

Session 32: Gathering information on complementary feeding practices

Learning objectives

After completing this session participants will be able to:

- Gather information on complementary feeding practices by:
 - Demonstrating appropriate use of counselling skills.
 - Observing a mother and child.
 - Using the Food Intake Job Aid, 6–24 Months, demonstrate appropriate use of the confidence and support skills.

Materials and preparation

- Have **Slide 32/1**. Review the text associated with the slide and be ready to present on it.
- Flip chart and marker.
- A typical bowl that a young child would use (one set for each group).
- Copies of the Food Intake Job Aid, 6–24 Months for the practice for each participant.
- Copies of the Instructions to Complete Food Intake Job Aid, 6–24 Months for each participant.
- One set of stories for each group for Food Intake Practice. Cut as shown. Keep the growth chart with the relevant story.
- Ask two participants or a trainer and a participant, to assist with the demonstration. Show them the text and forms. Ask them to read through them and to practise. The consistency pictures, a Food Intake Job Aid, 6–24 months, and a bowl will be needed, plus the growth chart.
- A flip chart with a blank Food Intake Reference Tool table (without the answers) and one with the answers. These tables are present in this session guide.

Suggested Time: 75 minutes

Session guide

Make these points:

- If you are going to counsel a mother on complementary feeding you need to find out what her child is eating.
- This is quite complicated because children eat different things at different times in a day.
- Earlier in the training you looked at the Guide for Evaluating Infant Feeding, 0–6 Months, and learnt how to take a feeding history.
- Now we are going to look at assessing the intake of complementary feeds in detail.

Demonstrate gathering information on feeding practices

Explain that earlier we learnt about assessing a breastfeed. We talked about how important it is to observe a mother and her baby, and the breastfeed itself. Observation is just as important when you are gathering information about complementary feeding as it is when you assess a breastfeed.

Pass out copies of the Food Intake Job Aid, 6–24 Months. Read through the job aid with the participants.

Enter ✓ in the Yes column if the practice is in place.

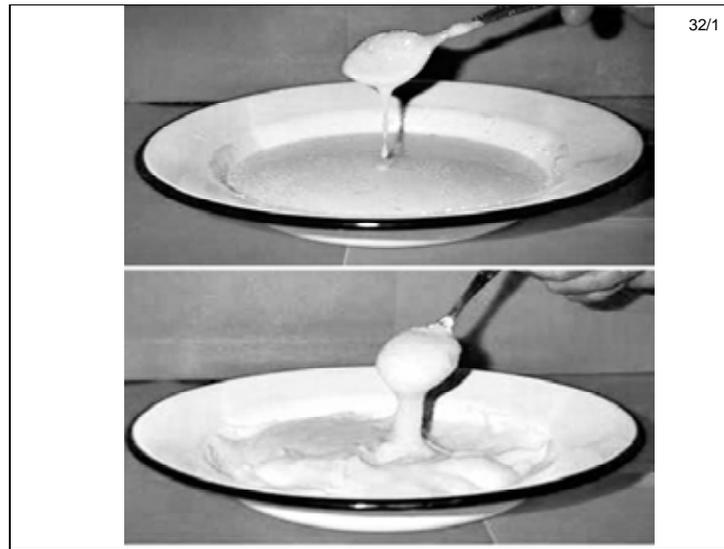
Enter your initials if a message is given (see Food Intake Reference Tool, 6-24 Months, for the message).

FOOD INTAKE JOB AID, 6–24 MONTHS		
Child's name		
Date of birth		Age of child at visit
Feeding practice	Yes / number where relevant	Suggestion
Growth curve following or exceeding the trend line?		
Child received breastmilk?		
How many meals of a thick consistency did the child eat yesterday? (Use consistency photos as needed.)		
Child ate an animal-source food yesterday (meat/fish/offal/bird/eggs)?		
Child ate a dairy product yesterday?		
Child ate pulses, nuts, or seeds yesterday?		
Child ate a dark-green or yellow vegetable or yellow fruit yesterday?		
Child ate sufficient number of meals and snacks yesterday, for his/her age?		
Quantity of food eaten at main meal yesterday appropriate for child's age?		
Mother assisted the child at mealtimes?		
Child took any vitamin or mineral supplements?		
Child ill or recovering from an illness?		

Make these points:

- A useful way to find out what a child eats is to ask the mother what the child ate yesterday. This information can be used to praise the good feeding practices that are there already and to identify any Key Messages to help improve practices.
- The Food Intake Job Aid, 6–24 Months helps you to do this.
- The mother is asked to recall everything the child consumed the previous day. This includes all foods, snacks, drinks, breastfeeds, and any vitamin or mineral supplements.
- As you can see, the first column has questions about feeding practices. As you listen to the mother, put a tick mark in the column to mark if the practice occurred the previous day.
- You will see that most of the questions in the first column are all closed questions. When you use this tool with a mother or caregiver to gather information you should use your counselling skills, including open questions. We will see how this is used in a demonstration later.

Show **Slide 32/1**, showing two pictures of porridge. Ask participants to refer to these pictures, which demonstrate different consistencies. Point out how the pictures are different.



- If you ask a mother about the consistency of the food—if it was thin or thick, there might be some confusion about how thick you mean. Therefore, here are pictures to show a thick and a thin consistency.
- You show the food consistency pictures to the mother and ask which drawing is most like the food she gave to the child.
- After you have listened to find out what the feeding practices are, you can praise some of the practices you wish to reinforce.
- After you have taken the history and filled in the Food Intake Job Aid, 6–24 Months, you then choose two or three Key Messages to give. It is important to listen to the mother first so that you gather all the information on complementary feeding before you decide which Key Messages to give to her. There is a column on the Food Intake Job Aid, 6–24 Months to indicate which items you discussed in more detail and gave a Key Message about.

Ask: Why is it important to choose just two to three Key Messages to give the mother?

Wait for a few replies and then continue.

- It is important to choose just two to three Key Messages at a visit so the mother is not overwhelmed.
- Discuss the Key Messages you think are most important at this time and that the mother thinks that she can do.

Ask participants to look at the Food Intake Reference Tool, 6–24 Months. Ask volunteers to suggest the ideal feeding practice and key message for each question. Write their responses in the blank table on the flip chart. After each question ask the entire group if they agree and allow a 2 to 3 minute discussion for each question until the chart has been completed. Refer to the completed table and correct any information as needed.

This is the blank copy of the Food Intake Reference Tool, 6–24 Months. The participants should fill in the sections on the ‘Ideal feeding practice’ and the ‘Key Messages to help counsel mothers.’ When the flip-chart version is completed, compare their answers with the filled-in chart (on the next page).

FOOD INTAKE REFERENCE TOOL, 6–24 MONTHS		
Feeding practice	Ideal feeding practice	Key Messages to help counsel mothers
Child received breastmilk?		
How many meals of a thick consistency did the child eat yesterday? (Use consistency photos as needed.)		
Child ate an animal-source food yesterday (meat/fish/offal/bird/eggs)?		
Child ate a dairy product yesterday?		
Child ate pulses, nuts, or seeds yesterday?		
Child ate a dark-green or yellow vegetable or yellow fruit yesterday?		
Child ate sufficient number of meals and snacks yesterday, for his/her age?		
Quantity of food eaten at main meal yesterday appropriate for child’s age?		
Mother assisted the child at mealtimes?		
Child took any vitamin or mineral supplements?		
Child ill or recovering from an illness?		

FOOD INTAKE REFERENCE TOOL, 6–24 MONTHS

Feeding practice	Ideal feeding practice	Examples of practical suggestions to give
Growth curve rising?		<i>Look at the shape of the growth curve of the child: is the child growing?</i>
Child received breastmilk on demand?	Yes	Even though you're giving your child other foods now, breast milk is still very important for his growth and development and for protecting him from illness. It is good to keep breastfeeding your baby as often as he wants and to give other foods in between breastfeeds.
How many meals of a thick consistency did the child eat yesterday? (Use consistency photos as needed.)	3 meals	Foods that are thick enough to stay in the spoon give more energy to the child.
Child ate a dairy product yesterday?	Try to give dairy products daily	Dairy products foods are especially good for children to help them grow strong and lively.
Child ate an animal-source food yesterday (meat/fish/offal/bird/eggs)?	Animal-source foods should be eaten daily	Animal-source foods should be given every day. Every time your family eats fish or meat, can you mash some up and give it to your baby?
Child ate pulses, nuts, or seeds yesterday?	If meat is not eaten pulses or nuts should be eaten daily, with an iron enhancer such as a vitamin C-rich food	When you cannot feed animal-source foods it's especially important to give peas, beans, lentils, nuts, and/or seeds every day. Can I show you how to prepare legumes for your baby?
Child ate a dark-green or yellow vegetable or yellow fruit yesterday?	A dark-green or yellow vegetable or yellow fruit should be eaten daily	Dark-green leaves and yellow-coloured fruits and vegetables help the child to have healthy eyes and fewer infections. It is important for your child to eat these every day.
Child ate sufficient number of meals and snacks yesterday, for his/her age?	Child 6–8 months: 2–3 meals plus 1–2 snacks if hungry Child 9–23 months: 3–4 meals plus 1–2 snacks if hungry	Since your child is 7-months old, give 2-3 meals plus 1-2 snacks every day. Can you try to give snacks, such as a piece of fruit or bread, each day?
Quantity of food eaten at main meal yesterday appropriate for child's age?	Child 6–8 months: gradually increase to approx. ½ cup at each meal Child 9–11 months: approx. ½ cup at each meal Child 12–23 months: approx. ¾ – 1 cup at each meal	A growing baby needs more and more food as he gets bigger. Since your baby is 9 months old now, he needs at least ½ cup of food at each meal.
Mother assisted the child at mealtimes?	Yes, assists with learning to eat	A young child needs to learn to eat: encourage and give help... with lots of patience.
Child took any vitamin or mineral supplements?	Vitamin and mineral supplements may be needed if child's needs are not met by food intake	<i>Explain how to use vitamin and mineral supplements if they are needed</i>
Child ill or recovering from an illness?	Continue to eat and drink during illness and recovery	Encourage the child to drink and eat during illness and give extra food after illness to help them recover quickly.

Remind participants that the suggestions in the right-hand column are just examples and that the specific message will depend on the mother's/baby's specific problem and her baby's age.

Pass out copies of the Instructions to Complete Food Intake Job Aid, 6–24 Months to each participant.

Explain that now we will see this Food Intake Job Aid, 6–24 Months in use. During the demonstration, you can follow the completed Food Intake Job Aid, 6–24 Months, in your manual. Later, you will use this job aid with mothers in the practical session. In this demonstration, listen for open questions and other listening and learning skills that we discussed in Session 5.

INSTRUCTIONS TO COMPLETE FOOD INTAKE JOB AID, 6–24 MONTHS

1. Greet the mother. Explain that you want to talk about the child's feeding.
2. Fill out the child's name, birth date, age in completed months or years, and today's date.
3. Ask to see the growth chart and observe the pattern of the growth.
4. Start with: *'(Mother name), let us talk about what (child's name) ate yesterday.'*
5. Continue with: *'As we go through yesterday, tell me all (name) ate or drank, meals, other foods, water, or breastfeeds.'*
'What was the first thing you gave (name) after he woke up yesterday?'
'Did (child's name) eat or drink anything else at that time or breastfeed?'
6. If the mother mentions a preparation, such as a porridge or stew, ask her for the ingredients in the porridge or stew.
7. Then continue with:
'What was the next food or drink or breastfeed (child's name) had yesterday?'
'Did (child's name) eat/drink anything else at that time?'
8. Remember to 'walk' through yesterday's events with the mother to help her remember all the food/drinks/breastfeeds that the child had.
9. Continue to remind the mother you are interested in what the child ate and drank yesterday (mothers may talk about what the child eats/drinks in general).
10. Clarify any points or ask for further information as needed.
11. Mark on the FOOD INTAKE JOB AID, 6–24 MONTHS the practices that are present. If appropriate, show the mother the pictures of thin and thick consistency (for porridge and mixed foods). Ask her which drawing is most like the food she gave the child. Was it thick, stayed in the spoon, and held a shape on the plate? Or, was it thin, flowed off the spoon, and did not hold its shape on the plate?
12. Praise practices you wish to encourage. Offer two to three Key Messages as needed and discuss how the mother might use this information.
13. If the child is ill on that day and not eating, give the Key Message 10:
Encourage the child to drink and eat during illness and provide extra food after illness to help them recover quickly.
14. See the child another day and use the FOOD INTAKE JOB AID, 6–24 MONTHS when the child is eating again.

Demonstration: Learning What a Child Eats

Ask the two participants whom you prepared to come forward and demonstrate. One person is the mother and one is the health worker who fills in the Food Intake Job Aid, 6–24 Months.

How to set up the room: Have seats with no desk or barrier between the health worker and mother. If the health worker needs a desk to write on, place it to one side (right-hand side if

the health worker writes with the right hand). They are already sitting. Health worker has a Food Intake Job Aid, 6–24 Months; Food Intake Reference Tool, 6–24 Months; consistency pictures; and a typical bowl. Mother has a growth chart for the child.

Find out the mother and child's 'names,' then introduce the demonstration:

Thabo is 11 months old. Me Puleng has brought him to the health centre for immunisation. While he is there the health worker notices that Thabo's weight line is only rising slowly though he is generally healthy. So the health worker asks Me Puleng to talk to her about how Thabo is eating.

DEMONSTRATION: LEARNING WHAT A CHILD EATS

<i>Health worker:</i> (show growth chart)	'Thank you for coming today. Me Puleng, your child's weight line is going upwards which shows that he has grown since I last saw him. Because Thabo lost some weight when he was ill, the line needs to rise some more. Could we talk about what Thabo ate yesterday?'
<i>Mother:</i>	'I am pleased that he has put on some weight as Thabo has been ill recently and I was worried that he might have lost weight.'
<i>Health worker:</i>	'I can see you are anxious about his weight.'
<i>Mother:</i>	'Yes. I was wondering if I was feeding him the right sorts of food.'
<i>Health worker:</i>	'Perhaps we could go through everything that Thabo ate or drank yesterday?'
<i>Mother:</i>	'Yes, I can tell you about that.'
<i>Health worker:</i>	'What was the first thing you gave Thabo after he woke up yesterday?'
<i>Mother:</i>	'First thing, he breastfed. Then about 1 hour later the baby had a small amount of bread with butter, and several pieces of apricot.'
<i>Health worker:</i>	'Breastfeeding, then bread, butter, and some pieces of apricot. That is a good start to the day. What was the next food or drink or breastfeed that he had yesterday?'
<i>Mother:</i>	'At mid-morning, the baby had some porridge with milk and sugar.'
<i>Health worker:</i> (shows two consistency pictures)	'Which of these drawings is most like the porridge you gave to Thabo?'
<i>Mother:</i>	'Like that thick one.' (Points to the thick consistency.)
<i>Health worker:</i>	'A thick porridge helps Thabo to grow well. After the porridge mid-morning, what was the next food, drink, or breastfeed Thabo had?'
<i>Mother:</i>	'Let's see, in the middle of the day, he had soup with vegetables and beans.'
<i>Health worker:</i>	'How did the baby eat the vegetables and beans?'

<i>Mother:</i>	'I mashed them all together and added the liquid of the soup so he could eat it.'
<i>Health worker: (shows two consistency pictures)</i>	'Which picture is most like this food that you fed Thabo yesterday in the middle of the day?'
<i>Mother:</i>	'This one—the more runny one.' (Points to the thin consistency.)
<i>Health worker:</i>	'Was there anything else that Thabo had at mid-day yesterday?'
<i>Mother:</i>	'Oh yes, he had a small glass of fresh orange juice.'
<i>Health worker:</i>	'That is a healthy drink to give to Thabo. After this meal at mid-day, what was the next thing he ate?'
<i>Mother:</i>	'Let's see, he didn't eat anything more until we all ate our evening meal. He breastfed a few times in the afternoon. In the evening, he ate some rice, a spoonful of mashed greens, and some mashed fish.'
<i>Health worker: (shows two consistency pictures)</i>	'Breastfeeding will help Thabo to grow and to stay healthy. It is good that you are still breastfeeding. Which of these pictures looks most like the food the baby ate in the evening?'
<i>Mother:</i>	'This thicker one. I mashed up the foods together and it looked like that.'
<i>Health worker:</i>	'Did Thabo eat or drink anything more for the evening meal yesterday?'
<i>Mother:</i>	'No, nothing else.'
<i>Health worker:</i>	'After that or during the night, what other foods or drinks did Thabo have?'
<i>Mother:</i>	'Thabo breastfeeds during the night but he had no more foods.'
<i>Health worker: (shows typical bowl)</i>	'Using this bowl, can you show me about how much food Thabo ate at his main meal yesterday?'
<i>Mother:</i>	(Points to bowl) 'About half of that bowl.'
<i>Health worker:</i>	'Thank you. Who helps Thabo to eat, or does he eat by himself?'
<i>Mother:</i>	'Oh, yes. Thabo needs help. Usually I help him, but sometimes if my mother or sister is there, they will help also.'
<i>Health worker:</i>	'Is Thabo taking any vitamins or minerals?'
<i>Mother:</i>	'No, not now.'
<i>Health worker:</i>	'Thank you for telling me so much about what Thabo eats.'

Reviewing the interview

When they finish, explain:

- As you can see from the example form in your manual, the health worker has gathered information on the foods the child ate in the previous day and filled in the first column.
- Let us go through the questions. First we will talk about the general feeding practices. The variety of foods eaten is looked at next. Then we check the frequency of meals and the amount of food.

Ask: Is the growth curve heading upwards?

Wait for a few replies and then continue.

- Yes, however, it is only going upwards very slowly.

Ask: Child receives breastmilk?

Wait for a few replies and then continue.

- Yes, frequently. A practice to praise.

Ask: How many meals of a thick consistency?

Wait for a few replies and then continue.

- Two, the porridge and the evening meal of rice, mashed greens, and fish. However, the soup given at lunchtime was thin, so this might be something to discuss with the mother.

Ask: Did the child eat an animal-source food yesterday?

Wait for a few replies and then continue.

- Yes, fish in the evening.

Ask: Did he eat a dairy product?

Wait for a few replies and then continue.

- Yes, there was milk on the porridge.

Ask: Did he eat pulses or nuts yesterday?

Wait for a few replies and then continue.

- Yes, beans at mid-day. And the child had juice with the meal, which helps iron absorption.

Ask: Did he eat a dark-green or yellow-coloured fruit or vegetable yesterday?

Wait for a few replies and then continue.

- Yes, some apricot in the morning, some green vegetables in the evening, maybe some green or yellow vegetables in the pot at mid-day. If you need to, you can ask for more information about the kinds of vegetables. However, do not ask many questions about details if the answers are not important. In this example, you have learnt by listening that the child had some green vegetables and a yellow fruit so has met the recommendation. You do not need to ask more questions about types of vegetables.

Ask: What was the number of meals and snacks?

Wait for a few replies and then continue.

- Three meals and one snack.

Ask: Is three meals and one snack adequate for this child aged 11 months?

Wait for a few replies and then continue.

- Yes, it is adequate.

Ask: Was the quantity of food eaten at the main meal adequate for the child's age?

Wait for a few replies and then continue.

- Yes, the child is 11 months old and received about half of a bowl.

Ask: Mother assists with eating?

Wait for a few replies and then continue.

- Yes.

Ask: Any vitamins or mineral supplements?

Wait for a few replies and then continue.

- Not at this time. There is no Key Message about vitamins or mineral supplements. However, if the child is not eating animal-source foods and is not likely to eat them, he may need an iron supplement.

Ask: Was the child healthy and eating?

Wait for a few replies and then continue.

- Yes.

This summary helps you to pick out the practices to praise and specific Key Messages to give to this mother. If the mother has not mentioned that the child has received some of the food items or practices listed in the column then the health worker should ask the mother directly. If an answer is unclear, you can ask for more information.

Now the health worker needs to choose which practices to praise and two to three Key Messages to discuss.

Ask: What practices of this mother could you praise and support to continue?

Wait for a few replies and then continue. Write the points that participants suggest on the flip chart. Refer to these responses as you make the following points:

- This mother had many good practices you could praise and support:
 - Continuing breastfeeding.
 - Frequent meals and snacks.
 - Variety of foods used including staple, some animal-source foods, fruit and vegetables.
 - Thick consistency for some meals.
 - Assistance with eating.

Ask: What are the main points to give relevant information on? What Key Message could you give to this mother?

Wait for a few replies and then continue.

- After you had praised the practices, you would then discuss:
 - The amount of food in each meal—suggest increasing so that by 12 months the child has a full bowl.
 - To make the food a thick consistency at each meal (remember the bean and vegetable meal was thin).

Mention the following:

- For this particular child, the growth curve was only rising very slowly. Therefore, the amount of food at each meal and giving a thick consistency are particularly important suggestions to discuss.
- Gather all the information first and then discuss practices which could be improved with the mother, giving the relevant Key Messages.
- The health worker puts her initials at the Key Messages she discussed.
- You will have an opportunity to practise how to gather information on feeding practices with actual mothers later in the course; now we will practise with each other.

Ask if there is any point the participants would like made clearer or any questions.

Practice

Divide participants into small groups of three to four and have one trainer sit with each group. Explain what they will do:

- You will now use role play to practise gathering information to assess complementary feeding practices.
- You will take turns to be a 'mother' or a 'health worker.' When you are the 'mother,' play the part of the story on your card. The 'health worker' gathers information about your child's feeding. The other participants in the group observe.

Give each participant one of the Stories for Food Intake Practise 1–6. Each group of participants should have a set of four stories plus growth charts, so that each participant can have a different one to practise. There are extra stories if the group is larger than four or if there is extra time available.

Give each participant a blank Food Intake Job Aid, 6–24 Months. Make sure each group has a set of the consistency pictures and a child's bowl. Ask participants to read through their own story to themselves. Allow 2 minutes, and then continue with the explanation:

- When you are the 'mother':
 - You are the only one in your group with that story. Do not let the others see it. Look only at your own story.
 - Give yourself and your child names and tell them to your 'health worker.'
 - Answer the health worker's questions from your story. Do not give all the information at once.
 - If the information to answer a question is not in your story, make up information to fit with the history.
 - If your health worker uses good listening and learning skills, and makes you feel that she is interested, you can tell her more.
- When you are the 'health worker':
 - Greet the 'mother' and introduce yourself. Ask for her name and her baby's name, and use them.
 - Ask one or two open questions to start the conversation and to find out in general how the child is.
 - Explain that you would like to learn about how her child is eating. Ask the mother to tell you about the child's eating on the previous day. Prompt as needed. Fill out the Food Intake Job Aid, 6–24 Months as you listen.
 - Try to praise the things the mother is doing right. At the end of the counselling session, try to think of suggestions you would make and Key Messages to give to the mother.
- When you are the 'observer':
 - Follow the pair practise with the Food Intake Job Aid, 6–24 Months and observe if the 'health worker' gathers useful information.
 - Notice which counselling skills the health worker uses and which she does not use.
 - After the role play, be prepared to praise what the health worker does right, and suggest what she could do better.

Trainers each sit with one group of three to four participants. Make sure that the participants understand the exercise and do it as intended—and that the 'mother' does not give all the information at once.

Follow the story in your *Trainer's Guide*. If the pair is doing well, let them go on until they finish. If they make many mistakes, or get confused, stop them, and give them a chance to correct themselves. Ask them how they feel they are doing, and what they think they could do differently.

When they have completed the stories, discuss the role play briefly in each small group.

- Ask the mother how she felt, did she say all she wanted to, or did she feel restricted?
- Ask the other participants in the group to say what they observed.
- Then say what you think. Praise what the pair did right and then comment on how well the 'health worker' gathered information.
- In particular go with the group through the points to praise the 'mother.' Make sure that the relevant Key Messages were focussed on.
 - If necessary, let the pair try again, at least for a short time. Try to finish the exercise with participants doing some things well. Thank the pair and congratulate them for their efforts.
 - Ask another pair to practise. Make sure each member of the group has a chance to be a 'health worker' at least once.

In the large group, summarise the session and ask participants if they have any questions or if there are points you can make clearer.

Stories for Food Intake Practice

Story 1:

Child is 15 months old. Healthy, growing well, and eating normally. Breastfeeds frequently.

Early morning: Breastfeed, half bowlful of thick porridge, milk, and small spoon of sugar.

Mid-morning: Small piece of bread with nothing on it, breastfeed.

Mid-day: Three large spoons of rice, two spoon of mashed beans ($\frac{3}{4}$ of a bowl), pieces of mango ($\frac{1}{4}$ of a bowl), drink of water.

Mid-afternoon: Breastfeed, one small biscuit/cookie.

Evening: Two large spoons of rice, one large spoon of mashed fish, two large spoons of green vegetables ($\frac{3}{4}$ of a bowl), drink of water.

Bedtime: Breastfeed.

During night: Breastfeed.

Story 2:

Child is 9 months old. Not ill at present. Not difficult to feed. Not breastfeeding.

Early morning: Half cup of cow's milk, half bowl of thin porridge, spoon of sugar.

Mid-morning: Half a mashed banana, small drink of fruit drink.

Mid-day: Thin soup, one spoon of rice, and one spoon of mashed beans (half full bowl), drink of water.

Mid-afternoon: Sweet biscuit, half cup of cow's milk.

Evening: Two spoons of rice, one spoon of mashed meat and vegetable from family meal (half a bowl), drink of water.

Bedtime: Piece of bread with no spread, half-cup of cow's milk.

During the night: drink of water.

Story 3:

Child is 18 months old. Not ill at present. Not difficult to feed. Breastfeeds.

Early morning: Full bowl of thick porridge with sugar, breastfeed.

Mid-morning: Cup of diluted fruit drink.

Mid-day: Three spoons of rice, three spoons of mashed beans and vegetables from the family meal (one full bowl), $\frac{1}{2}$ cup of diluted fruit drink.

Mid-afternoon: Large piece of bread with jam, breastfeed.

Evening: Whole mashed banana, one sweet biscuit, cup of diluted fruit drink.

Bedtime: Breastfeed.

During the night: Breastfeed.

Story 4:

Child is 12 months old. Growing very slowly.

Early morning: Breastfeed. Half a bowl of thin porridge.

Mid-morning: Two small spoons of mashed banana, breastfeed.

Mid-day: Four spoons of thin soup, one spoon of mashed meat/vegetables/potato from the soup ($\frac{3}{4}$ of a bowl), breastfeed.

Mid-afternoon: Breastfeed, two spoons mashed mango.

Evening: Two spoons of mashed meat/vegetable/potato from family meal (less than $\frac{1}{2}$ a bowl), breastfeed.

Bedtime: Breastfeed, sweet biscuit mashed in cow's milk ($\frac{1}{4}$ of cup).

During the night: Breastfeed.

Story 5:

Child is six and a half months old and healthy. Growing well. Easy to feed. Has recently started complementary feeds.

Early morning: Breastfeeds.

Mid-morning: Three spoons of thin porridge with milk, breastfeeds.

Mid-day: Breastfeeds.

Mid-afternoon: Breastfeeds.

Evening: Three spoons of mashed family meal—potato, fish, carrots. Thick consistency.

Bedtime: Breastfeed.

During night: Breastfeeds.

Story 6:

Child is 8 months old. Not ill. Does not show much interest in eating.

Early morning: Breastfeed, two spoons thin porridge with milk and sugar (less than $\frac{1}{2}$ a bowl).

Mid-morning: Breastfeed.

Mid-day: One spoon rice, one spoon mashed beans, small piece of egg, one spoon mashed greens, from the family meal ($\frac{1}{2}$ a bowl). Drink of water.

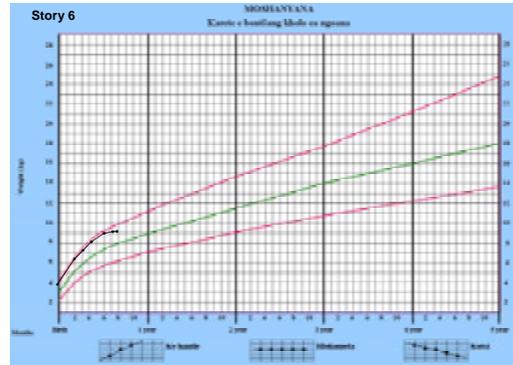
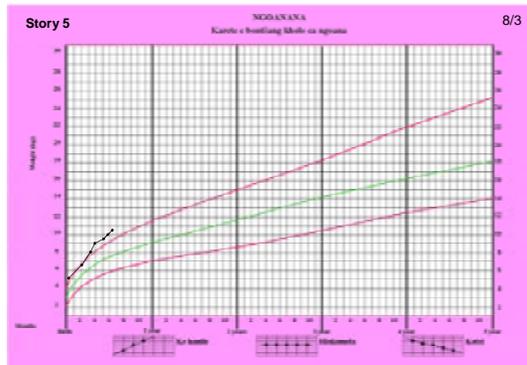
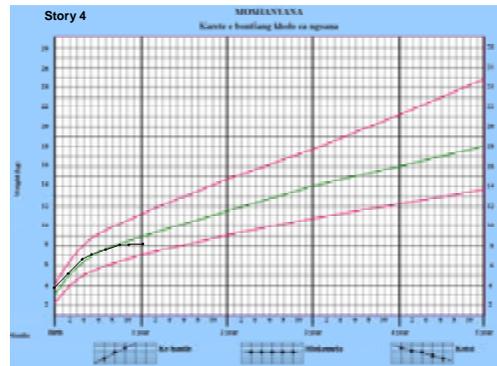
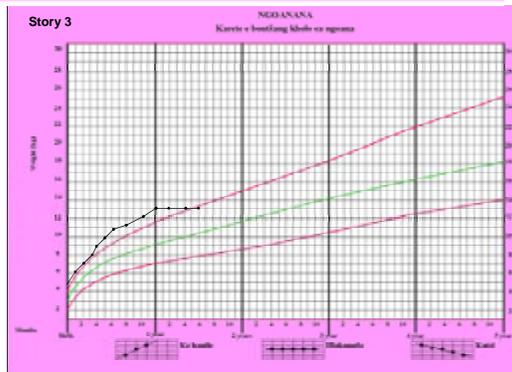
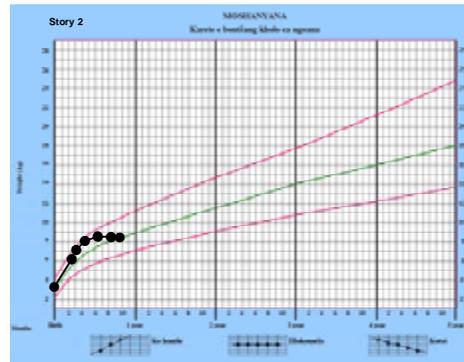
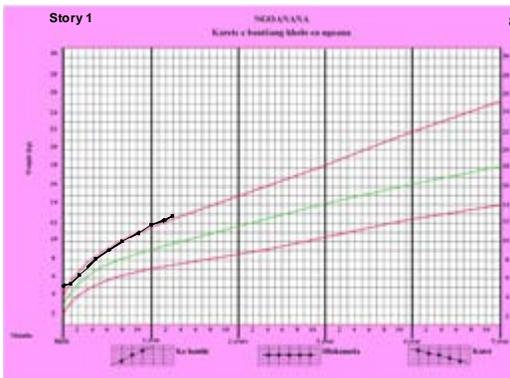
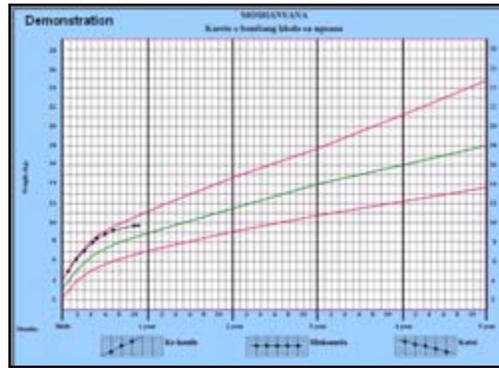
Mid-afternoon: One sweet biscuit, breastfeed.

Evening: One piece of bread with some butter, breastfeed.

Bedtime: Breastfeed.

During the night: Breastfeed.

WEIGHT CHARTS FOR SESSION



Trainer's notes

Notes on stories for trainers to refer to during feedback

Story 1: *Female child age 15 months. Growing well along z-score 2.*

- Mother is still breastfeeding frequently.
- Received three meals of a thick consistency .
- Ate fish (animal-source food).
- Had milk on porridge.
- Ate beans at mid-day.
- Ate greens with evening meal and mango at mid-day.
- Had three meals and two snacks.
- Amount of food for a 15-month-old child is $\frac{3}{4}$ to one cup (250 ml) per meal. This child had a half-cup in the morning. However, quantities at other meals were appropriate.
- Mid-morning snack was bread with nothing on it.
- Suggest discussing quantities of food per meal for a child aged 15 months old.
- Suggest healthy snacks to offer—e.g., putting margarine or peanut butter on the bread or biscuit.

Story 2: *Male child age 9 months. Birth weight between 0 and 2 z-score. Grew well until 4th month, but the child's growth has been poor since then.*

- Mother is not breastfeeding.
- Received one meal of a thick consistency (evening meal) but the other two meals were thin.
- Ate meat (animal-source food).
- Had cow's milk – one and a half cups = 375 ml (this child is not breastfeeding so he should receive one to two cups of milk per day).
- Ate beans at mid-day.
- Although ate vegetables it is not clear from story whether these were green or yellow.
- Had three meals and three snacks.
- Received half a bowl of food for meals (at 9 months should be receiving $\frac{1}{2}$ a bowl).
- Suggest making morning porridge and mid-day soup of a thicker consistency.
- As child is not breastfeeding he should have three to four meals + one snack + an extra one to two meals per day. Suggest that one of the snacks (e.g., mid-afternoon) is larger in quantity so this would count as an extra meal.
- Suggest enriching porridge with peanut butter, oil, or margarine. Suggest giving an extra half-cup of milk per day. Suggest putting some margarine or peanut butter on the bread at bedtime.

Story 3: *Female child age 18 months. Growth good to 10 months but growth curve beginning to flatten. Mother is still breastfeeding.*

- Received two meals of a thick consistency (early morning and mid-day meals).
- No animal-source foods.
- Ate beans at mid-day.
- Although ate vegetables with mid-day meal it is not clear from story whether these were green or yellow.
- Had three meals and one snack (mid-afternoon)—the mid-morning snack was a drink of diluted fruit juice.
- Received full bowl of food for early morning and mid-day meals, but the evening meal was less than one bowl—at 18 months should be receiving $\frac{3}{4}$ to one full bowl.
- Suggest a larger quantity of food at the evening meal. E.g., staple, animal-source food, and green/yellow vegetables.

- Suggest a healthy snack mid-morning.
- Suggest breastfeeds and water for drinks, or undiluted fruit juice rather than diluted fruit drinks.
- Suggest giving some animal-source foods each day if possible.
- Suggest increasing the energy of the morning porridge with oil, peanut butter, or margarine.

Story 4: *Male child age 12 months. Poor growth since 5 months of age. Mother is still breastfeeding.*

- Evening meal of thick consistency, but early morning porridge and mid-day meal of a thin consistency.
- Meat given at the mid-day and evening meals.
- Ate mango.
- Had three meals and three snacks, which is appropriate frequency of feeds for a 12-month-old child who is breastfeeding.
- Received half a bowl of porridge in the early morning and the evening meal was not a full bowl. At 12 months the child should be receiving $\frac{3}{4}$ to one full bowl.
- Suggest making the food thicker.
- Suggest giving a larger quantity of food at meals – $\frac{3}{4}$ to one full bowl.
- Suggest increasing the energy of the morning porridge with oil, peanut butter, or margarine.

Story 5: *Female child age 6 $\frac{1}{2}$ months. Child has just started complementary feeds. Growing well.*

- Appropriate number of meals and amount per day—two meals; two to three tablespoons.
- Suggest making porridge thicker.

Story 6: *Male child age 8 months. Child had good growth until 6 months but now growth curve flattening. Mother is still breastfeeding frequently.*

- Mid-day meal of thick consistency, but early morning porridge of a thin consistency.
- Small piece of egg given at the mid-day meal.
- Ate mashed greens at mid-day.
- Had two meals and two snacks (the evening ‘meal’ was more like a snack)—a child of 8 months who is breastfeeding should receive two to three meals a day.
- At 8 months the child should be receiving $\frac{1}{2}$ a bowl of food three times a day. The quantity of food offered to this child was less than $\frac{1}{2}$ bowl in the morning and evening.
- Suggest making the porridge thicker.
- Suggest giving a larger quantity of food three times a day— $\frac{1}{2}$ a bowl.
- Suggest increasing the energy of the morning porridge with oil, peanut butter, or margarine.
- If possible suggest increasing the amount of animal-source foods given daily.

Session 33: Responsive feeding

Learning objectives

After completing this session participants will be able to:

- Describe feeding practices and their effect on the child's intake.
- Explain to families specific techniques to encourage young children to eat.
- List the Key Message from this session.

Materials and preparation

- Make sure that you have **Slides 33/1 and 33/2**. Study the text that goes along with them and be prepared to present it.
- Have ready the feeding recommendations which participants wrote down during Session 27.
- Ask two participants to assist with the Demonstrations 1, 2, and 3.
- For demonstrations you will need a spoon; a feeding bowl with some mashed food in it; a biscuit or piece of bread or other finger food; a cloth to use as a bib; and a basin, water, soap, and towel for hand-washing. You will also need a mat or chairs to sit on while feeding the child; whatever is common in your area.
- Flip chart and markers.
- A flip chart with the list of Responsive Feeding Practices. Keep it covered until needed.
 - Assist children to eat, being sensitive to their cues or signals.
 - Feed slowly and patiently, encourage but do not force.
 - Talk to children during feeding with eye-to-eye contact.
- Write the Key Message from this session on a page of flip-chart paper. Keep it covered until later in the session:
 - *Key Message 9: A young child needs to learn to eat: encourage and give help...with lots of patience.*

Suggested time: 40 minutes

Session guide

Explain:

- Health workers like you frequently give information to caregivers about feeding their young child. We will now look at the recommendations and suggestions that you give and that you wrote down in an earlier session.

Make two columns on the flip chart. Write 'WHAT TO FEED' at the top of one column and 'HOW TO FEED' at the top of the other. Read out the recommendations on complementary feeding which participants wrote on paper in Session 27, one by one. Remember these were the most frequent recommendations or information that participants give to caregivers about feeding young children. After you read out each recommendation put a tick mark in the column that relates to the recommendation. For example, the recommendations 'Give fruits' or 'Give animal-source foods' or 'Give more food' go in the WHAT column; the recommendations 'Pay attention to the child while feeding' or 'Wash your hands before feeding the child' go in the HOW column.

Ask: What do you see? Which type of information do you give most often? Which column has the most tick marks in it?

Wait for a few responses, and then continue.

- It is probably the WHAT column.

- Often health workers talk about what foods to give the child. Yet, when we listen to families, they say, 'my child does not eat enough' or 'my child is very difficult to feed.'
- Imagine a young child first eating. What comes to mind?
- When a child is learning to eat, he often eats slowly and is messy. He may be easily distracted.
- He may make a face, spit some food out, and play with the food. This is because the child is learning to eat.
- A child needs to learn how to eat, to try new food tastes and textures.
- A child needs to learn to chew, move food around the mouth, and to swallow food.
- The child needs to learn how to get food effectively into the mouth, how to use a spoon, and how to drink from a cup.
- Therefore, it is very important also to talk to caregivers and offer suggestions about how to encourage the child to learn to eat the foods offered. This can help families to have happier meal times.

Make these points:

- A child needs food, health, and care to grow and develop. Even when food and health care are limited, good care-giving can help make best use of these limited resources.
- Care refers to the behaviours and practices of the caregivers and family that provide the food, health care, stimulation, and emotional support necessary for the child's healthy growth and development.
- An important time to use good care practices is at mealtimes—when helping young children to eat.

Responsive Feeding Practices

Responsive Feeding Practice 1. Assist children to eat, being sensitive to their cues or signals

Uncover the first Responsive Feeding Practice on the flip-chart list, and make these points:

- Children need to learn to eat. Eating solid foods is a new skill and, at first, the child will eat slowly and may make a mess. It takes lots of patience to teach children to eat.
- The child needs help and time to develop this new skill, to learn how to eat, to try new food tastes and textures.
- At first, the young child may push food out of his mouth. This is because they do not have the skill of moving it to the back of their mouth to swallow it.
- Caregivers may think that this pushing out of food means the child does not want to eat. Talk with them about children needing time to learn to eat, just as they need time to learn to walk and to learn other skills.

Ask: At what age do caregivers in your community expect young children to be able to eat by themselves?

Wait for a few replies and then continue.

- A child's ability to pick up a piece of solid food, hold a spoon, or handle a cup increases with age and practice.
- Children under 2 years of age need assistance with feeding.
- However, this assistance needs to adapt so that the child has opportunities to feed himself, as he is able.
- A child may eat more if he is allowed to pick up foods with his newly-learned finger skills from about 9 to 10 months of age.

- The child may be at least 15 months old before he can eat a sufficient amount of food by self-feeding. At this age, he is still learning to use utensils and will still need assistance.
- Families tend to feed their young children in one of three different ways:
 - One way is **high control of the feeding** by the caregiver who decides when and how much the child eats. This may include force-feeding.
 - Another feeding style is that the **children are left to feed themselves**. The caregiver believes that the child will eat if hungry. The caregiver may also believe when the child stops eating that he has had enough to eat.
 - The third style is **feeding in response to the child's cues or signals** using encouragement and praise.
- The easiest way to see the difference in these three feeding styles is to demonstrate them.

Now we see demonstrations of three ways to feed a young child. After each demonstration, we will discuss what it shows.

Ask the two participants whom you prepared to give Demonstrations 1, 2, and 3. One participant plays the part of a child aged about 18 months and another participant is the 'caregiver.' Have the items for the demonstration ready.

Demonstration 1: Controlled Feeding

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

Ask: What style of feeding did we see here?

Wait for a few replies and then continue.

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

Ask: How do you think this child feels about eating?

Wait for a few replies and also ask the 'child' how he felt.

- The 'child' may feel eating is very frightening and uncomfortable. He may feel scared.

Now we see another way of feeding a young child.

Demonstration 2: Leave to Themselves

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

Ask: What style of feeding did we see here?

Wait for a few replies and then continue.

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

Ask: How do you think this child feels about eating?

Wait for a few replies and also ask the 'child' how he felt.

- The 'child' may feel eating is very difficult. He may be hungry or sad.

Now we see a third way of feeding a young child.

Demonstration 3: Responsive Feeding

Caregiver washes the child's hands and her own hands and then sits level with child. Caregiver keeps eye contact and smiles at child. Using a small spoon and an individual bowl, small amounts of food are put to the child's lips and child opens his mouth and takes it a few times.

Caregiver praises child and makes pleasant comments—'Aren't you a good boy,' 'Here is lovely dinner' while feeding slowly.

Child stops taking food by shutting mouth or turning away. Caregiver tries once—'Another spoonful of lovely dinner?' Child refuses and caregiver stops feeding.

Caregiver offers a piece of food that child can hold—bread crust, biscuit, or something similar. 'Would you like to feed yourself?' Child takes it, smiles and sucks/munches it. Caregiver encourages 'You want to feed yourself, do you?'

After a minute, the caregiver offers a bit more from the bowl. Child starts taking spoonfuls again.

Ask: How did the child feel this time about feeding?

Wait for a few replies. Ask the 'child' too.

- The child may feel happy about eating. He may like the contact and the praise and enjoy feeding himself.

Ask: What style of feeding did we see in the last demonstration?

Wait for a few replies and then continue.

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

Responsive Feeding Practice 2. Feed slowly and patiently, encourage but do not force

Uncover the second Responsive Feeding Practice on the flip-chart list.

Ask: What good practices did we see in the last demonstration that we could encourage?

Write participants' responses on the flip chart and then continue.

- We could encourage many good responsive feeding practices here. When you are talking with caregivers notice what practices they are doing that you can praise.

Ask participants to take it in turns to read out the points.

RESPONSIVE FEEDING TECHNIQUES

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

Responsive Feeding Practice 3. Talk to children during feeding with eye-to-eye contact.

Uncover the third Responsive Feeding Practice on the flip-chart list, and make these points:

- Feeding times are periods of learning and love. Children may eat better if feeding times are happy.
- Feed when the child is alert and happy. If the child is sleepy or over-hungry and upset, he may not eat well.
- Regular mealtimes and the focus on eating without distractions may also help a child to learn to eat.
- When you talk with a caregiver, ask who feeds the child.
- Children are more likely to eat well if they like the person who is feeding them.
- Give positive attention for eating, not just attention when eating poorly.
- Older siblings may help with feeding but may still need adult supervision to ensure the young child is actively encouraged to eat and that the sibling does not take his food.

Show **Slide 33/1. Feeding situation**, and ask the question:



Ask: What can we see in this feeding situation that could encourage the young child to eat? Write participants' responses on the flip chart and then continue. Refer to the responses as you make these points:

- The overall feeding environment may also affect food intake. This includes:

- Sitting with the family or other children at mealtimes so the child sees them eating.
- Sitting with others eating to provide an opportunity to offer extra food to the young child.
- Using a separate bowl for the child so the caregiver can see the amount eaten.
- Talking with the child.
- Encouraging all the family to help with responsive feeding practices.
- In this session we saw three responsive feeding practices to encourage (point to list):
 - Assist children to eat, being sensitive to their cues or signals.
 - Feed slowly and patiently, encourage but do not force.
 - Talk to children during feeding with eye-to-eye contact.

Show **Slide 33/2. Key Message 9: Responsive feeding**, and read out the message.

33/2

Key Message 9

A young child needs to learn to eat:
encourage and give help
... with lots of patience



Summarise the session

Ask participants if they have any questions or if there are points that you can make clearer.

Make these points:

- In this session, we discussed the importance of feeding and care practices to assist in feeding a young child.
- We learnt another Key Message in this session.

Point out the Key Message on the flip chart.

Explain that a summary of this session can be found in the *Participant's Manual*.

Session 34: Practical Session 4—Gathering information on complementary feeding practices

Learning objectives

After completing this session participants will be able to:

- Demonstrate how to gather information about complementary feeding using counselling skills and the Food Intake Job Aid, 6–24 Months.
- Provide information about complementary feeding and continuing breastfeeding to a mother of a 6–24-month-old child.

Materials and preparation

- Ensure you know exactly where the practice will be held and what times you are expected there.
- Make sure that two copies of the Food Intake Job Aid, 6–24 Months and two copies of the Counselling Skills Checklist are available for each participant.
- Make sure that each trainer has a copy of the Practical Discussion Checklist to help conduct discussions.
- Make sure that one set of the food consistency pictures is available for each participant.
- Each group needs a typical bowl that a young child would use.

Suggested time: 125 minutes

Session guide

Preparation

Explain what the participants should take with them:

- You do not need to bring many items with you. Carrying many things can be a barrier between you and the mother you are talking with. Take with you:
 - The Food Intake Reference Tool, 6–24 Months.
 - Pencil.
 - Two copies of the Counselling Skills Checklist.
 - Two copies of the Food Intake Job Aid, 6–24 Months and the picture of the thick and thin consistency.
 - Common bowl used to feed a young child—between each pair of participants.

Distribute two blank copies to each person of the Counselling Skills Checklist, the Food Intake Job Aid, 6–24 Months, and consistency pictures.

Explain how the participants will work:

- You will work in groups of three to four, and each group will have one trainer.
- One participant talks with the mother, filling in the Food Intake Job Aid, 6-24 Months at the same time.
- Talk with mothers of children 6–24 months.
- The others in the group observe and fill in the counselling checklist.
- Do not offer suggestions for treatment of an ill child.

When talking to a mother...

- Introduce yourself to the mother and ask permission to talk with her. Introduce the others in your group and explain you are interested in learning about feeding young children in general. You may wish to say you are on a course.
- Try to find a chair or stool to sit on, so you are at the same level as the mother.
- Practise as many of the counselling skills as possible as you gather information from the mother using the Food Intake Job Aid, 6–24 Months.
- Listen to what the mother is saying and try not to ask a question if you have already been told the information.
- Fill out the Food Intake Job Aid, 6–24 Months as you listen and learn from the mother.
- Use the information you have gathered and then:
 - Try to praise two things that are going well.
 - Offer the mother two or three pieces of relevant information.
 - Offer two or three suggestions that are useful at this time.
- Be careful not to give a lot of advice.
- Answer any questions the mother may ask as best as you can. Ask your trainer for assistance if necessary.

When observing...

Explain that the participants that are observing can mark a ✓ on the Counselling Skills Checklist for every skill that they observe their partner practising. Remember to observe what the 'counsellor' is doing rather than thinking about what you would say if you were talking to the mother. The observers do not ask the mother any questions.

When an interview is complete...

- When you have finished talking with a mother, thank her and move away.
- Briefly, discuss with the group and your trainer what you did and what you learnt, and clarify any questions you may have about conducting the exercise.
- Discuss what practices you praised, what feeding problems you noticed, information and suggestions that you offered, and counselling skills used.
- Find another mother and repeat the exercise with another participant doing the counselling.

Encourage participants to notice feeding practices such as:

- If children eat any food or have any drinks while waiting.
- Whether children are given a bottle or soother/pacifier while waiting.
- General interactions between mothers and children.
- Any posters or other information on feeding in the area.

Use the Practical Discussion Checklist to guide you as you give feedback to the participants.

Discuss arrangements for travel (if needed) and any other details of the Practical Session and whether the discussions will be done at the site or back at the classroom.

Conduct the practice

These notes are for the trainers. Trainers should read these notes to ensure that they know what to do. There is no need to read these notes to the participants.

- Take your group to the working area and introduce your group to the person in charge. Listen to any directions that this contact person gives. This may include suitable areas to use as well as children and mothers not to talk with.
- Remind the participants to try and find mothers of children over 6 months of age.

- If you cannot find any more children over 6 months of age, you can take a feeding history from mothers with children under 6 months of age using the Feeding History Job Aid, 0–6 Months from Session 13.
- About 10 minutes before the end of the time, remind the groups to start finishing up.

Discuss the findings as a whole group (one trainer)

Return to the whole class group. Discuss what the participants learnt from listening to the mothers and from the completed Food Intake Job Aid, 6–24 Months.

Ask: What did you observe in general looking around the health centre?

Wait for a few replies. Prompt if needed—posters, leaflets, food for sale, children with food/bottles/soothers?

Look at the Food Intake Job Aids, 6–24 Months which you filled in.

- What practices are mothers doing that you could praise and encourage?
- What areas need improvement?
- Give some examples of suggestions you made to mothers about complementary feeding practices.
- Would these suggestions be easy to carry out?

Ask participants if they have any questions or if there are points you can make clearer.

Session 35: Checking understanding and arranging follow-up

Learning objectives

After completing this session participants will be able to:

- Demonstrate how to ensure that a mother understands information provided by using checking questions.
- Arrange referral or follow-up of a child.

Materials and preparation

- Prepare two flip charts: one with the Listening and Learning Skills and one with the Confidence and Support Skills. Have a blank flip chart ready to list the two new skills we will be discussing in this session.
- Study the instructions for Demonstration 1, so that you are clear about the ideas they illustrate, and you know what to do. Ask participants to be prepared to read the parts of the mother and the health workers in the demonstration.

Suggested time: 30 minutes

Session guide

Make these introductory points:

- In this session you will learn two further skills to help support mothers:
 - Checking understanding.
 - Arranging follow-up.

Demonstrate the skills: Checking understanding

Put up on the wall two lists: one of the Listening and Learning Skills and another of the Building Confidence and Giving Support Skills. Then put up a blank flip chart and on this write 'Checking Understanding.'

Make these points:

- We have already practised the counselling skills of 'Listening and Learning' and 'Building Confidence and Giving Support.' However, you need to discuss the suggestions you make with a mother so she can decide on a course of action. Your suggestion does not automatically become what a mother will do.
- Often you need to check that a mother understands a practice or action she plans to carry out. For example, if you have talked about 'feeding frequently,' you may need to check the understanding of the term 'frequently.'
- It is not enough to ask a mother if she understands, because she may not realise that she understood incorrectly.
- Ask open questions to find out if further explanation is needed. Avoid asking closed questions, because they suggest the answer and can be answered with a simple 'yes' or 'no.' They do not tell you if a mother really understands.
- Checking understanding also helps to summarise what you have talked about.
- We will now see a demonstration of the need for using the skill of checking understanding. The demonstration involves a mother and health worker coming to the end of a discussion about feeding a 12-month-old baby.

Ask the two participants whom you have prepared to give Demonstration 1. The trainer briefly discusses what the participants have observed after each section.

DEMONSTRATION 1: CHECKING UNDERSTANDING	
<i>Health worker:</i>	'Now, (name), have you understood everything that I've told you?'
<i>Mother:</i>	'Yes, ma'am.'
<i>Health worker:</i>	'You don't have any questions?'
<i>Mother:</i>	'No, ma'am.'
Comment:	What did you observe? This mother would need to be very determined to say that she had questions for this health worker. Let us hear this again with the health worker using good checking questions.
<i>Health worker:</i>	'Now, (name), we talked about many things today, so let's check everything is clear. What foods do you think you will give (name) tomorrow?'
<i>Mother:</i>	'I will make his porridge thick.'
<i>Health worker:</i>	'Thick porridge helps him to grow. Are there any other foods you could give, maybe from what the family is eating?'
<i>Mother:</i>	'Oh yes. I could mash some of the rice and lentils we are having and I could give him some fruit to help his body to use the iron in the food.'
<i>Health worker:</i>	'Those are good foods to give your child to help him to grow. How many times a day will you give food to (name)?'
<i>Mother:</i>	'I will give him something to eat five times a day. I will give him thick porridge in the morning and evening, and in the middle of the day, I will give him the food we are having. I will give him some fruit or bread in between.'
<i>Health worker:</i>	'You have chosen well. Children who are 1 year old need to eat often. Would you come back to see me in 2 weeks to see how the feeding is going?'
<i>Mother:</i>	'Yes, OK.'
Comment:	What did you observe this time? This time the health worker checked the mother's understanding and found that the mother knew what to do. She also asked the mother to come back for follow-up. If you get an unclear response, ask another checking question. Praise the mother for correct understanding or clarify any information as necessary.

Demonstrate the skills: Arrange follow-up or referral

Write 'Arrange Follow-up or Referral' on the flip chart below 'Checking Understanding.'

Make these points:

- All children should receive visits to check their general health and feeding. If a child has a difficulty that you are unable to help with, you may need to refer him for more specialised care.
- Follow-up is especially important if there has been any difficulty with feeding. Ask the mother to visit the health facility in 5 days for follow-up.
- This follow-up includes checking what foods are used and how they are given, checking how breastfeeding is going, and checking the child's weight, health, general development, and care.
- The follow-up visits also give an opportunity to praise and reinforce practices, thus building the mother's confidence, to offer relevant information, and to discuss suggestions as needed.

- It is especially important for children with special difficulties, for example, children whose mothers are living with HIV, to receive regular follow-up from health workers. These children are at special risk. In addition it is important to check how the mother is coping with her own health and difficulties.

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

Session 36: Food demonstration

Learning objectives

After completing this session participants will be able to:

- Prepare a plate of food suitable for a young child.
- Explain why they have chosen these foods.
- Conduct a food demonstration with a mother.

Materials and preparation

- Copies for each group of Exercise: Prepare a Young Child's Meal.
- Display all the Counselling Skills and Key Messages from previous sessions.
- To prepare the plate of food you need:
 - A room in which you can bring food.
 - A table for each group to work at.
 - A variety of common foods (cooked if needed) that young children would eat, enough to make a child-size bowlful for each group, from the kitchen at the course facilities or elsewhere. Include some inappropriate food, if possible. Do not divide the food for the groups. Cover the food until you are ready to use it.
 - One plate, knife, fork, and eating spoon for each group.
 - A local measure that holds 250 ml as used in Session 30, marked at $\frac{1}{2}$ and $\frac{3}{4}$ full. Do not distribute this until after the plate of food is prepared by the group.
 - Facilities for washing hands before and after preparing food.
 - Waste container and materials for cleaning up afterwards.
- You will need a small amount of food and a set of equipment similar to the plate of food exercise above for the demonstration.
- Ask one participant and one trainer to assist you in the demonstration. Choose names for the people in the story. Adapt foods in the story as needed.

Suggested time: 45 minutes

Session guide

Helping a mother learn to prepare a suitable meal

Ask: In your experience, what is the best way to teach a mother a new skill or behaviour? For example, teaching a mother to prepare a new food recipe?

Wait for a few replies and then continue:

- To teach a new skill or behaviour, you could:
 - **Tell** the mother how to do it—this is good, but the mother might not understand all you say or remember it.
 - Ask the mother to **watch** while you talk and prepare the food—this is better, because the mother is seeing and hearing together.
 - Help the mother to actually **prepare the food herself**—this is the BEST method, because the mother is doing the activity, so will understand more.
- *How* you assist the mother to learn is important. Your counselling can also be used when helping a mother to learn a new skill. (*Point to the list of Counselling Skills.*)
- You can use your skills to:
 - Use open questions to find out if the mother understands.
 - Avoid words which sound judging or critical.
 - Praise the mother.
 - Explain things in a simple and suitable way to help her understand.

Now we will see a demonstration of helping a mother to learn in a supportive way. Listen for supportive ways of giving information.

Ask the participant and the trainer whom you prepared to give the demonstration. They should both stand at the same side of the table facing the rest of the group. A small selection of food and the equipment listed is on the table or beside it. Have the food and equipment clean and covered with a clean cloth.

Introduce the role play by making the following points:

- Likelehi has talked to the health worker a few days ago about her 10-month-old baby. Makalo grew well for the first 6 months but his weight gain has slowed down since then. The health worker gathered information by observation, listening, and learning.
- The health worker discussed Makalo’s feeding and praised good practices. The health worker gave some information on two Key Messages and offered some suggestions on putting two new practices into place—to offer food frequently and to offer a larger amount each time.
- Today, the health worker has called to the home of Likelehi to help her learn more about foods and amounts to offer Makalo. The health worker asked Likelehi to keep some of the food from the family meal.

DEMONSTRATION: SUPPORTIVE TEACHING	
<i>Health worker:</i>	‘Good morning, Me Likelehi. How are you and Makalo today?’
<i>Mother:</i>	‘We are well, thank you.’
<i>Health worker:</i>	‘A few days ago, we talked about feeding Makalo and you decided you would try to offer Makalo some food more often. How is that going?’
<i>Mother:</i>	‘It is good. One time he had about a half of a banana. Another time he had a piece of bread with some butter on it.’
<i>Health worker:</i>	‘Those sound like good snacks. Now, we want to talk about how much food to give for his main meal.’
<i>Mother:</i>	‘Yes, I’m not sure how much to give.’
<i>Health worker:</i>	‘It can be hard. What sort of bowl or cup do you feed him from?’
<i>Mother:</i>	‘We usually use this bowl.’ (Shows a bowl—about 250 ml size.) ⁹
<i>Health worker:</i>	‘How full do you fill the bowl for his meal?’
<i>Mother:</i>	‘Oh, about a third.’
<i>Health worker:</i>	‘Makalo is growing very fast at this age so he needs increasing amounts of food.’
<i>Mother:</i>	‘What foods should I use?’
<i>Health worker:</i>	‘You have some of the food here from the family today. Let us see.’ (Uncovers food.) ‘First we need to wash our hands.’
<i>Mother:</i>	‘Yes, I have some water here.’ (Washes hands with soap and dries them on clean cloth.)
<i>Health worker:</i>	‘Now, what could you start with for the meal?’
<i>Mother:</i>	‘I guess we would start with some rice.’ (Puts in two large spoonfuls.)
<i>Health Worker:</i>	‘Yes, the rice would almost fill half of the bowl.’ ‘Animal-source foods are good for children—is there some you could add to the bowl?’
<i>Mother:</i>	‘I kept a few pieces of fish from our meal.’ (Puts in one large spoonful.)
<i>Health worker:</i>	‘Fish is a good food for Makalo. A little animal-source food each day helps him to grow well.’

⁹ If a different size cup or bowl is used, adjust the text according. If a smaller cup is used, it will need to be a full cup. If a larger cup is used, it may only need to be less than half full.

<i>Mother:</i>	'Does he need some vegetables too?'
<i>Health worker:</i>	'Yes, dark-green or yellow vegetables help Makalo to have healthy eyes and fewer infections. What vegetables could you add?'
<i>Mother:</i>	'Some spinach?' (Puts in some.)
<i>Health worker:</i>	'Spinach would be very nutritious. Some would fill half the bowl.'
<i>Mother:</i>	'Oh, that isn't hard to do. I could do that each day. Two spoons of rice, a spoon of an animal-source food and some dark-green or yellow vegetable so the bowl is half full.'
<i>Health worker:</i>	'Yes, you are able to do it. Now, what about his morning meal?'
<i>Mother:</i>	'I can give some porridge, with milk and a little sugar.'
<i>Health worker:</i>	'That's right. How much will you put in the bowl?'
<i>Mother:</i>	'Until it is at least ½ full.'
<i>Health worker:</i>	'Yes. So, we've talked about his morning meal, and the main meal with the family. Makalo needs three to four meals each day. So what else could you give?'
<i>Mother:</i>	'Well, he would have some banana or some bread like I said before.'
<i>Health worker:</i>	'Those are healthy foods to give between meals. Makalo needs at least ½ full bowl of food three to four times a day as well.'
<i>Mother:</i>	'Oh, I don't know what else to give him.'
<i>Health worker:</i>	'Your family has a meal in the middle of the day. What do you eat in the evening?'
<i>Mother:</i>	'Usually there is a pot of soup with some beans and vegetables in it. Could I give him that?'
<i>Health worker:</i>	'Thick foods help him to grow better than thin foods like soup. Could you take out a few spoons of the beans and vegetables and mash them for Makalo. And maybe soak some bread in the soup?'
<i>Mother:</i>	'Yes, I could do that easily enough.'
<i>Health worker:</i>	'So, how much will you put in Makalo bowl for each meal?'
<i>Mother:</i>	'I will fill it ½ full.'
<i>Health worker:</i>	'Very good. And how often each day will you give him some food?'
<i>Mother:</i>	'I will give ½ bowlful of food three to four times a day. If he is hungry I will give some extra food between meals.'
<i>Health worker:</i>	'Exactly. You know how to feed Makalo well. Will you bring Makalo back to the health centre in 2 weeks so we can look at his weight?'
<i>Mother:</i>	'Yes, I will. With all this food, I know he will grow very well.'

Ask: What did you observe about how the health worker taught this mother?

Wait for a few replies, which should include the following points:

- The health worker let the mother prepare the food.
- The health worker explained points carefully.
- The health worker used the Key Messages so the information was familiar.
- The health worker used counselling skills:
 - 'Listening and learning' skills: open questions, empathy, and no judging words.
 - 'Building confidence and giving support' skills: praise, she did not criticise mistakes, and used simple language.
- The health worker offered information and suggestions rather than giving commands.
- The health worker checked the mother's understanding and arranged follow-up.

Ask: How will this mother manage with preparing food for her child?

Encourage participants to discuss. Continue the discussion with the following points:

- Remember to use the counselling skills when you teach a mother. This supportive teaching can help to build her confidence as well as making it easier for her to learn.
- Whenever possible, let the mother prepare the food herself, with the support of the health worker, until she is confident and competent. Watching a health worker prepare foods is not enough, particularly if there is a problem with the child's weight gain or feeding.
- The health worker in our demonstration could also stay and observe *how* the mother feeds the child.

Ask: What practices would the health worker look for when the child was being fed?

Wait for a few replies and then continue.

- The health worker would be looking for techniques such as:
 - Assist children to eat, being sensitive to their cues or signals.
 - Feed slowly and patiently, encourage but do not force.
 - Talk to children during feeding with eye-to-eye contact.
- We discussed these responsive feeding practices in Session 34.

Prepare a plate of food

Divide participants into four groups. Assign an age to each group. Add other ages as needed for more groups. Give participants the following instructions:

- Each group will now prepare a bowl or plate of food suitable for the age of child they are assigned: 6½ month old, 8 month old, 10 month old, 15 month old.
- Give your child a name and describe the family setting, for example, that they live in the town, or have many children in the family.
- A selection of foods is provided. Each group will choose suitable foods, and decide on the amount and consistency to make up the meal. You are a mother with a large family to feed—do not take more food than you need for the one child. Also, keep in mind what foods mothers in your community give to young children.
- You are a busy mother. Do this task quickly.
- Be prepared afterwards to say why your group chose those particular foods and if there are any additional foods you would include that are not available here.
- Decide on one or two Key Messages you would give if you were preparing this food in a demonstration for mothers to explain the importance of adequate complementary feeding.
- Choose only one or two Key Messages that are relevant to the child for whom you are preparing the meal.

Trainers observe their group and assist as needed.

- First, the group should discuss the foods and agree on choices rather than taking spoonfuls of all of the different foods and then deciding what they will use.
- Allow 10 minutes to choose and prepare the meal.
- Keep to the time, a mother would do this very quickly.

Discuss the meals prepared

Gather all the groups together with their finished plates of food. Distribute Exercise: Preparing a Young Child's Meal to each group.

Ask each group to score their own meal using the worksheet.

Allow a few minutes for the group to fill in the worksheet.

Ask each group in turn to explain their meal. Make sure that they answer the following:

- *Why did you choose those foods?*
- *Why did you prepare it in the way you did (mashed finely, chopped, etc.)?*
- *How thick is the consistency (for a young child—test with a spoon)?*
- *Are there any additional foods you would include that are not available?*
- *What are the one or two Key Messages you would use in a demonstration for mothers?*
- *Why did you give this amount?*

Except for the group with the baby of 6½ months,¹⁰ give the group the 250-ml container to measure the amount of food they prepared for their child.

- They are not allowed to ‘test’ the size of the meal during preparation.
- They must wait until they have finished to see if they have judged correctly.
- See the box Quantities of Food to Offer a Young Child for a Meal.
- *Is it the correct amount for a child of that age?*
- *How many meals of this size does a child of this age need each day?*

Ask the whole group: Were all the recommendations contained in the meal? Any suggestions you could give this group?

Repeat so each group has the opportunity to explain and discuss their meal.

Summarise the session

Ask participants if they have any questions or if there are points that you can make clearer.

Make these points:

- To be effective, when teaching mothers about feeding and care practises it is important to be supportive, using counselling skills.
- In addition to watching a demonstration, mothers may need to practise new skills under the gentle supervision of the counsellor, until they are competent and confident.
- Food demonstrations can be carried out individually or in groups in the community. A group demonstration reaches more families and can help to reinforce Key Messages on feeding.

¹⁰ The baby of 6½ months would have two to three spoonfuls.

Quantities of Food to Offer a Young Child for a Meal			
Age	Texture	Frequency	Amount of food an average child will usually eat at each meal ¹¹
6–8 months	Start with thick porridge, well-mashed foods Continue with mashed family foods	2–3 meals per day plus frequent breastfeeds Depending on the child's appetite 1–2 snacks may be offered	Start with 2–3 tablespoonfuls per feed increasing gradually to ½ of a 250-ml cup
9–11 months	Finely chopped or mashed foods, and foods that baby can pick up	3–4 meals plus breastfeeds Depending on the child's appetite 1–2 snacks may be offered	½ of a 250-ml cup/bowl
12–23 months	Family foods, chopped or mashed if necessary	3–4 meals plus breastfeeds Depending on the child's appetite 1–2 snacks may be offered	³ / ₄ to one 250-ml cup/bowl
If baby is not breastfed, give in addition: 1–2 cups of milk per day, and 1–2 extra meals per day.			

¹¹ Adapt the chart to use a suitable local cup/bowl to show the amount. The amounts assume an energy density of 0.8 to 1 Kcal/g.

EXERCISE: PREPARING A YOUNG CHILD'S MEAL		
Group:		
Task	Achieved	Comments
Mixture of foods:		
Staple		
Animal-source food		
Bean / pulse <i>plus</i> Vitamin C fruit or vegetable		
Dark-green vegetable or yellow- coloured fruit or vegetable		
Consistency		
Amount		
Prepared in a clean and safe manner		

Key Messages:

1.

2.

Planning guide for a group demonstration of the preparation of young children's food

Gather the equipment and materials

- Cooked food for the preparation.
- Plates and utensils for the preparation.
- Utensils for mothers and infants to taste the preparation.
- Table on which to prepare the food.
- Facilities for washing hands.

Review objectives of the demonstration:

1. Teach mothers how to prepare a simple and nutritious food for young children using local ingredients (to learn through doing).
2. Demonstrate to mothers the appropriate consistency (thick) for these foods.
3. Demonstrate the taste and acceptability of the food preparations for mothers and young children.

Decide the Key Messages

- Select one to three Key Messages to say to mothers (see Key Messages, inside back cover).
- Follow each message with a checking question (a question that you cannot answer with a simple 'yes' or 'no').

For example:

1. Foods that are thick enough to stay in the spoon give more energy to the child.
Checking question: What should the consistency of foods be for a small child?
(*Answer:* Thick, so the food stays in the spoon.)
2. Animal-source foods are especially good for children, to help them grow strong and lively.
Checking question: What animal-source food could you give your child in the next 2 days?
(*Answer:* meats, fish, egg, milk, cheese—these are special foods for the child.)
3. A young child needs to learn to eat: encourage and give help...with lots of patience.
Checking question: How should you feed a child learning to eat?
(*Answer:* with patience and encouragement.)

Give the participatory demonstration

- Thank the mothers for coming.
- Present the recipe that will be prepared.
- Hold up each of the ingredients. Mention any ingredients that can be easily substituted; for example, oil for butter, powdered milk or tinned milk (unsweetened) for fresh milk, or cooking water or boiled water if no milk is available.
- Invite at least two mothers to prepare the food. If possible, have enough ingredients to have two or three pairs of mothers participate in the preparation; each pair working with their own plate of ingredients and utensils.
- Talk the mothers through each step of the preparation, for example:
Washing hands.

Mashing a potato or _____ .
Adding the correct quantity of fish or egg, etc.
Adding correct quantity of milk or water.

- Point out the consistency of the preparation as the mothers are making it, and demonstrate with a spoon when they are finished.
- Reinforce the use of local inexpensive and nutritious ingredients, especially using foods from the family pot.
- Ask the mothers if they would have difficulty in obtaining any of the ingredients (suggest alternatives). Ask the mothers if they could prepare the food in their household.

Offer food preparations to taste

- Invite the mothers who prepared the food to taste it in front of the rest and give their opinion (use clean spoons).
- Invite all the mothers to taste the preparation and to give it to their small children (who are at least 6 months old). Use a clean spoon for each child.
- Use this time to stress the Key Messages you decided to use when planning the demonstration.

Ask checking questions

- What are the foods used in this recipe? Wait for responses.
- Then the health worker reads out the list of the foods again.
- Ask the mothers when they think they can prepare this food for their young child (e.g., tomorrow).
- You may repeat the Key Messages and checking questions again.

Conclude demonstration

- Thank the mothers for coming and participating.
- Ask the mothers to share their new knowledge of preparing this food with a neighbour who has small children.
- Invite mothers to visit the health facility for nutrition counselling and growth checks.

Recipes for Food Demonstration^{12,13} Fill in the food and the amount needed.

Recipe 1

Family food for a 10-month-old child's main course
(about 1/2 cupful – a cup/bowl that holds 250 ml)

Staple: _____

Meat or fish or beans: _____

If using beans or egg instead of meat, include a source of vitamin C to help iron absorption: _____

Dark-green or yellow vegetable: _____

Milk or hot boiled water or soup water if milk is not available: 1 tablespoon (large spoon)

Wash hands and use clean surface, utensils, and plates.
Take the cooked foods and mash them together.
Add the oil or margarine and mix well.

Check the consistency of the mashed food with a spoon—it should stay easily on the spoon without dripping off.
Add the milk or water to the mashed foods and mix well. Only add a small amount of milk or water to make the right consistency.

Recipe 2

Family food for a 15-month-old child's main course (a full cup)

Staple: _____

Meat or fish or beans: _____

If using beans or egg instead of meat, include a source of vitamin C to help iron absorption: _____

Dark-green or yellow vegetable: _____

Oil or margarine: 1 teaspoon (small spoon)

Wash hands and use clean surface, plates, and utensils.
Take the cooked foods and cut them into small pieces or slightly mash them together (depending on the child's age).
Add the oil or margarine and mix well.

¹² The amounts indicated are recommended if the energy content of the meals is 0.8–1.0 Kcal/g. These amounts should be adjusted if the foods are diluted.

¹³ If there is need to increase the amounts of food for each meal, instruct the participants to make the change in their recipes.

Session 37: Feeding during illness and low-birthweight babies

Learning objectives

After completing this session participants will be able to:

- Explain why children need to continue to eat during illness.
- Describe appropriate feeding during illness and recovery.
- Describe feeding of low-birthweight babies.
- Estimate the volume of milk to offer to a low-birthweight baby.
- List the Key Message from this session.

Materials and preparation

- Make sure that **Slides 37/1 through 37/5** are in the correct order. Study the slides and the text that goes with them so that you are able to present them.
- Flip chart and markers.
- Write the Key Message for this session on a flip-chart page. Keep covered until later in the session.
 - *Key Message 10: Encourage the child to drink and to eat during illness and provide extra food after illness to help the child recover quickly.*
- The flip-chart list of Responsive Feeding Practices from Session 34.
- A flip chart of all the Key Messages from earlier sessions.
- Find out what percentage of babies are low-birthweight in your area.

Suggested time: 35 minutes

Session guide

Make these points:

- Some of the children you see for feeding counselling may be ill or recovering from an illness.
- Children who are ill may lose weight because they have little appetite or their families may believe that ill children cannot tolerate much food.
- If a child is ill frequently, he or she may become malnourished and therefore at higher risk of more illness. Children recover more quickly from illness and lose less weight if they are helped to feed when they are ill.
- Children who are fed well when healthy are less likely to falter in growth from an illness and more likely to recover faster. They are better protected.
- Breastfed children are protected from many illnesses. Special care needs to be given to those who are not breastfed and who do not have this protection.

Importance of feeding during illness

Ask: Why might a young child feed less during illness?

Write participants' replies on the flip chart. Refer to their responses as you make these points:

- A child may eat less during illness because:
 - The child does not feel hungry, is weak and lethargic.
 - The child is vomiting or the child's mouth or throat is sore.
 - The child has a respiratory infection which makes eating and suckling more difficult.
 - Caregivers withhold food, thinking that this is best during illness.
 - There are no suitable foods available in the household.

- The child is hard to feed and the caregiver is not patient.
- Someone advises the mother to stop feeding or breastfeeding.

Show **Slide 37/1**. Explain that this is the growth chart of Thabo who is 12 months old.



Ask: What do you think of the growth chart?

Wait for a few replies and then continue.

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

Show **Slide 37/2. Key Message 10: Feeding during and after illness**, and read it out.

37/2

Key Message 10

Encourage children to drink and eat during illness and provide extra food after illness to help them recover quickly



The illustration shows a woman with long hair, wearing a simple top, leaning over a table. She is holding a spoon and feeding a young child. Another child is sitting at the table, looking towards the woman and the child being fed. There is a bowl on the table in front of them.

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

Appropriate feeding during illness and recovery

Show **Slide 37/3. Feeding the child who is ill**, and ask a participant to read out the points.

37/3

Feeding the child who is ill

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

Then show **Slide 37/4. Feeding during recovery**, and ask a participant to read out the points.

37/4

Feeding during recovery

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

- The child's appetite usually increases after the illness so it is important to continue to give extra attention to feeding after the illness.
- This is a good time for families to give extra food so that lost weight is quickly regained. This allows 'catch-up' growth.
- Young children need extra food until they have regained all their lost weight and are growing at a healthy rate.

Discuss feeding of low-birthweight babies

Ask: What does the term low-birthweight mean?

Wait for a few replies and then share the following information:

- The term *low-birthweight* means a birthweight of less than 2,500 grams (up to and including 2,499 g), regardless of gestational age. (Babies who weigh less than 1,500 g are considered extremely low birthweight.) This includes babies who are born *premature* (that is, who are born before 37 weeks of gestational age), and babies who are *small for gestational age*. Babies may be small for both these reasons.
- In many countries 15 to 20 percent of all babies are low-birthweight.

Ask: How many babies are low-birthweight in this country?

Wait for a few replies and then continue:

- In this country, the percentage of all babies who are low-birthweight ranges from 6.2 percent in Leribe and Berea districts to 13.3 percent in Botha Bothe.¹⁴
- Low-birthweight babies are at particular risk of infection, and they need breastmilk more than larger babies. Yet they are given artificial feeds more often than larger babies.

Ask: Why is it sometimes difficult for low-birthweight babies to breastfeed exclusively?

Wait for a few replies and then continue. (Participants may give answers such as: low-birthweight babies are not able to suckle strongly at the breast; they need more of some nutrients than breastmilk can provide; it can be difficult for mothers to express enough breastmilk).

¹⁴ Lesotho National Nutrition Survey Report, November-December 2007.

- Many low-birthweight babies can breastfeed without difficulty. Babies born at term, who are small-for-date, usually suckle effectively. They are often very hungry and need to breastfeed more often than larger babies, so that their growth can catch up.
- Babies who are born preterm may have difficulty suckling effectively at first. But they can be fed on breastmilk by tube or cup, and helped to establish full breastfeeding later. Breastfeeding is easier for these babies than bottle feeding.
- Mothers of low-birthweight babies need skilled help to express their milk and to cup-feed.

Ask: When should a mother with a low-birthweight baby start to express her milk?

Wait for a few replies and then continue. Encourage participants to think back to Session 15 on expressing breastmilk and explain the following:

- It is important to start expressing on the first day, within 6 hours of delivery if possible. This helps to start breastmilk to flow, in the same way that suckling soon after delivery helps breastmilk to 'come in.'
- If a mother can express just a few millilitres of colostrum it is valuable for her baby.

Ask: At what age can low-birthweight babies suckle from the breast?

Wait for a few replies and then continue by displaying the next slide.

Show **Slide 37/5. Feeding low-birthweight babies**, and make the points that follow:

37/5

Feeding low-birthweight babies

- 32 weeks gestation
 - able to start suckling from the breast
- 30-32 weeks gestation
 - can take feeds from a small cup or spoon
- Below 30 weeks gestation
 - usually need to receive feeds by tube in hospital

- Babies of about 32 weeks gestational age or more are able to start suckling on the breast.
- Babies between about 30 to 32 weeks gestational age can take feeds from a small cup, or from a spoon.
- Babies below 30 weeks usually need to receive their feeds by a tube in hospital.
- Let the mother put her baby to her breast as soon as he is well enough. He may only root for the nipple and lick it at first or he may suckle a little. Continue giving expressed breastmilk by cup to make sure the baby gets all that he needs.
- When a low-birthweight baby starts to suckle effectively, he may pause during feeds quite often and for quite long periods. For example, he may take four to five sucks and then pause for up to 4 or 5 minutes.
- It is important not to take him off the breast too quickly. Leave him on the breast so that he can suckle again when he is ready.
- He can continue for up to an hour if necessary. Offer a cup-feed after the breastfeed.

- Make sure that the baby suckles in a good position. Good attachment may make effective suckling possible at an earlier stage.
- The best positions for a mother to hold her low-birthweight baby at the breast are:
 - Across her body, holding him with the arm on the opposite side to the breast.
 - The underarm position.

Continue with these points:

- Low-birthweight babies need to be followed up regularly to make sure that they are getting all the breastmilk that they need.
- Low-birthweight babies of mothers who are HIV-positive and who have chosen replacement feeding are at higher risk of complications and should also be followed regularly to make sure they are growing. Encourage mothers to feed the replacement milk to their babies by cup.

AMOUNT OF MILK FOR LOW-BIRTHWEIGHT BABIES WHO CANNOT BREASTFEED

What milk to give:

Choice 1: Expressed breastmilk if possible from the baby's mother).

Choice 2: Formula made up according to the instructions.

Steps to take for babies who weigh less than 2.5 kg (low birthweight):

1. Start with 60 ml/kg body weight.
2. Increase the total volume by 20 ml per kg per day, until the baby is taking a total of 200 ml per kg per day/night.
3. Divide the total into 8 to 12 feeds over 24 hours, to feed every 2 to 3 hours.
4. If the baby is extremely low-birthweight (weighing less than 1.5 kg), continue until the baby weighs 1.8 kg or more and is fully breastfeeding. If the baby is low-birthweight (weighing between 1.5 and 2.5 kg), continue until the baby weighs at least 1.8 kg or more, and is fully breastfeeding.
5. Check the baby's 24-hour intake.

Note: The size of individual feeds may vary.

Summarise the session

Ask participants if they have any questions or if there are points you can make clearer.

Point to the flip-chart page and remind participants of the Key Message:

Key Message 10: Encourage the child to drink and to eat during illness and provide extra food after illness to help the child recover quickly.

Trainer's notes

Whenever possible, low-birthweight babies should be under the care of a health worker with specialist training. However, this information may help you if specialist care is not easily available.

Time of first oral feed

If oral feeding is possible as soon as a baby is born, the first feed should be given within the first 2 hours, and every 2 to 3 hours thereafter to prevent hypoglycaemia (low blood sugar).

Cup-feeds

Cup-feeds give a baby valuable experience of taking food by mouth, and the pleasure of taste. They stimulate the baby's digestion. Many babies show signs of wanting to take things into their mouths at this stage, yet they are not able to suckle effectively at the breast.

Development of coordinated suckling

Babies can already swallow and suck long before 32 weeks gestation. From about 32 weeks, many babies can suckle from the breast, and some can breastfeed fully from this age, but they may have difficulty in coordinating suckling, swallowing, and breathing. They need to pause during a breastfeed to breathe. They can suckle effectively for a short time, but they often cannot suckle long enough to take all the breastmilk that they need. By about 36 weeks, most babies can coordinate suckling and breathing, and they can take all that they need by breastfeeding.

Weight as a guide to feeding method

Gestational age is a better guide to a baby's feeding ability than weight. However, it is not always possible to know gestational age. Many babies start to take milk from the breast when they weigh about 1.3 to 1.5 kg. Many can breastfeed fully when they weigh about 1.6 to 1.8 kg or less.

Skin-to-skin contact and kangaroo care

Skin-to-skin contact between a mother (or father) and baby has been found to help both bonding and breastfeeding, probably because it stimulates the secretion of prolactin and oxytocin.

If a baby is too sick to move, contact can be between the mother's hand and the baby's body. If a baby is well enough, let his mother hold him next to her body. Usually the best place is between her breasts, inside her clothes.

This is called *kangaroo care*. It has the following advantages:

- The warmth of the mother's body keeps her baby warm. He does not get cold, and he does not use up extra energy to keep warm. There is less need for incubators.
- The baby's heart works better, and he breathes more regularly.
- The baby cries less and sleeps better.
- It is easier to establish breastfeeding.