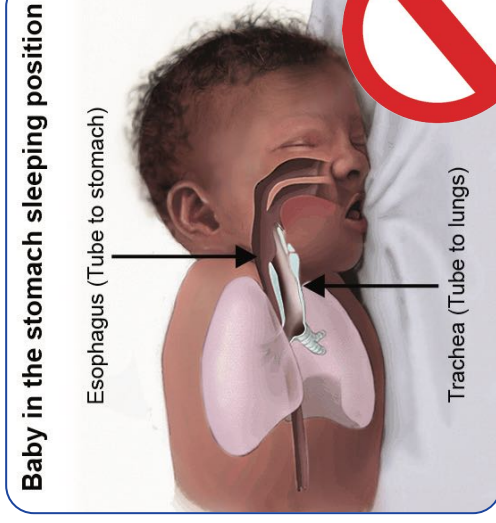
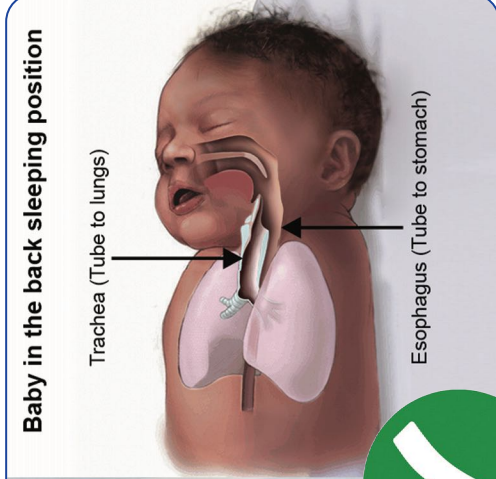
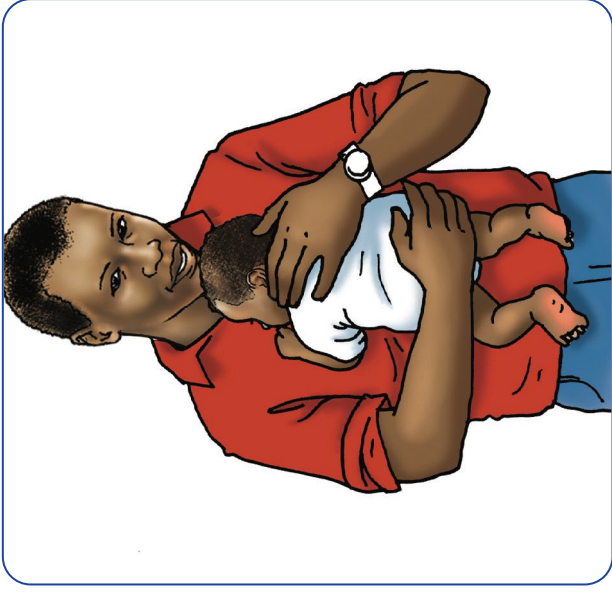
- All babies sleep differently.
- Keep baby close and in the same room (for the first 6 months).
- Baby should **always sleep on their back** for naps and at night and not on their front or side.
- Babies should sleep in a safe sleep space; on a firm surface that does not indent when the baby is lying on it; away from blankets, pillows, or stuffed toys. Baby's head should be kept uncovered.
- Keep smoke away from baby day and night.
- Tummy time while awake can help to strengthen the muscles they need for rolling.

Note: Many more babies have died suddenly when placed to sleep on their stomach or side, than on their back. Breastfeeding protects from Sudden Infant Death Syndrome.

For more information on safe sleep: <https://www.basisonline.org.uk/>

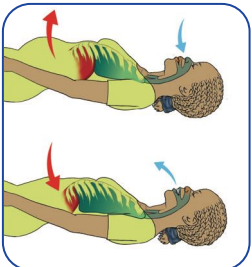
References:

- <https://www.nhs.uk/conditions/baby/caring-for-a-newborn/soothing-a-crying-baby/>
- <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/practicing-safety/Pages/Coping-with-Crying.aspx>
- <https://iconcpe.org/about-icon/>
- <https://www.unicef.org/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/co-sleeping-and-sids/>
- <https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-babies-a-guide-for-parents-web.pdf>

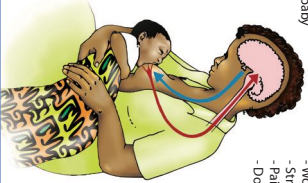


Assess and Analyse

Anxiety, fatigue, and emotional stress may affect the success of breastfeeding.



- 1. These help reflex:**
- Thinks lovingly of baby
 - Sounds of baby
 - Sight of baby
 - Touches the baby
 - Confidence



- 2. These hinder reflex:**
- Worry
 - Stress
 - Pain
 - Doubt

Counselling and Support Actions

Refer to 'Counselling and Communication Skills' for tips on communicating.

- Relaxation techniques help with stimulating milk flow and contribute to successful and continued breastfeeding. The more relaxed the mother is the more the milk flow is stimulated.

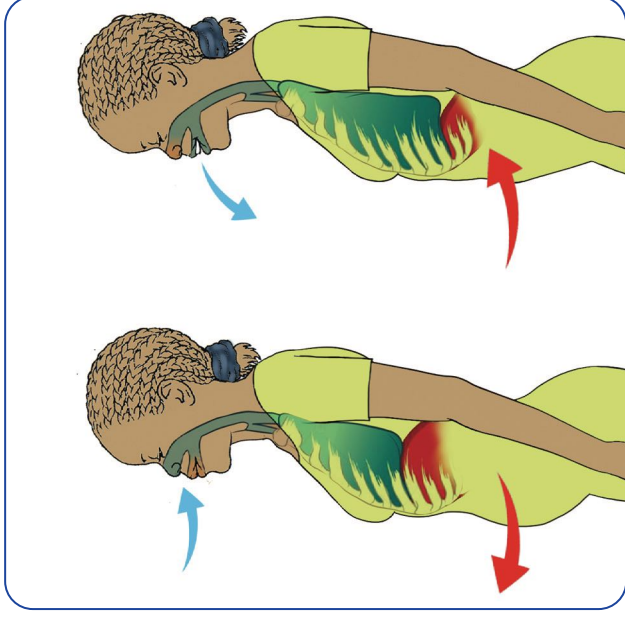
- Different relaxation techniques exist. Examine these with the mother and discuss preferred method.

Note: It is helpful for the technique to have: 1) a repetitive stimulus (word, sound, or breathing), 2) relaxed muscles, and 3) a quiet environment.

Deep breathing

Note: It is natural to take long, deep breaths, when relaxed. However, during the fight-or-flight response, breathing becomes rapid and shallow. Deep breathing reverses this and sends messages to the brain to begin calming the body. Practice will make your body respond more efficiently to deep breathing in the future.

- Breathe in slowly.
- Count in your head and make sure the inward breath lasts at least 5 seconds.
- Pay attention to the feeling of the air filling your lungs.
- Hold your breath for 5 to 10 seconds (again, keep count).
- You do not want to feel uncomfortable, but it should last quite a bit longer than an ordinary breath.
- Breathe out very slowly for 5 to 10 seconds (count!).
- Pretend like you are breathing through a straw to slow yourself down. Try using a real straw to practice.
- Repeat the breathing process until you feel calm.

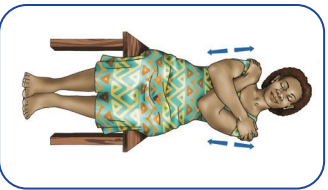


1. These help reflex:

- Thinks lovingly of baby
- Sounds of baby
- Sight of baby
- Touches the baby
- Confidence

2. These hinder reflex:

- Worry
- Stress
- Pain
- Doubt



Assess and Analyse

Anxiety, fatigue, and emotional stress may affect the success of breastfeeding.

Counselling and Support Actions

- Relaxation techniques help with stimulating milk flow and contribute to successful and continued breastfeeding. The more relaxed the mother is the more milk flow is stimulated.
- Different relaxation techniques exist. Examine these with the mother and discuss preferred method.
- Examples of relaxation technique include: breathing exercises guided by an audio recording, listening to music, massage, and others.

Note: It is helpful for the technique to have: 1) a repetitive stimulus (word, sound, or breathing), 2) relaxed muscles, and 3) a quiet environment.

Squeeze-hug technique

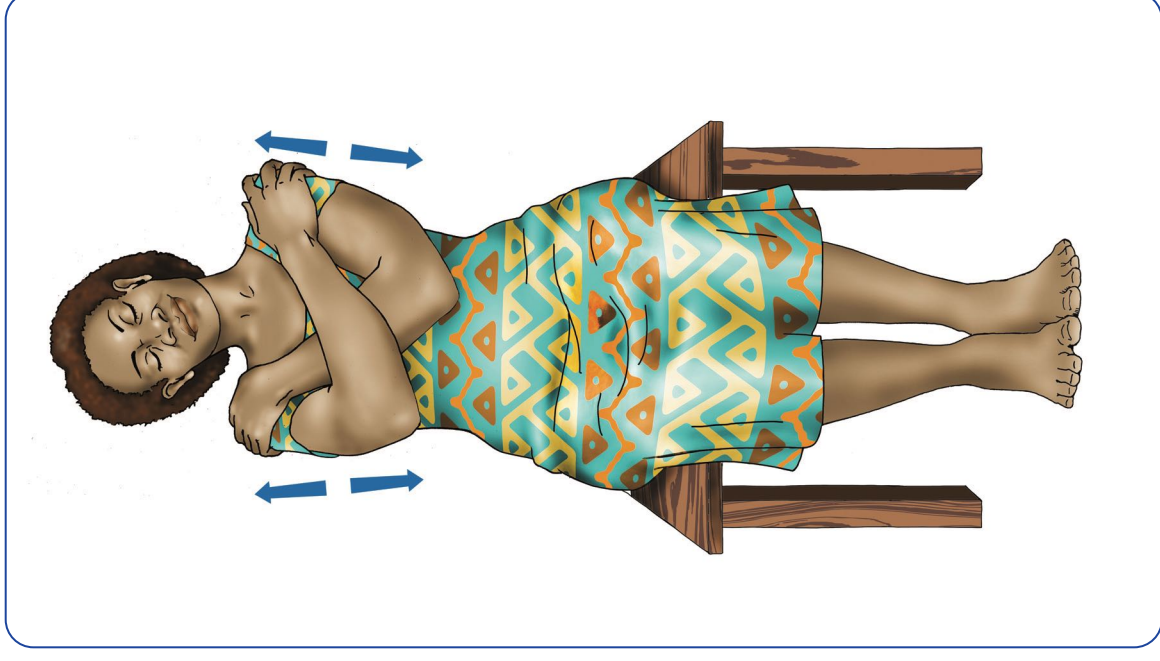
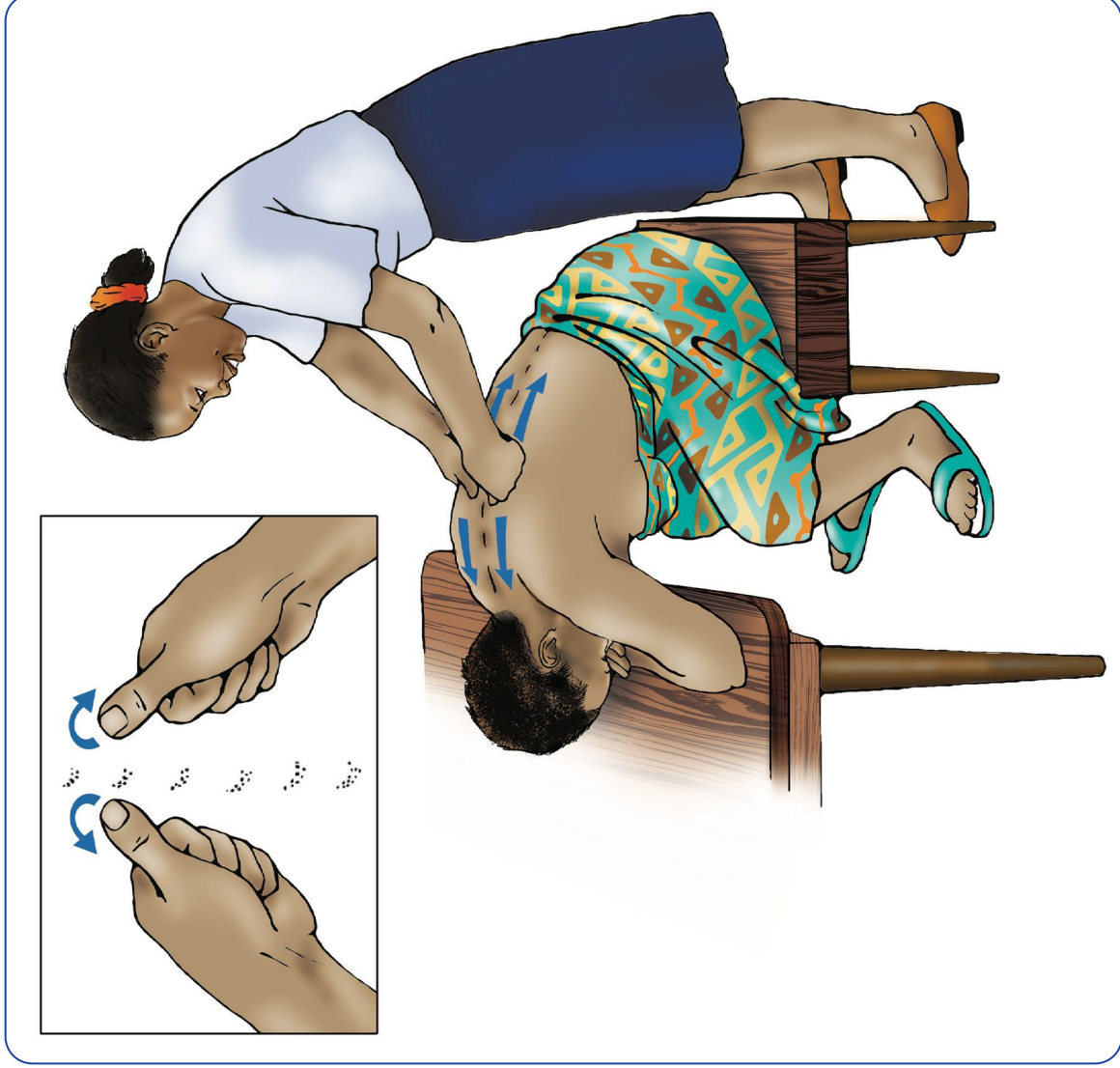
- Ask mother or caregiver (either standing or sitting in a chair) to make sure both soles of their feet are flat on the ground.
- Move the feet (stamping lightly on the ground or sliding them from side to side but keeping the soles of the feet on the ground at all times), and then while keeping the mother/caregivers feet pressed to the ground, ask them to imagine they are pressing their feet into warm soft sand, or soft earth.
- Then ask her to cross her arms in front of her, and using opposite hand on opposite arm, get her to gently squeeze her hand on her arm, moving from the shoulder down to the elbow, and then from the elbow down to the wrist and back again to the elbow. Gently squeezing down both arms at the same time.
- Then ask her to wrap her arms around herself so that her hands are touching her back/shoulder blades. Gently giving herself a squeeze evenly and gently for about one minute. Then release arms.

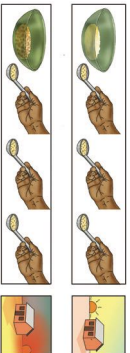
Back massage technique (with partner)

- Mother sits at the table resting her head on her arms, as relaxed as possible.
- Explain that it is important for her breasts and her back to be naked.
- Chair should be far enough away from the table for her breasts to hang free.
- Rub both sides of her spine with thumbs, making small circular movements, from her neck to her shoulder blades.
- Ask her how she feels, and if it makes her feel relaxed.

Note: this technique can be demonstrated during the counselling session for the mother and partner to practice at home.

Additional relaxation techniques: https://www.youtube.com/watch?v=uZehmsAD_mw



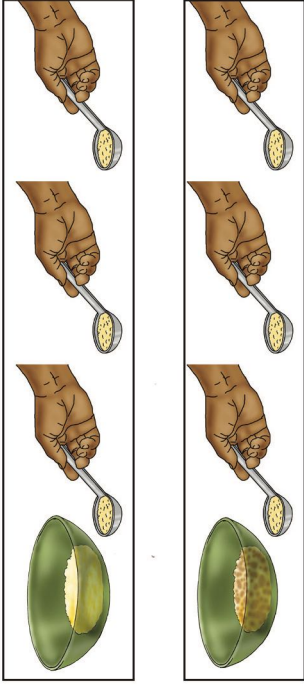


Assess and Analyse

Does mother plan to introduce complementary foods at 6 months of age?

Counselling and Support Actions

- Starting at about 6 months, your baby needs other foods in addition to breast milk.
- Continue breastfeeding your baby on demand both day and night.
- Breast milk continues to be the most important part of your baby's diet.
- Breastfeed first before giving other foods.
- When giving complementary foods, think: Frequency, Amount, Thickness, Variety, Active/responsive feeding, and Hygiene
 - **Frequency:** Feed your baby complementary foods 2 times a day
 - **Amount:** Give 2 to 3 tablespoonsfuls ('tastes') at each feed.
 - **Thickness:** should be thick enough to be fed by hand
 - **Variety:** Begin with the staple foods like porridge (corn, wheat, rice, millet, potatoes, sorghum), mashed banana or mashed potato
 - **Active/responsive feeding:**
 - Baby may need time to get used to eating foods other than breast milk.
 - Be patient and actively encourage your baby to eat.
 - Do not force your baby to eat.
 - Use a separate plate to feed the baby to make sure he or she eats all the food given.
 - **Hygiene:** Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
 - Use a clean spoon or cup to give foods or liquids to your baby.
 - Store the foods to be given to your baby in a safe hygienic place.
 - Wash your hands with soap and water before preparing foods and feeding baby.
 - Wash your hands and your baby's hands before eating.
 - Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom.



Counselling and Support Actions

Newborn, birth up to 1 week


Play: Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke and hold your child. Skin to skin is good.

Communicate: Look into baby's eyes and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.

1 week up to 6 months

Play: Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. Sample toys: shaker rattle, big ring on a string.

Communicate: Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.

<p>Your baby learns from birth</p>  <p>PLAY Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke and hold your child. Skin to skin is good.</p>	 <p>COMMUNICATE Look into baby's eyes and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.</p>
 <p>PLAY Provide ways for your child to see, hear, feel, move freely, and touch things for your child to see and reach for. Sample toys: shaker rattle, big ring on a string.</p>	<p>COMMUNICATE Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.</p>
 <p>PLAY Give your child clean, safe household things to handle, bang, and drop. Sample toys: containers with lids, metal pot and spoon.</p>	<p>COMMUNICATE Respond to your child's interests all the time. See and see your child respond.</p>
 <p>PLAY Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.</p>	<p>COMMUNICATE Tell your child the names of things and people. Show your child how to play things with toys like blocks. Sample toy: doll with face.</p>
 <p>PLAY Give your child things to stack up and to put into containers and take out. Sample toys: Nesting and stacking objects, container and clothes clips.</p>	<p>COMMUNICATE Ask your child simple questions, respond to your child's simple questions. Show your child pictures and things.</p>
 <p>PLAY Help your child count, name and compare things. Make simple toys for your child. Sample toys: Objects of different colours and shapes to sort, stick or drink board, juggle.</p>	<p>COMMUNICATE Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games. Talk about pictures or books. Sample toy: book with pictures.</p>

Newborn, birth up to 1 week

1 week up to 6 months

6 months up to 9 months

9 months up to 12 months

12 months up to 2 years

2 years and older

Your baby learns from birth



PLAY Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke and hold your child. Skin to skin is good.



COMMUNICATE

Look into baby's eyes and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.

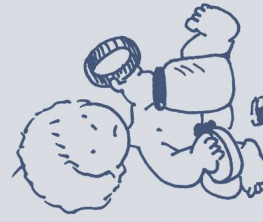


PLAY Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. *Sample toys: shaker rattle, big ring on a string.*



COMMUNICATE

Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.



PLAY Give your child clean, safe household things to handle, bang, and drop. *Sample toys: containers with lids, metal pot and spoon.*

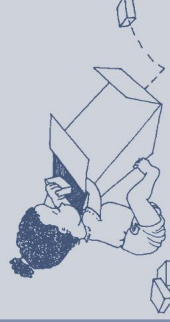


COMMUNICATE

Respond to your child's sounds and interests. Call the child's name, and see your child respond.



PLAY Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.



COMMUNICATE

Tell your child the names of things and people. Show your child how to say things with hands, like "bye bye". *Sample toy: doll with face.*



PLAY Give your child things to stack up, and to put into containers and take out. *Sample toys: Nesting and stacking objects, container and clothes clips.*



COMMUNICATE

Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures and things.



PLAY Help your child count, name and compare things. Make simple toys for your child. *Sample toys: Objects of different colours and shapes to sort, stick or chalk board, puzzle.*



COMMUNICATE

Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games. Talk about pictures or books. *Sample toy: book with pictures*

● Give your child affection and show your love ● Be aware of your child's interests and respond to them ● Praise your child for trying to learn new skills

Card C9

Nurturing care for early childhood development: counsel

Guidance for counsellor: There is no card to show the caregiver. Follow the guidance below to facilitate play between caregiver and infant.

If the mother does not breastfeed, counsel the mother to:

Hold the child close when feeding, look at the child, and talk or sing to the child.

If caregivers do not know what the child does to play or communicate:

- Remind caregivers that children play and communicate from birth.
- Demonstrate how the child responds to activities.

If caregivers feel too burdened or stressed to play and communicate with the child:

- Listen to the caregivers feelings, and help them identify a key person who can share their feelings and help them with their child.
- Build their confidence by demonstrating their ability to carry out a simple activity.
- Refer caregivers to a local service, if needed and available.

If caregivers feel that they do not have time to play and communicate with the child:

- Encourage them to combine play and communication activities with other care for the child.
- Ask other family members to help care for the child or help with chores.



If caregivers have no toys for the child to play with, counsel them to:

- Use any household objects that are clean and safe.
- Make simple toys.
- Play with the child. The child will learn by playing with the caregivers and other people.

If the child is not responding, or seems slow:

- Encourage the family to do extra play and communication activities with the child.
- Check to see whether the child is able to see and to hear.
- Refer the child with difficulties to special services.
- Encourage the family to play and communicate with the child through touch and movement, as well as through language.

If the mother or father has to leave the child with someone else for a period of time:

- Identify at least one person who can care for the child regularly, and give the child love and attention.
- Get the child used to being with the new person gradually.
- Encourage the mother and father to spend time with the child when possible.

If it seems that the child is being treated harshly:

- Recommend better ways of dealing with the child.
- Encourage the family to look for opportunities to praise the child for good behaviour.
- Respect the child's feelings. Try to understand why the child is sad or angry.
- Give the child choices about what to do, instead of saying "don't".



Source: WHO, UNICEF. Counsel the family on Care for Child Development Counselling Cards https://apps.who.int/iris/bitstream/handle/10665/75149/9/789241548403_eng_Counselling_cards.pdf?sequence=14&isAllowed=y

References:

- WHO's Nurturing care for early childhood development: Linking survive and thrive to transform health and human potential, https://www.who.int/maternal_child_adolescent/child/nurturing-care-framework/en/
- Nurturing care framework toolkit: <https://nurturing-care.org/nurturing-care-framework-toolkit/>
- Nurturing care handbook: <https://nurturing-care.org/handbook/>
- Counselling cards: https://apps.who.int/iris/bitstream/handle/10665/75149/9/789241548403_eng_Counselling_cards.pdf?sequence=14&isAllowed=y
- Nurturing care handbook, scale up and innovate: <https://nurturing-care.org/nurturing-care-handbook-scale-up-and-innovate/>
- Nurturing care handbook, monitor progress: <https://nurturing-care.org/nurturing-care-handbook-monitor-progress/>

Date: ___ / ___ / ___

Completed by: _____

Child's name:	_____	Date of birth:	___ / ___ / ___	male / female
Caregiver's name:	_____			
Address, Community:	_____			
	Relationship: Mother / Father / Other: _____			

1. Identify practices to support the child's development and counsel the caregiver):

	Praise the caregiver if caregiver:	Advise the caregiver and solve problems if caregiver:
All children	<p>How does caregiver show he or she is aware of child's movements? <input type="checkbox"/> Moves towards and with child, and talks to or makes sounds with child.</p> <p>How does caregiver comfort the child and show love? <input type="checkbox"/> Looks into child's eyes and talks softly to child, gently touches child or holds child closely.</p> <p>How does caregiver correct the child? <input type="checkbox"/> Distracts child from unwanted actions with appropriate toy or activity.</p>	<p>Does not move with child, or controls child's movements: Ask caregiver to copy child's movements, to follow child's lead. <input type="checkbox"/></p> <p>Is not able to comfort child, and child does not look to caregiver for comfort: Help caregiver look into child's eyes, gently talk to child and hold child. <input type="checkbox"/></p> <p>Scolds child: Help caregiver distract child from unwanted actions by giving alternative toy or activity. <input type="checkbox"/></p>
Child age less than 6 months	<p>Ask and listen</p> <p>How do you play with your baby? <input type="checkbox"/> Moves the baby's arms and legs, or gently strokes the baby. <input type="checkbox"/> Gets baby's attention with a shaker toy or other object.</p> <p>How do you talk to your baby? <input type="checkbox"/> Looks into baby's eyes and talks softly to baby.</p> <p>How do you get your baby to smile? <input type="checkbox"/> Responds to baby's sounds and gestures to get baby to smile.</p> <p>How do you play with your child? <input type="checkbox"/> Plays word games or with toy objects, appropriate for age.</p>	<p>And advise the caregiver and solve problems if caregiver:</p> <p>Does not play with baby: Discuss ways to help baby see, hear, feel, and move, appropriate for baby's age. <input type="checkbox"/></p> <p>Does not talk to baby: Ask caregiver to look into baby's eyes and talk to baby. <input type="checkbox"/></p> <p>Tries to force smile or is not responsive to baby: Ask caregiver to make large gestures and cooing sounds; copy baby's sounds and gestures, and see baby's response. <input type="checkbox"/></p> <p>Does not play with child: Ask caregiver to do play or communication activity, appropriate for age. <input type="checkbox"/></p> <p>Does not talk to child, or talks harshly to child: Give caregiver and child an activity to do together. Help caregiver interpret what child is doing and thinking, and see child respond and smile. <input type="checkbox"/></p>
Child age 6 months and older	<p>How do you talk to your child? <input type="checkbox"/> Looks into child's eyes and talks softly to child, asks questions.</p> <p>How do you get your child to smile? <input type="checkbox"/> Draws smile out from child.</p> <p>How do you think your child is learning? <input type="checkbox"/> Says the child is learning well.</p>	<p>Says the child is slow to learn: Encourage more activity with the child, check hearing and seeing. Refer child with difficulties. <input type="checkbox"/></p>

2. Ask to see child again in one week, if needed (circle day):

Monday Tuesday Wednesday Thursday Friday Weekend



The MAMI Care Pathway Package development is managed and produced by the ENN as co-lead of the MAMI Global Network.

www.ennonline.net/ourwork/research/mami

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