

PN-ABZ-601

# **Community-based Breastfeeding Support: *A Training Curriculum***

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Prepared by:

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for:

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# Foreword

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## **What is community-based breastfeeding support?**

Community-based support is a manner of promoting breastfeeding which focuses on identifying and strengthening the skills and abilities of community members themselves as primary resources to resolve their community's maternal and infant health and nutrition problems. To have maximum effect, community-based support for breastfeeding should build a network of mothers, who are able to exchange and transfer breastfeeding knowledge and develop the skills necessary to reach out to others in their communities. This support may include individual peer counseling, mother-to-mother support groups, and a wide variety of community education activities.

## **Why was the "Community-based Breastfeeding Support Trilogy" developed?**

In 1992 a workshop was held in Guatemala on strengthening community support for breastfeeding, with participation from Latin American Ministries of Health and non-governmental organizations. During this workshop, participants expressed the need for guidelines on development of community-based breastfeeding support activities. Three specific topics were identified: planning and implementation; training on lactation management at the community and primary health care levels; and, counseling and facilitation.

In response to the growing need for materials to strengthen the promotion and support of breastfeeding at the community level, a series of documents was developed. The materials were designed as three separate documents, intended to guide the various stages of program development at the primary health care and community level. These documents form a trilogy entitled "*Community-based Breastfeeding Support*," which includes the following:

- ▶ *A Planning Manual*
- ▶ *A Training Curriculum*
- ▶ *A Guide for Trainers and Supervisors*

## **What is the "Community-based Breastfeeding Support Trilogy"?**

The documents in this trilogy were designed to complement each other as support for breastfeeding in the community unfolds. While each volume can stand on its own, the series is intended to support a comprehensive plan for initiating, implementing, and improving community-based breastfeeding support. *A Planning Manual* is designed to help managers in NGOs and planners in Ministries of Health to create new community-based activities in support of breastfeeding, as well as to monitor, expand, or improve the breastfeeding components of existing programs. *A Training Curriculum* contains the information needed, utilizing a participatory, hands-on approach, to train volunteers and other community-level workers in the fundamentals of breastfeeding management and support, with an integrated approach to maternal and child health and nutrition. It can be easily adapted for use in different settings. *A Guide for Trainers and Supervisors* provides a detailed discussion of interpersonal counseling and facilitation skills. It also contains sections on implementation of educational and promotional activities in community-based breastfeeding programs.

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# Introduction

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## *Community-based Breastfeeding Support: A Training Curriculum*

### **What information does this curriculum contain?**

*A Training Curriculum* contains the information necessary, utilizing a participatory, hands-on approach, to train volunteers and other community-level workers in the fundamentals of breastfeeding management and support, with an integrated view of maternal and child health and nutrition. The curriculum can be taught in modular form, taking about 40 hours in total. Modules include information on breastmilk production, components and protective factors in breastmilk, child spacing during breastfeeding, and other topics related to breastfeeding support.

### **Who can use *A Training Curriculum*?**

This curriculum may be used to train community personnel in breastfeeding. The curriculum is designed for use by a facilitator in training auxiliary nurses, health promoters, and community volunteer personnel (midwives, counselors, health care workers, distributors of oral rehydration salts, family planning counselors, etc.). It can be used by a Ministry of Health, NGO, or other organization providing training for community personnel.

### **How can this curriculum be used?**

The curriculum may be used in its entirety or some modules may be used to provide knowledge in certain aspects of breastfeeding promotion, such as in response to the specific needs of the agency which asks for training services. The curriculum uses a training methodology in which the participants are actively involved in the development of the course. The facilitator is responsible for creating conditions that foster group learning and participation. With this method, practice sessions are carried out to stimulate critical and reflective analysis and allow participants to search for the solution to problems themselves through sharing experiences of the group. These sessions may be supplemented by additional practicums in health centers or hospitals.

As a result of the training, the primary health care personnel become more conscious of the issues related to breastfeeding support and are able to provide assistance to community volunteers, once they receive follow-up training using the companion volume entitled *A Guide for Trainers and Supervisors*.

## **Training techniques used in this curriculum**

Use will be made of diverse techniques and teaching methods such as:

- ▶ Demonstrations
- ▶ Participative talks
- ▶ Real cases
- ▶ Brain storming
- ▶ Presentations: role playing, skits, hypothetical cases
- ▶ Modeling
- ▶ Work groups
- ▶ Exercises
- ▶ Practice sessions

The methodology brings out the knowledge that each mother has acquired through her own life experiences; the trainer should make use of the participants' knowledge, bringing this experience to the fore by means of leading questions.

People learn by expressing their opinions, criteria, and ideas which make them feel important within the group. In this way, each participant reevaluates their own thinking.

In sharing their experiences and contributing their ideas, a relationship between teaching and learning is established and this makes the women conscious of the fact that they are agents who generate change.

The trainer should provide an atmosphere that stimulates active discussion.

The trainer must carefully observe the development of the group dynamics in order to prevent people from monopolizing the discussion and limiting the participation of the other participants. Also, the trainer should be on the watch for those participants who do not take part in the discussion and encourage them directly to participate.

Arranging the chairs in a circle and having the trainer be situated as another participant in the circle creates an atmosphere of equality, allows each one to see the other, and facilitates the discussion.

The success of this methodology depends on the success of the trainer in having the participants be the ones who talk the most.

The leading questions for discussion that are in the curriculum serve to start the discussion, but the questions that come out of the group ought to be the questions that the group is allowed to

evaluate first. The most important task of the trainer in this moment will be to analyze the answers and provide additional information with the concepts that are in the curriculum.

### **What will I need to use this curriculum effectively?**

#### *Audio-visual aids*

- ▶ Posters
- ▶ Illustrations
- ▶ Flip charts
- ▶ Photographs
- ▶ Videos
- ▶ Dolls
- ▶ Artificial breast
- ▶ Baby carrier
- ▶ Manual
- ▶ Pots, ice cooler

#### *Equipment*

- ▶ Portable flip chart
- ▶ Television
- ▶ VHS
- ▶ Overhead projector
- ▶ Slide projector

#### *Materials*

- ▶ Chart of the counseling mother
- ▶ Written commitment
- ▶ Certificates
- ▶ Carnets
- ▶ Oral rehydration salts
- ▶ Samples of family planning materials
- ▶ Breastfeeding pamphlets

#### *Writing Materials*

- ▶ Flip chart pads
- ▶ Colored cardboard
- ▶ Different colored markers
- ▶ Colored pencils
- ▶ Name tag for identifying the participants
- ▶ Masking tape
- ▶ Scissors

*Symbols Used in this Curriculum*

- ▶ Note to the trainer 
- ▶ Show Annex 
- ▶ Write on the flip chart 
- ▶ Reflection 
- ▶ Summary 

# Module 1

## Breastfeeding Support Groups

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# Module 1

## Breastfeeding Support Groups

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**Note to the trainer:** Before beginning the session, arrange the chairs in a circle to encourage group participation. To facilitate interaction the participants, you should be a member of the circle.

### I. Objectives

After completing this session, the participants will be able to:

- A. Define the concept of a support group;
- B. Describe the characteristics of a breastfeeding support group;
- C. Explain how to organize a support group; and,
- D. Apply the methodology that is used to conduct support groups.

### II. Development of the Topic

#### A. Definition of the Concept of Support and Support Groups

**Q: Ask the participants:** What does the word support mean to you?

**A:** Listen to the participants and, as necessary, add to their responses with:

Feeling support usually means that we feel a sense of trust, acceptance, self-worth, value, and respect. In this kind of relationship, we can share information better, acquire new skills, express our thoughts and feelings, and develop a sense of connection.

**Q: Ask the participants:** What is a support group?

**A:** Listen to the participants and, as necessary, add to their responses with:

A support group is formed when people come together with a common interest or life experience. It may be informal or formal, but includes the following: safe atmosphere, sense of respect, sharing of information, availability of practical help, sharing of responsibility, acceptance, mutual learning, and emotional connection.

**Q: Ask the participants:** What is a breastfeeding support group?



**Show Annex 1-1.**

**A:** Listen to the participants and round out their responses by saying:

It's a meeting where pregnant women and breastfeeding mothers, as well as other people with similar interests, come together in a safe atmosphere to exchange ideas, share experiences, give and receive information, and, at the same time, offer and receive support in breastfeeding, child rearing, and women's health.

## **B. Characteristics of a Support Group**

**Q: Ask the participants:** What are the characteristics of a breastfeeding support group?



**Show Annex 1-2.**

**A:** Listen to the participants' comments, write them on a flip chart, and add the following (if necessary):

- ▶ All participants should be able to have eye-to-eye contact;
- ▶ The group should include from three to fifteen participants;
- ▶ The group decides on the length of the session;
- ▶ The members support each other through sharing experiences and information;
- ▶ The group is made up of pregnant and lactating women and other interested people;
- ▶ Facilitation is by a breastfeeding counselor with experience, with co-facilitation by a more inexperienced counselor;
- ▶ The group is open, allowing for the admission of new members;
- ▶ Group members decide on the frequency of meetings; and,

- ▶ The members decide on the topics to be discussed.

### **C. Organization of a Support Group**

**Q: Ask the participants:** How can a counselor organize a support group?

**A:** Listen to the participants and add the following, if necessary:

- ▶ Identifying future participants;
- ▶ Choosing the date, time, and meeting place;
- ▶ Preparing the topic; and,
- ▶ Personally inviting the participants.

**Q: Ask the participants:** How do you identify possible participants? Should all the mothers of the community be participants? Should there be additional participants that are not mothers?

**A:** Listen to the participants and on a flip chart under the title “Identifying New Participants” list the kinds of people that the participants agree on.

Examples: Pregnant women, women with newborns, mothers of breastfeeding babies of whatever age, other women with experience in breastfeeding, adolescent mothers, fathers, grandmothers, etc.

**Q: Ask the participants:** How many participants should form a group?

**A:** Listen to the participants and round out their responses (if necessary) by saying that the number of participants ought to be no more than fifteen because communication is more difficult in a larger group. When there are more than fifteen participants on a regular basis another group should be formed.

**Q: Ask the participants:** How do you choose the time and place for the meeting?

**A:** Listen to the participants, write the alternatives on a flip chart under the title “Time, Place, and Frequency.” Add that the counselor can decide the time and place of the first meeting, but that the group itself will decide about the subsequent meetings. The counselor ought to take into account the following aspects:

- ▶ Time: it should not interfere with the primary activities of the members (preparation of meals, washing, market days, etc.). In urban and peri-urban areas the time of the popular soap operas has to be taken into account. Among women who work, their work schedule should be taken into account;

- ▶ Accessibility: if it is a home, it should not be more than fifteen minutes walking distance from the homes of the members; if the community is spread out, the Health Center, a church, or a school could be good alternatives; and,
- ▶ Place: the place should be safe so that the mothers can bring their children. Someone should be in charge of playing with the older children and there should be toys to keep them occupied.

**Q: Ask the participants:** How should the counselor prepare herself before a meeting?

**A:** Listen to the participants, writing their suggestions on a flip chart under the title “Preparing Yourself for a Meeting,” and round out their responses with the following information:

Think of who was invited and prepare a topic that would be of interest to them and that they themselves can discuss.

Examples: If the majority of the mothers are pregnant, prepare topics such as the advantages of breastfeeding, pregnancy, childbirth, preparation for breastfeeding, etc.

Part of the preparation includes thinking of questions that will generate a discussion on the topic. Think of questions that young mothers commonly have about their experiences.

**Q: Ask the participants:** What is the best way to invite future participants to the group?

**A:** Listen to the participants and add additional information to their responses, as necessary, by saying that one way that has given good results is to visit the home, talk directly with the mother, and establishing a relationship with her.

## **D. Methodology for Leading a Support Group**

**Q: Ask the participants:** What is the first meeting of a support group like?

**A:** Listen to the participants and add the following:

- ▶ At the beginning of the meeting, the facilitator greets and welcomes all who are attending;
- ▶ She explains the objective of the meeting; and,

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- ▶ Then, in order to get to know each other, she has each participant introduce herself, tell the others how they feel about being there, what they expect from the group, and then respond to a question that serves as an ice breaker.

Examples: What do you like most about breastfeeding? What part of your body do you like best and why? Share an experience in which you felt truly supported.

- ▶ After everyone's introduction, agreements on how the group will function should be established.

**Q: Ask the participants:** What is necessary for a group to function with safety and trust for all the members?



**A:** Listen to the participants' answers and write them on a flip chart.



**The word "rule" or "regulations" will probably be mentioned. In a support group this is called an agreement.**

Review with them the following suggestions:

- ▶ Personal or intimate experiences shared with the group should not be discussed outside of the group;
- ▶ Each person has the right to take a turn to express themselves, to give suggestions, and to propose activities;
- ▶ No one should monopolize the meeting;
- ▶ Each person defines the type of support that she needs within the limits of the group (advice, support, specific information, or just being listened to);
- ▶ Recognize that the support group has limitations, especially of time and resources;
- ▶ Each member has the right to be listened to and has the duty to listen to the others;
- ▶ The group members ought to express mutual recognition for their achievements and support each other when there is a setback; and,
- ▶ Other agreements that the group will reach.

**Q: Ask the participants:** What form should support group sessions have?

**A:** Listen to the participants and add, as necessary, that a support group can center around a topic, or can be open. When the support group is open, the facilitator asks each participant if she would like a turn during the introduction and may make a list

of people who wish to participate. Participants may then use their turn to discuss topics of personal interest, share information, or request support from other members. The participants in the group may decide that they wish to have an agreed upon topic for each meeting and they themselves may decide the topic or may use a prestructured guide. Groups may decide to have a combination of the two structures with some meetings open for discussion, and some meetings structured, or some other combination of the two. These decisions should be agreed upon by the group and the facilitator as part of the setting up of the “rules” of the meetings.

**Q: Ask the participants:** How do you begin a support group session?

**A:** Listen to the participants and add that:

If the support group has an open structure, the facilitator may ask for any announcements that participants may have, ask people how they are feeling, and whether they would like to have a turn to speak.

If the support group meeting is more structured, the facilitator may announce the topic, give a brief introduction, and then ask a question to generate discussion.

**Q: Ask the participants:** How do you develop a topic?

**A:** Listen to the participants’ answers and add information, if necessary, by saying that the topic will develop with the active participation of the group by asking questions that generate discussion.

**Q: Ask the participants:** How do you maintain the active participation of the group?

**A:** Listen to the contributions of the participants and add the following:

- ▶ Raise other questions to stimulate discussion when necessary;
- ▶ When there are questions, the counselor should direct them to the group so that, if possible, another member can answer the question;
- ▶ The facilitator should be attentive to the development of the meeting, talking only when there are questions that the group cannot answer or offering an explanation or correct information to clarify some confusion if necessary; and,
- ▶ The best support group meeting is one in which the members of the group have spoken more than the counselor.

**Q: Ask the participants:** How can the facilitator handle a participant who wants to talk all the time and does not allow others to participate?

**A:** Listen to the participants' answers and tell them that they have to remember that one of the agreements worked out for the smooth functioning of the group was that "no one should monopolize the meetings."

**Q: Ask the participants:** How can the facilitator handle a conflictive situation within the group?

**A:** Listen to the participants' answers and add the following:

- ▶ Put a halt to the situation immediately; and,
- ▶ Refer to the agreements, especially that of maintaining safety within the group.

**Q: Ask the participants:** In what moment can the participants deal with personal problems not directly related to breastfeeding?

**A:** Listen to the participants' answers and analyze with them the following:

The group can establish some agreement, assigning a time at the end of the session for dealing with and giving support to those who ask for special attention.

**Q: Ask the participants:** How do you end the support group session?

**A:** Listen to the participants' answers adding the following:

- ▶ Ask each one of the participants to say a few words about how they felt during the session; and,
- ▶ Tell the participants that immediately after the session the next meeting will be discussed and planned. They will also discuss how to improve the next meeting.

**Q: Ask the participants:** What is the function of the support group in improving exclusive breastfeeding practices?

**A:** A support group allows us to reach a larger number of mothers in order to offer them information and support. Information and support is given especially to pregnant women to help prevent problems that interrupt the process of breastfeeding and may cause early weaning. If one mother is well informed, it makes the counselor's work easier, because she requires less home visits.

### III. Exercise:

The trainer will take the role of the facilitator and the participants will be the members of the group.

Do a skit modeling the following activities that demonstrate leading a support group:

- ▶ Greeting and welcome.
- ▶ Objective of the meeting.
- ▶ Introductions.
- ▶ Working out of agreements.
- ▶ Initiation and development of the topic on women's self-esteem.
- ▶ Ask questions to generate discussion:
  1. List two qualities that you appreciate in yourself.
  2. What is it that you like about yourself and why?
  3. What would you like to change and what is stopping you from doing it?
  4. How much time do you dedicate to yourself?
- ▶ Summary.

Each person projects the image that she has of herself. If the person has a positive self-image, this allows her to make her own decisions and at the same time gives her the capacity to demand respect, support, and esteem from the rest. Concepts of self-esteem are formed in childhood.

- ▶ Closing.

Discussion of Exercise:

At the end of the exercise, discuss with the participants how the facilitation of the modeled support group was carried out.

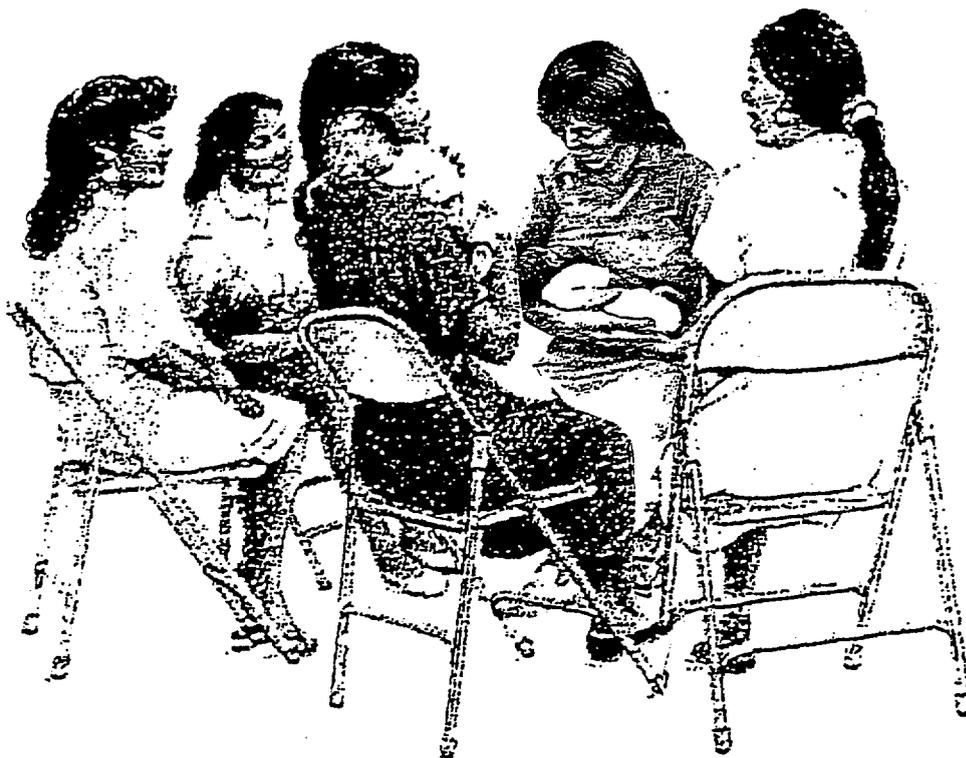
- ▶ What elements of conducting a support group were present in the exercise and which were not?
- ▶ How did the facilitator begin the theme?
- ▶ Who answered the questions that came from the group?
- ▶ Who developed the theme?
- ▶ What did they talk about in the group?
- ▶ What did you like most?
- ▶ Who spoke most during the meeting?

**IV. SUMMARY**



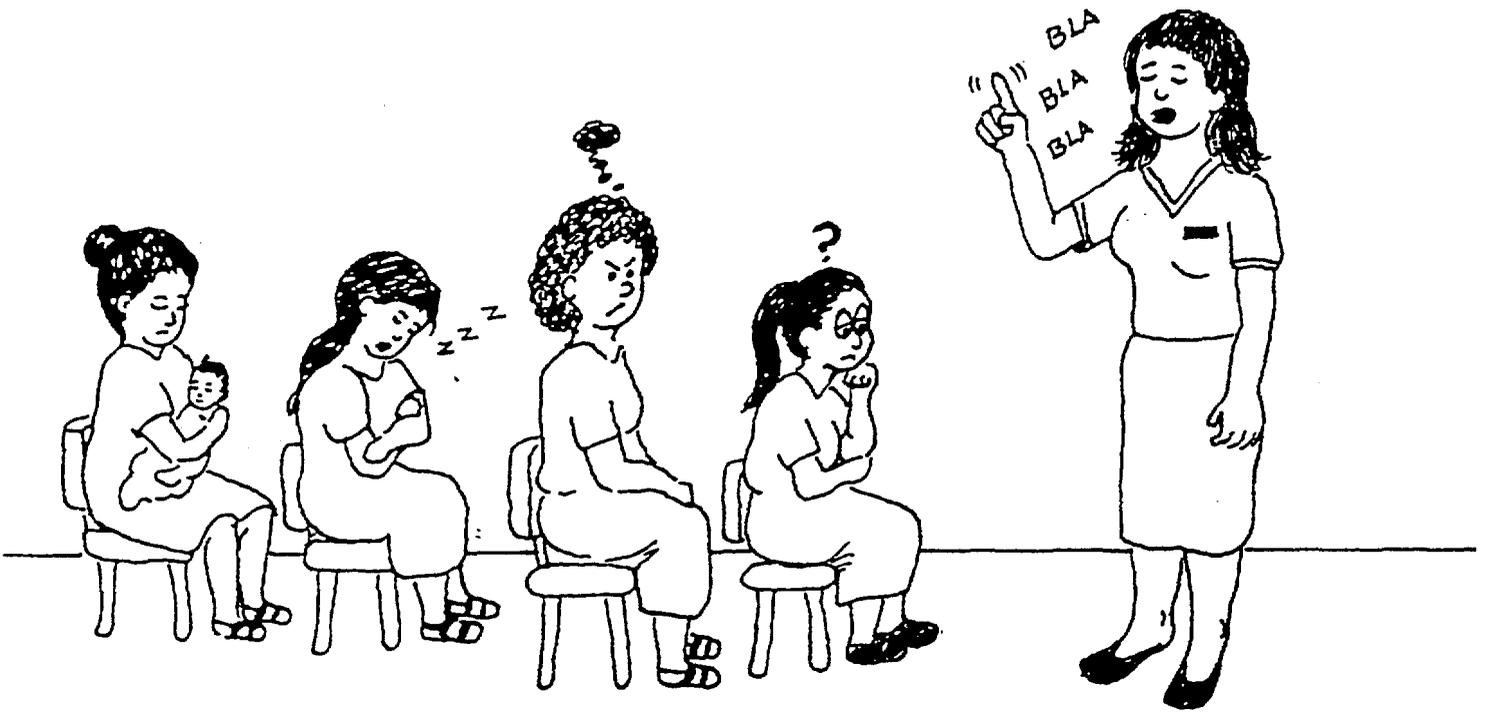
**A breastfeeding support group is important because it allows mothers to learn from each other's experiences. Together women can find different ways to resolve problems and difficulties they have with breastfeeding so they can continue to nurse.**

# BREASTFEEDING MOTHERS SUPPORT GROUP



Manual de Lactancia Materna  
AED, LLL/H, IRH, WI, USAID, UNICEF

ANNEX 1-1



Manual for Breastfeeding Monitors  
La Leche League of Guatemala

ANNEX 1-2

# Module 2

## Breastmilk is Best

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# Module 2

## Breastmilk is Best

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**Note to the trainer:** Before beginning the session, arrange the chairs in a circle in order to encourage group participation. To facilitate interaction with participants, you should be a member of the circle.

### I. Objectives

After completing this session, the participants will be able to explain:

- A. The importance of breastfeeding for community health and child survival programs;
- B. Five advantages of breastfeeding for the child and the importance of breastmilk in brain development; and,
- C. Five advantages of breastfeeding for the mother, the family, and society.

### II. Development of the Topic

#### A. Community Health and Child Survival Programs

##### 1. Health Problems in the Community



**Foster a discussion with the participants on how they view the health of children in their community. Draw out the experiences of each participant by asking questions that will generate discussion.**

**Q: Ask the participants:** Which illnesses do infants in your community suffer from the most?

**A:** Listen to the participants' responses and add:

Colds, cough, diarrhea, fever, vomiting, skin rashes, intestinal infections, malnutrition, etc....

**Q: Ask the participants:** Why do the infants and young children suffer from these illnesses?

**A:** Listen to the participants' responses and add, as necessary:

- ▶ introduction of water to the child before six months of age;
- ▶ early introduction of solid foods;
- ▶ use of bottles;
- ▶ introduction of other milks;
- ▶ early weaning; and,
- ▶ lack of public sanitation.

**Q: Ask the participants:** What is being done in the community and through the Ministry of Health to prevent these illnesses?

**A:** Listen to the participants' responses and add that the Ministry of Health develops various programs which give medical attention to the mother and child. The community organizes itself into community organizations and health committees to support these programs.



**Encourage discussion among the participants by asking:**

**Q:** Which Ministry programs promote health?

**A:** Listen to the participants' responses, reinforce accurate information, and correct misunderstandings:

- ▶ Control of diarrheal disease (CDD);
- ▶ Oral rehydration therapy (ORT);
- ▶ Acute respiratory infections (ARI);
- ▶ Integrated child health care for the child under five years old;
- ▶ Immunizations (EPI);
- ▶ Prenatal care (PC); and,

- ▶ Women's health.

## 2. Programs

### a. Control of Diarrheal Diseases (CDD)

**Q: Ask the participants:** Where do you take your child when he/she has diarrhea?

**A:** Listen to the participants' responses and add:

- ▶ to the Health Center;
- ▶ to the Social Security Clinic;
- ▶ to a hospital; and,
- ▶ to a doctor.

**Q: Ask the participants:** What do they give you in the health center to treat diarrhea?

**A:** Listen to the participants' responses and add:

- ▶ oral rehydration solution or packets; and
- ▶ a recommendation to continue breastfeeding.

**Q: Ask the participants:** How does breastmilk help a baby with diarrhea?

**A:** Listen to the participants' responses and add:

- ▶ it helps to replenish the water and salts that the baby loses because of diarrhea;
- ▶ it nourishes the baby; and,
- ▶ it gives the baby defenses to resist the infection that caused the diarrhea.

This program is called Control of Diarrheal Diseases.

### b. Acute Respiratory Infections (ARI)

**Q: Ask the participants:** What medical attention does the baby receive when it has a cold, a cough, pneumonia, etc.?

**A:** Listen to the participants' responses and add:

- ▶ nasal drops of chamomile are given;
- ▶ nasal secretions are cleaned;

- ▶ baby is taken to the doctor;
- ▶ antibiotics are given when there is pneumonia; and,
- ▶ continued breastfeeding is recommended.

**Q: Ask the participants:** Why is it good to breastfeed the baby when it has a bronchial illness?

**A:** Listen to the participants' responses and add:

- ▶ it replenishes lost liquids;
- ▶ the breast is all the baby will accept;
- ▶ it strengthens the baby's defenses; and,
- ▶ the baby recuperates more quickly.

### **c. Integrated Children's Health Care for the Child Under Five Years Old**

**Q: Ask the participants:** When the baby is healthy, what other attention should it receive when taken to the Health Center?

**A:** Listen to the participants' responses and add:

- ▶ growth monitoring;
- ▶ developmental monitoring;
- ▶ vaccinations; and,
- ▶ information on adequate nutrition.

**Q: Ask the participants:** How does breastfeeding help the baby's growth and development?

**A:** Listen to the participants' responses and add, as necessary, that breastfeeding:

- ▶ supplies the necessary nutrients;
- ▶ protects the baby from getting sick; the baby does not lose weight, its growth is not halted;
- ▶ stimulates the growth of the nervous system, allowing the baby to be more intelligent;
- ▶ helps language development;
- ▶ helps in the development of skills (walking, grabbing, crawling, sitting); and,
- ▶ gives the baby a sense of security and strengthens the bond of love between mother and child.

**d. Immunizations (EPI)**

**Q: Ask the participants:** Why do you vaccinate your child?

**A:** Listen to the participants' responses and add:

In order to protect the child from preventable illnesses such as: measles, whooping cough, polio, and tuberculosis.

**Q: Ask the participants:** What illnesses do you know of that do not have a vaccine?

**A:** Listen to the participants' responses and add:

- ▶ diarrhea;
- ▶ allergies;
- ▶ respiratory illnesses;
- ▶ malnutrition; and,
- ▶ infections, such as cholera.

**Q: Ask the participants:** How does breastmilk protect the baby against illnesses that have no vaccine?

**A:** Listen to the participants' responses and add:

The baby does not produce its own defenses immediately after birth. The defenses that babies are born with are transmitted by the mother through the placenta. After birth, the baby continues to receive these defenses through colostrum and then through breastmilk.

**e. Prenatal Care**

**Q: Ask the participants:** What medical attention should pregnant women receive at the Health Center?

**A:** Listen to the participants' responses and add, as necessary:

- ▶ her blood pressure is taken;
- ▶ she is weighed;
- ▶ her nipples are checked;
- ▶ she is vaccinated against tetanus;
- ▶ she receives information about the birth;
- ▶ she receives information about breastfeeding; and,

- ▶ she receives information about child spacing.

**Q: Ask the participants:** How can prenatal care help breastfeeding?

**A:** Listen to the participants' responses and add that prenatal care:

- ▶ prevents problems at birth, which allows for a good initiation of breastfeeding;
- ▶ helps the mother decide to breastfeed her baby; and,
- ▶ gives her some ideas about how to start breastfeeding, how to avoid problems, and where she can find help if she has difficulties.



**Make sure the first part of the theme is understood by doing a general summary of health programs and their relationship with breastfeeding using the illustration in Annex 2-1.**

## B. The Advantages of Breastfeeding



**Attention:** At this time the trainer should take advantage of the breastfeeding experience of each mother, strengthening the confidence they have in themselves by providing them with an opportunity to appreciate all the knowledge they already have.

**Explain to the group that they will do an activity to develop this topic.**

### **Objectives:**

Share the ideas and knowledge that each of the participants has about the advantages of breastfeeding.

### **Development:**

- ▶ Organize the participants into three groups and distribute the theme that each group will develop:
  - Group No. 1: Advantages of breastfeeding for the child.
  - Group No. 2: Advantages of breastfeeding for the mother.
  - Group No. 3: Advantages of breastfeeding for the family and society.
- ▶ Distribute flip charts to each group.
- ▶ Each group should name someone as a secretary to take notes on the advantages of breastfeeding that are discussed in the group. Assign 30 minutes for group discussion.
- ▶ Each group will present their results in front of all the participants. The secretary of the group will give a report of the topic and the rest of her group will support her by adding any information necessary.
- ▶ During the presentations, correct and clarify doubts and incorrect information given by the mothers.

### **Conclusion**

The trainer should thank and encourage the participants for the work they did in contributing to the development of the topic. The trainer will continue to round out the topic mentioning the advantages that were not discussed, using the list that follows as a reference:

## 1. Advantages for the Child



**Use the flip chart of Group 1. Check the input of the group then add and explain the missing advantages.**

- ▶ Breastmilk is a complete food because it contains: vitamins, proteins, fats, calcium, phosphorous, sugars, iron, and water;
- ▶ Breastmilk also defends against diarrhea because it is clean;
- ▶ Breastmilk contains good bacteria that destroy harmful germs and bacteria; and,
- ▶ Breastmilk contains substances necessary to help keep the child hydrated (e.g., water and minerals).



**Show Annex 2-2.**

- ▶ Breastfeeding helps prevent infections such as bronchitis and measles because mothers transmit defenses through their breastmilk even before the child has been vaccinated;
- ▶ Breastfeeding prevents all types of infections such as cholera, because it prevents contamination. Breastmilk also contains substances that prevent harmful bacteria from staying alive in the intestines;
- ▶ Breastmilk protects an infant against allergies and skin diseases because it does not contain substances that can cause allergic reactions;
- ▶ Breastfeeding protects against constipation because breastmilk curds are easily digested and stools are soft;
- ▶ Breastmilk also protects against colic because it is easy to digest;
- ▶ The child benefits from the colostrum (first milk) that provides protection against illnesses. Colostrum helps eliminate phlegm of the newborn and acts like a laxative to clean its stomach; and,
- ▶ Breastmilk also protects brain development because it contains taurine and sugars (special fats that are important for development of the brain and nervous system).



Show Annex 2-3 in order to demonstrate the growth in brain size.

- ▶ Breastfeeding promotes normal growth and development since there are fewer illnesses that result in growth retardation;
- ▶ Breastmilk helps in the formation of teeth while the exercise of suckling develops the facial muscles; and,
- ▶ Bonds of love between mother and child are developed and the baby learns to have security and confidence in itself and others.



Show Annex 2-4.



Reflect with the group saying that each species produces special milk for its young. In the human species only women are capable of producing this precious liquid. Breastmilk is the only form of feeding that provides a strong affectionate bond between mother and child.

## 2. Advantages for the Mother



Use the flip chart that Group 2 presented. Review the input of the group then add and explain the missing advantages.



Reflect with the group discussing each one of the advantages.

Breastfeeding contributes to maternal health by:

- ▶ Diminishing the risk of pre-menopausal breast and ovarian cancers;
- ▶ Helping to space pregnancies; and,
- ▶ Allowing the placenta to separate more quickly because the baby's suckling stimulates uterine contractions.



**Show Annex 2-5.**

- ▶ Helping the uterus return to its normal size and shape more rapidly; and,
- ▶ Diminishing risk of postpartum hemorrhage as a result of the baby's suckling.



**Show Annex 2-6.**

- ▶ Allowing the milk to come in more quickly when the baby nurses from birth;
- ▶ Preventing breast engorgement by immediate and frequent suckling;
- ▶ Strengthening the bond of love between mother and child;
- ▶ Having breastmilk always ready and at the correct temperature;
- ▶ Letting her companion recognize the contribution that his wife is making to the family when she breastfeeds, in addition to all her other work at home;
- ▶ Allowing mothers to sleep more because they do not have to get up at night to breastfeed;
- ▶ Allowing mothers to have fewer worries since breastfed children are sick less;
- ▶ Allowing mothers to leave the house with her baby without worry and without a lot to carry;
- ▶ Getting her parenting experience off to a good start; and
- ▶ Decreasing the chance of early pregnancy, especially if she has not started to menstruate and is breastfeeding her under-six-month-old exclusively.



**Reflection: By breastfeeding, the mother feels satisfied and proud. Besides benefiting her child, she is caring for her own health at the same time by lessening the risk of illnesses such as: bone problems; breast, uterine, or ovarian cancer; and postpartum complications. All this can give her emotional and psychological security and help make her feel good about being a woman.**

### 3. Advantages for the Family



**Use the flip chart from Group 3. Review the input from the group then add and explain the missing advantages, if necessary.**

- ▶ The money of the family is better distributed because there are no expenses in buying baby bottles, rubber nipples, milk, water, electricity, gas, wood, etc.



**Show Annex 2-7.**

- ▶ The baby is sick less frequently so there are fewer expenses and the money of the family may be distributed better;
- ▶ The other children in the family learn the importance of breastfeeding the baby and understand the responsibility of parenting better; and,
- ▶ When mothers seek and obtain the support of their spouses in caring for the baby and the other children, it contributes to family union and provides an excellent parenting model for the children.



**Show Annex 2-8.**



**Reflection: By breastfeeding the woman makes a great economic and social contribution to the family and fosters family union.**

#### 4. Advantages for Society



**Use the flip chart prepared by Group 3. Review the input of the group and then add and explain any missing advantages, as necessary.**

Breastfeeding is advantageous to society because:

- ▶ A very valuable natural renewable resource is used;
- ▶ It contributes to fewer infant illnesses and deaths;
- ▶ It contributes to a better use of hospital resources;
- ▶ It reduces the expenditure of foreign currency;
- ▶ It protects brain development at a critical time, helping the human resources of the country to reach their highest human and intellectual potential; and,
- ▶ It helps to develop a child's capacity to love, which can help to reduce the risk of crime and violence in adults.

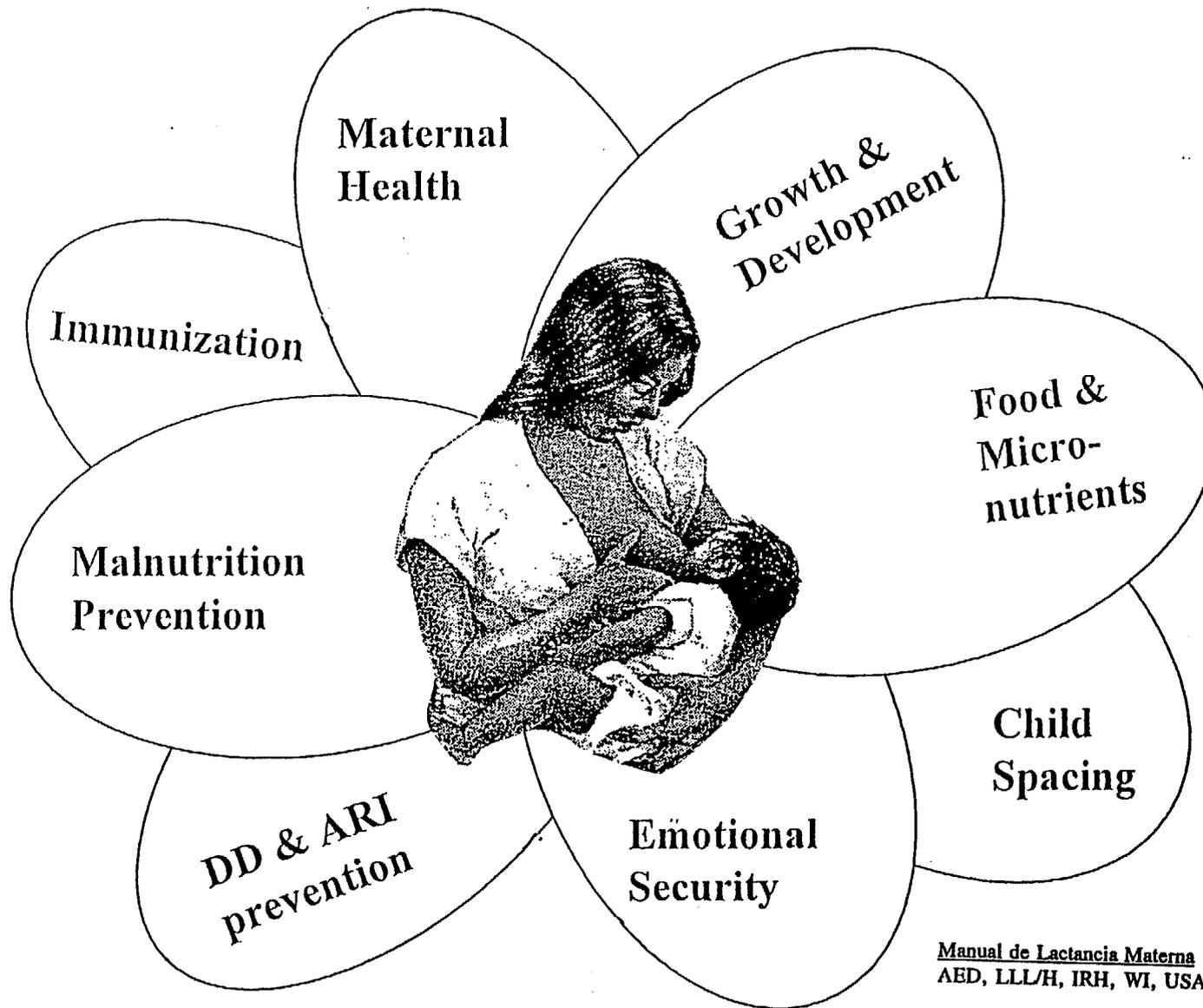


**Reflection: Women are unique in that, through breastfeeding, they can both nourish the child and establish a bond of affection with the child that will help to guarantee healthy, balanced adults with a high potential for learning.**

### III. Summary



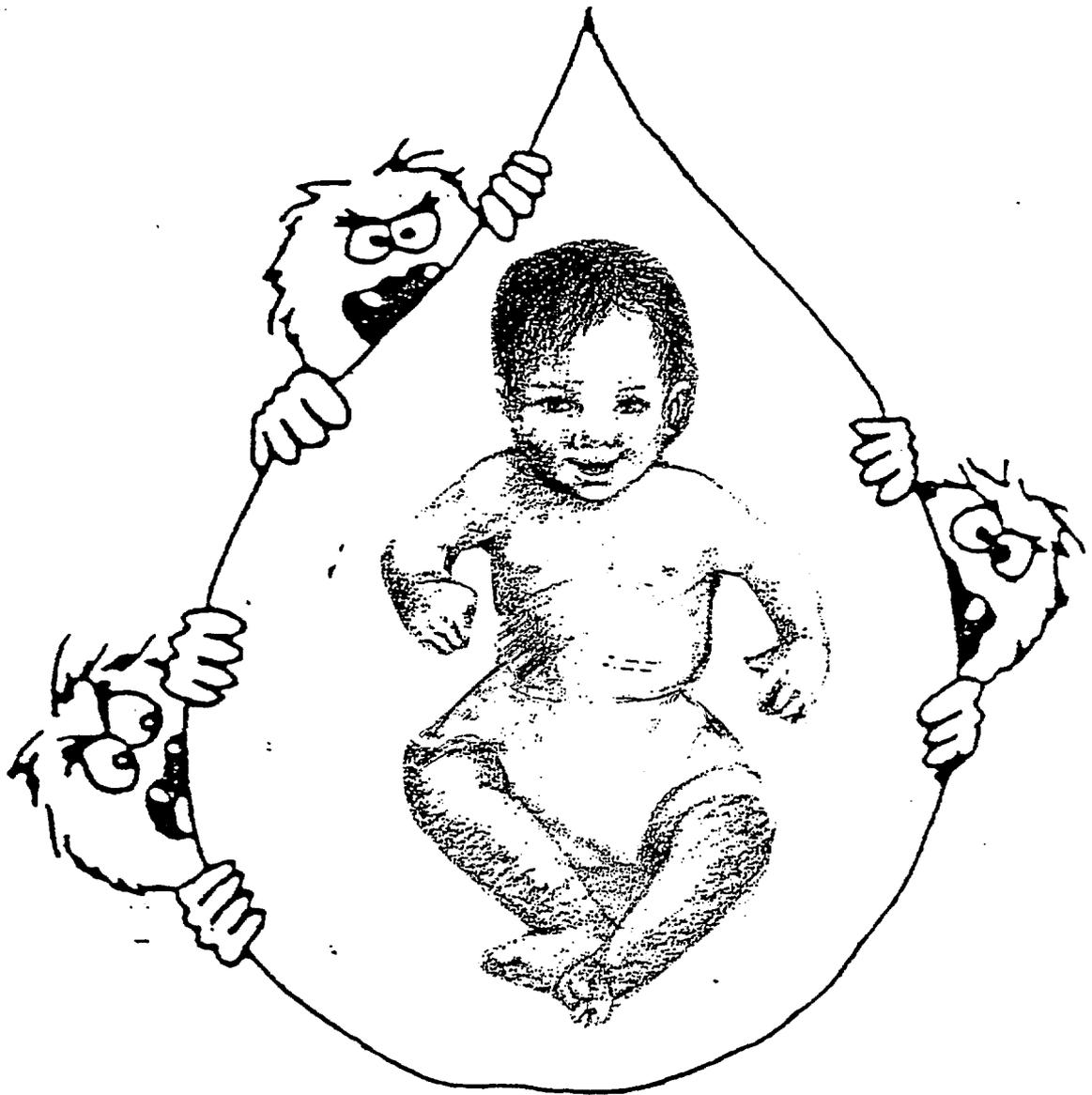
**Breastfeeding is the integrated center in the development of child survival programs, offering multiple benefits to the mother, child, family, and society, so much so that "Breastmilk is Best" and the role of the woman should not be underestimated. Show Annex 2-1 once more.**



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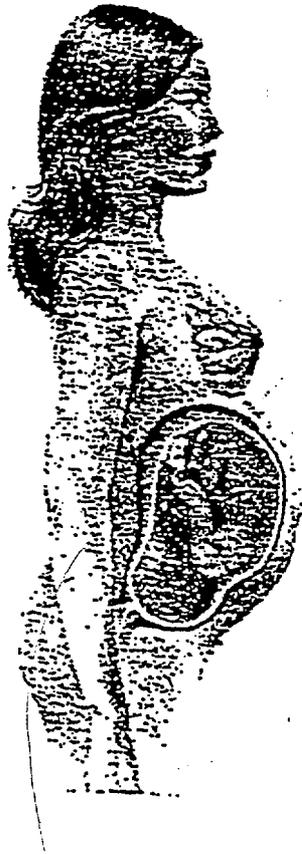
ANNEX 2-1

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ANNEX 2-2



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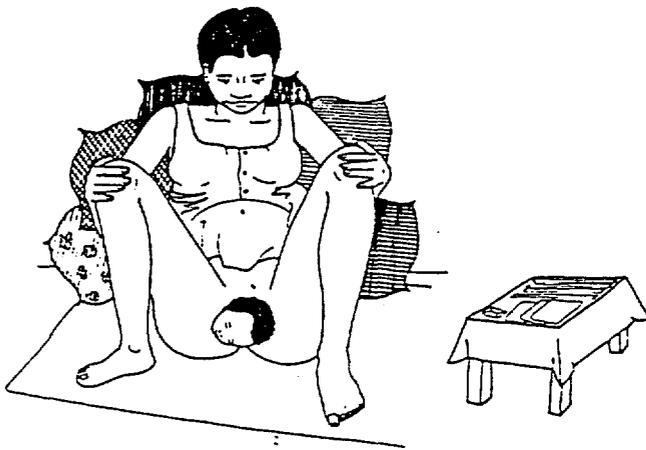
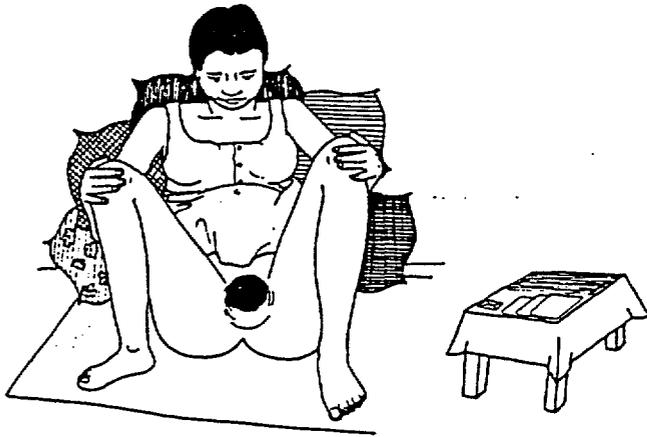
ANNEX 2-3

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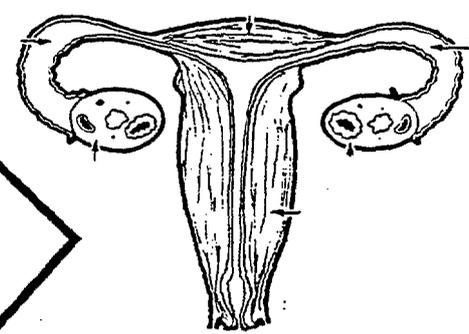
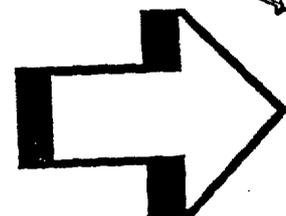
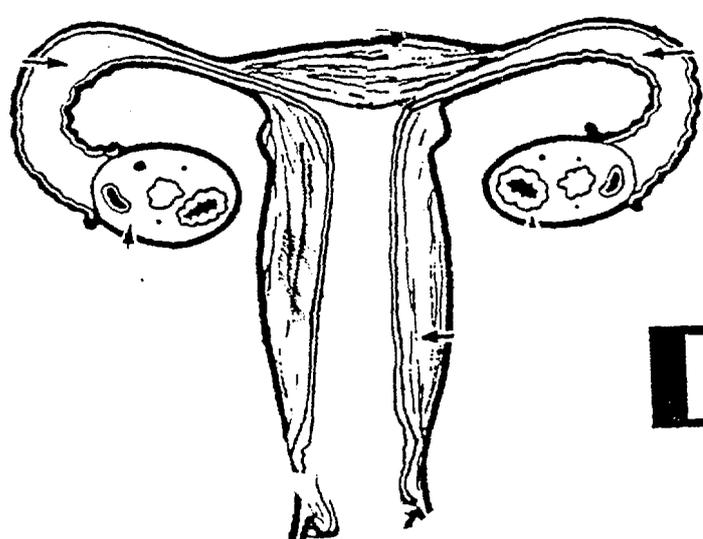
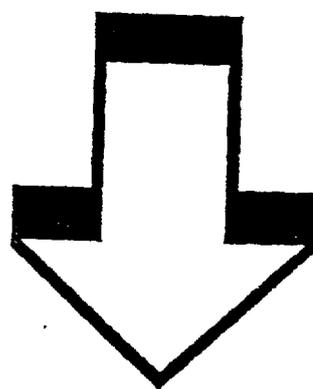
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ANNEX 2-4



The Community Health Worker:  
Working guide  
Guidelines for training  
Guidelines for adaptation  
WHO, Geneva

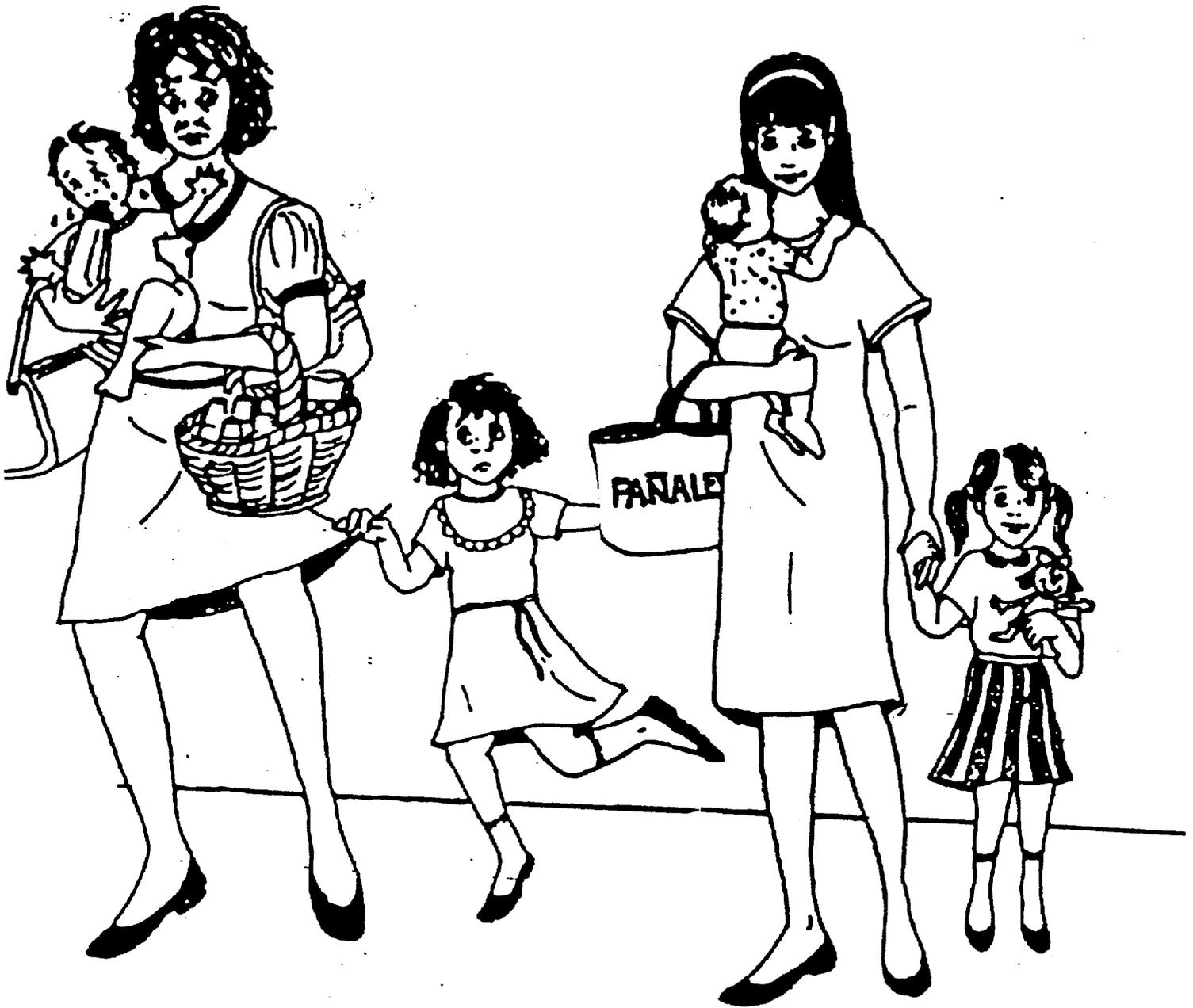
ANNEX 2-5



Manual for Breastfeeding Monitors  
La Leche League of Guatemala

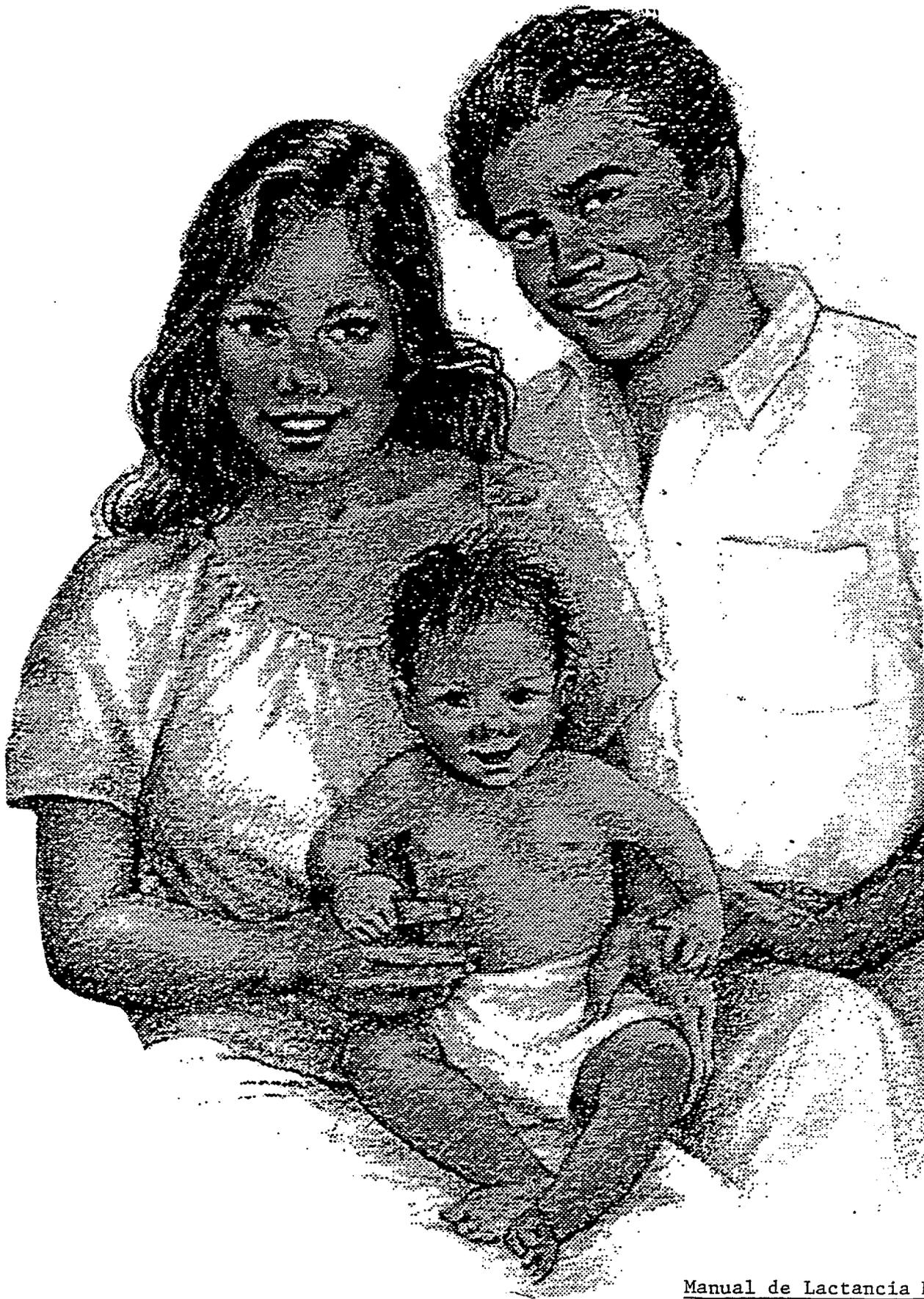
ANNEX 2-6

The Community Health Worker:  
Working guide  
Guidelines for training  
Guidelines for adaptation  
WHO, Geneva



Manual para Monitoras de  
Grupos de Apoyo en  
Lactancia Materna (Eng./Sp.)  
La Leche League of Guatemala  
CONAPLAM  
UNICEF

ANNEX 2-7



Manual de Lactancia Materna  
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ANNEX 2-8

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# Module 3

## Components and Protective Factors in Breastmilk

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# Module 3

## Components and Protective Factors in Breastmilk

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**Note to the trainer:** Before beginning the session, arrange the chairs in a circle in order to encourage group participation. To facilitate interaction with the participants, you should be a member of the circle.

### I. Objectives

After completing this session, the participants will be able to:

- A. Explain what colostrum is and list its most important components;
- B. Explain what breastmilk is and list its components;
- C. Explain the protective factors present in breastmilk;
- D. Explain why breastmilk is easier to digest than cow's milk; and,
- E. Resolve different situations of breastfeeding mothers by applying the knowledge acquired in the training.

### II. Development of the Topic

**Q: Ask the participants:** What does breastmilk contain that makes babies grow and become fat?



**In the development of this topic there will be a lot of technical words; it is not necessary to mention them nor do they have to be learned if the participants are community-based mothers, but it is important that the trainer emphasize the function of these substances. If the participants are level I health personnel, it is necessary to use the technical words.**



**Write the input of the participants on a flip chart, reinforcing and completing their contributions with the following information:**

### **A. Colostrum**

**Q: Ask the participants:** What do the breasts produce during the first three days postpartum?

**A:** Listen to the participants' responses and add:

During the first three days the breasts produce a yellow, thick liquid called colostrum. This is the first milk.

**Q: Ask the participants:** Why is it important that the baby have colostrum?

**A:** Listen to the participants; responses and add:

Colostrum is important because:

- ▶ It contains antibodies or defenses that the baby needs to protect itself against bacteria and viruses which surround the infant at the time of birth;
- ▶ It contains vitamin A (which is why the milk appears to be yellow);
- ▶ It contains sufficient quantity of nutrients that allow the infant to be nourished until the milk lets down;
- ▶ It comes in small quantities, but as the baby is born with food and liquid reserves, it is sufficient to keep the baby nourished until the milk lets down; and,
- ▶ It cleans the baby's stomach and forms a protective coat in the digestive track.

## B. Mature Milk

**Q: Ask the participants:** What do the breasts produce after the colostrum?

**A:** Listen to the participants' responses and add:

After the colostrum, the breasts produce a greater quantity of milk which is thinner, has a bluish-white color, and is called mature milk.

**Q: Ask the participants:** Which nutrients does mature milk contain?



**A:** Listen to the participants' responses and write them on a flip chart, rounding out their responses with the following information:

- ▶ Water
- ▶ Fats
- ▶ Sugar
- ▶ Proteins
- ▶ Calcium and minerals
- ▶ Iron
- ▶ Vitamins

▶ Water

**Q: Ask the participants:** Why don't breastfed babies need to drink water?

**A:** Listen to the participants' responses and add that one of the principle ingredients of breastmilk is water. There are sufficient quantities to quench the baby's thirst even in hot climates. For this reason, breastfed babies do not need water, juices, or any other liquid during the first six months of life.

▶ Fats

**Q: Ask the participants:** What have you observed when you left breastmilk in a glass?

**A:** Listen to the participants' responses and add:

When breastmilk is left to stand, it separates into two layers, the fatty part is observed at the top of the glass and it gives the baby energy, helps it to gain weight and become

A small, handwritten mark or signature in the bottom right corner of the page.

fat. And the water or whey part of the milk is observed at the bottom of the glass and helps the baby to quench its thirst and supplies the baby with the necessary liquids and nutrients.



**Show a glass of breastmilk where separation of the milk has occurred: in the upper part of the glass is the cream (the fat content) and in the lower part is the water or whey.**

▶ **Sugar**

**Q: Ask the participants:** What does breastmilk taste like?

**A:** Listen to the participants' responses and add:

Breastmilk is sweet because it contains sugar which gives the baby energy and strength to accomplish its movements. The first milk from the breast has a lot of sugar and is watery in appearance.



**Demonstrate a glass of breastmilk where separation of the milk has occurred: in the upper part of the glass is the cream (the fat content) and in the lower part is the water or whey.**

▶ **Proteins**

**Q: Ask the participants:** What substances help to form the muscles, bones, skin, and other organs of the baby?

**A:** Listen to the participants' responses and add:

These substances are called proteins and breastmilk contains the exact quantities that the baby needs. Cow's milk has too much protein for babies so that a lot of water must be added to cow's milk. Breastmilk does not have this problem.

**Q: Ask the participants:** What makes us superior to other animals?

**A:** Listen to the participants' responses and add, if necessary:

Intelligence.

4/6

**Q: Ask the participants:** What is the organ that produces intelligence?

**A:** Listen to the participants' responses and explain brain development.



**Show Annex 3-1.**

**Q: Ask the participants:** What substances does breastmilk have that help in brain development?

**A:** Listen to the participants and support their answers by adding, as necessary:

All the substances mentioned before help to develop the brain, but there are other substances that especially aid in this development. One of these is taurine which is a substance which fulfills an important role in the growth and development of the brain, nerves, and the retina in the eye. Another special substance is lactose which is a sugar found in the milk that provides energy to the brain. Fats help in the development of the nervous system. In addition, breastmilk contains many other substances that together contribute to brain development.

► **Iron**

**Q: Ask the participants:** What benefits does iron provide to a baby's health?

**A:** Give additional information as necessary by saying that the iron content of breastmilk is sufficient for the baby's needs and is very well absorbed in the body. Breastfed babies do not suffer from anemia nor do they need additional iron in the early months of life.

► **Vitamins**

Breastmilk contains the vitamins that the baby needs for its growth and development.

**Q: Ask the participants:** What purpose do vitamins serve?

**A:** Give information complementary to the knowledge of the mothers, as needed, by telling them that the vitamins protect vision, skin, nerves, fight infections, and help the iron to be better utilized. Breastmilk contains the exact quantity of vitamins that the baby needs. Breastmilk is rich in vitamin A which protects the baby's sight and helps

to protect the baby from other illnesses as well. For this reason the baby does not need fruit or vegetable juices or vitamin supplements in the first six months of life. In order to have milk rich in vitamins, the mother only needs to eat a few fruits and/or vegetables every day.

► **Calcium and Other Minerals**

**Q: Ask the participants:** What purpose does calcium serve?

**A:** Round out the participants' responses by saying that calcium is necessary for the healthy formation of bones and teeth. Breastmilk contains the calcium that a baby needs along with other substances like phosphorous and iodine which also contribute to the good formation of bones and teeth. The calcium in breastmilk is more easily absorbed than that of cow's milk.



**Conclude this theme by saying:**

**Only a woman is capable of producing such a marvelous substance as breastmilk, a perfect food for the survival of the human species which cannot be substituted by any other milk.**

### **C. Protective Factors of Milk**

**Q: Ask the participants:** Why do breastfed babies become sick less often?



**Show Annex 3-2.**

**A:** Reaffirm the knowledge of the mothers and round out their responses with the following information:

Aside from the nutrients which protect the infant from infections and illnesses, breastmilk contains the *antibodies* (defenses) which fight against many common infections. The antibodies protect the baby from infection until the baby is capable of producing its own antibodies. This is important because the less sick the baby becomes the less risk there is in retarding its brain growth and development.

**Q: Ask the participants:** What is the responsibility of soldiers to their country?

**A:** Listen to the participants' responses and tell them that breastmilk has soldiers called *leucocytes* or *white blood cells* that defend the organism against illnesses.

**Q: Ask the participants:** How do frogs help to clean the garden?

**A:** Listen to the participants' responses and add:

Breastmilk contains a substance called the *bifidus factor*, causing the growth of favorable bacteria which prevent harmful bacteria from getting into the baby's intestine and causing an infection (it's similar to a frog that eats "bad bacteria" from a garden).

**Q Ask the participants:** What are taxis for?

**A:** Listen to the participants' responses and add:

Taxis transport people to where they want to go just like *lactoferrin*. Lactoferrin is a substance found in breastmilk that joins with iron and takes it to the different parts of the body where it's needed. In this way the intestine is free of iron which feeds some harmful bacteria and helps it grow.

## D. Digestion of Breastmilk



**Begin the discussion by generating leading questions:**

**Q: Ask the participants:** How does a person feel when he eats something "heavy"?

**A:** Listen to the participants' responses and round them out by saying:

- ▶ Stomach pain, heaviness, gases, tiredness, sleepiness; all of these are signs of poor or slow digestion and it is the same way a baby feels when it has been given something "heavy" to eat.

**Q: Ask the participants:** What foods make a baby feel "heavy"?

**A:** Summarize the participants' responses by saying that the baby's stomach cannot digest any other milk well because it forms hard curds in its stomach and provokes a lot of discomfort like colic and gas.

**Q: Ask the participants:** Why does breastmilk make the baby feel better?

**A:** Listen to the participants' responses and add that the baby feels better because breastmilk is easy to digest. This is because:

- ▶ It contains a special enzyme (*lipase*) which helps to digest fats;
- ▶ The protein (*casein*) of breastmilk does not form lumps or curds which make the milk difficult to digest and this protein is present in the quantity that the baby needs; and,
- ▶ The sugar (*lactose*) of breastmilk is digested more quickly.

## E. Cases

**Q: Ask the participants:** How would the counselor resolve the following situations, applying knowledge she has acquired about the components of breastmilk?

- ▶ A future mother says that she is going to give a bottle to her baby for its first few days until her milk comes in.  
**A:** Speak to her about colostrum.
- ▶ A mother wants to give water to her child who is under six months old because she thinks it is thirsty and hot.  
**A:** Speak to her about the water content of milk.
- ▶ A mother thinks that she has to give her child under six months solids, juices, teas, and other milk because her baby is not well nourished.  
**A:** Speak to her about the nutrients found in breastmilk.
- ▶ A mother says that she doesn't take her baby to the Well Baby Clinic because she is afraid it might be exposed to some illness there.  
**A:** Speak to her about antibodies or defenses.

### III. Exercise

Do the activity "Breastfeeding Commercial"

Objective: Reinforce acquired knowledge.

Development

1. Ask the participants to divide into three groups in order to do an exercise. Before beginning, explain to them that there are many commercials that advertise for formula but that commercials for breastfeeding also exist.
2. Ask each group to prepare a commercial advertising breastfeeding, highlighting the following aspects:

Group # 1 - the components of breastmilk.

Group # 2 - the protective factors of breastmilk.

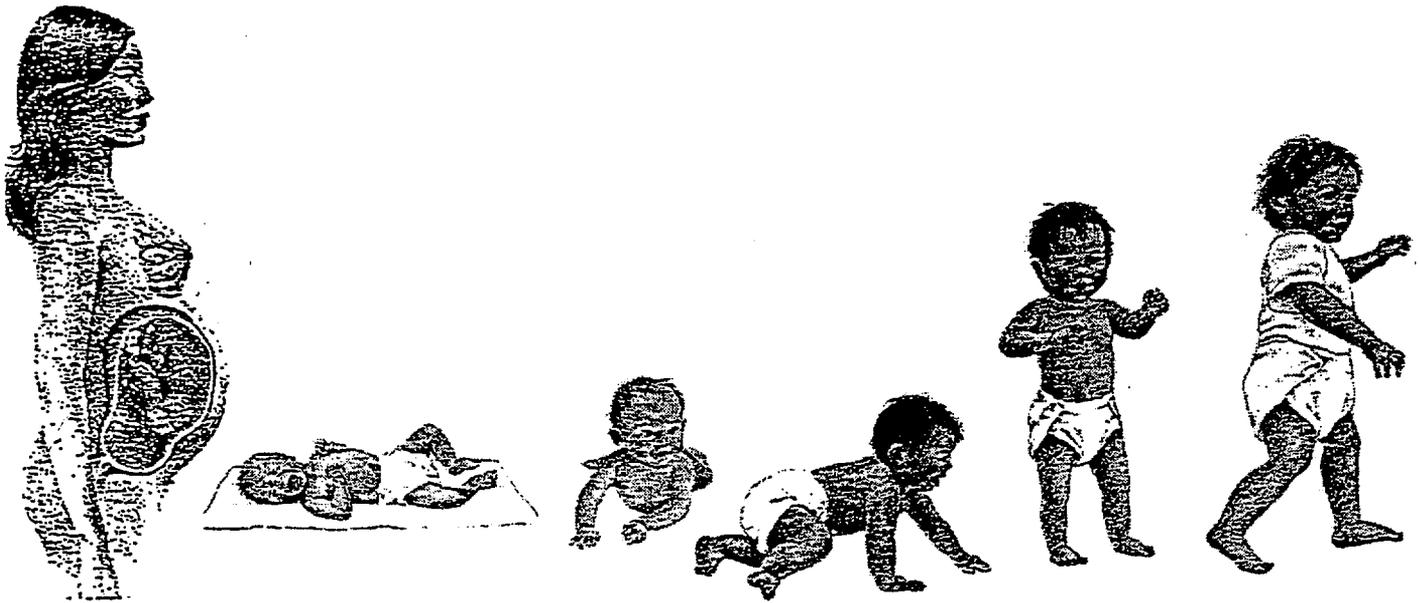
Group # 3 - the digestion of breastmilk.

At the end, each group will read their commercial, the whole group will discuss it, and the best commercial will receive a prize.

### IV. Summary



**Breastmilk is the optimal food for human growth and development because its nutritional properties protect against infections and contain natural substances that aid digestion and prevent illnesses.**



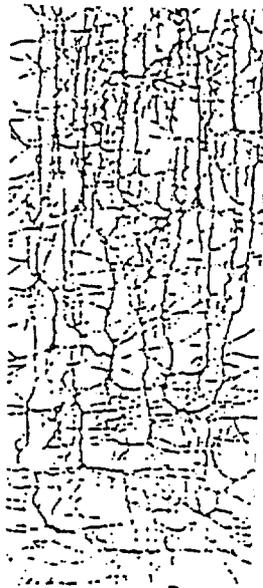
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Synaptic Connections at Different Ages

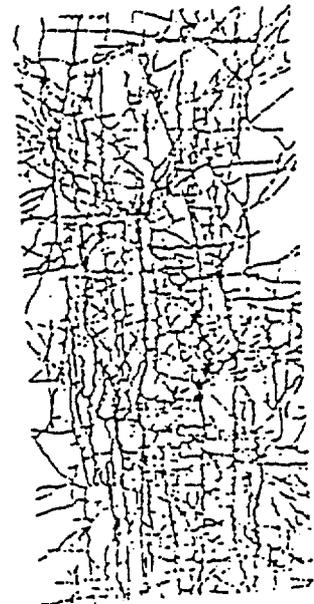
BIRTH



15 Months



2 Years



ANNEX 3-1



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ANNEX 3-2

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# Module 4

## How Breastmilk is Produced

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# Module 4

## How Breastmilk is Produced

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**Note to the trainer:** Before beginning the session, place the chairs in a circle in order to encourage group participation. To facilitate interaction with the participants, you should be a member of the circle.

### I. Objectives

After completing this session, the participants will be able to:

- A. Describe the external and internal parts of the breast and recognize the distinct types of nipples;
- B. Explain the mechanism of milk production; and,
- C. Explain the mechanism of milk let down.

### II. Development of the Topic

#### A. Breast Anatomy

##### 1. The External Parts of the Breast



Begin the topic by asking everyone to draw the external and internal parts of the breast on a piece of paper. Reflect on the drawings with the group then ask questions about the functions of the different parts of the breast.

**Q: Ask the participants:** What do you call the dark portion of the breast and what is it's function?



Show Annex 4-1.

**A:** Listen to the participants' responses and add that the *areola* is the darker part around the nipple. During pregnancy it gets even darker helping the baby to find the nipple more easily, thus aiding visual coordination.

**Q: Ask the participants:** What do you call the part of the breast where the milk comes from?

**A:** Listen to the participants' responses and add that the *nipple* is the protruding point of the breast where fifteen to twenty openings are located where milk comes from.

**Q: Ask the participants:** What kinds of nipples do women have?

**A:** Round out the participants' answers by saying that there are three kinds of nipples which are the most frequent: common, flat, and inverted. Mothers can breastfeed with all of these types of nipples. In the last two cases, however, the mother may need more support in order to initiate breastfeeding.



**Use Annex 4-2 to show illustrations of different kinds of nipples.**

**Q: Ask the participants:** What is the purpose of the small bumps that are on the areola?

**A:** Round out their information by saying that the small bumps on the areola are called the *Montgomery glands*. The function of these glands is to produce an oily liquid that helps to keep the nipples soft and clean. They give off a characteristic odor that helps the baby find the nipple, thus developing its sense of smell.

## **2. The Internal Parts of the Breast**



**In order to explain the interior parts of the breast, do the following: take a cauliflower, pass it around, and have the participants take off a flowered section and look at it; next the trainer will make a comparison with the alveoli by asking questions. At the same time show the illustration of the internal parts of the breast.**

**Q: Ask the participants:** What part of the illustration seems like the flowered section of the cauliflower?



Show Annex 4-3.

**A:** Tell the participants that the figure represents the *alveoli*.

**Q: Ask the participants:** What is the function of the alveoli?

**A:** Listen to the participants' responses and give additional information, if necessary, by saying that milk production takes place in the alveoli. At every feeding they fill up with milk.

**Q: Ask the participants:** What part of the breast do the stems of the flowers look like?

**A:** Listen to the participants' responses and add that these little stems look like *milk ducts*.

**Q: Ask the participants:** What is the function of the milk ducts?

**A:** Listen to the participants' responses and explain that the milk ducts transport the milk from the alveoli to the milk sinuses.

**Q: Ask the participants:** What are the little bags or sacks that are visible under the areola near the nipple?

**A:** Round out the participants' responses adding that they are called *milk sinuses* where the milk is collected. For this reason it is very important that the mother introduces part of the areola into the baby's mouth in order to squeeze the milk that has collected in the milk sinuses.

**Q: Ask the participants:** What is the function of the fatty tissue that covers the breast?

**A:** Listen to the input of the participants saying that the *fatty tissue* acts like a protective mattress. Some women have more fatty tissue in the breasts than others. This explains differences in breast size. The size of the breasts has nothing to do with milk production. All women are capable of producing milk.

**Q: Ask the participants:** Why is the nipple so sensitive?

**A:** Listen to the answers of the participants and round out the discussion by telling them that the nipples are sensitive because they are full of nerve endings. The nerves transmit a message to the brain so that the breast produces and lets down milk.

## B. Mechanism of Milk Production

**Q: Ask the participants:** How is milk produced?

**A:** Listen to the participants and explain, if necessary, that when the baby nurses, the tongue and mouth stimulate the nipple, and the nerves transmit a message to the brain. This causes two substances to be produced: one is called *prolactin* and the other is called *oxytocin*.



**While you explain prolactin, place the arrow that goes from the breast to the brain in Annex 4-4.**

**Q: Ask the participants:** What does prolactin do?

**A:** Listen to the participants' responses and explain that prolactin is responsible for producing milk in the alveoli.



**While you are explaining place the arrow that goes from the brain to the breast.**

**Q: Ask the participants:** What does the mother have to do in order to have plenty of milk?

**A:** Round out the participants' responses saying that:

- ▶ The mother will have plenty of milk if she breastfeeds the baby frequently;
- ▶ If she lets the baby finish the first breast before offering it the second;
- ▶ If she lets the baby nurse as long as it wants; and,
- ▶ If the latch-on is correct, that is the major portion of the areola is in the baby's mouth in order to squeeze the milk sinuses.

Nature has given women the capacity to produce the quantity of milk that the baby needs.

**Q: Ask the participants:** What will happen if the mother does not nurse her baby frequently?

**A:** Roundout the participants' responses saying that:

- ▶ If the baby does not suckle there is no milk production; and,
- ▶ The less the baby nurses the less milk the mother produces to the point where the milk can dry up.

### C. Mechanism of Milk Let Down

**Q: Ask the participants:** How does the mother let down the milk and what does she feel when it happens?

**A:** Listen to the participants' responses.

**Q: Ask the participants:** What happens that causes the milk let down?



**Show Annex 4-4.**

**A:** Round out the participants' responses using Annex 4-4 to explain the following:

As the baby suckles, the brain receives a message and produces two substances: one, prolactin which produces the milk, and which was mentioned previously, and the other, oxytocin that allows the milk to be released (the let down).



**At the same time that you are explaining demonstrate with Annex 4-5 the milk let-down by placing the arrows in the direction of the baby's mouth.**

Conclude this topic with a little summary:

When the baby begins to nurse, a message is sent to the brain saying "I WANT MILK." As nursing continues and as a response to the stimulus, the brain orders the breast "MAKE MILK," completing a circle that constantly says: "I WANT MILK, MAKE MILK, I WANT MILK, MAKE MILK." At the same time the mother strengthens her affectionate bonds with her baby and produces the necessary milk in quantity and quality for her baby's nourishment.

**Q: Ask the participants:** In what situations will the counselor need to apply her knowledge of breast anatomy and how milk is produced?

**A:** Listen to the participants' responses and add:

- ▶ To explain the correct position to breastfeed;
- ▶ To explain that the shape and size of the breast have nothing to do with milk production;
- ▶ To help the mother increase her milk supply;
- ▶ To explain to the mother that she doesn't need to clean her nipples each time she breastfeeds;
- ▶ To calm doubts a mother may have about her capacity to produce milk; and,
- ▶ To emphasize to the mother that it is important to nurse frequently; she should absolutely not substitute any nursing with water or other liquids.

### III. Exercise

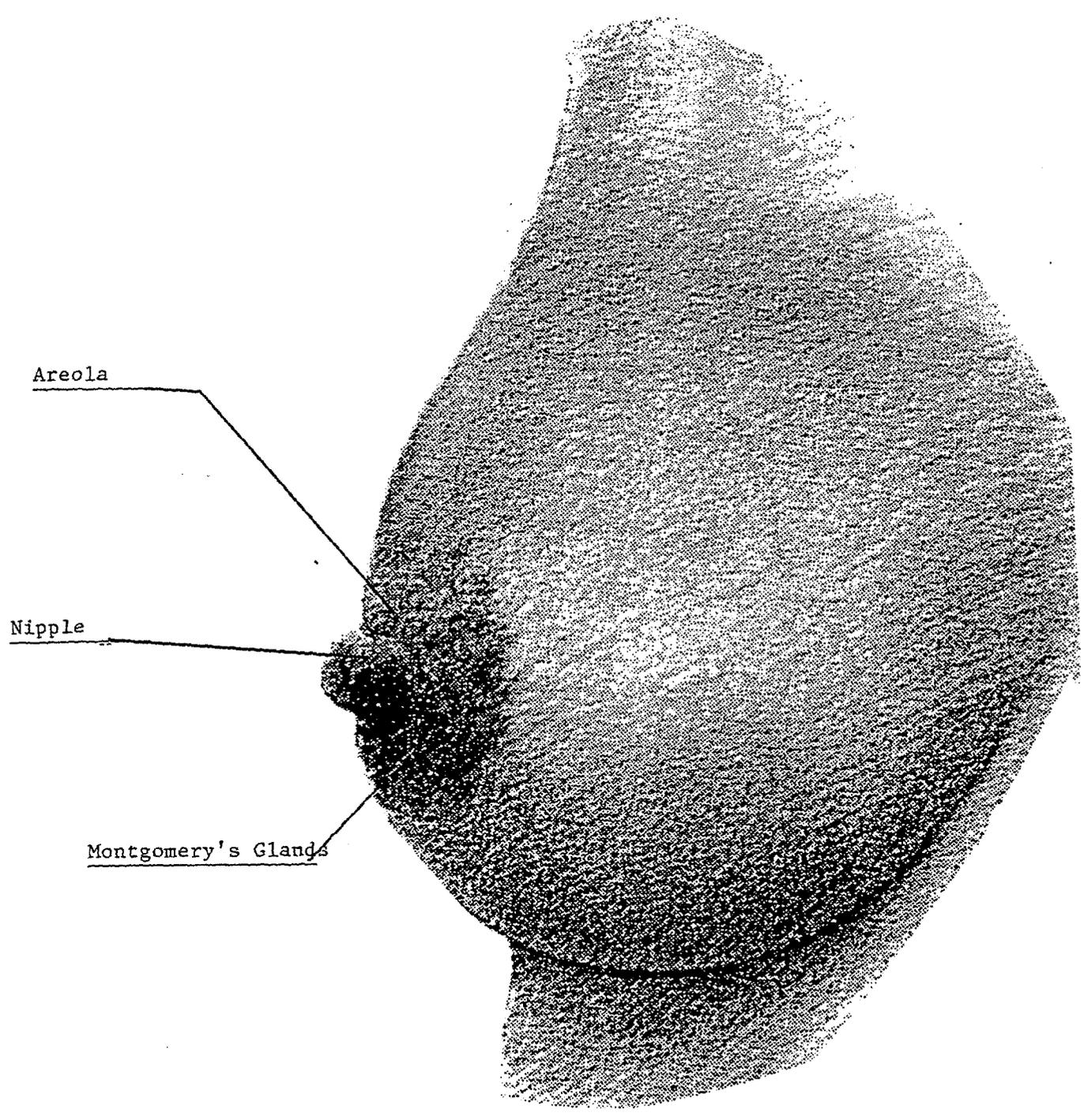
1. Have the participants identify the different parts of the breast using puzzles.
2. Design puzzles with cardboard to make the internal and external parts of the breast using Annexes 4-7 and 4-8.
3. Place two sheets of cardboard on the wall with the silhouette of a woman in profile, using Annex 4-6 as a guide for the silhouette and Annexes 4-7 and 4-8 as guides for the parts of the breast.
4. Divide the participants into two groups.
5. Ask Group 1 to assemble the pieces that make up the internal parts of the breast explaining the function of part (Annex 4-8).
6. Ask Group 2 to assemble the pieces that make up the external parts of the breast explaining the function of each part (Annex 4-7).

#### IV. Summary



**Neither the shape nor the size of the breast determines the quantity of milk produced: the more the baby nurses, the more milk is produced.**

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Areola

Nipple

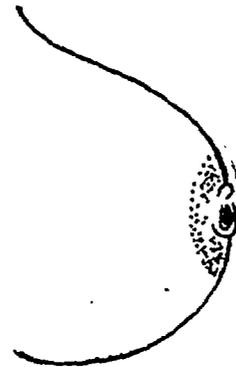
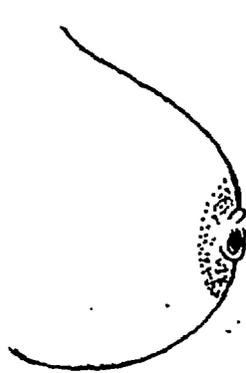
Montgomery's Glands

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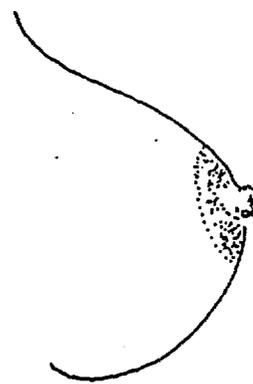
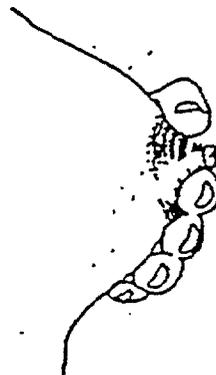
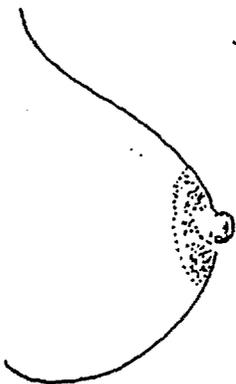
ANNEX 4-1

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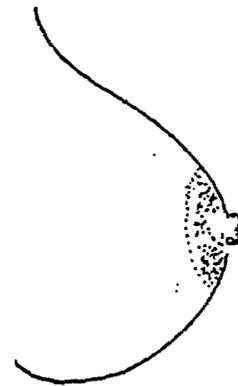
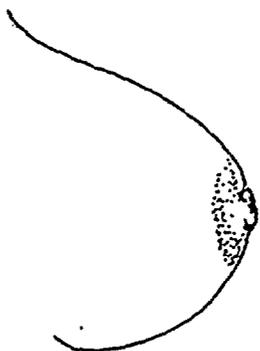
INVERTED



NORMAL

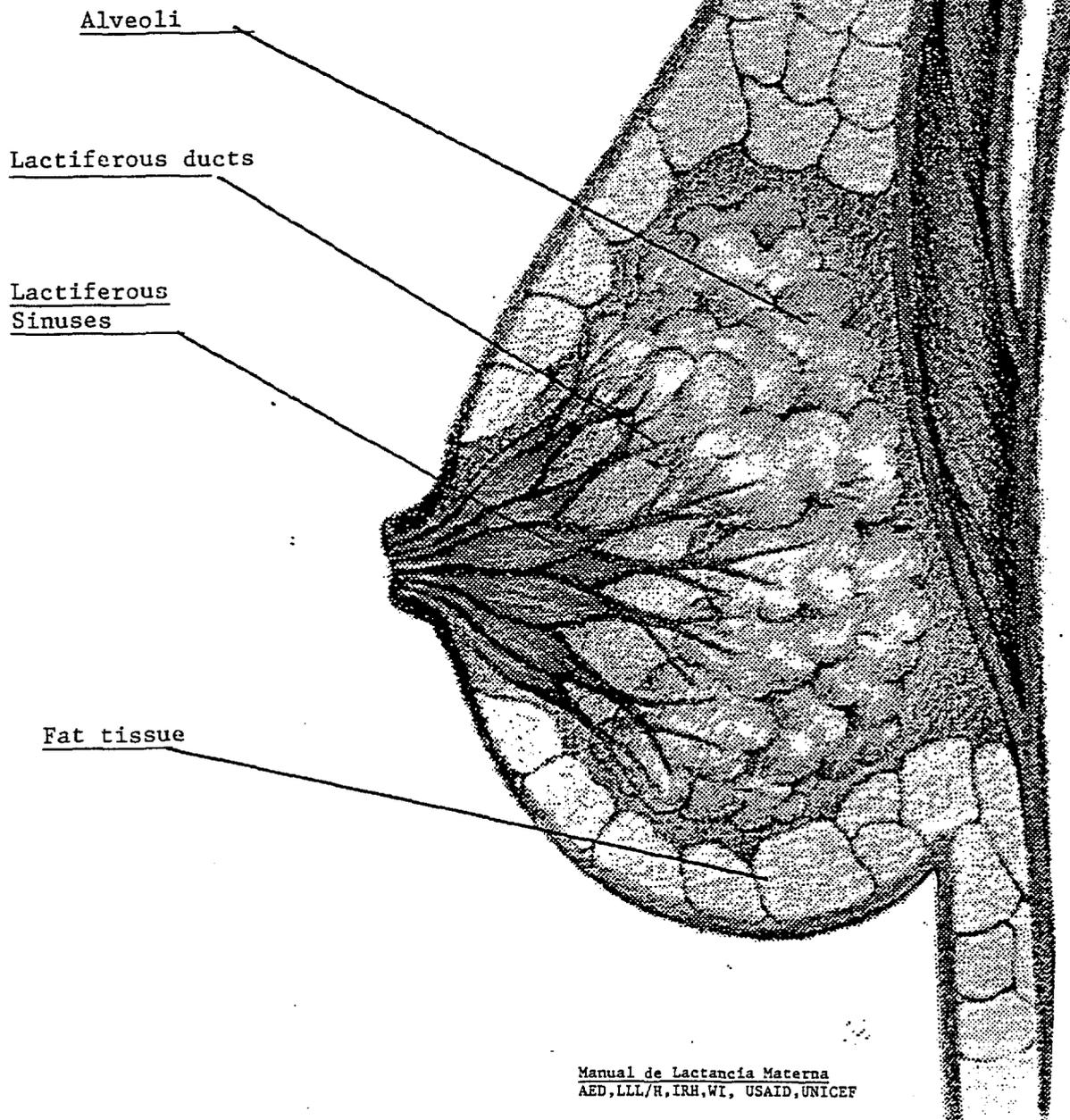


FLAT



ANNEX 4-2

An inside view of the breast



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ANNEX 4-4

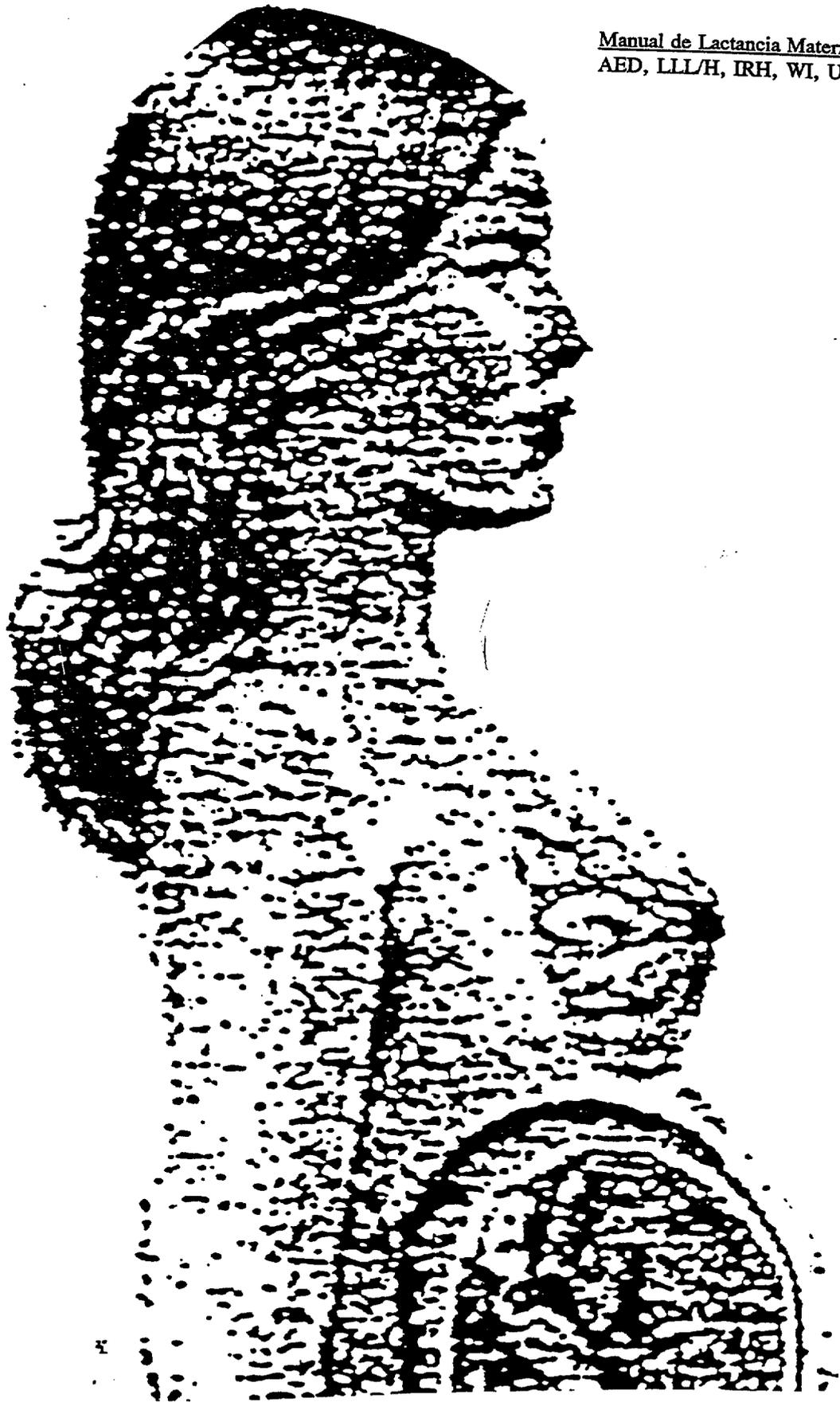
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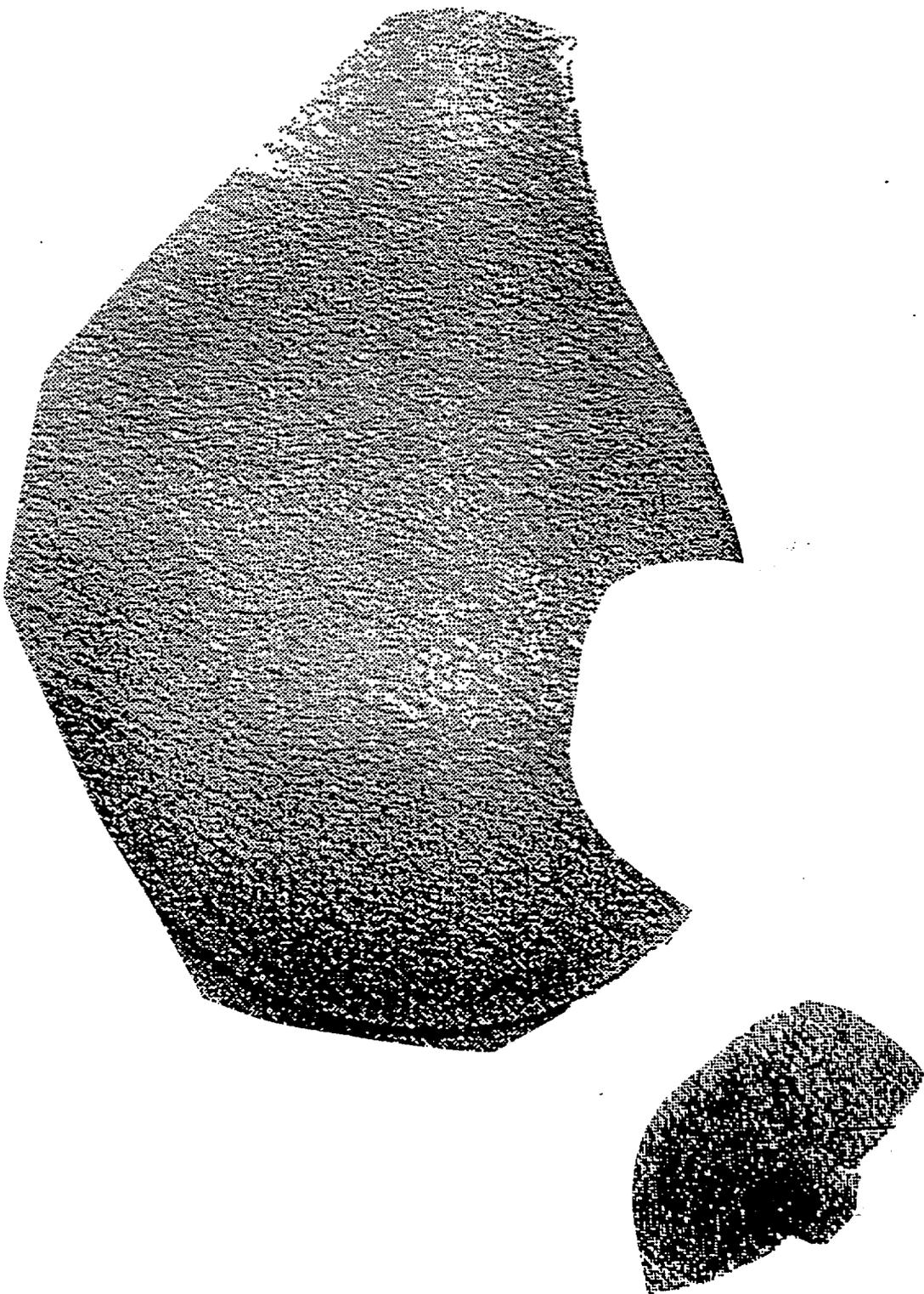
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ANNEX 4-5

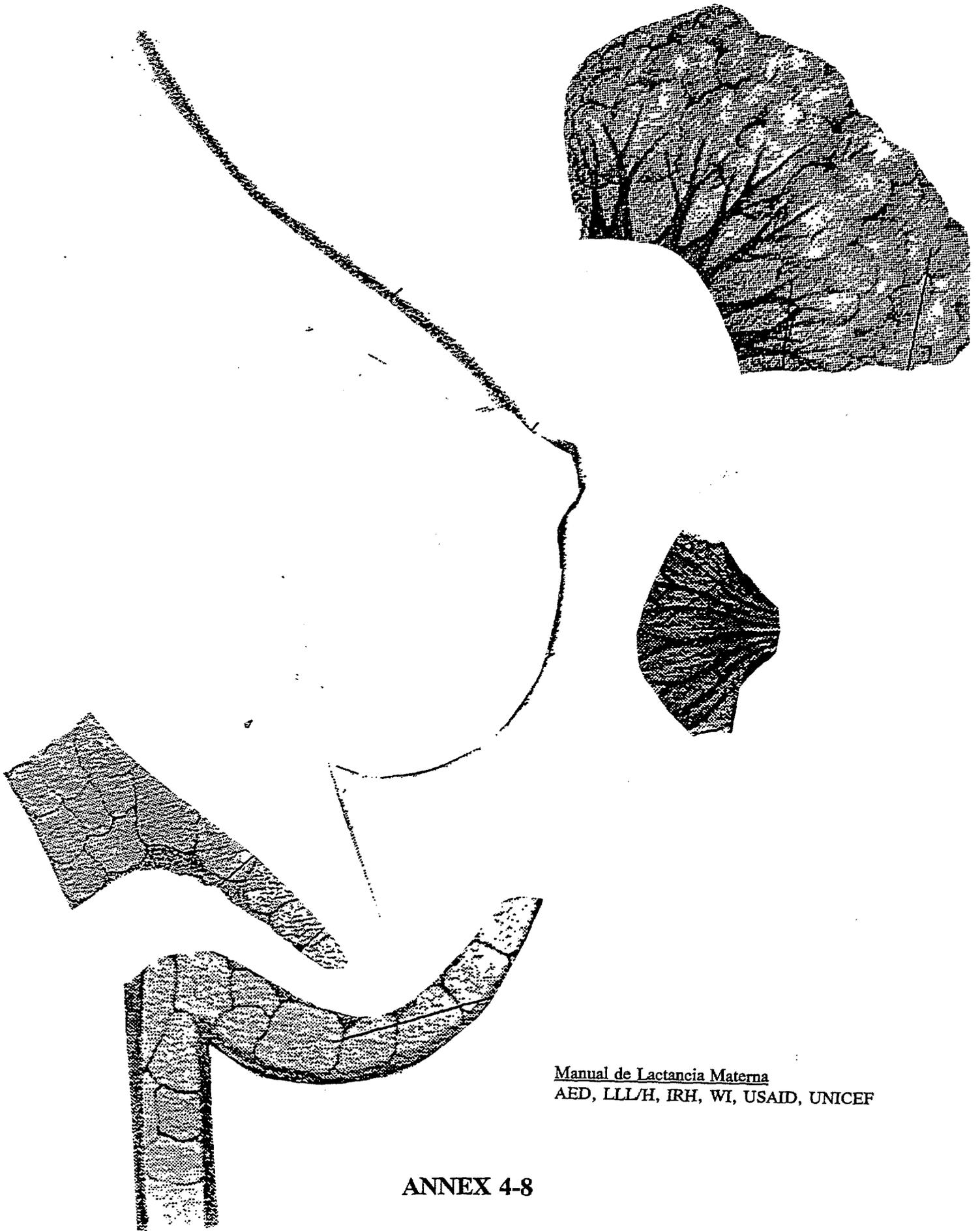
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ANNEX 4-6



ANNEX 4-7



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ANNEX 4-8

# Module 5

## Individual Counseling

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# Module 5

## Individual Counseling

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**Note to the trainer:** Before beginning the session, arrange the chairs in a circle to encourage group participation. To facilitate interaction with the participants, you should be a member of the circle.

### I. Objectives

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

- A. Define the concept of counseling;
- B. Establish the difference between giving information and offering advice;
- C. Identify the elements of counseling; and,
- D. Apply the methodology that is used to carry out counseling.

### II. Development of the Topic

#### A. Definition of Counseling

**Q:** Ask the participants: What is breastfeeding counseling?

**A:** Listen to the participants' responses and add:

Counseling is the art of establishing a relationship between a person who guides and another who receives. The person who guides does not try to give advice or to tell the other what to do, but to offer information and necessary alternatives that allow the other to make her own decision.

## **B. Difference Between Information and Advice**

**Q:** Ask the participants: What is the difference between giving information and offering advice?

**A:** Listen to the participants and round out their responses, as necessary, by saying:

- ▶ When someone gives advice they are giving an implicit message: “lack of trust in the ability of the listener.”
- ▶ It is assumed that the listener needs to be told what to do, for example:  
  
“You should breastfeed, it’s good.”  
“You have to put the baby to the breast.”

**Q:** Ask the participants: What would happen if the counselor, instead of giving information, told the mother what she should do?

**A:** Listen to the answers and round out their responses, as necessary, by saying:

- ▶ The mother does not learn to trust herself and becomes dependent;
- ▶ She can’t make her own decisions; and,
- ▶ If the advice fails, she loses confidence in the person who was counseling her and the institution which the counselor represents.

**Q:** Ask the participants: What are the advantages of giving information to the mother?

**A:** Listen to the participants and emphasize that by giving information the counselor expresses confidence in the mother’s ability to decide what is best for her and her baby. Transmitting trust is the basis of a successful support relationship.

## **C. Elements of Counseling**

**Q:** Ask the participants: How is individual counseling carried out?

**A:** Listen to the participants’ responses and add the following:

- ▶ Creating a trusting environment;
- ▶ Investigating the mother’s situation;
- ▶ Defining the mother’s situation;
- ▶ Offering information and support;
- ▶ Finding alternatives; and,

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- ▶ Programming follow-up.

**Q:** Ask the participants: How do you create a trusting environment?

**A:** Listen to the participants' responses and add:

- ▶ By saying hello;
- ▶ By introducing yourself, giving name and position of breastfeeding counselor;
- ▶ By showing interest in her family;
- ▶ By showing interest in the mother, asking her name and that of her child; and,
- ▶ By asking for her agreement to discuss whatever topic she is concerned about.

**Q:** Ask the participants: What other aspects should you keep in mind to create a trusting environment?

**A:** Listen to the participants and add the following:

The counselor should:

- ▶ Have a kind, friendly and peaceful attitude;
- ▶ Have a calm tone of voice;
- ▶ Have a posture that indicates interest;
- ▶ Maintain visual contact with the mother;
- ▶ Begin a conversation by giving the mother the opportunity to express herself with confidence;
- ▶ Recognize and accept the feelings of the mother;
- ▶ Call the mother and baby by name; and,
- ▶ Say something positive about the mother and her baby.

**Q:** Ask the participants: How do you successfully investigate the mother's situation?

**A:** Listen to the participants and add additional information to their responses with the following:

- ▶ Ask general questions that help the mother feel comfortable and at ease (e.g., "How are you feeling?")
- ▶ Don't ask yes-or-no questions because these do not give sufficient information and do not allow the mother to express herself with freedom (e.g., instead of asking, "Is your baby doing well?," it is better to ask

“How is your baby doing?”)

- ▶ Don't ask questions that have the answer you want (e.g., instead of “You're nursing your baby every four hours, right?,” it would be better to ask “How often do you nurse your baby?,” or instead of “Is it true that you're sleeping with your baby?,” it would be better to ask “Where does the baby sleep?”)
- ▶ Ask questions that generate an exploration of the mother's situation (e.g., “How do you feel about this?,” “How would you like to change this situation?,” “Is there anything else that is worrying you?”)

**Q:** **Ask the participants:** How might you begin a conversation with a pregnant mother?

**A:** Listen to the participants' responses and add the following:

- ▶ How have you thought about feeding your baby?
- ▶ What have you heard about breastfeeding?
- ▶ What concerns you most about breastfeeding?
- ▶ I imagine that many people have talked to you about the different ways to feed a newborn. Do you have any doubts or questions that I can help you answer?
- ▶ Have you discussed feeding the baby with its father?

**Q:** **Ask the participants:** How would you begin a conversation with a mother who has just had her baby?

**A:** Listen to the participants' responses and add the following:

- ▶ How's breastfeeding going?
- ▶ What have you liked most about breastfeeding?
- ▶ From appearances, you and your baby are doing well; what changes in your baby do you think will occur over the next few weeks?
- ▶ What does your family think of you breastfeeding?
- ▶ Has someone advised you to give formula to the baby; how have you managed that situation?
- ▶ How do you know that the baby is getting enough milk?
- ▶ What doubts or questions do you have about breastfeeding?

**Q:** **Ask the participants:** How do you identify the mother's concerns?

**A:** Listen to the participants' responses and add the following:

- ▶ Listen attentively to what the mother is expressing and then rephrase what

she is trying to say in your own words to verify that you understand. Right afterwards ask her a question to help her reflect, such as “What makes you think that way?”

For example: If the mother says that she believes she doesn't have enough milk, ask her “Olga, I understand that you're worried because you believe you're not producing enough milk. What makes you think that?”

Listen to the concerns that the mother expresses and continue asking her questions in order to delve deeper into the situation that makes her uneasy.

- ▶ The counselor, based on what she knows, should be able to successfully pin-point the mother's concern, which could include:

“The baby cries a lot”

“I no longer feel that my breasts are full”

“The baby wants to nurse all the time”

**Q:** Ask the participants: What is the best way of giving information to mothers?

**A:** Listen to the participants' responses and add the following, if necessary:

- ▶ One should present information by emphasizing the positive. Try not to accuse the mother.

For example: Do not say, “Don't take the baby off the breast because you will be mistreating it.” It is better to say, “By prolonging breastfeeding it will help the baby be healthy, strong, and sure of himself.”

- ▶ The information that is given to the mother has to be based on the concern that she presents.

**Q:** Ask the participants: How much information should the counselor give to the mother when she is counseling?

**A:** Listen to the opinions of the participants and give additional information to their responses:

When the mother has a series of concerns, the counselor should not overburden her with information. She ought to begin by trying to help the mother prioritize, starting with the most simple or most troublesome problem and arriving at specific solutions. The counselor can ask what she is most concerned about in order to

try to help her resolve her difficulties one by one.

For example: A mother can mention a long list of problems. If the counselor responds to the mother by giving her advice, she does not help the mother to resolve her own problems. For example: "It looks like Sam (who is three years old) is very bothersome when you are nursing. You should leave him in his room with some toys, he's old enough to be left alone for awhile."

It would be better to respond by summarizing the concerns of the mother: "You mentioned that this beautiful baby seems to be hungry right after he has nursed. You also said that your three year old child distracts you while breastfeeding and that taking care of both of them leaves you little time to eat or sleep. It seems to me that all these concerns are important, but maybe it would help to begin with one. Which situation concerns you most?"

In this way the mother can make her own decision based on her own priorities and not those imposed by the counselor.

**Q:** Ask the participants: How do you and the mother find alternatives together?

**A:** Listen to the participants and add the following:

Don't impose solutions onto the mother, for example:

1. Ask the mother, how have you tried to solve this concern?
2. Come up with ideas on how to solve the problem *together*.
3. Evaluate the advantages and disadvantages of each alternative.
4. Allow the mother to decide on the alternative that is most agreeable to her.
5. Plan a way to put the solution into practice *together*.
6. Make a summary of what the mother has decided to do. This is a good way of reviewing the solution with her to make sure she remembers what you talked about.

**Q:** Ask the participants: What shouldn't the counselor do?

**A:** Listen to the participants' responses and add that the counselor should not give information by saying: "YOU HAVE TO...", "YOU OUGHT TO...", and "YOU NEVER..."

Examples: Instead of saying, "You have to breastfeed the baby every two hours in order to have a lot of milk," it would be better to share the experience of other mothers. For example: "Mothers that breastfeed every two or three hours find

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that they have a lot of milk.”

Instead of saying, “Never wean the child abruptly,” you could say, “Weaning the baby gradually helps maintain the affectionate bond between mother and baby.”

**Q:** Ask the participants: What value does sharing the personal experiences of the counselor have in a counseling session?

**A:** Listen to the participants and round out their responses by saying that when the counselor shares her experience she does it to show alternatives. She does not hope that the mother makes the same decision in regard to her problem.

Examples: “Some mothers have found...”; “Many mothers say...”; “When my baby was seven weeks, he went eight days without a bowel movement. I was really worried, but the nurse at the health center told me that....”

At the end, allow the mother to make her own decisions.

**Q:** Ask the participants: How do you follow up with the mother?

**A:** Listen to the participants’ responses adding that the counselor makes appointments for subsequent visits with the mother to discuss the problem further and offer her support by making herself available to the mother.

**Q:** Ask the participants: In which situations will counseling techniques be useful to the women you care for in your community?

**A:** Listen to the answers and say:

Counseling techniques are useful in situations where the mother needs help and support to clarify doubts, obtain information, and resolve problems which interfere with exclusive breastfeeding, good parenting, child feeding, and her own health.



**In order to reinforce the acquired knowledge, divide the participants into pairs: one person will ask closed questions which her partner will convert into open questions. Afterwards they can switch roles.**

### III. Exercise

**Skit:** Explain to the participants that they are going to practice what they have learned with a skit that models a counseling session on the following case:

A mother with a month-old baby who is returning to work in two weeks wants to start giving the baby a bottle.

Ask a participant to play the part of the mother. The trainer will take the role of the counselor. Remember to incorporate each of the elements of counseling.

**Dialogue:**

C: Good morning, may I come in?

M: Good morning, come right in.

C: I see that you're breastfeeding your baby, congratulations, he is big and beautiful. What's his name?

M: Charles, just like his dad.

C: Tell me, Marianne, how is breastfeeding going for both you and Charles?

M: I'm a little concerned because I have to go back to work. So I'm teaching Charles to take his milk from a bottle, but he doesn't like it and I don't know what I'm going to do if he only wants to nurse.

C: I hear that you are concerned because you have to return to work and you want to be sure that your baby will stay as healthy and chubby as he is now. You want to be sure that he will receive adequate nutrition.

M: Yes I'm concerned because I don't know what to do and frankly the only thing I can think of is to give him formula.

C: Marianne, have you thought of continuing to breastfeed Charles when you return to work?

M: No, I don't think so because I wouldn't be able to.

C: What makes you think you wouldn't be able to, Marianne?

M: Because I've seen that the mothers who work give a bottle.

C: Do you want to continue to breastfeed the baby even when you are working?

M: Yes, if I could, I would really like to.

C: Have you thought of some way in which you could do this?

M: I've thought that it might be best to not return to work for six months.

C: Marianne, would you like to hear what other mothers have done in the same situation?

M: Yes, please.

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- C: Some have resolved this problem by starting to express their milk about two weeks before returning to work and storing it in the freezer.
- ▶ Others have negotiated with their supervisors to use the breastfeeding hour that they're given by breaking it into three rest periods of twenty minutes. Each these is used to express milk at work, store it in a covered container in a refrigerator at work, and take it home so that it can be given to the baby the next day.
  - ▶ Some have come to an agreement where they take their baby to work along with someone to look after the baby and thus be with the baby while they are working.
  - ▶ Others, when the situation allows, have the baby brought to the work place to be breastfed.
  - ▶ Some work places have nurseries and mothers can breastfeed their babies whenever they need to.
  - ▶ Babies who nurse generally will not accept a baby bottle. It is preferable to give it milk using a cup or glass.
- M: And so that's how they've been able to continue breastfeeding?
- C: Marianne, do you want to discuss each of these options to see what is the most agreeable for you and Charles?
- M: Yes and I would also like to discuss it with my husband in order to decide what to do.
- C: Good Marianne, think about it and discuss it with your husband and I will be waiting to hear from you next week.

At the end of the skit, ask the following questions:

- ▶ Which counseling elements were present in the skit and which were not?
- ▶ Was a trusting environment created?
- ▶ Was the situation of the mother investigated?
- ▶ Did the counselor succeed in identifying the concerns of the mother?
- ▶ What was the mother's main concern?
- ▶ How did the counselor succeed in defining it?
- ▶ How did the counselor offer information and support?
- ▶ Did the counselor ask the mother to discuss and think about the alternatives?
- ▶ Did the counselor plan a follow-up meeting?

#### IV. Summary



**Counseling is an art that offers information and support but, in the end, allows a person to make her own decisions.**

# Module 6

## Women's Health

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# Module 6

## Women's Health

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**Note to the trainer:** Before beginning the session, arrange the chairs in a circle in order to encourage group participation. To facilitate interaction with the participants, you should be a member of the circle.

### I. Objectives

After completing this session, the participants will be able to:

- A. Identify the female and male reproductive organs;
- B. Explain the importance of women's health during reproductive age, including;
  - ▶ Reproductive age
  - ▶ Reproductive risk
- C. Explain the development of pregnancy, including;
  - ▶ Fertilization
  - ▶ First trimester
  - ▶ Second trimester
  - ▶ Third trimester
- D. Explain how the counselor can help in the preparation of the mother during pregnancy; for a good initiation to motherhood and breastfeeding, including
  - ▶ Prenatal care
  - ▶ Nipple preparation
  - ▶ Nutrition during pregnancy; and,

E. Explain the importance of the preparation for birth and the initiation of breastfeeding, including,

- ▶ Labor
- ▶ Birth
- ▶ Early bonding
- ▶ Postpartum
- ▶ Nutrition of the postpartum lactating mother.

## II. Development of the Topic

### A. Reproductive Organs

#### 1. Female Reproductive Organs

**Q:** Ask the participants: What are the female reproductive organs?



**Write down on a flip chart the names they mention, separating them into internal and external organs.**

**A:** Listen to the participants' answers and say that the reproductive organs are divided into external and internal organs:

External:

Labia minora  
Labia majora  
Clitoris  
Vaginal orifice  
Urethral opening  
Breasts (mammary glands)

Internal:

Vaginal canal  
Cervix  
Ovaries  
Uterus  
Fallopian tubes

**Function of the External Organs:**



**Show Annex 6-1.**

**Q: Ask the participants:** What is the function of the clitoris?

**A:** Listen to the participants' answers and add, if necessary, that the clitoris is the organ where the woman's sexual excitation and satisfaction are concentrated.

**Q: Ask the participants:** What is the function of the labia minora and the labia majora?

**A:** Listen to the participants' responses and add:

The labia minora and labia majora are folds of skin that protect the urinary and vaginal openings.

**Q: Ask the participants:** What is the function of the urethral opening?

**A:** Listen to the participants' responses and add:

The urethral opening is the orifice where urine comes from.

**Q: Ask the participants:** What is the function of the vaginal orifice?

**A:** Listen to the participants' responses and add:

The vaginal orifice has three functions:

- ▶ The menstrual blood flows from the vaginal orifice;
- ▶ The penis enters through the vaginal orifice during sexual relations; and,
- ▶ The baby passes through the vaginal orifice during birth.

#### **Function of the Internal Organs:**

**Q: Ask the participants:** What is the function of the vaginal canal?

**A:** Listen to the participants' responses and add:

The vaginal canal has three functions similar to the vaginal orifice:

- ▶ The menstrual blood flows through it;
- ▶ It receives the penis during sexual relations; and,
- ▶ It is the canal through which the child passes at birth.

**Q: Ask the participants:** What is the function of the cervix?

**A:** Listen to the participants' responses and add:

- ▶ It plugs the uterus so that the baby will be sustained during pregnancy; and,
- ▶ It dilates for the baby to be born.

**Q:** Ask the participants: What is the function of the ovaries?

**A:** Listen to the participants' answers and give additional information by saying:

They are the organs that produce a woman's sex cells called ovum (egg).

**Q:** Ask the participants: What is the function of the ovum (egg)?

**A:** Listen to the participants and say that the ovum are a woman's sex cells that produce a new being when fertilized by a man's sperm.

**Q:** Ask the participants: What is the function of the uterus or womb?

**A:** Listen to the participants' answers and round out their responses, if necessary, by explaining that the uterus or womb is the place where the baby develops and grows during pregnancy. When a woman is not pregnant, menstruation is produced there.

**Q:** Ask the participants: What is the function of the Fallopian tubes?

**A:** Listen to the participants' responses and add:

They are the ducts through which the ovum (egg) travels in order to unite with a man's sperm. Fertilization takes place in the Fallopian tubes.



**Do a demonstration of the uterus and the Fallopian tubes by asking a participant to stand up with her arms extended, and explaining that her torso is the uterus and her arms are the Fallopian tubes whose extremities grab the ovum (egg) to bring it into the uterus.**

## 2. Male Reproductive Organs

**Q:** Ask the participants: What are the male reproductive organs?

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**Write down on a flip chart the names mentioned, separating them into internal or external organs.**



**Show Annex 6-3.**

**A:** Listen to the participants and add that the male reproductive organs are:

External:

Penis  
Testicles  
Vas deferens

Internal:

Prostate  
Seminal vesicles

**Q: Ask the participants:** What is the function of the testicles?

**A:** Listen to the comments of the participants and give additional information, as needed, saying that the testicles are where sperm (a man's sex cells) is produced and developed.

**Q: Ask the participants:** What is the function of the vas deferens?

**A:** Listen to the responses of the participants and explain, if necessary, that the vas deferens is the duct in which the sperm is transported from the testicles to the seminal vesicles and the prostate.

**Q: Ask the participants:** What is the function of the seminal vesicles?

**A:** Listen to the participants' responses and say that they are small glands in which the seminal fluid is produced.

**Q: Ask the participants:** What is the function of the prostate?

**A:** Listen to the responses of the participants and say that the prostate produces a fluid which mixes with semen and helps sperm move toward the penis.

**Q: Ask the participants:** What is the function of the penis?

**A:** Listen to the participants' responses and round out their answers, if necessary, by saying that the penis has two functions: it passes the urine and it deposits the sperm in the vagina.

**Q:** Ask the participants: What are sperm?

**A:** Listen to the participants and, if necessary, say that sperm are the man's sex cells that unite with the ovum (egg) to form a new being.



**Show Annex 6-4, Annex 6-5, and Annex 6-6.**

Tell the participants that they are going to do an exercise.

**Objective:** Reinforce their acquired knowledge.

**Development:**

1. Make three puzzles of the internal and external female and male reproductive organs (Annexes 6-4, 6-5, 6-6).
2. Make three silhouettes on flip charts based on the annexes; one for locating the female external organs, one for locating the internal female organs, and the other for locating the male organs.
3. Place the pieces of the puzzle in a bag and ask the participants to pass around the bag taking out one piece of the puzzle.
4. Each participant will say the name of the piece of puzzle that she took, explain its function, and place it in the correct place on the silhouette.
5. If incorrect information is given or the piece of the puzzle is placed incorrectly, the trainer will ask the group to give the correct answer.

## **B. The Importance of Women's Health During Reproductive Age**

**Q:** Ask the participants: When does reproductive age begin in the woman?

**A:** Listen to the participants' answers and give additional information, if necessary, by saying that reproductive age in women begins with the arrival of menstruation.

**Q: Ask the participants:** When does reproductive age begin in the man?

**A:** Listen to the participants' answers and give additional information, as needed, by saying that reproductive age in man begins when he "develops" (change in voice, appearance of beard/pubescent hair, growth of penis, etc.).

**Q: Ask the participants:** At what age does the first menstruation occur?

**A:** Listen to the participants' answers and round out their information saying that menstruation usually occurs between nine and seventeen years of age.

**Q: Ask the participants:** What is menstruation?

**A:** Listen to the comments and round out their answers by saying that menstruation is the cushion of blood in the lining of the uterus that will help nourish the fetus and, when this blood is not used in pregnancy, the body expels it through the cervix and vagina.

**Q: Ask the participants:** At what age is a woman's body ready for pregnancy?



**Show Annex 6-7.**

**A:** Listen to the participants' responses and add the following information, as necessary:

- ▶ Although a woman has menstruated, she is neither physically nor mentally ready for pregnancy before eighteen years of age; and
- ▶ After 35 years of age, the woman's body is tired out. With the advancement of years the body loses its strength.

**Q: Ask the participants:** What are the health risks for a woman who becomes pregnant before eighteen and after 35?

**A:** Listen to the participants and give additional information, as needed, by saying that:

Before eighteen, a woman runs a greater risk of:

- ▶ complications in delivery;
- ▶ premature babies;
- ▶ low birth weight babies; and,
- ▶ miscarriages.

After 35 there is a greater risk of:

- ▶ complications in delivery;
- ▶ babies with some defects at birth;
- ▶ very big babies; and,
- ▶ stillborns.

**Q: Ask the participants:** In what other special situations is a woman's health at risk if she becomes pregnant?



**Show Annex 6-8.**

**A:** Listen to the participants' answers and add to their responses, if necessary, by saying that a woman, even though she is within the adequate age range to become pregnant, runs a greater risk if she has:

- ▶ Diabetes;
- ▶ High blood pressure;
- ▶ Circulatory problems (varicose veins, cardiac illness);
- ▶ Several previous miscarriages;
- ▶ Previous cesareans;
- ▶ Epilepsy;
- ▶ Anemia;
- ▶ Several closely-spaced pregnancies; and,
- ▶ A baby under a year.

**Q: Ask the participants:** What role does a counselor play for a mother in situations like those mentioned above?

**A:** Listen to the participants' responses and add, if necessary, that:

- ▶ She should inform the mother that her pregnancy could be at risk and that she should refer her (or accompany her) to the Health Center for prenatal care.

- ▶ If she is not pregnant, inform her that there are risks if she does become pregnant frequently or her pregnancies are close together. Refer her (or accompany her) to a family planning office or Health Center if she expresses interest in family planning.

### C. Pregnancy

**Q: Ask the participants:** How is a baby made?



**Show Annex 6-9.**

**A:** Give additional information to the participants, if necessary, by saying:

- ▶ In a non-pregnant or nursing woman of reproductive age an ovum (egg) is released from one of the ovaries every month.



**Show Annex 6-10 and Annex 6-11.**

- ▶ The sperm (man's sex cells) are produced in the testicles;
- ▶ In every sexual relation the man ejects millions of sperm (in the semen) depositing them in the woman's vagina;
- ▶ The sperm go up to the uterus and the Fallopian tubes looking for an ovum (egg);
- ▶ If the ovum/egg (the woman's sex cells) and the sperm (the man's sex cells) meet each other and join together, fertilization takes place; and,
- ▶ The fertilized ovum (egg) is the beginning of a life.

**Q: Ask the participants:** How does a woman know if she is pregnant?



**Show Annex 6-12 in order to explain the changes that will take place in a woman's body.**

**A:** Complete the answers of the participants, if necessary, by saying that the changes that can be observed in a woman are:

- ▶ Suspension of menstruation;
- ▶ Growth of the abdomen;
- ▶ Widening of the hips;
- ▶ Growth of the breasts;
- ▶ Darkening of the nipples and areola;
- ▶ Appearance of blemishes on the face;
- ▶ Morning sickness; and,
- ▶ Emotional changes.

**Q: Ask the participants:** How does the baby develop during pregnancy?



**Show Annex 6-13.**

**A:** Listen to the participants' answers and show Annexes 6-13, 6-14, and 6-15, which show the changes that occur during pregnancy.

## **D. Care During Pregnancy**

### **1. Prenatal Care**

**Q: Ask the participants:** Why is prenatal care important?



**Show Annex 6-16 and 6-17.**

**A:** Discuss with participants that prenatal care is important because the mother:

- ▶ Receives medical attention during her prenatal care:
  - Tests are done to check the mother's health;
  - The mother receives information necessary to understand what is happening in her pregnancy;
  - Problems are detected and attended to at an appropriate time;
  - The mother receives information on how to psychologically and physically prepare for birth and breastfeeding;
  - Tetanus vaccinations are applied; and,
  - The breasts are checked and recommendations are given to prepare the nipples for breastfeeding.



**Show Annex 6-17.**

## **2. Nipple Preparation**

**Q: Ask the participants:** How are the nipples examined?

**A:** Listen to the participants' responses and add the following:



**Show Annex 6-18.**

In order to examine the nipples the mother can:

1. Squeeze the nipple with the thumb and fingers at the edge of the areola in the shape of the letter "C."
2. If the nipple protrudes, it is protractile;  
If the nipple does not protrude, it is flat; and,  
If the nipple goes in instead of protruding, it is inverted.



**Perform the protactile test on a mammary gland model, and let the participants practice.**

## **3. Nutrition During Pregnancy**

**Q: Ask the participants:** What should pregnant women eat?



**Show Annex 6-19.**

**A:** Listen to the participants' answers and give additional information, as needed, by saying that during pregnancy women should eat more food than she normally eats. If she generally eats a tablespoon of beans and one of rice, she should increase the amount to two tablespoons each during pregnancy.

**Q: Ask the participants:** How does a pregnant woman know if she is eating well?

**A:** Listen to the participants' responses and say that the mother can gauge her nutrition as *good* if she eats beans, rice, corn meal, and oil daily; but it would be *better* if a fruit and vegetable were added; and, it would be *excellent* if along with this fruit and vegetable, one of the foods from the following list could be added:

- ▶ Milk;
- ▶ Eggs;
- ▶ Cheese;
- ▶ Fish; or
- ▶ A type of meat.

**Q: Ask the participants:** If a pregnant mother cannot manage to eat all of that food, what do you recommend?

**A:** Listen to the participants' answers and give additional information, as needed, by saying that it is recommended that the pregnant mother, besides eating more and varied foods, divide the three meal times into five; the three usual meals plus two additional snacks.

## E. Childbirth

### 1. Labor

**Q: Ask the participants:** What is childbirth?

**A:** Listen to the participants' responses and add that childbirth is a process of three stages leading to a baby's birth.

**Q: Ask the participants:** What are the three stages of childbirth?

**A:** Listen to the participants' answers and, if necessary, say that the three stages are:

- ▶ Labor;
- ▶ Delivery (birth); and,
- ▶ Delivery of the placenta.

**Q: Ask the participants:** What are the signs that indicate that childbirth is near or that the mother is in labor?

9/1



Show Annex 6-20.

**A:** Listen to the participants' answers and add the following if they were not mentioned:

- ▶ The mother feels "labor pains" (contractions), which become more frequent and stronger as the birth of the baby approaches;
- ▶ These contractions open the cervix of the uterus (womb) and make it thinner (this is called dilation and effacement of the cervix);
- ▶ The baby's head comes down the pelvis to the vaginal canal;
- ▶ Mucus or blood is secreted; and,
- ▶ The membranes may have ruptured and the waters broken.

**Q: Ask the participants:** What should you advise the mother to do during this period?

**A:** Listen to the participants' responses and add, as needed, that the mother should:

- ▶ Breathe in a relaxed manner when the contractions feel sufficiently strong (breathing this way will help the mother concentrate on her respiration and not on the pain);
- ▶ Rest in order to save her strength during the time when there are no contractions;
- ▶ Adopt positions in which she feels most comfortable:
  - sitting
  - walking
  - lying down on her left side; and,
- ▶ Avoid lying down on her back because this position prevents the circulation of oxygenated blood which the baby needs.

## 2. Birth

**Q: Ask the participants:** What are the signs that indicate to the mother that the baby is about to be born, or rather that the mother is in the delivery stage?



Show Annex 6-21.

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**A:** Listen to the participants' answers and round out their responses by saying that:

- ▶ The contractions are more frequent, stronger, and they last longer;
- ▶ The mother can feel desperate or nauseous; and,
- ▶ She feels the urge to push.

**Q: Ask the participants:** What can the mother do in this stage?

**A:** Listen to the participants' answers and give additional information, as needed, saying that the mother should:

- ▶ Breathe more rapidly (pant) in order to help with the strong contractions;
- ▶ Remain semi-seated on the bed, in a squatting position or in any other position in which she feels more comfortable;
- ▶ Push with force when she feels the contraction. In this way she will help the baby be born. If the mother is squatting or sitting, she will be able to push better; and,
- ▶ Stop pushing when her attendant delivers the head of the baby and begin to breathe lightly or pant.

### 3. Early Bonding

**Q: Ask the participants:** What should be done as soon as the baby is breathing and crying?

**A:** As soon as the baby is breathing and crying, it should be put to the mother's breast in order to latch on to the nipple and begin suckling. The best way is by putting the baby on the mother's abdomen and allowing it to get to the nipple and grasp it.

**Q: Ask the participants:** Why is it important to put the baby to the breast immediately after birth?

**A:** Listen to the participants' answers and say that by putting the baby to the breast rapidly, without separation from the mother, it will help in the following ways:

- ▶ complete and rapid detachment of the placenta (the third stage of childbirth);
- ▶ the baby will suckle the nipple correctly from birth;
- ▶ reduce the mother's blood flow; and,
- ▶ the milk will "come in" more quickly and there will be less engorgement (especially if the baby continues to nurse frequently).



**Emphasize that early bonding and skin contact between the mother and the baby immediately after birth facilitate the last stage of childbirth which is the detachment of the placenta. Childbirth without complications or difficulties is one of the guarantees for the successful establishment of breastfeeding.**



**Show Annex 6-22.**

#### **4. Postpartum**

**Q: Ask the participants:** What special care the mother should have during the first 40 days postpartum?

**A:** Listen to the participants' answers and give the following additional information, if necessary:

During the first 40 days postpartum, the mother needs to recoup her physical as well as emotional strength after pregnancy and childbirth. She does this by doing the following:

- ▶ Resting during the day;
- ▶ Going to the clinic for a postpartum check-up;
- ▶ Keeping an eye on the blood flow which should be moderate and decrease little by little;
- ▶ Watching out for fever;
- ▶ Eating a variety of quality foods; and,
- ▶ Bathing daily.

#### **5. Nutrition**

**Q: Ask the participants:** What should the mother eat after childbirth and while breastfeeding?

**A:** Listen to the participants' answers and add the following information to their responses, if necessary:

The nutritional needs of the postpartum and breastfeeding mother are even greater than during pregnancy. For this reason her food intake should be abundant and varied. The mother should eat everything that she is used to eating, increasing the

quantity of spoonfuls. If during pregnancy she ate two cornmeal cakes, one slice of bread, or two chapati at each meal, now she should eat a double portion.



**Repeat the outline of *good, better, and excellent* dietary intake used in the section on the pregnant woman.**

**Q: Ask the participants:** Why is an adequate diet important for the postpartum and breastfeeding mother?

**A:** Listen to the participants' answers and, if necessary, say that an adequate diet is important because:

- ▶ She needs to maintain her health and prevent malnutrition;
- ▶ She needs to produce enough milk without using her own body reserves; and,
- ▶ She needs to maintain and replace nutrients.

### III. Exercise

#### Skit

Explain to the participants that they are going to practice what they have learned by observing a counseling session with the following case.

A first time mother who is seven months pregnant. Ask two participants to volunteer, one to be the mother and the other a relative. The trainer will act as the counselor. Remember to incorporate each element of counseling.

#### Dialogue

The counseling session takes place at a home visit with Connie, who lives with her Aunt Jackie (C=Rose, the counselor, A=Aunt Jackie, and M=Connie, the pregnant woman)

C: Good morning, is Connie in?

A: Good morning; yes she's here; come in; who is asking for her?

C: My name is Rose, a breastfeeding counselor in the community, and I'd like to talk with her or a moment.

M: Good morning Rose, they told me at the Health Center that you would be coming to visit me.

C: Yes, the nurse told me that you are seven months pregnant. Connie, tell me how have you been doing?

M: The first months were very difficult, but now I feel good. The baby moves a lot.

C: I'm very happy that you are feeling fine, Connie. Are you going to the Health Center for your prenatal care?

M: Yes, I've been to the Health Center and I have another appointment for Thursday.

C: Oh good! Going to prenatal care helps prevent problems. How are you thinking of feeding the baby?

M: In the Health Center they told me that my milk is the best, but I'm scared because my breasts are small and I don't know how to form my nipples.

C: Connie, I understand that you want to nurse your baby but I feel that you're worried because you feel your breasts and nipples aren't good enough.

M: Yes and I don't know what to do.

C: I understand your concern, Connie, but it is important for you to know that the size of the breast has nothing to do with milk production. As far as nipples, there are three kinds that are the most frequent: common, flat, and inverted. (Show the illustration of the kinds of nipples and describe them).

M: And which one is mine?

C: I can show you how to examine them so that you yourself can see what kind of nipple you have.

M: I would like that very much. Let's do it.

The counselor can demonstrate on herself while explaining the protractibility test to the mother.

M: Oh look, it comes out fine. I guess it is small because this is my first baby, but it is suitable for breastfeeding without problems. Wonderful!

C: Connie, there is a lot of useful information about breastfeeding that will help you to successfully nurse. We talk about all this in the morning support group. Would you like to attend?

M: Yes, my cousin always goes. I will go with her.

C: I would also like to visit you again to see how you're doing and if you need more information. Does the last day of the month suit you; it's a Tuesday.

M: Very good, I'll be waiting for you.

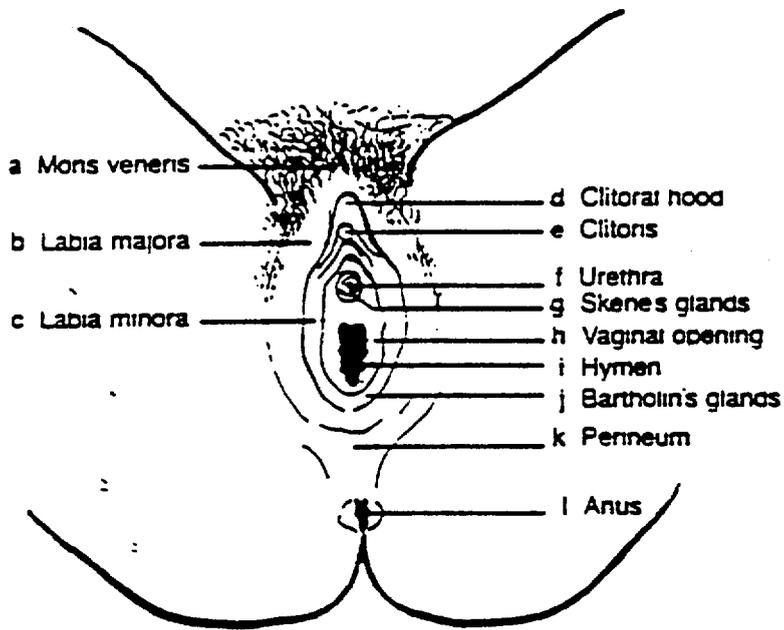
C: Good, Connie; I'm going now; I hope everything continues well.

Analyze the elements of counseling that were present with the participants at the end of the exercise so that they will be reinforced.

#### IV. Summary



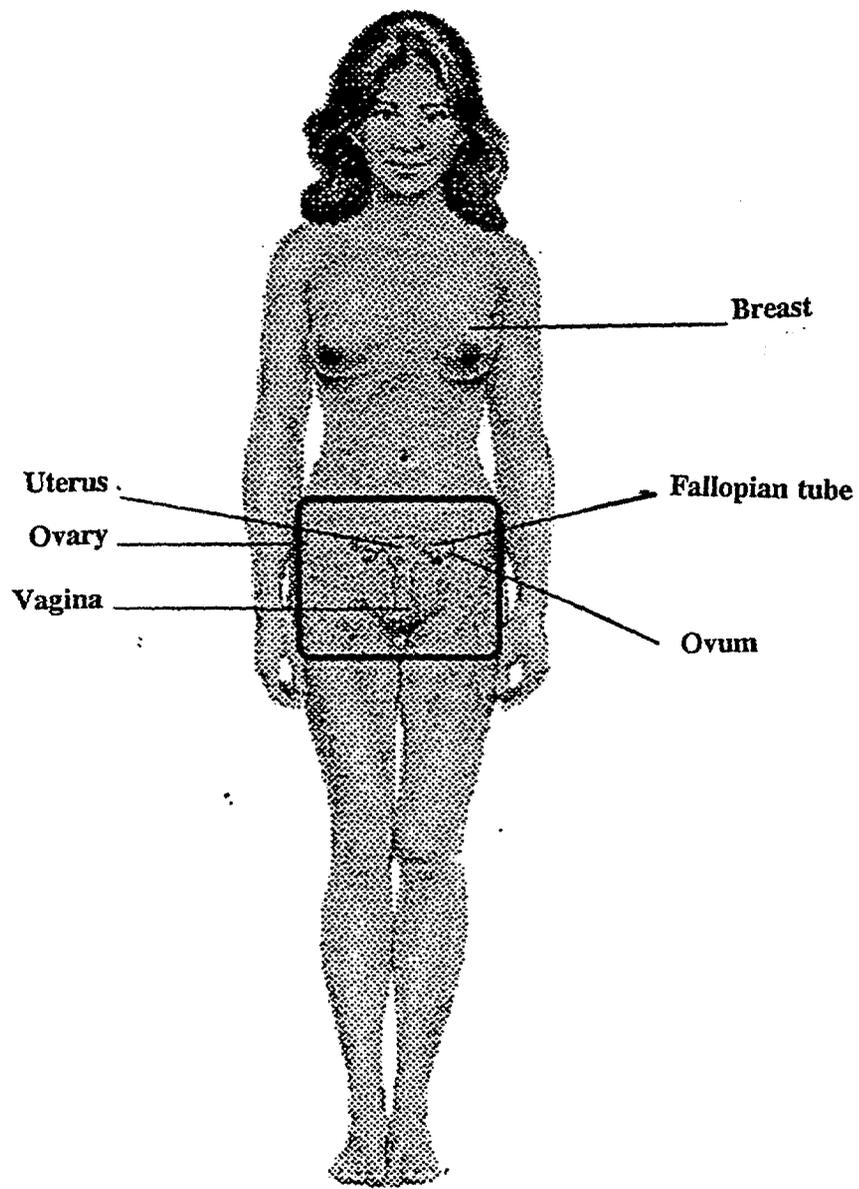
**A woman's participation in the care and protection of her own health forms the basis of her capacity to recognize herself as a person, strengthen her self-esteem, and allow her the right to make decisions about her own health. If the woman is capable of caring for herself, she is also capable of caring for her children. In the exchange of information between the counselor and the mother, the role of the counselor is to help the mother strengthen her ability to look after herself.**



Training Course in Women's Health: The Female Reproductive and Sexual System,  
Institute for Development Training, Chapel Hill, 1993.

ANNEX 6-1

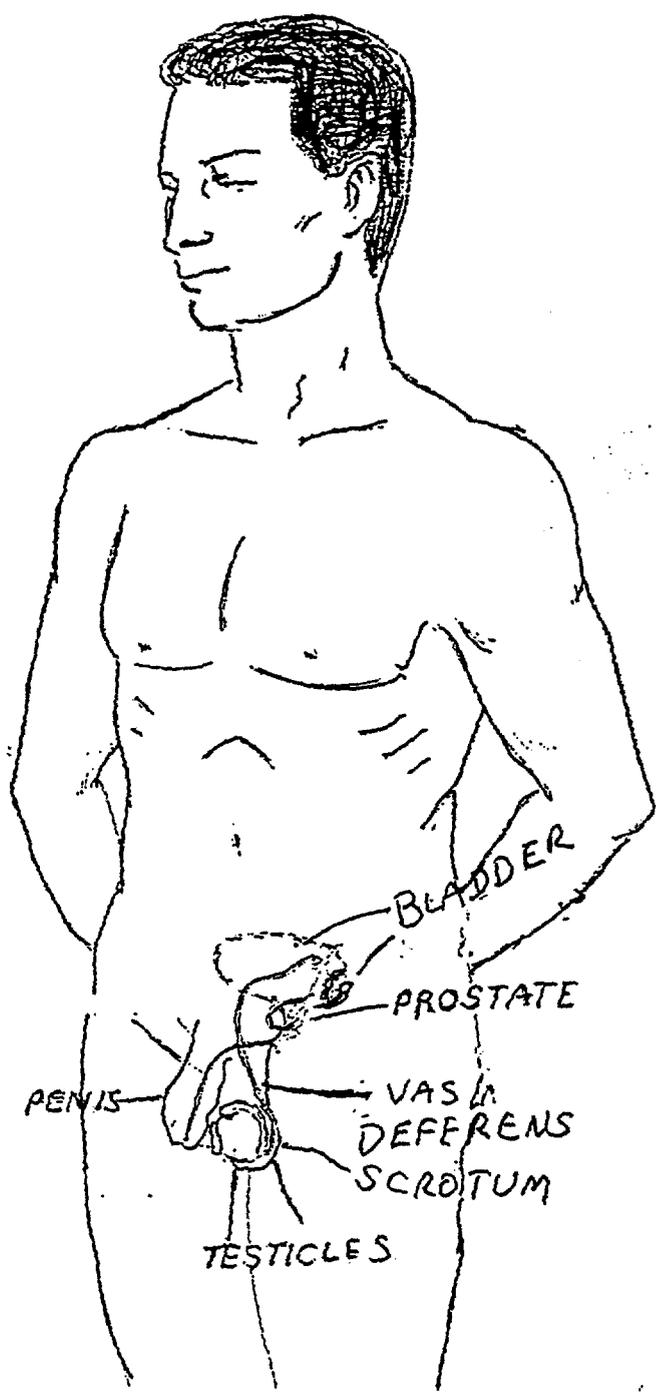
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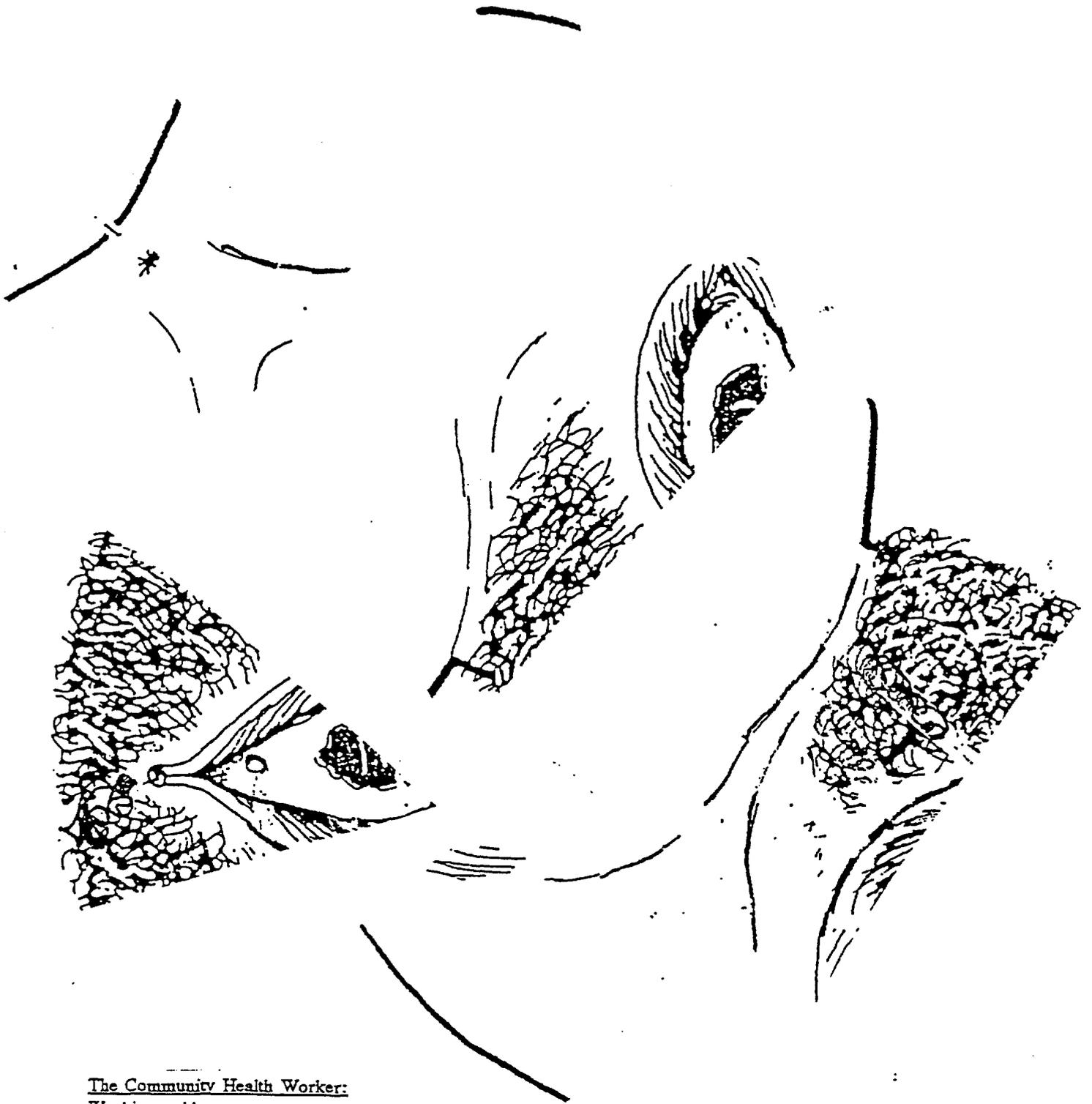
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AED, LLL/H, IRH, WI, USAID, UNICEF

ANNEX 6-2

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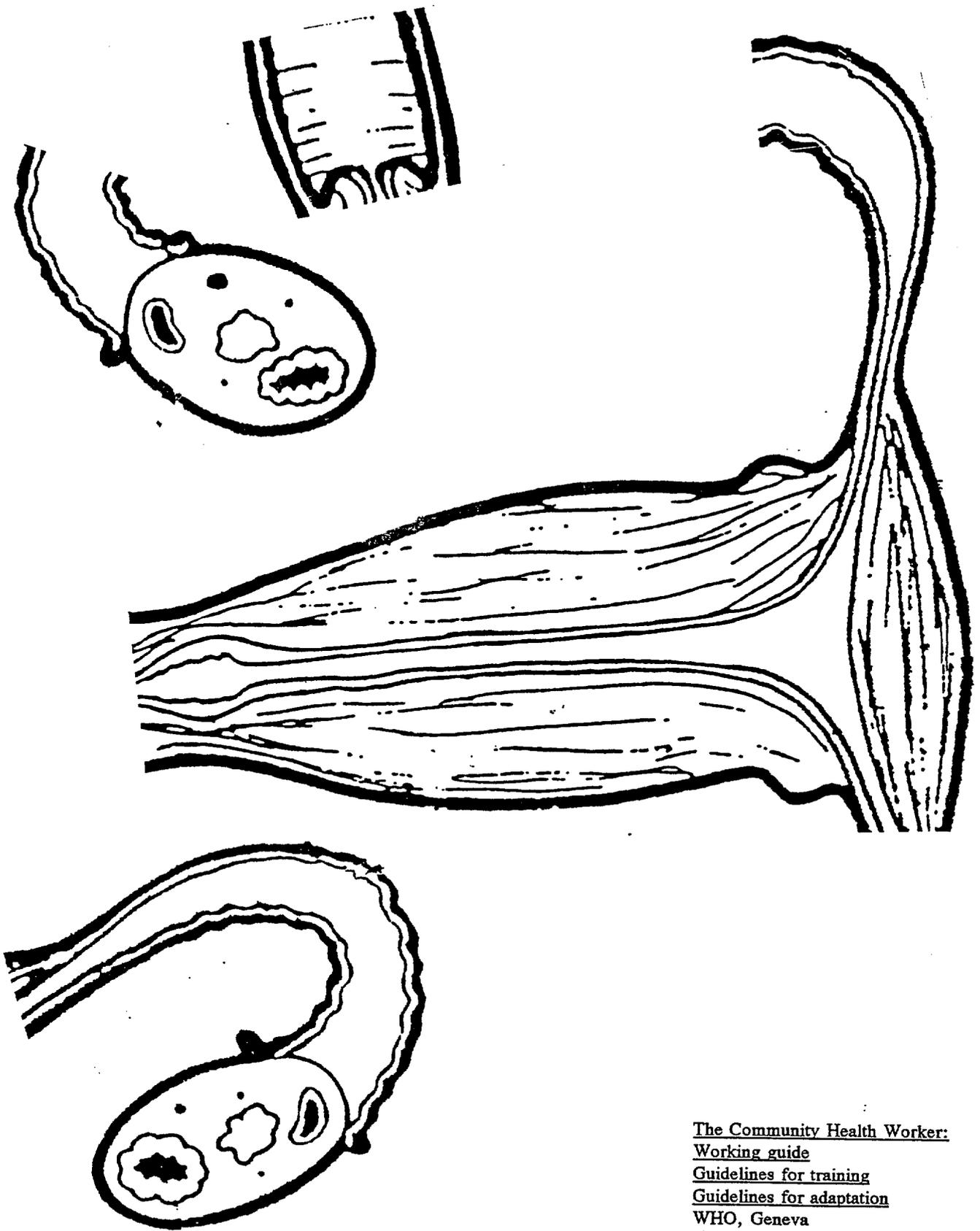


ANNEX 6-3



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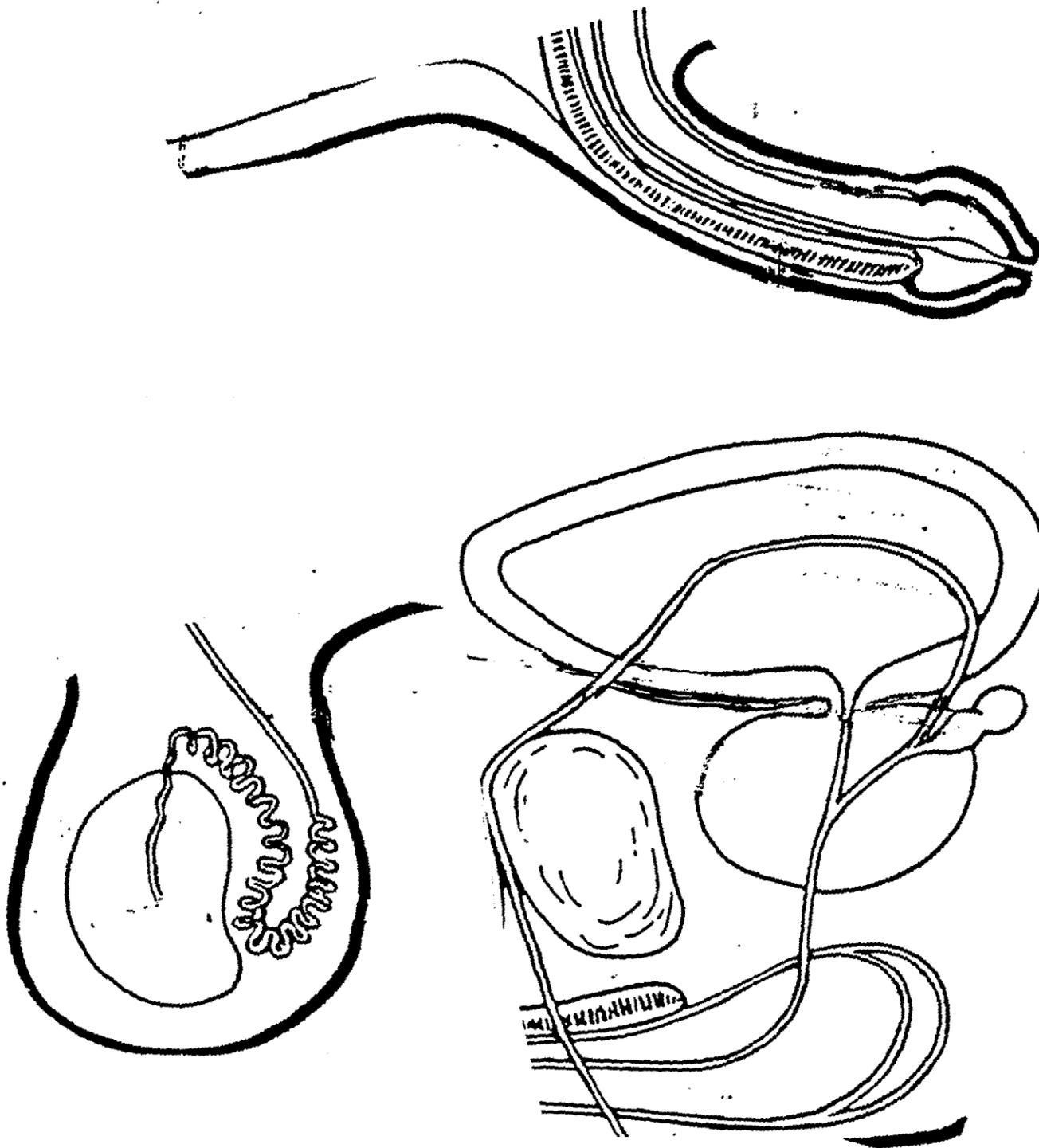
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ANNEX 6-5

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ANNEX 6-6

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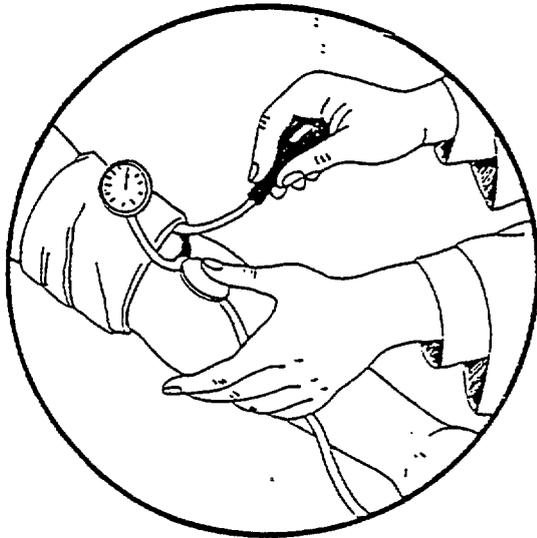
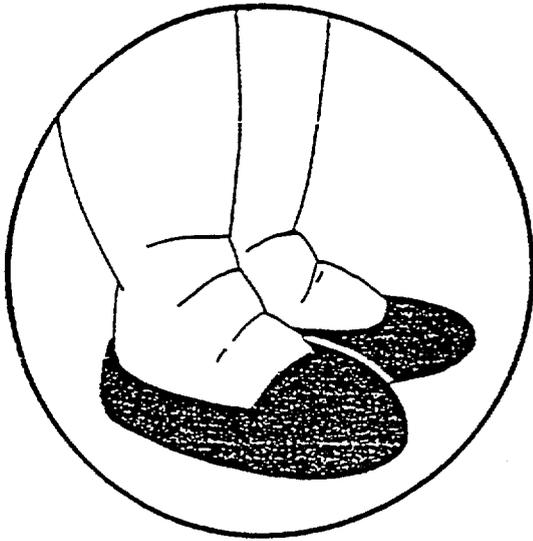


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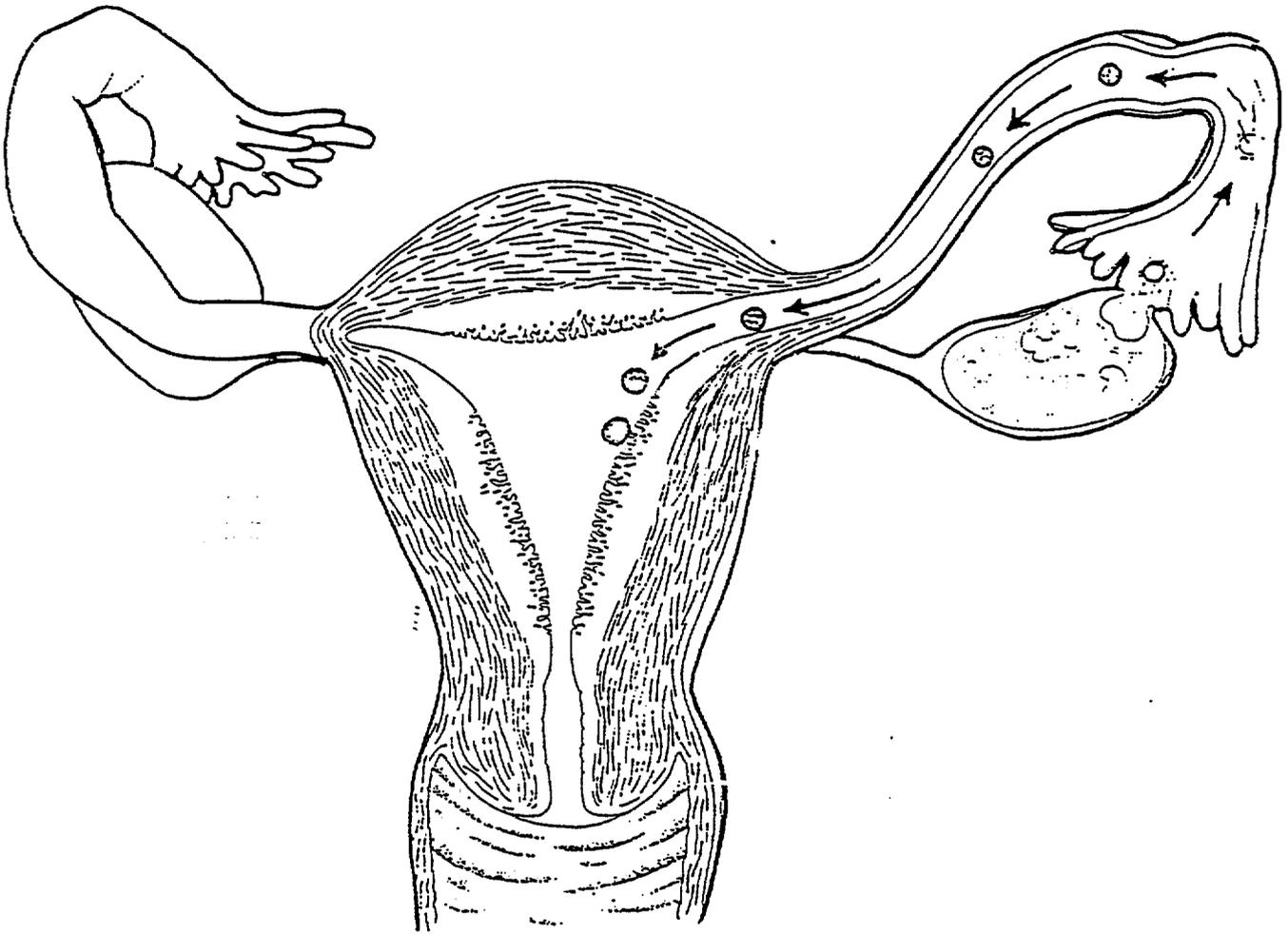


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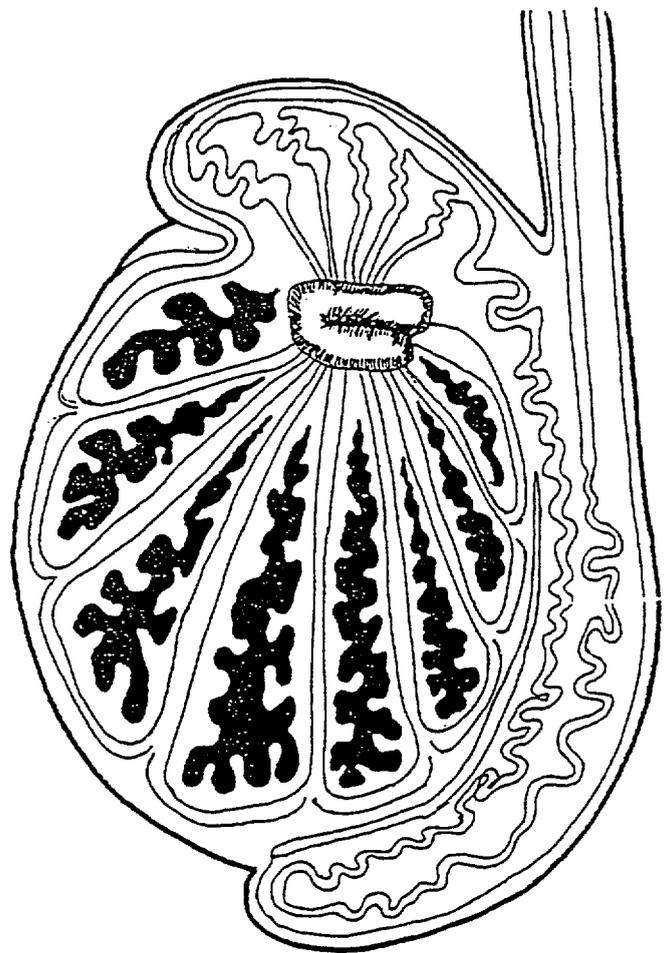
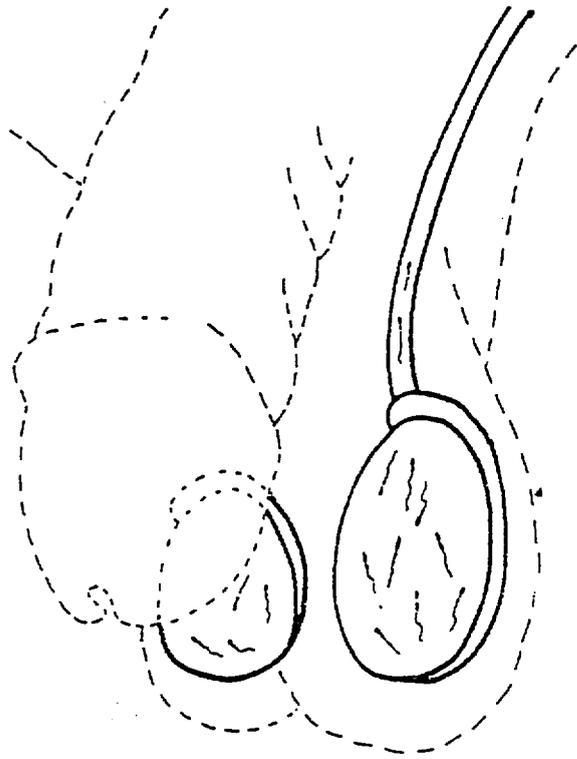


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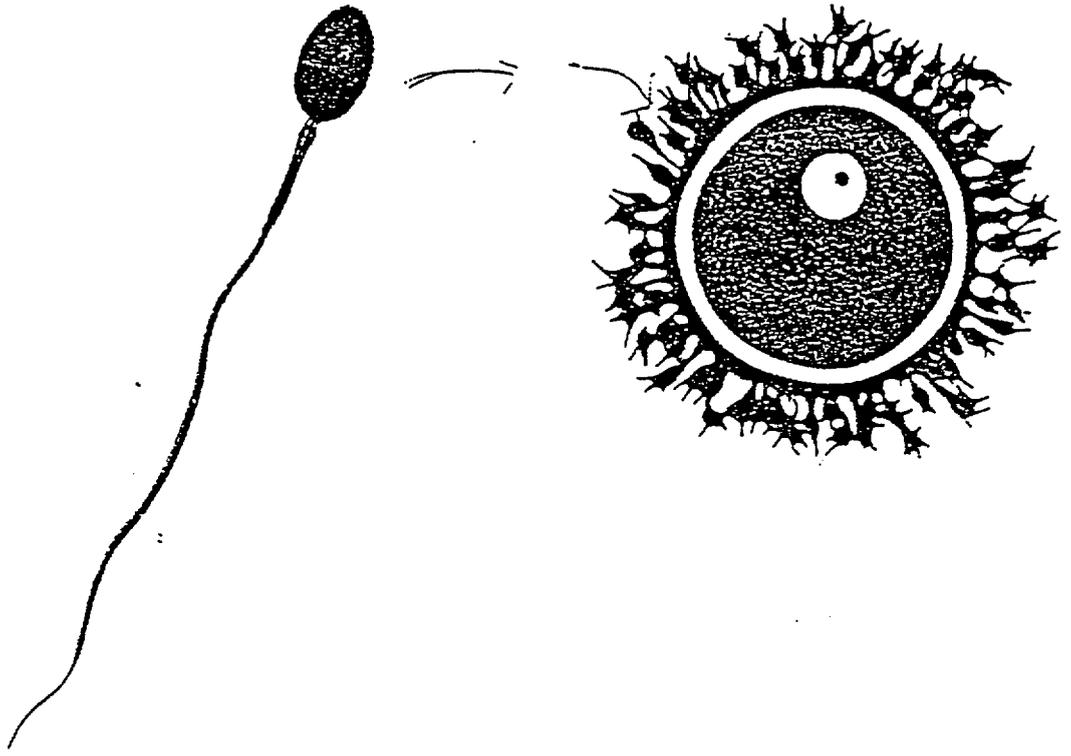


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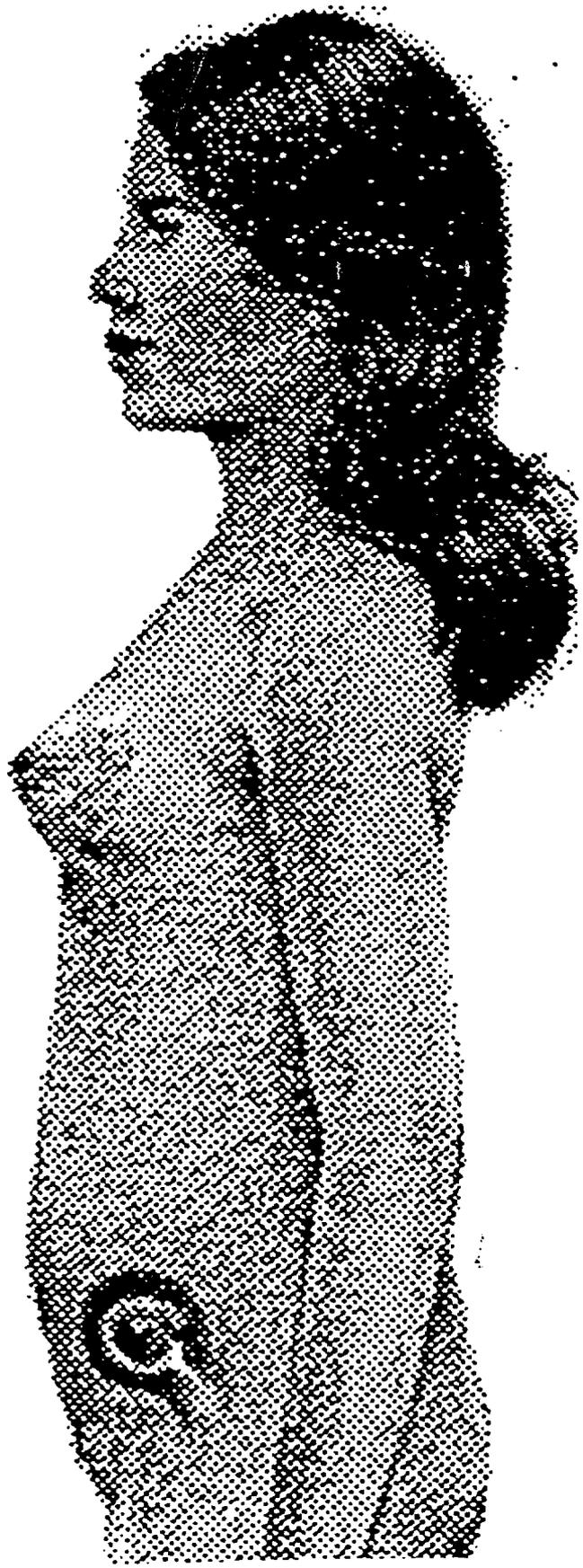


Population Communication  
Services, The Johns Hopkins  
University, USAID



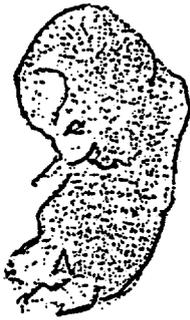
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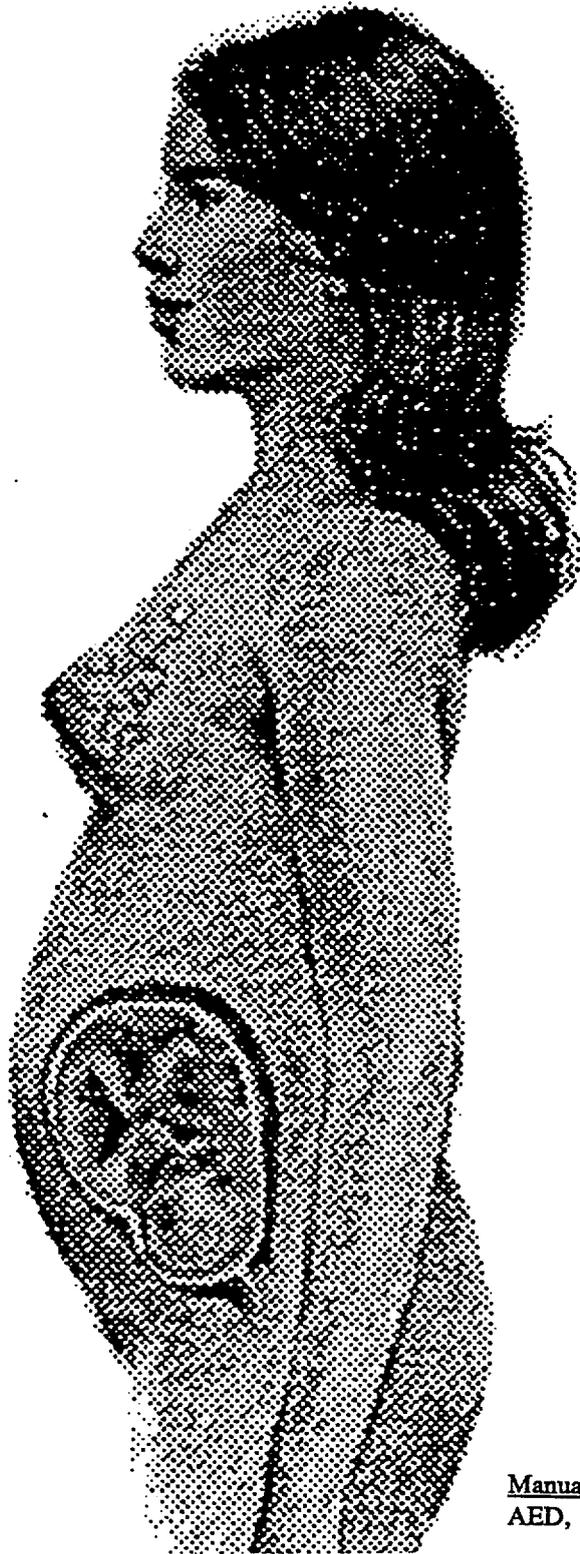
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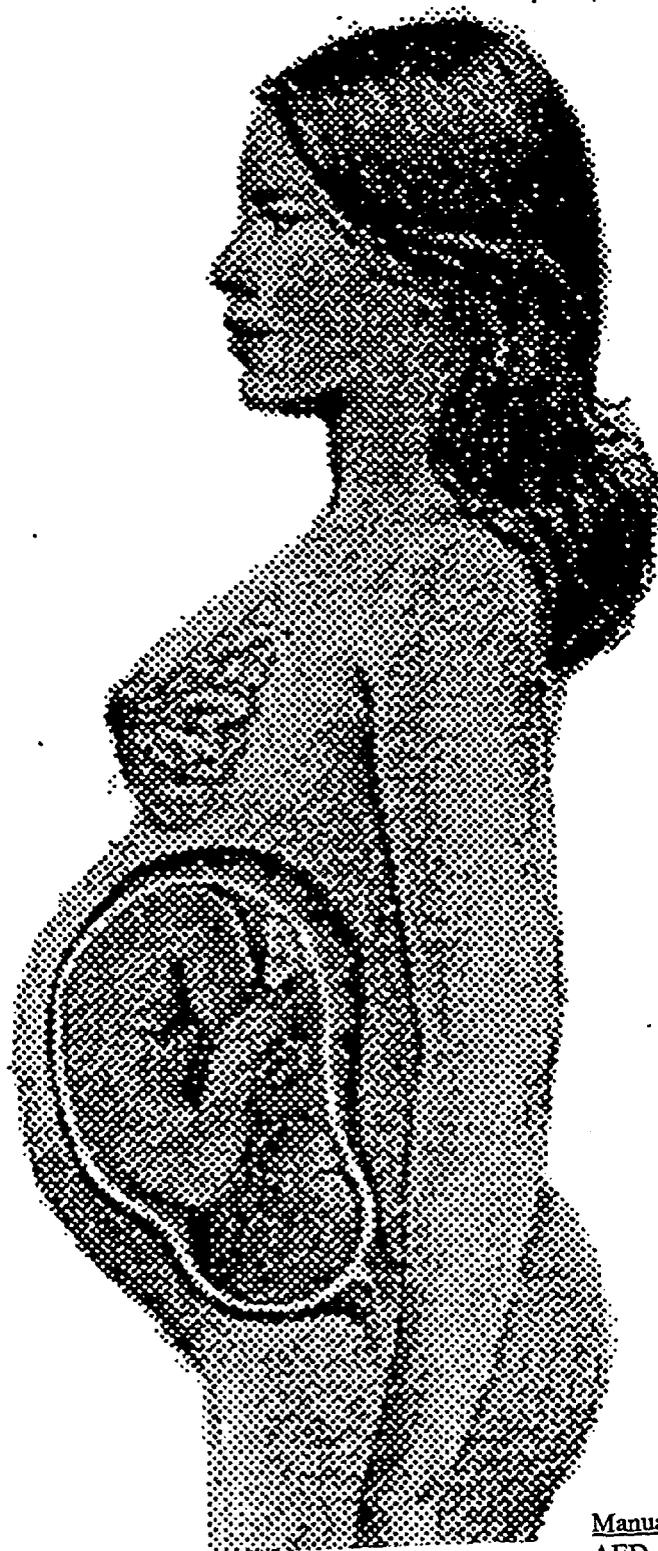
ANNEX 6-12

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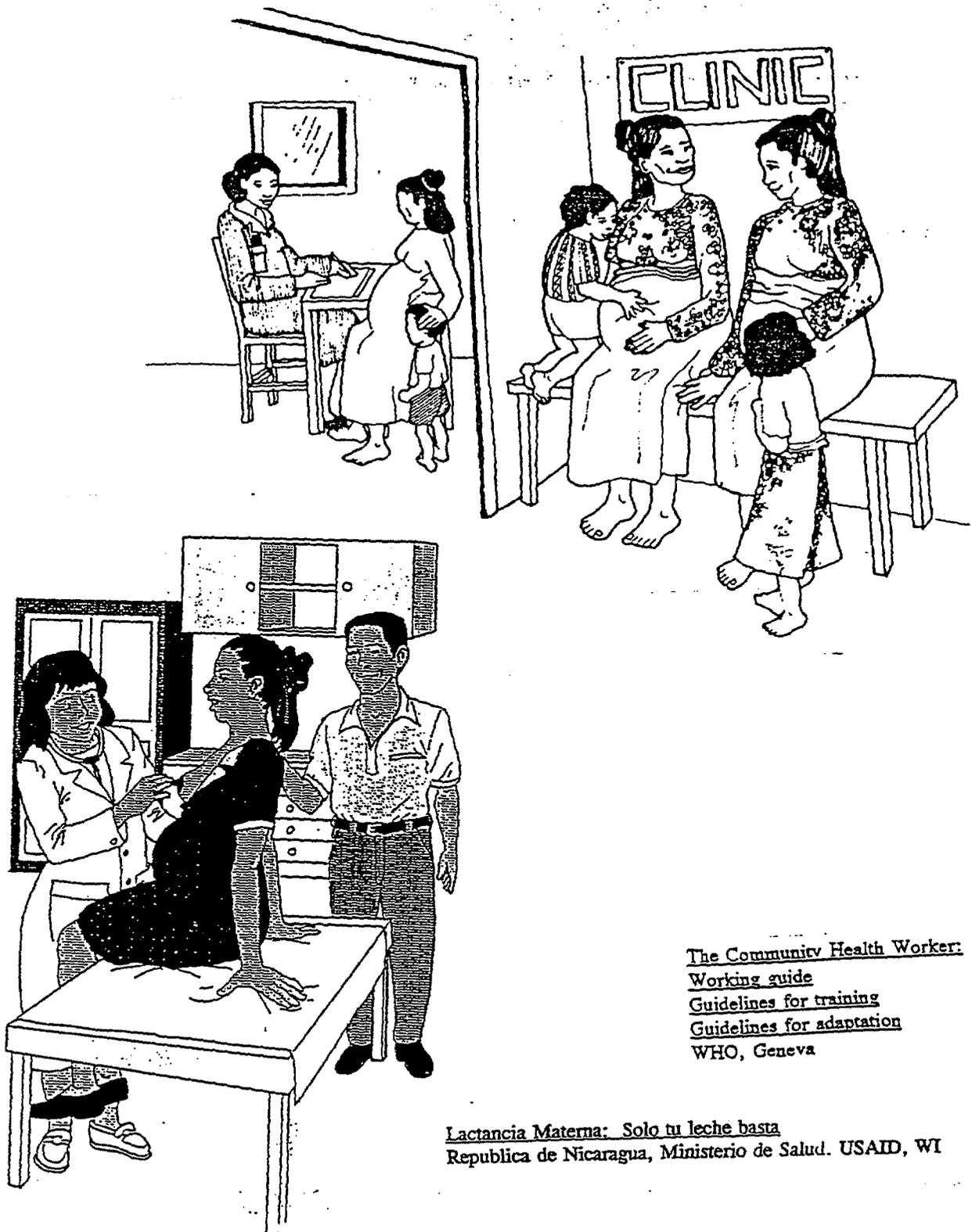
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ANNEX 6-15

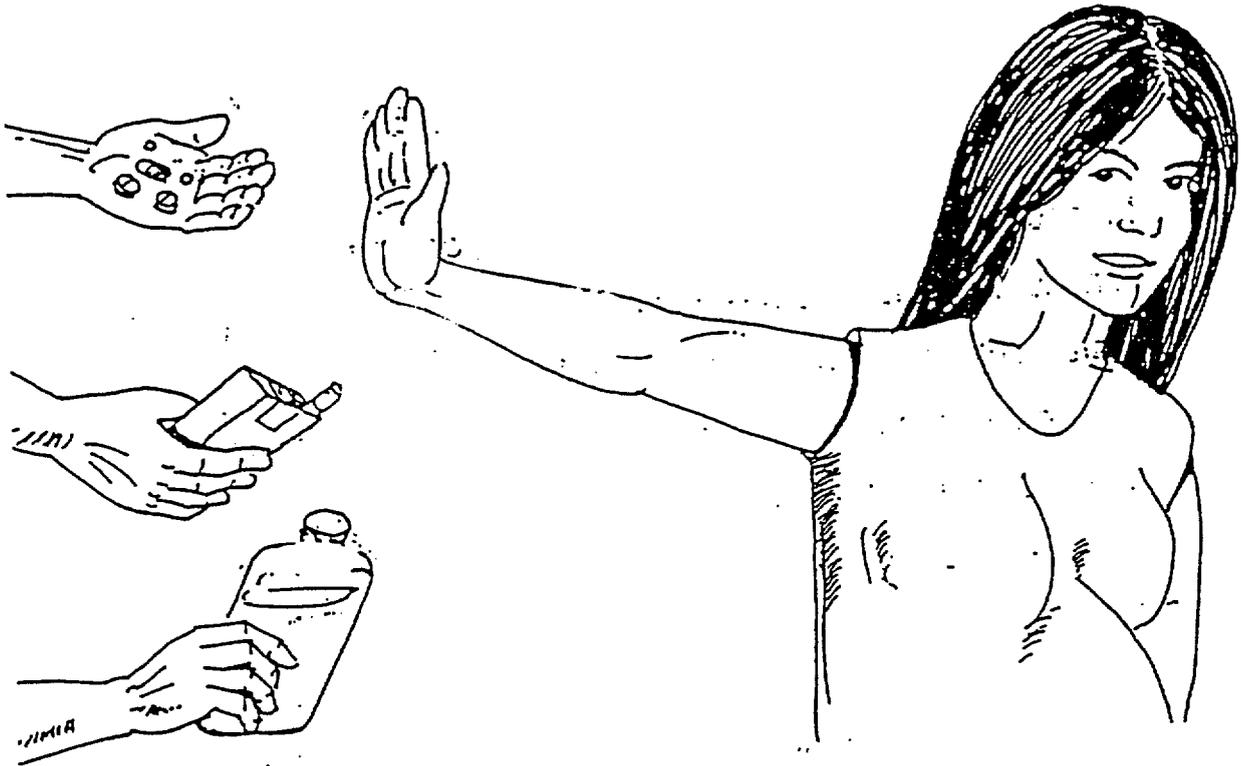
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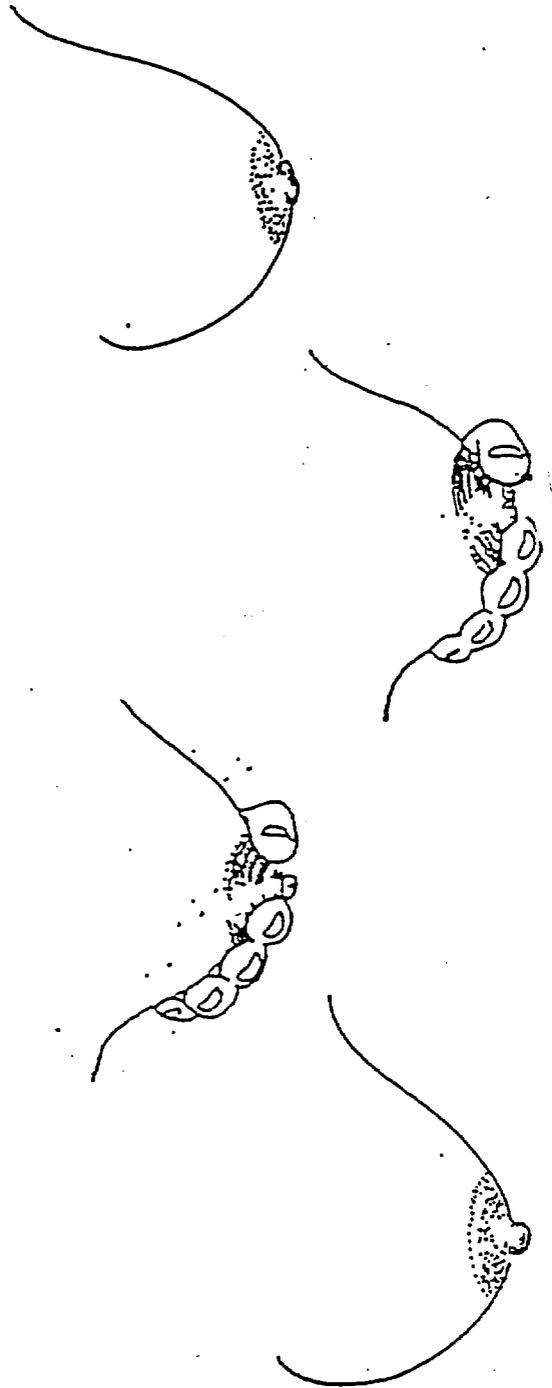
Lactancia Materna: Solo tu leche basta  
Republica de Nicaragua, Ministerio de Salud. USAID, WI

¡ NO !



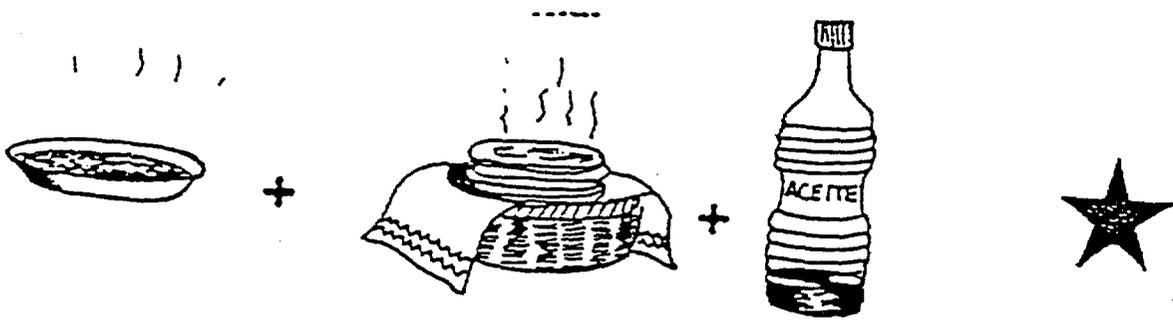


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Manual for Breastfeeding Monitors  
La Leche League of Guatemala

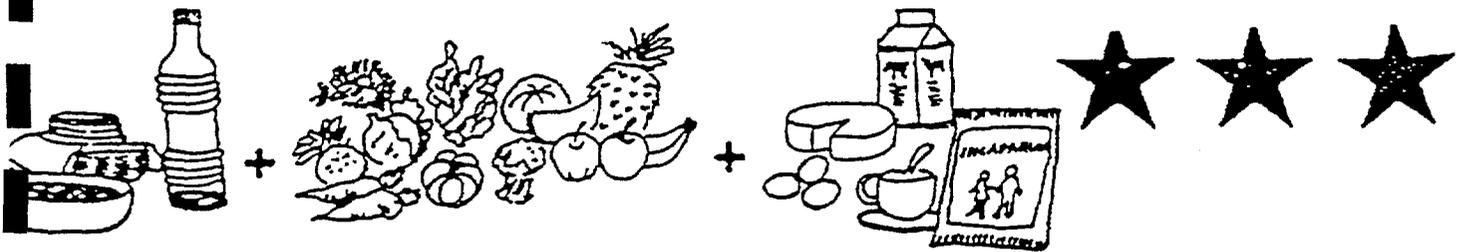
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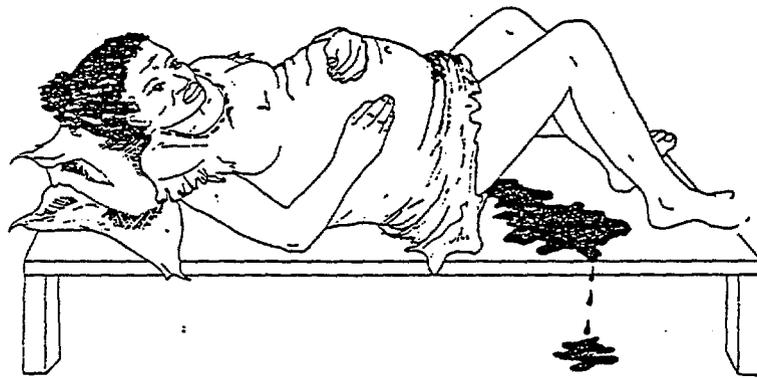
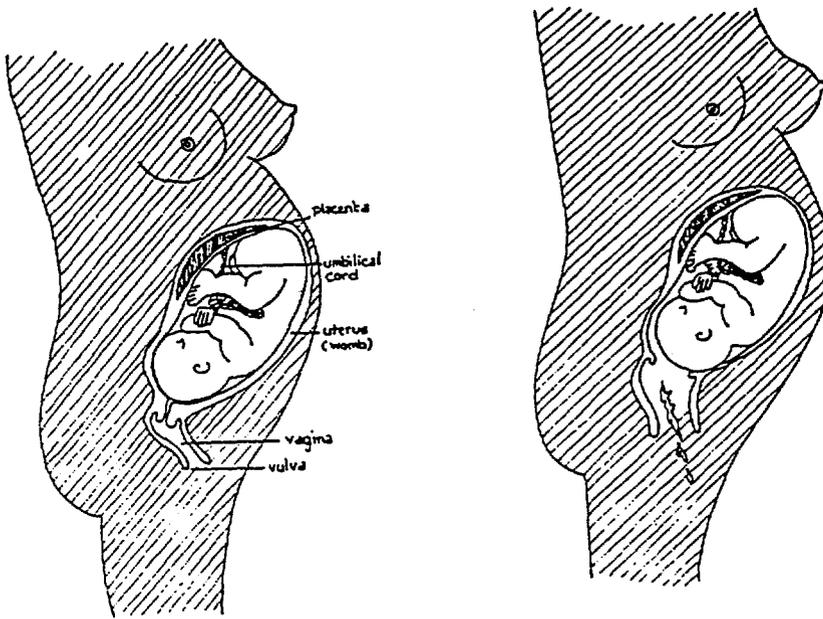
If a pregnant woman eats legumes or beans, grains (rice, corn, wheat, etc.), oil, green vegetables or fruits, she is eating better. This diet receives two stars.



If a pregnant woman eats legumes or beans, grains (rice, corn, wheat, etc.), oil, green vegetables or fruits and some animal product, she is eating an EXCELLENT diet. This diet receives three stars.

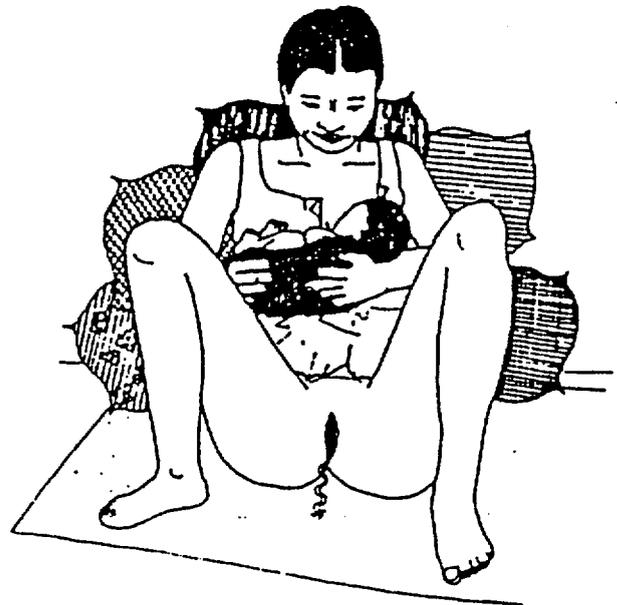
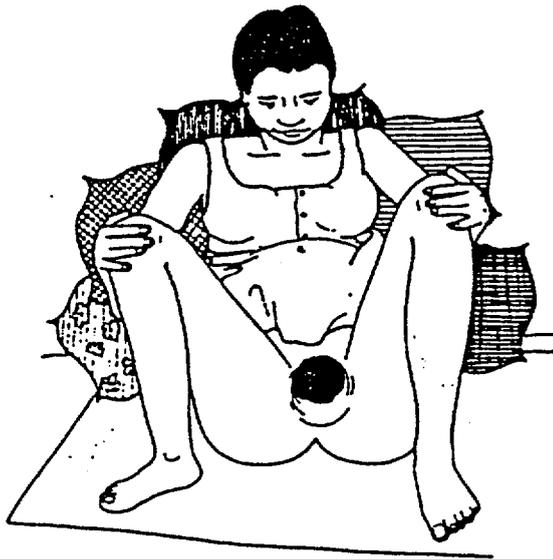


Pregnant women should make an effort to eat a three star diet, as should breastfeeding mothers, for themselves and for their babies.

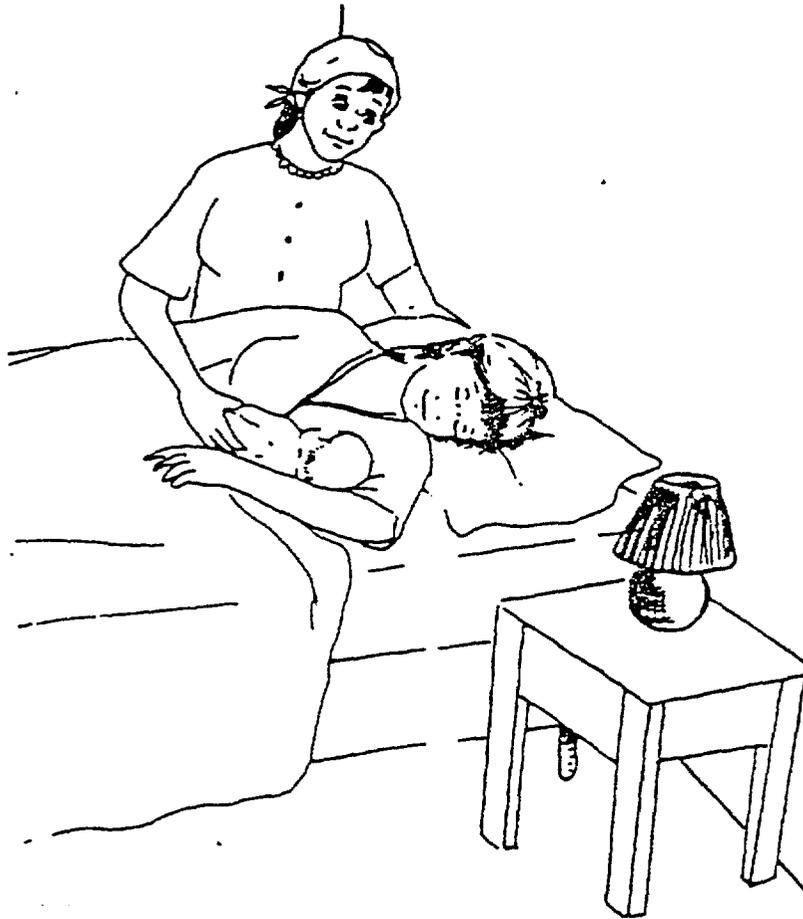


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ANNEX 6-20



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WHO, Geneva



Manual para Monitoras de Grupos de Apoyo en  
Lactancia Materna (Eng./Spa.)  
La Leche League of Guatemala, CONAPLAN,  
UNICEF



# Module 7

## Child Spacing During Breastfeeding

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# Module 7

## Child Spacing During Breastfeeding

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**Note to the trainer:** Before beginning the session, arrange the chairs in a circle in order to encourage group participation. To facilitate interaction with the participants, you should be a member of the circle.

### I. Objectives

After completing this session, the participants will be able to:

- A. Explain the importance of child spacing for the health and well-being of the mother, the child, and the family; and,
- B. Describe contraceptive methods, temporal as well as permanent ones that a breastfeeding woman can use.

### II. Development of the Topic

#### A. Importance of Child Spacing



**Introduce the topic by asking questions that generate discussion.**

**Q: Ask the participants:** How much time does a woman need to recuperate completely after a pregnancy?

**A:** Listen to the participants' answers and round out their responses by saying that women should wait at least two years between one birth and the next.

**Q: Ask the participants:** How is a woman affected by having pregnancies less than two years apart?

**A:** Listen to the participants' responses and add, if necessary, that the effects on the general health of a woman can be the following:

- ▶ Loss of self-esteem and lack of attention to herself,

- ▶ Premature aging;
- ▶ Loss of sexual desire and satisfaction; and,
- ▶ Feelings of anxiousness because there is no time to look after herself and the rest of the family.

**Q: Ask the participants:** How is a woman's health affected by having pregnancies close together?

**A:** Listen to the participants' answers and add, if necessary, that it increased the risk of:

- ▶ Uterine rupture;
- ▶ Uterine prolapse;
- ▶ Suffering from weakening of the bones (osteoporosis), uterine and breast cancer; and,
- ▶ Getting sick and dying.

**Q: Ask the participants:** How is the family affected when a woman has closely spaced pregnancies?

**A:** Listen to the participants' answers and add, if necessary:

- ▶ Reduces the possibilities of giving adequate attention to the family;
- ▶ Increases the risk of abandonment of the husband; and,
- ▶ Reduces the opportunities in education, health, and nutrition for the family members.

**Q: Ask the participants:** How is the child's health affected when the mother does not space her pregnancies?

**A:** Listen to the participants' responses and add that the effects on the child are the following:

- ▶ Breastfeeding can be interrupted abruptly and early;
- ▶ The child feels the effects because it does not receive the same attention as before;
- ▶ The children may become sick more frequently and their development and growth is slower;
- ▶ The weaned child has a greater risk of malnutrition;
- ▶ There is a greater risk of dying before reaching two years of age;
- ▶ The older children will not receive the care and attention that they need from the mother; and,

## B. Family Planning Methods for Breastfeeding Women



**Begin the topic by asking questions that will provoke group discussion.**

**Q: Ask the participants:** What family planning methods do you know?



**Have four flip chart sheets of paper previously prepared with the following titles: natural, barrier, hormonal, permanent.**

**A:** Listen to the participants' answers and write them on the flip chart according to the classification in which they belong: natural, barrier, hormonal, permanent. At the end of their responses look at the list and explain that we have various types of methods.

Among the temporary methods there are:

1. Natural
  - ▶ Lactational Amenorrhea Method (LAM)
  - ▶ Rhythm or calendar
  - ▶ Billings or cervical mucous
  - ▶ Withdrawal (Coitus interruptus)
2. Barrier
  - ▶ Interuterine device (IUD)
  - ▶ Condomes or preservatives
  - ▶ Spermicides
  - ▶ Foams
  - ▶ Vaginal tablets
3. Hormonal
  - ▶ Combined pills of estrogen and progesterone
  - ▶ Progestins
  - ▶ Injected hormones, combined, and progestin only ("mini-pill")

Among the permanent methods there are:

- ▶ Operation for the woman (ligation of the Fallopian tubes)
- ▶ Operation for the man (Vasectomy)

**Q: Ask the participants:** What family planning methods can a breastfeeding mother use?

**A:** Listen to the participants' answers and round out their responses by saying that when the mother is breastfeeding she can use the majority of methods mentioned above with the exception of the hormonal ones (the pill and injections of combined hormones).

## 1. Natural

### a. Lactational Amenorrhea Method (LAM)

**Q: Ask the participants:** Why does a woman often not menstruate when she is breastfeeding?

**A:** Listen to the participants' opinions and then explain that:

When a mother suckles her baby at the breast, the brain receives messages that tell it to send orders to the breast to produce milk and send orders to the ovary saying that the baby is young and the mother should not become pregnant again so soon.



**Show Annex 7-1.**

Explain that when the baby nurses vigorously and often, the tongue and the mouth stimulate the nipple and the nerve endings sending a message to the brain saying "I want milk." The brain orders the breast to "make milk" and at the same time the ovaries receive the order "I don't want a little brother or sister." This sequence of messages functions better the more frequently the baby is nursed.



**Note to the trainer:** When you say, "I want milk" place the arrow that goes from the breast to the brain. When you say, "Make milk" place the arrow that goes from the brain to the breast. When you say, "I don't want a brother or a sister" place the arrow that goes from the brain to the ovaries.

After explaining the mechanism of lactational amenorrhea, ask the participants to organize themselves in groups of three in order to explain to each other the same mechanism using Annex 7-1.

For this reason the majority of mothers who breastfeed do not menstruate soon and do not become pregnant.

**Q: Ask the participants:** Can you use LAM as a method of child spacing?

**A:** Listen to the opinions of the participants and round out their responses by saying “yes” provided that the following criteria are met:

- ▶ the baby is under six months of age;
- ▶ there has been no bleeding after 56 days postpartum (the mother has not menstruated); and,
- ▶ the mother is exclusively breastfeeding day and night.



**Show Annex 7-2.**

**Q: Ask the participants:** Why does the LAM method not function as well if the baby is older than six months?

**A:** Listen to the participants’ answers and explain that after six months the babies have begun to eat solids and the nursing time is shorter and usually less frequent. For this reason there are fewer messages sent to the brain.

**Q: Ask the participants:** What happens when the baby nurses less?

**A:** Listen to the participants’ responses and add to them, if necessary, by saying that when the baby nurses less, the frequency and strength of the messages sent to the brain “I want milk,” “Make milk,” and “I don’t want a brother or a sister” decrease. When this happens, the ovaries will begin to function, the mother reinitiates menstruation or her ovaries begin to produce an ovum (egg) before menstruating. Therefore, the woman can become pregnant.

**Q: Ask the participants:** Of the mothers that have had experience in family planning with breastfeeding: how many times did the baby nurse during the day and how many times during the night?

**A:** Complete the answers of the participants by saying that:

The baby should nurse a minimum of eight to twelve times during the day and night in order to delay menstruation and the nursings should be fairly long.

**Q: Ask the participants:** How can nursing at night be made easier for the mother?

**A:** Listen to the participants' responses and add to their answers by saying that if the baby wakes at night, she can consider taking the baby to bed with her in order to rest more.

**Q: Ask the participants:** Why does the LAM method only work if the mother's period has not come after the baby's birth and the baby is under six months of age?

**A:** Listen to the opinions of the participants and add to their responses saying that the frequent nursing decreases the activity of the ovaries.

**Q: Ask the participants:** Why does exclusive breastfeeding delay the return of the period (menstruation)?

**A:** Listen to the participants' responses and give additional information, if necessary, by saying that during exclusive breastfeeding, no other liquids or foods are given to the baby so the frequency and duration of the suckling is greater and constant. It is this stimulation that diminishes the activity of the ovarian hormones.

**Q: Ask the participants:** What happens when a woman who is exclusively breastfeeding a baby under six months begins to menstruate?

**A:** Listen to the participants and add information to their responses, if needed, explaining that the appearance of menstruation is a sign that the ovaries are producing ova (eggs). If the mother doesn't want to become pregnant, she should use another family planning method.

**Q: Ask the participants:** Can LAM function when the child is older than six months or when the mother begins to give food to a baby under six months?

**A:** Listen to the participants' responses and add that while the mother is breastfeeding frequently day and night, the function of the ovaries is diminished. However, the older the baby is the less safe the method. If the mother begins to give food or liquids to a baby under six months, the baby will nurse less and the protection of lactational amenorrhea will disappear. As she adds food after six months, the frequency and intensity of suckling diminishes.

**Q: Ask the participants:** Can you use breastfeeding as a family planning method?



**Show Annex 7-2.**

**A:** Complete the participants' answers adding that the lactational amenorrhea method can be used to space pregnancies if the following three conditions are met:

- ▶ No menstruation or blood is shown after 56 days postpartum;
- ▶ The baby is under six months; and,
- ▶ Frequent exclusive breastfeeding occurs day and night.



**Ask the participants to repeat the conditions and mark each one with a sign when a participant mentions it.**

**Q:** Ask the participants: Is LAM a safe method for spacing pregnancies?

**A:** Allow the participants to give their opinion and then round out their answers by saying that:

When the three conditions are met, LAM is 98% safe. That is, of 100 women that are practicing the method, 98 are protected from another pregnancy. This protection is nearly as high as that of the combined birth control pill.

**Q:** Ask the participants: What other advantages does LAM have?

**A:** Listen to the participants, adding that it is a good method for the breastfeeding woman because it allows her to practice birth control with a natural method that is reliable to use immediately after childbirth without having to seek medical attention. At the same time, LAM offers an incentive to the mother to continue exclusively breastfeeding for her own well-being as well as the baby's. Using LAM, the mother has a time frame of around five months to decide what method to choose in order to space her pregnancies (as long as she has not begun to menstruate).

#### **b. Rhythm or Calendar Method**

**Q:** Ask the participants: Has anyone had experience using the rhythm method that they could share with us?

**A:** After listening to one or more experiences, add information, as needed, by saying that the rhythm or calendar method is a natural method that consists in abstaining from sexual relations during the fertile period.

**Q:** Ask the participants: How do you use this method?



**Show Annex 7-3.**

**A:** Listen to the participants' answers and round out their responses by saying:

- ▶ This method can only be used when the woman is menstruating and has regular cycles;
- ▶ The first day of menstruation should be marked on the calendar;
- ▶ Starting from the first day, count ten days and put another mark on the calendar;
- ▶ The tenth will be the first of eight fertile days. During these eight days there should be no sexual relations; and,
- ▶ At the end of the eight days, the woman returns to her infertile period until her next ovulation.



**Hand out a calendar page of the month to the participants so that each one can calculate their fertile and infertile periods. Remind the participants that this method can be used only when menstruation returns.**

**c. Billings Method or Cervical Mucous**

**Q: Ask the participants:** Can someone from the group who has used this method share their experience with this method?



**Show Annex 7-4.**

**A:** After listening to the women's experiences, round out their information saying that this method consists in the woman knowing when she is in her fertile period by using the following guide:

1. Observing the dampness and dryness of the vagina;
  - ▶ When the woman is ovulating, dampness and vaginal secretion occurs, and she runs the risk of becoming pregnant.
  - ▶ To prevent a pregnancy, she should abstain from sexual relations from the time the mucous discharge begins until it disappears.

2. When there is a sensation of dryness and no secretion, the woman may have sexual relations without running the risk of becoming pregnant.

**d. Withdrawal (Coitus Interruptus)**

**Q: Ask the participants:** Can someone from the group who has used this method share their experience?

**A:** Listen to the participants and round out the discussion adding that this method consists of the man ejaculating his semen outside the woman's vagina.

**2. Barrier Methods**

**a. Interuterine Device (IUD)**



Show Annex 7-5.



Show the illustration of the interuterine devices and distribute some IUDs to the group for them to examine.

**Q: Ask the participants:** What is an IUD?

**A:** Listen to the participants and add that it is a small apparatus made of special plastic material and has different shapes.

**Q: Ask the participants:** What shapes of IUD do you know?

**A:** Listen to the participants and round out their answers saying that there are various shapes but that the most known are the Copper "T" and Lippes Loop.

**Q: Ask the participants:** Where is the IUD placed?

**A:** Listen to the participants' answers and round out their responses by saying:

The IUD is placed in the uterus or womb by a doctor or personnel trained in clinics, health centers, hospitals, and family planning centers.

**Q: Ask the participants:** When can an IUD be inserted?

**A:** An IUD can be inserted 40 days after childbirth or when menstruating, or fifteen days after a miscarriage. With the mother who is practicing LAM, it can be inserted before menstruation begins near six months postpartum.

**b. Condoms**



**Show a condom in its package and show the illustration of the different methods.**

**Q: Ask the participants:** What are condoms?

**A:** After listening to the participants' comments explain that a condom is:

A little pouch of fine, resistant rubber that is in the shape of a sheath, and is placed on the penis each time there are sexual relations.

**Q: Ask the participants:** How do you put a condom on?



**Show Annex 7-6.**

**A:** Listen to the participants' answers and give additional information, as needed, by saying that:

The condom should be put on an erect (hard) penis. In order to do it, place the rolled condom on the head of the penis and unroll it carefully with the finger tips until the penis is completely covered, leaving the little sac which is found at the tip of the condom on the head of the penis.



**Demonstrate the correct placement of a condom using a model, a banana, or a plantain. Distribute condoms and ask the participants to practice unrolling a condom onto a model.**

At the end of sexual intercourse the man must take his penis out of the vagina before it goes flacid (soft), holding on to the condom carefully.

**Q: Ask the participants:** What should you do with a used condom?

**A:** Listen to the answers and round out their responses by saying that:

After using a condom, tie it in a knot and throw it where children cannot find it. Each condom can only be used once.

### c. Vaginal Tablets

**Q: Ask the participants:** What have you heard about vaginal suppositories and tablets?

**A:** Listen to the participants' responses and round out their answers saying that they are preparations that the woman puts into her vagina before each sexual act of intercourse.

**Q: Ask the participants:** How do you prevent pregnancy by using vaginal suppositories and tablets?



**Show Annex 7-7.**

**A:** Listen to the various opinions of the participants and complete their discussion by saying that vaginal suppositories and tablets form a barrier in the cervix of the uterus which prevents the entrance of sperm into the uterus or womb.

**Q: Ask the participants:** How do you use the suppositories and tablets?

**A:** First, the tablet should be wet with water and immediately inserted into the back of the vagina. You should wait fifteen minutes before having sexual intercourse so that the tablet is well dissolved.

## 3. Hormonal Methods

**Q: Ask the participants:** What is the pill?



**Show Annex 7-8.**

**A:** Listen to the participants' responses and add that the pill contains two types of substances similar to the female hormones which the ovaries produce when a woman is pregnant. They act to suppress ovulation.

**Q: Ask the participants:** Why is the pill not recommended for the lactating mother?

**A:** Give additional information to their answers by saying that the pill may interfere with:

- ▶ milk production;
- ▶ breastfeeding duration; and,
- ▶ possible weight gain in the child.

Therefore, it is not recommended that the lactating mother use the pill as a family planning method.

**Q: Ask the participants:** What would you advise a mother who is not breastfeeding and who wants to use the pill as a family planning method?

**A:** Listen to the participants' answers and tell them that a mother who is not breastfeeding can take the pill provided that she is under the care of a doctor.

**Q: Ask the participants:** How do you use the pill?

**A:** Listen to the opinions of the participants and tell them that a woman should begin to take the pill on the fifth day of menstruation. The woman should take the pill every day at a time that is most convenient for her. The important thing is that it is taken at the same hour. Begin with the lighter color pills and end with the darker ones following the order of the arrows on the package. They should always be taken even when there is no sexual intercourse.

#### **4. Surgical or Permanent Methods**

**Q: Ask the participants:** What does the woman's operation consist of?



**Show Annex 7-9.**

**A:** Listen to the participants' responses and add the following:

It is a simple surgical procedure that consists of tying or cutting the Fallopian tubes. This prevents the passage of the ovum (egg) and the sperm and thus prevents pregnancy.

**Q:** Ask the participants: When should a woman decide on sterilization?

**A:** Listen to the opinions of the group and add the following:

- ▶ When the couple or the woman think they have the number of children they desire;
- ▶ When the woman is 25 years old or older;
- ▶ If the woman has three or more children; and
- ▶ When there is a health risk for the woman or her child.

**Q:** Ask the participants: What are women's doubts with regards to the operation?

**A:** Listen to the opinions of the participants and then make clear that sterilization does not interfere with the sexual pleasure of the woman nor the man. On the contrary, as there is no fear of a new pregnancy the couple can relax and their sexual relationship may be even more satisfying. Sterilization also does not interfere with menstruation.

**Q:** Ask the participants: Besides using a condom what other family planning method can a man use?

**A:** Listen to the participants' comments and add the following information:

Men, like women, can permanently control his fertility by having an operation (vasectomy).

**Q:** Ask the participants: What does the man's operation consist of?



**Show Annex 7-13.**

**A:** Listen to the participants' responses and round out their answers saying that it is a small operation done on the duct (vas deferens) which brings the sperm to the penis. It is more simple than the woman's operation.

**Q: Ask the participants:** What are men's doubts with regard to the operation?

**A:** Listen to the opinions of the participants and then make clear that sterilization in the man does *not*:

- ▶ Affect the general health of the man;
- ▶ Produce any negative effect on the man's sexuality;
- ▶ Diminish sexual desire; and,
- ▶ Result in sexual impotency.

### III. Exercise

Role play a counseling session with a breastfeeding mother whose baby is less than 40 days old, taking into account the elements that are included in counseling (see Module 5 on counseling).

Elements:

- ▶ Establish an environment of trust;
- ▶ Investigate the mother's situation;
- ▶ Give information and support;
- ▶ Discuss alternatives; and,
- ▶ Follow-up.

Plan for the help of a participant to do the counseling session. The trainer will play the role of the counselor and the participant will play the role of a mother with a 25 day old baby.

Dialogue

- C: Good afternoon, Connie, may I come in?  
M: Good afternoon, sure of course, come on in.  
C: Connie, I've come to visit you to find out how you're doing.  
M: Well, we're doing well.  
C: How is breastfeeding going?

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M: Very well, but I'm concerned because the baby is nearly 40 days old and I would like to use a family planning method but am not sure which one because I'm breastfeeding.

C: You're right to be concerned, Connie, what contraceptive methods have you used in the past?

M: I used the pill, but I've been told that the pill is bad when I'm breastfeeding.

C: That's right, Connie, the pill is not recommended during the first months to mothers who are breastfeeding. Would you like for us to talk about some family planning methods that don't affect breastfeeding?

M: Yes, it would be great if we could talk about this so I could be really prepared.

C: There are mothers who use breastfeeding to space their children when:

- ▶ Their baby has not yet turned six months old;
- ▶ Their period has not returned; and,
- ▶ They give only breastmilk, day and night, without any water, teas, or foods.

When the mother meets these conditions, breastfeeding can protect her during the first six months.

M: What other family planning methods could I use?

C: Other methods that you can use are:

- ▶ Condoms;
- ▶ IUD;
- ▶ Vaginal suppositories; or,
- ▶ If your period has come, you can use the Billings, rhythm, or withdrawal (Coitus interruptus) methods.

The only family planning method that breastfeeding mothers cannot use is the pill.

C: Connie, do you need more information on what method is most convenient for you?

M: Yes because I'm going to speak to my husband about this in order to come to an agreement. We should have more information to choose what is most convenient for us.

C: That's great. I'm going to refer you to the family planning clinic and they can provide you with more details.

M: Thank you very much, Rose.

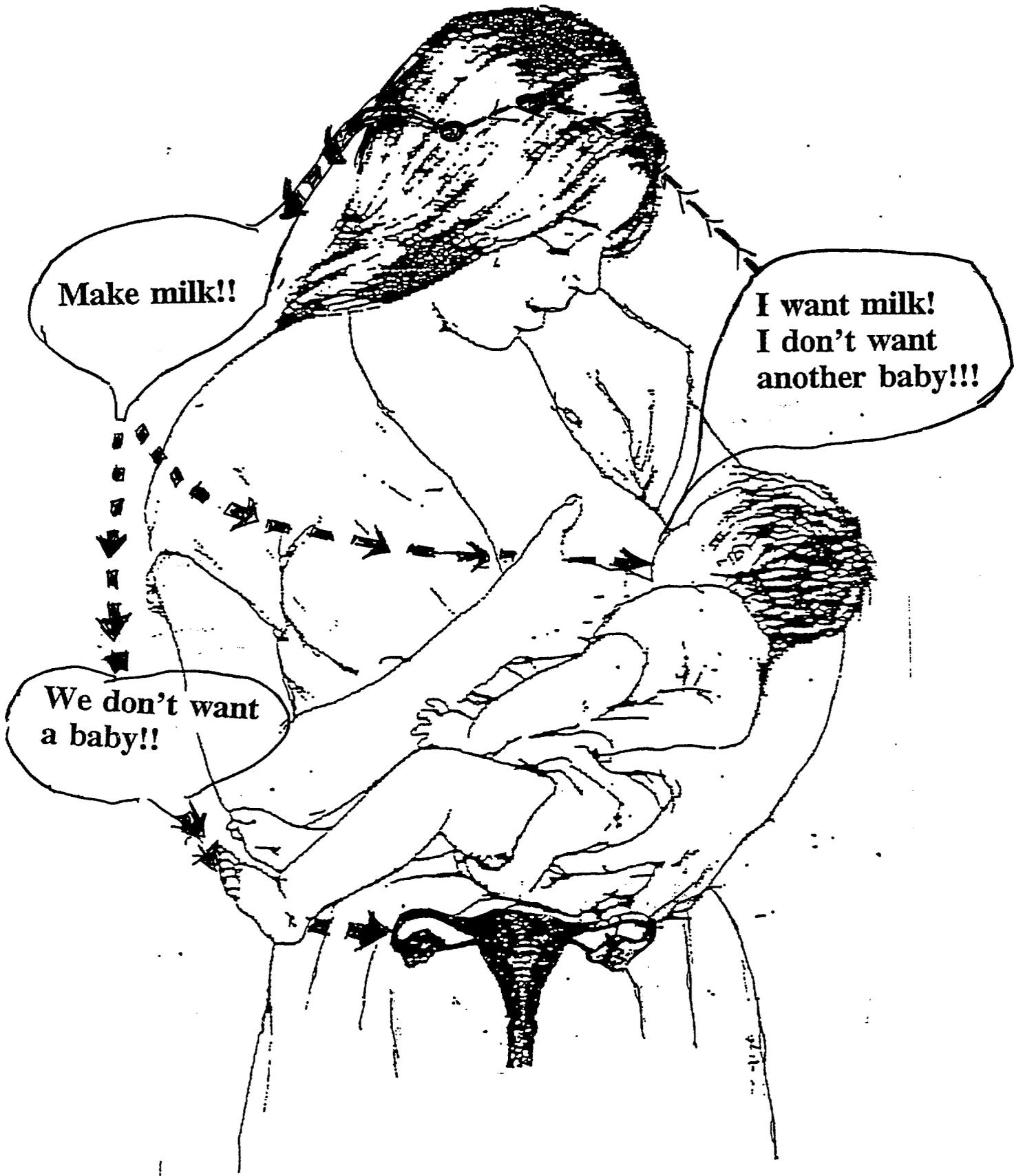
C: I'll see you later, Connie, at the support group on Friday and you can tell me what you and your husband decided to do to space your pregnancies.

At the end of the role play the trainer will discuss each one of the elements that was present in the counseling session with the purpose of strengthening each of them with the participants.

#### IV. Summary



**Spacing pregnancies is very important because it contributes to the good health and care of a woman's body. It prevents the competition of attention and care between babies and provides more family security. The LAM method is a natural method of spacing pregnancies that does not compromise the woman's health.**



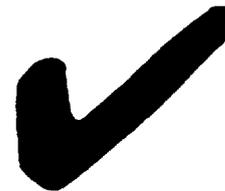
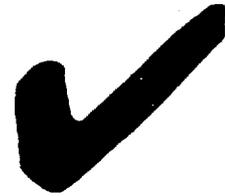
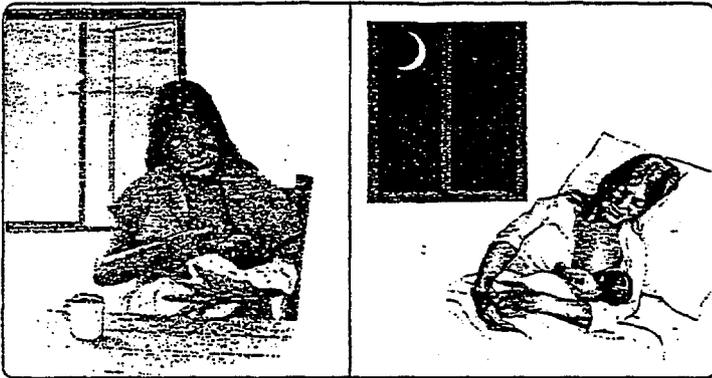
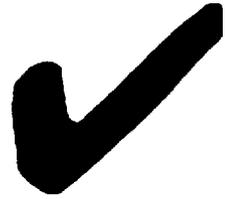
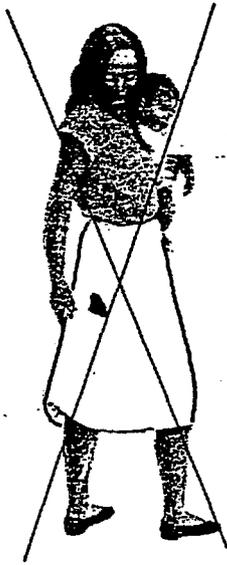
Make milk!!

I want milk!  
I don't want  
another baby!!!

We don't want  
a baby!!



ANNEX 7-1a



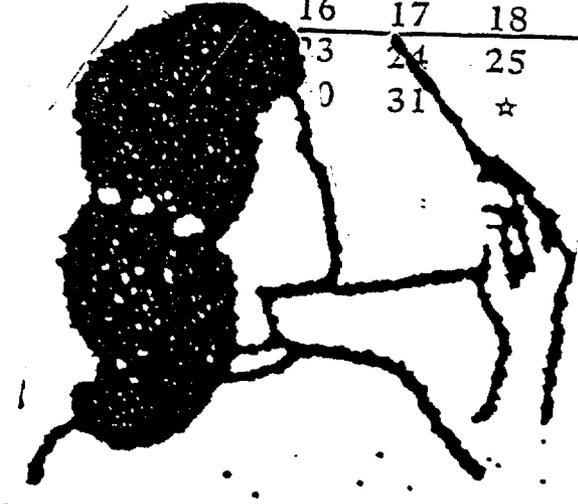
Manual de Lactancia Materna  
AED, LLL/H, IRH, WI, USAID, UNICEF

ANNEX 7-2

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# RHYTHM METHOD

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DOM.	LUN.	MAR.	MIE.	JUE.	VIE.	SAB.	
☆	☆	☆	☆	☆	☆	1	
2	3	4	⑤	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
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30	31	☆	☆	☆	☆	☆	

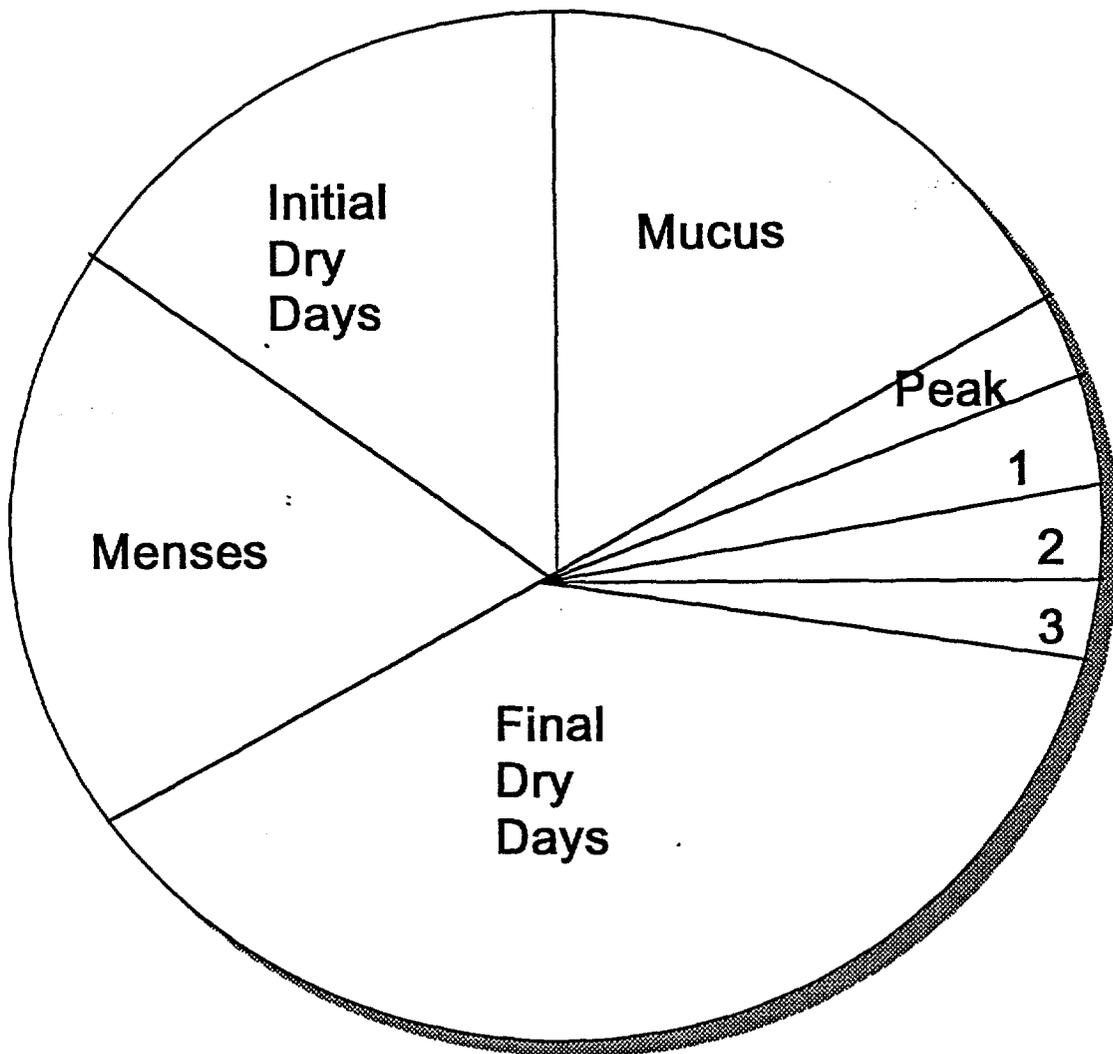


1976		J U N E					1976
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☆	☆	1	②	3	4	5	
6	7	8	9	10	11	12	
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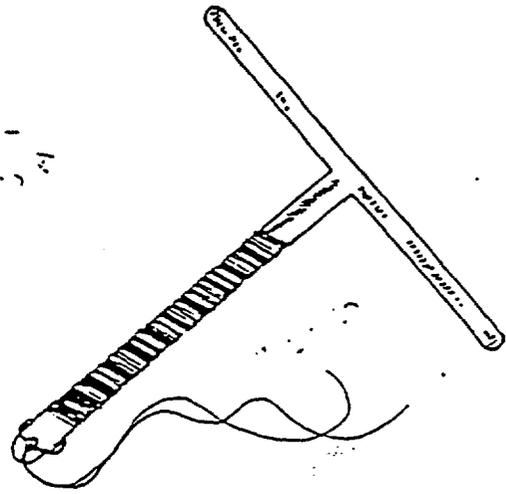
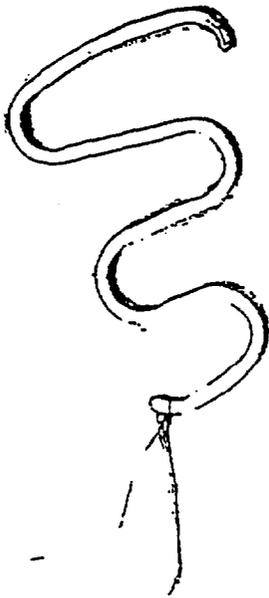
Population Communication  
Services, The Johns Hopkins  
University, USAID

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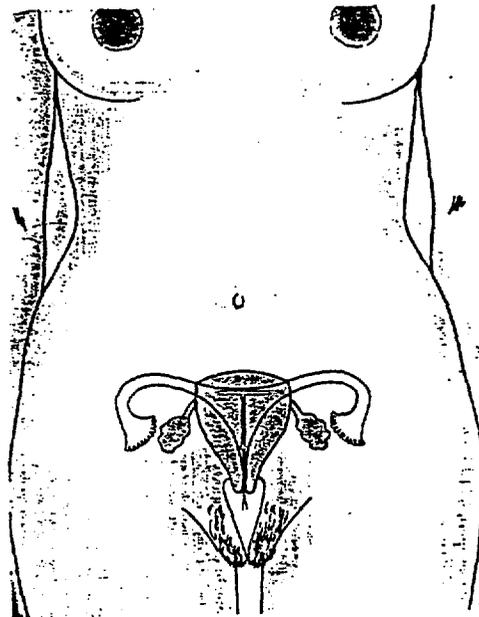
# Cervical Mucus Billings



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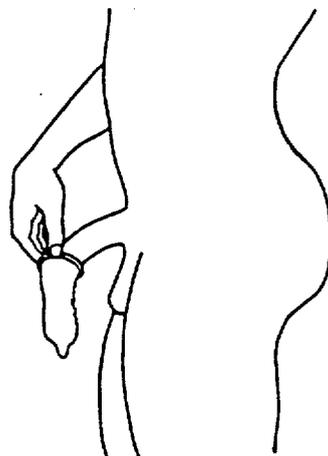
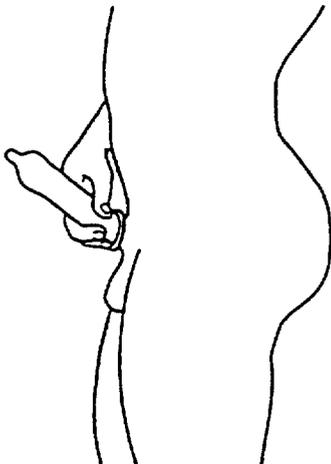
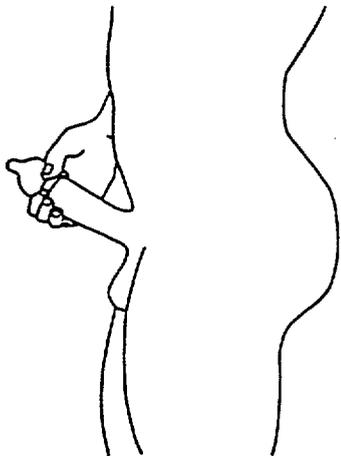
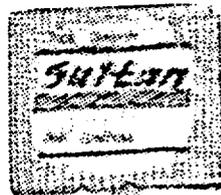
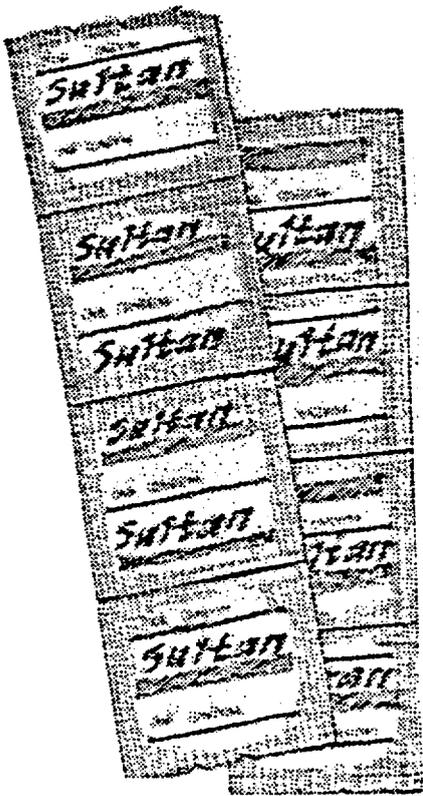
(Courtesy of Associação Brasileira de Entidades de Planejamento)



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ANNEX 7-5

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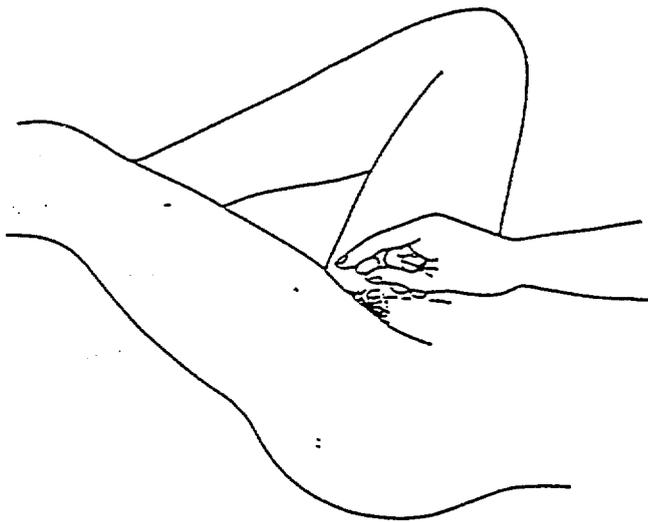


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University, USAID

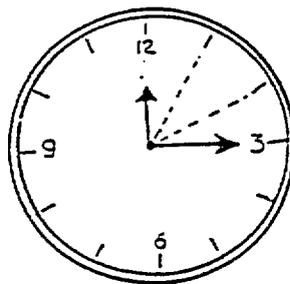
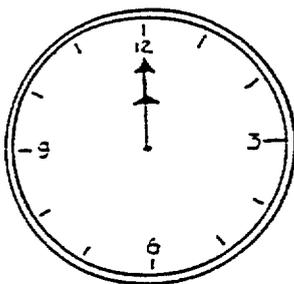
ANNEX 7-6

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# TABLETS AND FOAM



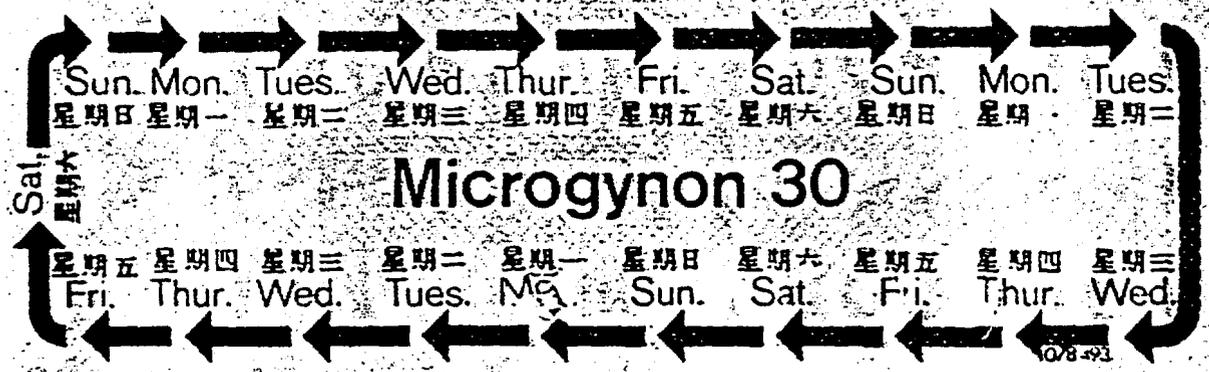
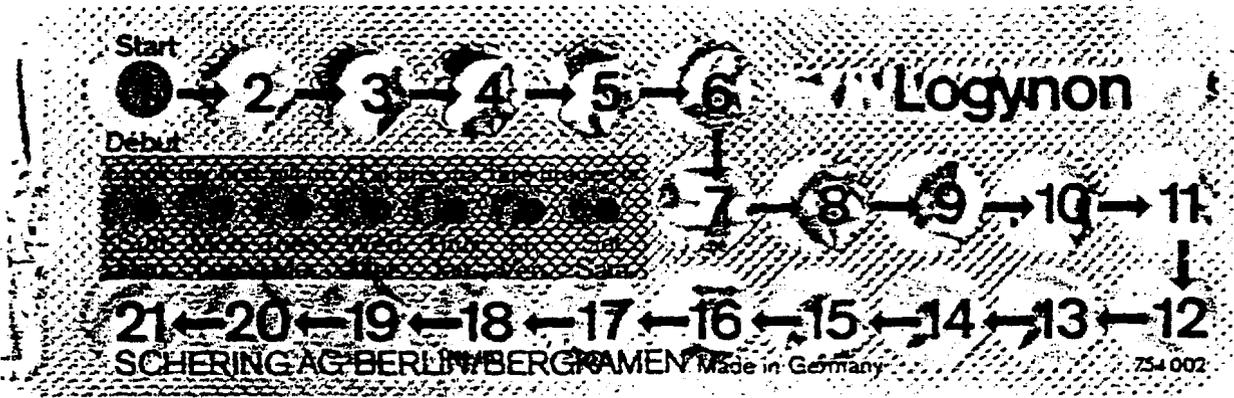
15 minutes



Courtesy Asociación Hondureña  
de Planificación Familiar (ASHONPLAFA)  
Honduras, USAID

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University, USAID

ANNEX 7-7



If progestin only pills are available explain their use

**NORMINEST® Fe**  
(Family Planning Pills)

16-2173-02

Syntex Laboratories, Inc.  
Palo Alto, California U.S.A. 94304

MFD 12/79  
Lot No. 30318

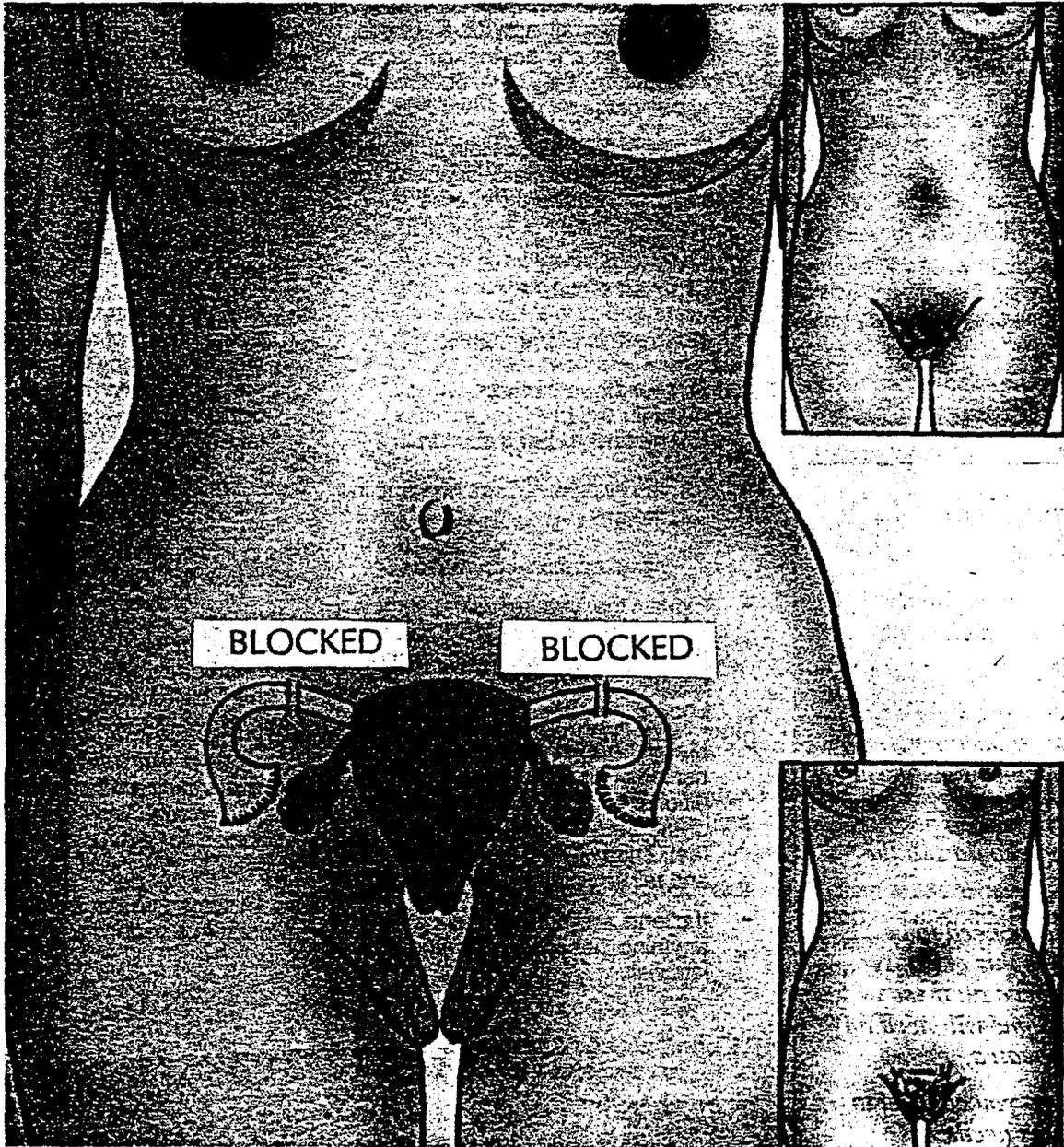
**OVRETT TABLETS**  
(progestin tablets) (Family Planning Pills)

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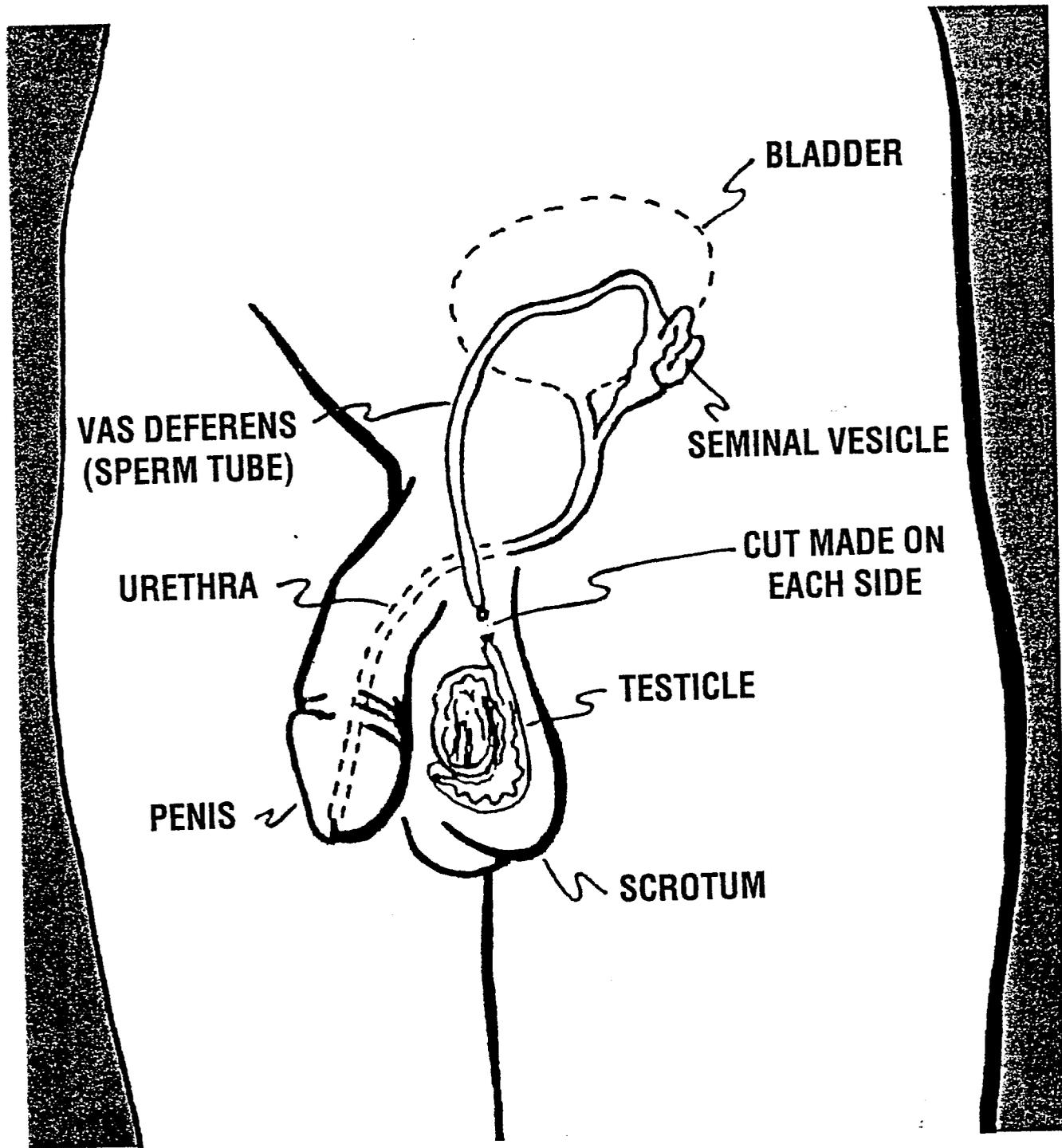
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ANNEX 7-9



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ANNEX 7-10

# Module 8

## How to Breastfeed Well

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# Module 8

## How to Breastfeed Well

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**Note to the trainer:** Before starting the session, arrange the chairs in a circle in order to encourage group participation. To facilitate interaction with the participants, you should be a member of the circle.

### I. Objectives

After completing this session, the participants will be able to:

- A. Explain the importance of the first feedings in starting breastfeeding off well;
- B. Demonstrate the different positions for breastfeeding adequately;
- C. Explain the importance of nursing without a time limit and the importance of the frequency of breastfeedings;
- D. Explain the mechanism of suckling from the breast and the different patterns of suction;
- E. Demonstrate how to withdraw the baby from the breast; and,
- F. Demonstrate how to burp the baby.

### II. Development of the Topic

#### A. First Feedings

**Q:** Ask the participants: Why is it important that the baby nurse during the first three days even if the milk hasn't let down?

**A:** Listen to the participants' answers and add that it is important to put the baby to the breast at the time of birth and during the first three days when the milk hasn't let down yet because the baby receives all of the colostrum, the milk will come in faster, the baby learns to suckle more rapidly, and it begins to establish a bond of affectionate between mother and baby.

**Q: Ask the participants:** What is colostrum?

**A:** Listen to the participants' responses and add that colostrum is the first milk the mother produces. There is a relatively small amount, it has a yellowish color, is thick, and is present mostly during the first three to four days after the birth. It helps the baby to clean its stomach, transmits defenses to it, and nourishes it until the mature milk (white milk) lets down.

## **B. Positions for Breastfeeding Adequately**



**Ask two participants to demonstrate how to put the baby to the breast with dolls or with their babies. You may use chairs, a rug, or mattress and pillows for the practice.**

**Q: Ask the participants:** Which is a good position for breastfeeding a newborn?



**Show Annex 8-1.**

**A:** Observe how the mothers position their babies and give additional information and correction by recommending the following position:

- ▶ The mother must be comfortable;
- ▶ Place the baby with its face looking at the mother's breast;
- ▶ The baby's stomach should be facing the mother's stomach; and,
- ▶ The mother should hold the breast with her fingers behind the areola in the shape of the letter "C," with the thumb at the top. Remember not to place the fingers in the shape of scissors because that tends to push the nipple out of the baby's mouth.



**Show Annex 8-2.**

- ▶ Lightly touch the baby's bottom lip with the nipple so that the baby will open its mouth wide;
- ▶ Rapidly pulls the baby onto the breast so that the nipple and part of the areola are inside the baby's wide-open mouth; and,
- ▶ This way the areola and the nipple stretch and become longer inside the baby's mouth.



**After doing the demonstration, ask the participants to practice the breastfeeding position and end the activity when you are sure that it has been understood.**

**Q: Ask the participants:** What happens to the mother if the newborn isn't placed in the correct position for breastfeeding?

**A:** Listen to the participants' responses and add:

The nipples get sore, they may crack, and become very painful. The baby may not be able to take the milk out well.

**Q: Ask the participants:** What type of help from the counselor does the mother need in the first weeks after giving birth?

**A:** Listen to the participants' answers and add that the first days after birth are the critical moments during which the mother needs support to begin breastfeeding.

**Q: Ask the participants:** What other positions for breastfeeding do you know?



**Ask the participants to explain and demonstrate every position they know. Add and demonstrate the positions that are not mentioned and correct any incorrect information they may have. If there are no babies for these demonstrations, use a doll.**



**Show Annex 8-3.**

**A: Lying Down Position.** This position is more comfortable for the mother after birth and helps her rest during breastfeeding. The mother and the baby must be on their sides lying down facing each other. The mother can use a pillow to prop the baby so that she is more comfortable. This position can be used with newborns and older children. The baby can also lie on top of the mother.

**Sitting Position.** The mother can be supported by the back of a chair or the headboard of a bed. The baby's head must be supported in the curve of the mother's arm. The baby's stomach must be facing the mother's stomach.



**Show Annex 8-4 and Annex 8-5.**

**Football position.** This is a good position to use after a cesarean, with sore nipples, and to nurse twins. The mother is sitting down with a pillow on each side of her. The baby's feet stretch out behind the mother under her arm. The mother puts her arm under the baby's body and she holds the baby's head with her hand as if she were carrying a football.



**Show Annex 8-6.**

**Dancer's Hold Position.** Hold the baby's chin while it nurses. This is a good position for children with a weak suckle. It is helpful when nursing a baby with Down's Syndrome.

**Riding Horse Position.** The baby is placed facing the mother and riding her leg. This is a good position to nurse babies with cleft palates and children that regurgitate every time they nurse.



**Bear in mind that when the child is older it adopts the position that is most comfortable. Ask the participants to demonstrate every one of the positions for breastfeeding. You may use chairs, a rug, or mattress and pillows for the practice.**

### **C. Nursing Without a Time Limit and the Frequency of Breastfeedings**

**Q: Ask the participants:** To the mothers who have breastfed: How long have you let the baby nurse on each breast?

**A:** Listen to the participants' responses.

**Q: Ask the participants:** What happens to the baby if the nursing time is limited?

**A:** Listen to the participants' responses and add the following:

- ▶ The baby isn't satisfied and cries frequently; and,

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- ▶ The baby can have an inadequate weight gain or it can lose weight.

**Q: Ask the participants:** Why can limiting the time of breastfeeding affect the baby's growth?

**A:** Give complementary information to the participants' answers saying that:

The baby doesn't receive adequate nourishment because the milk changes as the baby spends more time at the breast.

- ▶ At the beginning of the breastfeeding the milk is thin and contains a lot of water that quenches the baby's thirst.
- ▶ A little later during the feed the milk is thicker because it contains proteins, fats and other nutrients the baby needs to develop well.
- ▶ At the end of the feed the milk contains a lot of fats and this is what puts weight on the baby.

So, if the baby doesn't stay at the breast and nurse long enough, it won't receive what is necessary to fatten adequately.

**Q: Ask the participants:** How often should the baby be breastfed?

**A:** Listen to the participants' answers and add that:

- ▶ At the beginning the baby won't be hungry at regular hours, but little by little it will establish a schedule;
- ▶ After a few weeks, the mother and the baby establish their own feeding rhythm together;
- ▶ The baby should be breastfed every time it wants to and should be left at the breast for sufficient time during each feeding; and,
- ▶ The baby should breastfeed on demand. Every baby has its individual way of nursing.

**Q: Ask the participants:** How does the mother know that her baby is getting enough milk?

**A:** Listen to the participants' answers and add:

- ▶ The baby wets six to eight diapers during one day and night;
- ▶ The baby has a bowel movement every time it eats or once a day in early weeks, or less often but in larger quantity after a few weeks;
- ▶ The baby is gaining weight, its clothes fit tightly, and its legs get chubby;
- ▶ The baby is active;

- ▶ The baby's skin is soft and smooth; and,
- ▶ When the baby is suckling, the other breast may drip during the first months.

## **D. Different Ways of Suckling**

**Q: Ask the participants:** What happens if a newborn is given a baby bottle instead of the breast?

**A:** Listen to the participants' answers and add that the baby learns to suckle the baby bottle and when given the breast, it may reject it or suckle incorrectly and damage the nipple.

**Q: Ask the participants:** Why does a baby reject the breast?

**A:** Add information to the participants' answers saying that the suckling mechanism of the breast and the baby bottle are different.

**Q: Ask the participants:** What is the suckling of the breast like?



**Show Annex 8-7.**

**A:** Listen to the participants' answers and explain the following:

- ▶ The baby should open its mouth wide (rooting reflex);
- ▶ The nipple and the part of the areola should be placed inside the baby's mouth so that the baby will stretch the nipple and the areola to make them longer with its suckling.
- ▶ Placed under this elongated nipple and areola, the tongue extracts the milk from the lactiferous sinuses.
- ▶ If the suckling is adequate you will be able to observe the baby's tongue pushed forward between the nipple and the baby's bottom lip.

**Q: Ask the participants:** How does the baby suckle the baby bottle?



**Show Annex 8-8.**

**A:** Listen to the participants' responses and explain the following:

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- ▶ The baby places its tongue towards the back of the mouth to regulate the continuous flow of milk from the baby bottle;
- ▶ The lips and gums squeeze the baby bottle's rubber nipple; and,
- ▶ The muscles of the face make a slight sucking movement but the baby hardly makes an effort.

**Q: Ask the participants:** How is the mother harmed by initiating feeding with a baby bottle?

**A:** Listen to the participants' answers and add the following:

- ▶ Delays the milk coming in;
- ▶ The baby grasps the nipple like a baby bottle and can damage it;
- ▶ If the baby is only suckling the nipple the message doesn't travel to the brain with enough frequency, so milk production decreases;
- ▶ Nipple soreness can initiate a chain of problems and make breastfeeding a failure;
- ▶ A reduced number of nursings makes menstruation return; and,
- ▶ The breast can get infected with the accumulation of milk.

**Q: Ask the participants:** What are the different suckling behaviors that children adopt in breastfeeding?

**A:** Listen to the participants' answers and give additional information with the following:

Not all children suckle in the same way. Every child is different and they may adopt the following behaviors:

**Lazy:** These children prefer to suckle a few minutes, resting a little between every suckle. You shouldn't hurry them.

**Uninterested:** These babies aren't very interested in taking the nipple during the first days of life and it isn't until the fourth or fifth day that they start to suckle, waiting for the milk to come down easily. These children shouldn't be forced because they continue to suckle on their own.

**Gourmet:** These babies take the nipple, tasting some drops of milk; then they lick their lips making a noise with their mouth before starting to suckle. If you insist that they suckle, they will get angry. For this reason it is better to wait until they develop their own rhythm.

**Strict:** The breastfeeding sessions are strictly for breastfeeding. In ten minutes they can empty the breast. The mother should not respond negatively to this but should take advantage of another time to establish a dialogue with her baby.

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**Excited:** The babies who come under this category get so excited about taking the breast that they squeeze it and let it go. It is necessary that the mother calm the baby down before placing it again to the breast. After several days mother and child adapt to this behavior.

## E. Taking the Baby Off the Breast

**Q: Ask the participants:** How do you take the nipple out of the child's mouth?



**Show Annex 8-9.**

**A:** Listen to the participants' answers and have every participant explain the way she has been doing it. If necessary, explain that there is a very good way of taking the nipple from the baby's mouth without running the risk of hurting the nipple, and that is:

- ▶ Placing your little finger on the baby's bottom gum;
- ▶ Pressuring the bottom gum; and,
- ▶ In this way the baby releases the nipple and the mother pulls it out easily.

## F. How to Burp the Baby

**Q: Ask the participants:** How do you burp a baby?



**Show Annex 8-10. Use a doll for a demonstration if there are no babies.**

**A:** Listen to the participants' responses and give complementary information as to what the mothers do, rounding out their responses, correcting and giving demonstrations of each of the techniques:

- ▶ If it is a woman who is going to burp the baby, place the baby on her shoulder, so that it will exert pressure on the baby's stomach.
- ▶ If it is a man who is going to burp the baby, there is no need to lift the baby to his shoulder because his chest is flat and will exert pressure on the baby's stomach.
- ▶ Place the baby face down on your forearm and give it small pats on the back.
- ▶ Place the baby face down over the mother's leg and give it small pats on the back.
- ▶ Place the baby on the mother's chest with the baby facing outwards and flex the baby's legs against its stomach.

### III. Exercise

Explain to the participants that they are going to practice what they learned by means of a skit, modeling a counseling session: a breastfeeding mother with a baby who is forty days old. Ask one participant to cooperate in the counseling session. The trainer will play the role of the counselor.

Dialogue:

C: Good morning, Connie, may I come in?

M: Good morning, Rose, please come in.

C: How is everybody?

M: We're fine, and you, Rose?

C: I am doing well, and you? Your baby looks very healthy.

M: I am worried because the baby nurses and nurses and doesn't seem satisfied. He is still hungry.

C: Connie, what makes you think your baby isn't satisfied?

M: Well he cries because he wants to nurse all the time and he does nurse but doesn't stop crying.

C: Connie, how are you feeding your baby?

M: Only with my milk.

C: How often are you breastfeeding?

M: Every time the baby wants to. He wants to nurse all the time.

C: How much time does the baby spend nursing on each breast?

M: Just like the neighbor advised me: ten minutes on one side and ten minutes on the other.

C: Connie, I understand that you were advised to nurse the baby ten minutes on each breast. Is that the way you are doing it?

M: Yes, but he always cries.

C: Connie, I can hear the baby crying right now. Do you want to put him to your breast so I can see how he nurses?

M: Yes, I am going to breastfeed him.

C: Look Connie, can you see the baby's attitude? He is nursing slowly as if tasting the milk; that is characteristic of the lazy baby and look, he is only suckling the nipple. May I help you?

When the baby is placed stomach to stomach, his ear, shoulder, and hip are in a straight line, and his face is in front of the breast. In this position he can take the nipple and most of the areola into his mouth, being able to extract the milk better without hurting your nipple.

(cont'd)

C: Your child nurses slowly, so he needs to be at each breast for a longer period of time in order to be able to take out hind milk which has a higher fat content. (Explain the variation in the contents of the milk and the importance of not limiting the nursing time).

M: Thank you very much for the help you have given me. If it's not a lot to ask can we see each other again?

After finishing the skit the trainer will discuss the counseling elements that were present with the participants in order to strengthen each of them.

#### IV. Summary



**In the first days and weeks after birth a woman may be very sensitive and lack self-confidence and experience. She needs a lot of support to be able to exclusively breastfeed optimally.**



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ANNEX 8-2

**LYING DOWN POSITION**



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**ANNEX 8-3**

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## SITTING POSITION



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ANNEX 8-4

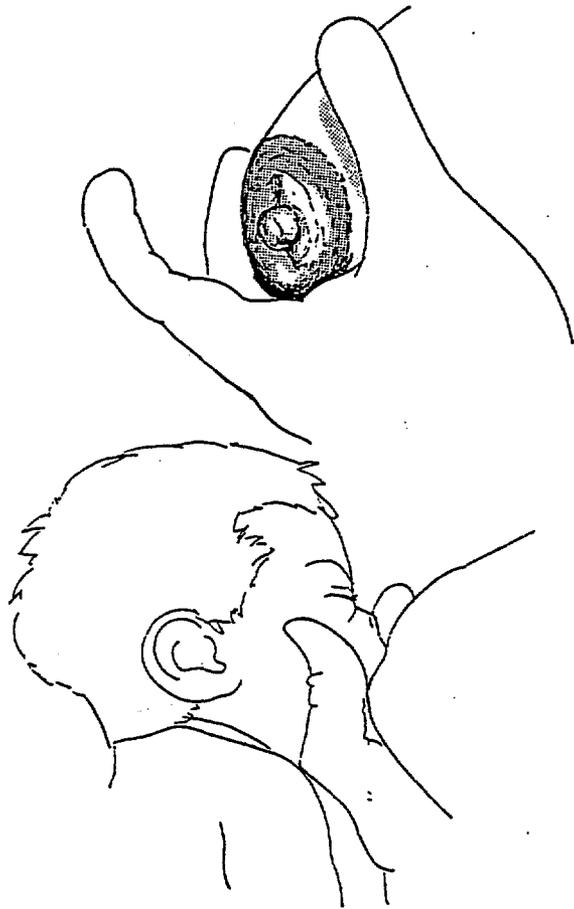
## "FOOTBALL" POSITION



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ANNEX 8-5

# "DANCER'S HAND" POSITION

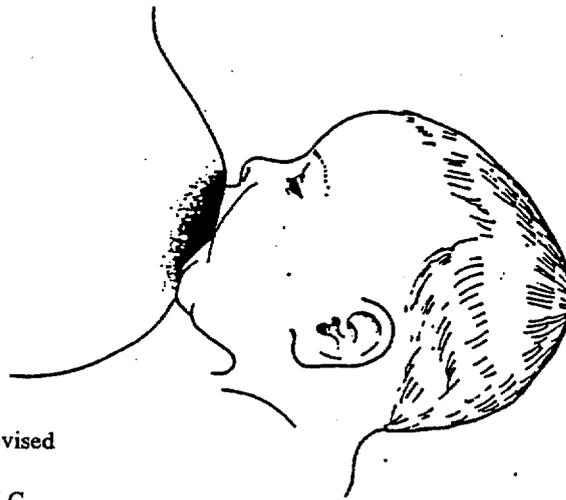
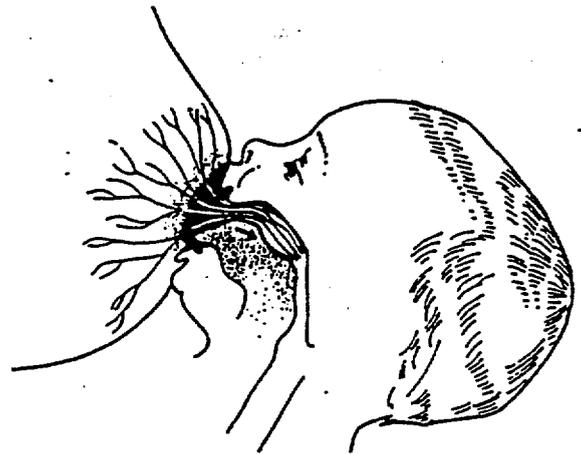
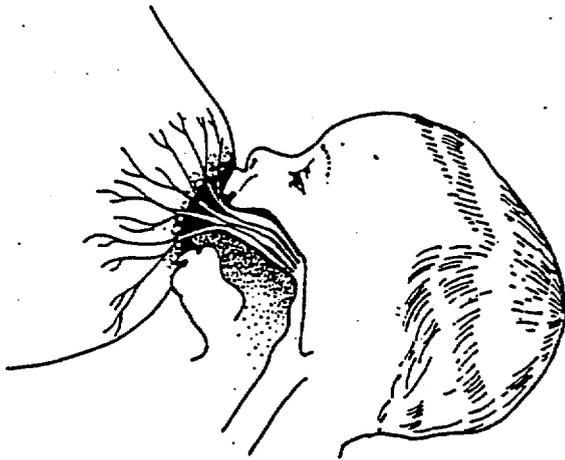
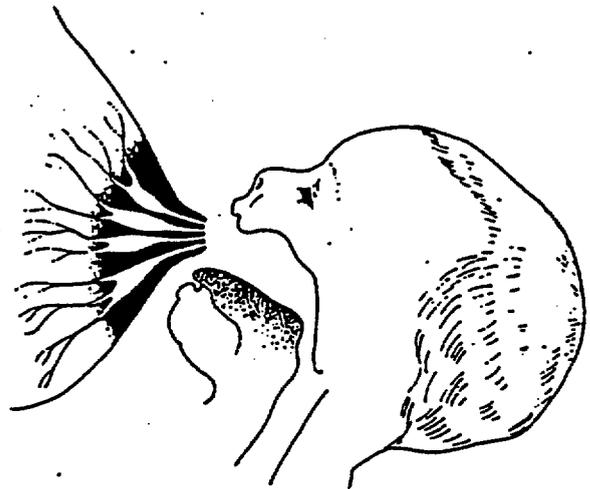
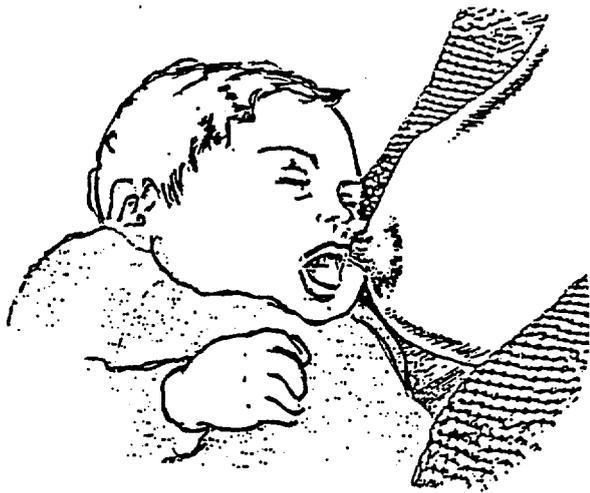


# UPRIGHT POSITION



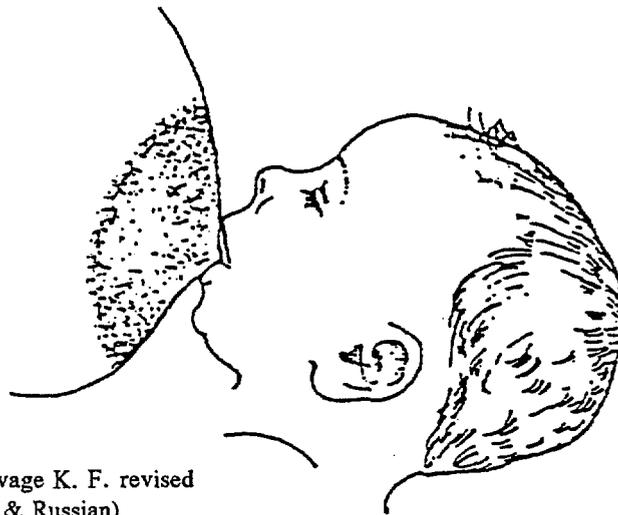
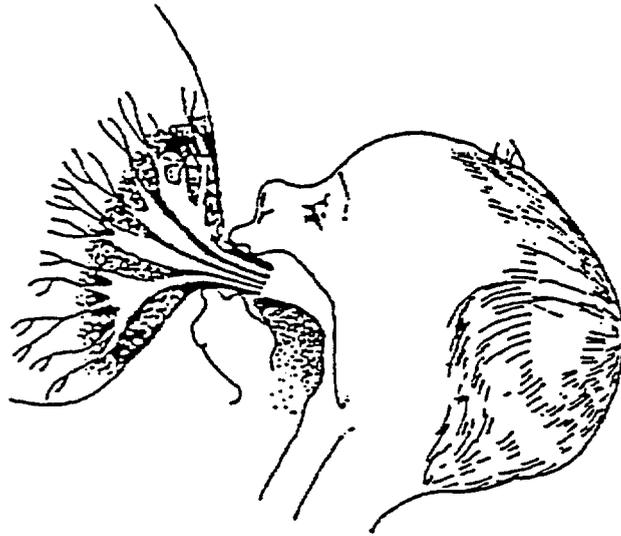
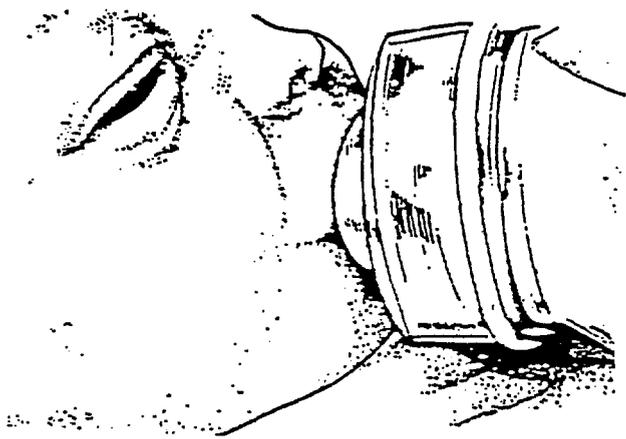
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ANNEX 8-6



Helping Mothers to Breastfeed, Savage K. F. revised editions (English, Spanish, French & Russian) AMREF, IRH, Wellstart, UNICEF, SIDA, TALC, 1992.

ANNEX 8-7



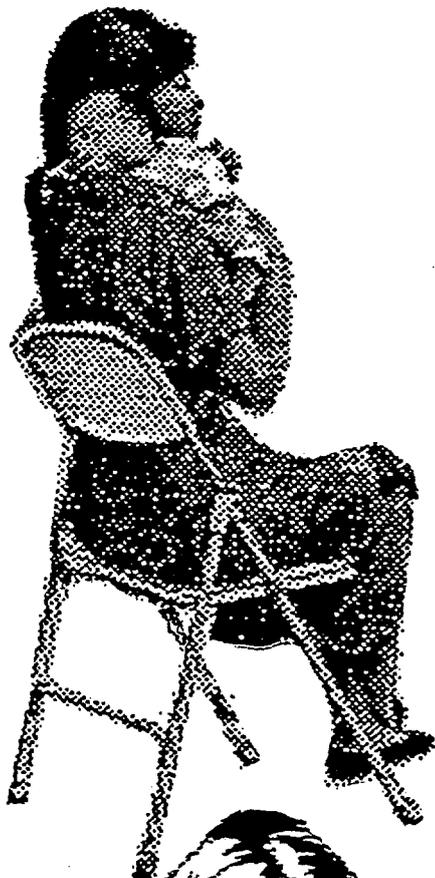
Helping Mothers to Breastfeed, Savage K. F. revised editions (English, Spanish, French & Russian) AMREF, IRH, Wellstart, UNICEF, SIDA, TALC, 1992.

**ANNEX 8-8**



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ANNEX 8-9



ANNEX 8-10

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# Module 9

## Good Child Rearing

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# Module 9

## Good Child Rearing

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**Note to the trainer:** Before starting the session, arrange the chairs in a circle to encourage group participation. To facilitate interaction with the participants, you should be a member of the circle.

### I. Objectives

After completing this session, the participants will be able to:

- A. Describe the nutritional necessities during the growth and development of the child between zero to 23 months and the functions of the nutrients and the foods that they contain;
- B. Explain the importance of nourishing the child with exclusive breastfeeding from zero to six months;
- C. Describe the process of introducing complementary foods to breastfeeding children from six to 23 months; and,
- D. Orient the mother of the baby and young child under two years old about the importance of paying attention to the following:
  - ▶ Weaning;
  - ▶ Immunizations;
  - ▶ Growth and development;
  - ▶ Discipline with love;
  - ▶ Hygienic care; and,
  - ▶ Self-esteem.

### II. Development of the Topic

#### A. Nutritional Necessities and Growth of the Child

**Q: Ask the participants:** What is the most important organ in the human body, in your opinion?

**A:** Listen to the participant's answers and add as necessary that it is the brain because that controls everything else.

**Q: Ask the participants:** When do you think that the brain grows the most?

**A:** Listen to the participants' answers and add, as necessary, that it is during the first 2½ years of life. The brain reaches 25% of its final size before birth; by six months it reaches 50%; it reaches 66% of its final size at a year and 75% at 2½ years. When a child starts school between six and seven years, it has already reached 90% of its final size.

**Q: Ask the participants:** Besides brain growth, what is the baby's growth in general like during the first year of life?

**A:** Listen to the participants' responses and reinforce as necessary explaining that the growth of the baby is rapid.

A baby that weighs 7½ lbs (3.5 Kg) at birth doubles this weight at about six months to 14 or 15 lbs (6.4-6.8 Kg) and at a year, it triples its birth weight to 21 to 23 lbs (9.5-10.5 Kg).

**Q: Ask the participants:** What nutrients does a child need during this period of accelerated growth?

**A:** Listen to the participants' responses, write them on the flip chart in the order that they are mentioned, then add the ones that are missing.

A child under one year of age has higher and relatively greater nutritional needs than some adults, especially in terms of protein, iron, water, calcium, vitamin "A," and energy requirements.

**Q: Ask the participants:** What are the functions of each one of the nutrients and where can they be found?

**A:** Listen to the participants' answers, correct the information, if necessary, and give additional information, as needed, with the following:

**Vitamin "A":** Vitamin "A" keeps the child's eyes and skin healthy. It can be found in breastmilk and yellow, green, red, and orange fruits and vegetables, such as spinach, carrots, sweet potatoes, cantaloupe, and parsley.

- Proteins:** Proteins are for the growth and construction of tissues. They can be found in products of animal origin such as breastmilk, egg, meat, and milk products. They are also found in foods of vegetable origin such as beans combined with corn, potatoes, yucca, rice, wheat, or sweet potatoes.
- Iron:** Iron is a mineral that the body needs to make the blood. It can be found in breastmilk, meat, eggs, potatoes, and some very green vegetables.
- Calcium:** Calcium is necessary for the formation of the bones, teeth, nails and hair. It can be found in breastmilk, dry fish, some fish bones, selected green vegetables, corn cooked with lime, and milk products.

## B. Feeding from Zero to Six Months

**Q: Ask the participants:** What should a baby younger than six months old eat?

**A:** Listen to the participants' answers and when someone says exclusive breastfeeding, reinforce their answer or explain that during the first three days the baby should have colostrum and when the milk lets down, only breastmilk until it is around six months old.

**Q: Ask the participants:** What is *exclusive breastfeeding*?

**A:** Listen to the participants' answers and add that exclusive breastfeeding is giving the baby only breastmilk without water, sugared water, juices, teas, or any other food.

**Q: Ask the participants:** Why should the child receive exclusive breastmilk from zero to six months?

**A:** Listen to the participants answers' and add the following information:

A child from zero to six months only has the ability to suckle which allows it only to accept liquid nourishment. Because the child is not able to accept other foods, breastmilk is recommended during this period.

At this age the baby has a reflex of pushing its tongue towards the front of its mouth when given a solid food, giving the impression that it is spitting out the food.

At this age the child hasn't developed the capacity to digest certain foods like corn starch, rice, corn, wheat, potatoes, beans, etc., as well as cow's milk, sugar, eggs, and meat. An infant's kidneys may be overworked by eating these foods.

**Q: Ask the participants:** What are the advantages of giving the infant exclusive breastfeeding during the first six months?



**Show Annex 9-1.**

**A:** Listen to the participants and add:

- ▶ Breastfeeding is established;
- ▶ The infant receives the nourishment that is suitable for its age and development;
- ▶ The production of the mother's milk increases;
- ▶ The risk of infections from diarrhea and other illnesses diminishes;
- ▶ The infant stays healthy;
- ▶ The mother is protected from a new pregnancy;
- ▶ The baby's growth and development is adequate;
- ▶ The baby's risk for allergies is lower;
- ▶ The baby doesn't suffer from constipation; and,
- ▶ The baby receives nourishment that has a high nutritional quality.

**Q: Ask the participants:** What risks does the baby run if it is not exclusively breastfed?

**A:** Listen to the participants' answers and add:

A baby that is not nourished exclusively with breastmilk receives other liquids (water, sugared water, fruit juices, other types of milk, teas, etc.) in a baby bottle.

The use of the baby bottle puts the the baby at the risk of:

- ▶ Not receiving as much of breastmilk's protection from illness;
- ▶ Nipple confusion and rejection of the breast, causing premature weaning;
- ▶ Getting infections because of the lack of hygiene in preparing the bottles;
- ▶ Getting filled with other liquids and decreasing the number of breastfeedings, and, therefore decreasing a mother's milk production; and,
- ▶ Receiving foods of low nutritional quality.

**Q: Ask the participants:** How does the fact that some babies cry a lot and want to be constantly at the breast affect exclusive breastfeeding?

**A:** Listen to the participants' responses and add:

The mother gets concerned because she thinks that her milk isn't satisfying her baby and starts to give it sugared water and other milks. It is helpful to mothers to know that:

- ▶ Babies go through periods of rapid growth spurts in which they need a lot of milk and they cry so that the mother will breastfeed them more frequently. Breastfeeding them frequently will make the mother produce all the milk that the baby needs and the baby will go back to breastfeeding at its normal rhythm.
- ▶ These periods occur when the baby is around two weeks, six weeks, two months, three months, and between four and six months.

**Q: Ask the participants:** How can the counselor support a mother when her baby is going through a growth spurt period?

**A:** Listen to the participants' responses and add:

When mothers go through these periods they generally think that their milk doesn't satisfy the baby and that they have to give him/her other foods. The counselor can explain to her that babies go through these periods and that if she breastfeeds more frequently, the baby will return to its normal routine in two or three days.

**Q: Ask the participants:** What information can the counselor support the mother with so that she establishes exclusive breastfeeding well?

**A:** Listen to the participants' responses and add:

- ▶ Importance of rooming in.
- ▶ Importance of giving colostrum before the milk lets down.
- ▶ Correct positions for breastfeeding.
- ▶ How to deal with growth spurts or rapid growth periods.

## C. Introduction of Complementary Foods

**Q: Ask the participants:** At what age should the mother start giving the baby other foods?

**A:** Listen to the participants' answers and explain that the health standards establish that breastfeeding should be complemented with other foods at around six months of age because the baby is growing very fast, it shows signs of being ready to eat (such as grabbing for food), and it begins to show signs of mobility.

**Q: Ask the participants:** Why should mothers start with solid foods during this period?

**A:** Listen to the participants' answers and add, as necessary:

The reflex of pushing food towards the front of the mouth disappears usually around six to seven months after birth, the child acquires more ability to swallow foods that are mashed and thick, the child also gets its first teeth, and the first rhythmic chewing movements appear. The baby senses movement and it can identify and differentiate tastes, smells, and textures. The baby will probably try to grab food.

### 1. Feeding from Six to Seven Months

**Q: Ask the participants:** What should the child's nourishment be like from six to seven months?

**A:** Listen to the participants' answers and add that during this period the baby should continue to breastfeed and receive solid foods that complement the energy level and the proteins of breastmilk which the baby needs to continue healthy growth and development.

The period between six and seven months is considered an adaptation stage, with the objective of the child getting to know the different tastes and textures of food and the mother becoming familiar with special preparations. It is also a test period to see if the baby shows a tendency to food sensitivities or allergies.

**Q: Ask the participants:** With foods should a mother start off with between six and seven months of age?



**Write their contributions on the flip chart. Guide the discussion by marking with a circle every food that is mentioned according to the order in which they should be introduced:**



**Show Annex 9-2.**

She may start with fruits: ripe bananas, ripe mangos, watermelon, melon, and papaya which can be mixed with breastmilk.

Continue with vegetables: carrots, potatoes, sweet potatoes, and squash. You can also give cereals like corn, rice, wheat, etc.

**Q: Ask the participants:** How should mothers add other foods?

**A:** Listen to the participants' answers and say that mothers can start with small amounts and with only one type of solid food.

**Q:** Ask the participants: What happens if the child rejects the food?

**A:** Listen to the participants' answers and add:

Don't worry if the child doesn't accept the food at the beginning, try again after three days, and don't force it. However, if the mother watches the child for signs of readiness, the child will be less likely to reject the food.



**Besides the solid food, breastmilk should also be given. Remind the participants that the child is still breastfeeding and that breastmilk is still the child's principal food. In the early months, the mother should always breastfeed before giving the solid food.**

**Q: Ask the participants:** For how many days should mothers give the same food they started with?

**A:** Listen to the participants' responses and add:

The child should be offered the same food several times a day for a couple of days. On the third or fourth day add a new food, if the baby has not shown a reaction.

**Q: Ask the participants:** When mothers start giving their babies solid foods why shouldn't they give different foods at the same time?

**A:** Listen to the participants' answers and add:

When foods are introduced one by one, the mother will have the opportunity to know if the baby is allergic to the food that is being introduced. After she has introduced several foods and the baby has not shown any reactions she probably won't need to be as careful about letting several days go by.

**Q: Ask the participants:** How can an allergy to a food manifest itself?

**A:** Complete the participants' answers saying:

An allergy is when the baby develops a rash, has a red bottom, or has diarrhea after the introduction of a new food. If this happens, the mother should suspend that food and try it again after a couple of weeks.

**Q: Ask the participants:** What foods do you know of that can cause allergies?

**A:** Listen to the participants' answers. Write them on the flip chart and discuss the foods that are mentioned. Point out those that produce allergies in the first months of the child's life and add those that weren't mentioned.

- ▶ Orange juice may produce diarrhea and skin rash, and, according to nutritionists, should be introduced at around nine months.
- ▶ Cooked egg yolk can be given at six months, but, according to nutritionists, egg white should not be introduced until about ten months, unless there is a history of allergy in the family. If there is an allergy in the family, they recommend waiting until about one year of age.



**Remind the group of the following:** The introduction of food doesn't mean substituting other types of milk or solid foods for breastmilk. Emphasize that from birth until six months you should only give breastmilk and nothing else.

**Q: Ask the participants:** What should the preparation of foods during this period of six to seven months be like?

**A:** Listen to the participants' answers and add the following information:

During this period the foods should be prepared by mashing or making a puree. In the beginning, the foods should be tried one by one and afterwards foods that have already been tried can be inserted into the child's diet. Breastmilk may be used to soften foods during this period.

**Q: Ask the participants:** Should mixed foods be given during this period?

**A:** Listen to the participants' responses and add the following:

When a mother starts a second food she can combine it with a food she has given before but she should try not to add two new foods at a time. Foods should be given separately without combining them because if they are mixed the mother won't know which one of the foods caused an allergic reaction, if one develops.

**Q: Ask the participants:** What type of prepared foods are not recommended for the child during this period?

**A:** Listen to the participants' responses and give additional information saying that preparations using fruit juices, fruit drinks, or soups as a base should not be used because the child gets more full with the volume of water these preparations contain and not with nutrients.

**Q: Ask the participants:** How much and with what frequency should the boy or girl be given food?

**A:** Listen to the participants' answers and add the following:

During this period it is recommended to give food to the child three times a day for three days if the food is new to him/her; for example: two tablespoons of banana three times a day for three days. If the food has already been tried, give different foods every time you feed the child. For example: in the morning give the child two tablespoons of banana; at noon two tablespoons of a cereal drink based on corn; in the afternoon two tablespoons of potatoes softened with breastmilk. This makes a total of six tablespoons of food a day.



**Show Annex 9-3.**

These quantities are the minimum to start with during the first fifteen days. The next fifteen days increase portions to the baby's appetite every time the child is fed.



**Remind the group that the child breastfeeds before receiving the solid food. The food doesn't substitute for the nursings, but is in addition.**

**2. Feeding from Seven to Nine Months**

**Q: Ask the participants:** What foods should the child be eating from seven to nine months?

**A:** Listen to the participants, correct any wrong information, and give additional information saying that during this period it is recommended to continue offering the child food three times a day. At the beginning offer only one food at a time; for example one of these feedings could be: three tablespoons of ground beans, the next feeding, three tablespoons of rice and the third three tablespoons of vegetables or fruits. Also, it is recommended to give the child snacks other than the three feedings.

After the third week of a trial period with beans, the mother may use a mixture of foods: beans and rice, beans and ground corn, soy and ground corn. Later she may give multiple mixtures: beans with rice and plantain, beans and corn with carrots, soy with ground corn and banana, beans with rice and sweet potato, feeding to the baby's appetite.

**Q: Ask the participants:** What should the preparation of the child's food be like from seven to nine months?

**A:** Listen to the participants' answers and add that between seven and nine months of age the first teeth usually come through and rhythmic chewing movements appear, so that it can eat foods that are not mashed or pureed. Also, at this age the child can take the food in its hand and bring it to the mouth.

Thus the food can start to have a harder consistency, be chopped and in small pieces.



**Show Annex 9-4 (Feeding Plan).**



**Remind the group that at this age, breastmilk continues to be the child's principal food and the baby is still impatient, so usually it breastfeeds first and takes solid foods afterwards. Distribute recipes for local multi-mixes (Annex 9-4a).**

**Q: Ask the participants:** Why is it important to prepare food mixes for the child?

**A:** Listen to the participants' answers and add the following:

Adequate food mixes are important because they concentrate in one preparation the nutrients the baby needs and improves the nutritional value of the food.

**Q: Ask the participants:** What types of mixes can be prepared?

**A:** Listen to the participants' answers and give additional information saying that a way of improving the quality of the protein in a food is by combining any type of legume or bean with rice, for example: three tablespoons of rice and one of beans or legumes or three parts of grounded corn with one of soy beans.

The iron contained in vegetables is better absorbed in the intestine if it is combined with vitamin "C" or citric fruits like lemon or tomatoes; for example: mashed spinach with some drops of lemon or some slices of tomato.

**Q: Ask the participants:** What foods can't be mixed because they hinder iron absorption?

**A:** Listen to the participants' answers and give the following additional information:

Foods like tea and coffee inhibit iron absorption. These are foods that other than having no nutritional value are harmful because they can produce anemia in the child.

### **3. Feeding from Nine to Twelve Months**

**Q: Ask the participants:** What foods should the child be eating between nine and twelve months?

**A:** Listen to the participants' answers and add:

At this age the child, besides receiving the foods mentioned before, should be eating eggs, meats, cheese, and cottage cheese.

**Q: Ask the participants:** How should eggs be introduced to the child?

**A:** Listen to the participants' answers and add the following information:

In the beginning, the child should be given only the egg yolk which is well cooked. If the mother is concerned about allergy, she should wait to give the egg white because it contains substances that may cause allergies.

**Q: Ask the participants:** How should meats be introduced?

**A:** Listen to the participants' answers and give the following additional information:

Start with soft meats like chicken, fish, and liver. These should be ground, chopped, or cut in very fine pieces and well cooked.

**Q: Ask the participants:** What amount of food should a child nine to twelve months of age eat?

**A:** Listen to the participants' answers and give the following additional information:



**Show Annex 9-5.**

At this age the child should receive food five times a day—three meals and two snacks. Every feeding should contain one portion of food that has volume (tortilla, rice, plantain, potato, etc.) and one portion that contains vitamins (brightly colored vegetables or fruits). At this age the child may continue to breastfeed first and then receive solid foods afterwards. However, once or twice a day, the child might eat a meal or snack independently of a breastfeed.

**Q: Ask the participants:** What types of prepared foods do you know that can be given to children from nine to twelve months?

**A:** Listen to the participants' answers and give the following additional information:

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At this age the baby should be eating multiple-mixed foods. Example of a menu:

- 6:30 am Breastfeeding  
Fruit
- 8:30 am Breastfeeding  
Corn-based cereal drink with milk and sugar
- 10:30 am Half a banana  
Breastfeeding
- 12:30 am Breastfeeding  
Multiple-mixture  
- 2 tablespoons of mashed beans  
- 1 teaspoon of cream or butter  
- 1 ground tortilla  
- 1 small tomato cut in pieces
- 3:00 pm Mashed fruit
- 5:00 pm Breastfeeding  
Multiple-mixture  
- 3 tablespoons of cooked rice  
- 1 tablespoon of grated cheese  
- 1 tablespoon of oil  
- 2 teaspoons of cooked yellow squash
- 8:00 pm Breastfeeding (also recommended if the baby wakes during the night)



**Remind the participants that at this age the child may breastfeed first and eat complementary foods afterwards. Or the child may eat first and then breastfeed. Or the child may breastfeed only, for example, if it wakes at night or between meals during the day.**

#### **4. Feeding from Twelve Months On**

**Q: Ask the participants: What should the twelve-month old baby eat?**

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**Show Annex 9-6.**

**A:** Listen to the participants' answers and add:

- ▶ In this period the child should be incorporated into the family table;
- ▶ The foods should be distributed in three meals and two to three snacks should be given;
- ▶ The mother may start to give natural fruit juices (orange, grapefruit, pineapple); and,
- ▶ The mother should continue breastfeeding, but in this period she should offer solid foods first and breastfeed *afterwards*.

**Q: Ask the participants:** What other foods can be given to the child at this age?

**A:** Listen to the participants' answers and add the following:

At one year, the mother can introduce most foods, even ones she was concerned about before, such as oranges or strawberries. The child should now eat the entire well-cooked egg (yolk and white).

**Q: Ask the participants:** What should the food preparations for the child between twelve and 23 months be like?

**A:** Listen to the participants' answers and give additional information:

The child should get the same foods as the rest of the family, but care must be taken with some foods that are difficult to chew like meat which should always be cut in small pieces or chopped. The beans should be mashed. Mothers should never give only the soup that the beans are cooked in.



**Use Annex 9-6a to make a summary of the introduction of solid foods.**

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Introducing food to a child is helping it acquire a new skill. The family needs to have patience and needs to encourage the child, sitting with it, offering freshly prepared and appetizing foods, and helping when necessary. Like any new skill, it takes time to learn, but the rewards are great—a healthy, well-nourished child.

## D. Caring for Children from Zero to 23 Months

### ▶ Weaning

**Q: Ask the participants:** How did you wean your babies?

**A:** Listen to the participants' answers.

**Q: Ask the participants:** How does it affect a baby when it is weaned abruptly?

**A:** Listen to the participants' answers and add:

An abrupt weaning can emotionally harm the child and mother when their relationship is violently disrupted. If the weaning is done in a slow and gradual way, the baby will be feel more secure with less frustration.

**Q: Ask the participants:** What advantages does a slow, gradual, child-led weaning have for the mother and the child?

**A:** Listen to the participants' answers and add:

- ▶ Breastmilk is often the only food the child accepts when it is sick and it continues to nourish the child during the sickness;
- ▶ Breastmilk contributes to protection from sickness during the whole breastfeeding period;
- ▶ In poor communities, breastmilk may be the only food of high nutritive value the child receives, especially if the mother cannot give other foods of animal origin like meat, eggs, etc; and,
- ▶ No matter what the baby's age, breastmilk is a highly nutritious food.

**Q: Ask the participants:** How can a mother wean her child in a slow and gradual way?

**A:** Listen to the participants' answers and add:

- ▶ Eliminate one breastfeed a week;
- ▶ Substitute this breastfeeding by distracting and playing with the child;
- ▶ Before putting the child to bed offer him/her a fruit or something nutritious; and,
- ▶ Increase the number of snacks and also the amount of food.

▶ **Immunizations**

**Q:** Ask the participants: Why is it important to immunize children?



**Show Annex 9-7.**

**A:** Give additional responses to the participants' answers saying that immunizations are important because they protect the child from dangerous illnesses like polio, measles, tetanus, tuberculosis, diphtheria, and whooping cough.

**Q:** Ask the participants: What is breastfeeding's role in the immunization program?

**A:** Listen to the participants' answers and add:

The role of breastfeeding is to strengthen the baby's defenses and help the vaccine to act. At the same time it may reduce the discomfort of the vaccination itself. The illnesses mentioned can cause malnutrition, death, and sometimes a physical disability. Breastmilk and vaccinations protect the child from this risk.

**Q:** Ask the participants: What is the counselor's role with respect to a child's immunization card?

**A:** Listen to the participants' opinions and round out their responses with the following information:

- ▶ The counselor should make sure that the children start their vaccinations by two months of age; and,
- ▶ She should refer children who haven't started their vaccinations or that have an incomplete immunization record to the Health Center.

**Q:** Ask the participants: What vaccination should the newborn receive?

**A:** Listen to the participants' answers and add that the newborn should receive the BCG vaccination which protects against tuberculosis. It is given again when the child is six years old.

**Q: Ask the participants:** What are the vaccinations a baby should have when it is two months old?

**A:** Listen to the participants' answers and say that at two months the baby should have the first dose of: polio and of DTP or triple (diphtheria, tetanus, whooping cough), if it wasn't given at birth.

**Q: Ask the participants:** What vaccinations should the baby have when it is four months old?

**A:** Listen to the participants' answers and explain that at four months all babies should have had the first dose of BCG and two doses of the triple and polio.

**Q: Ask the participants:** What vaccinations should the baby have when it is six months old?

**A:** Listen to the participants' answers and say that a baby should have had the first dose of BCG, three doses of the triple and polio, and also a first dose of vitamin "A."

**Q: Ask the participants:** What vaccinations should the baby have when it is nine months old?

**A:** Listen to the participants' answers and add the following: the first dose of BCG (tuberculosis), three doses of polio and the triple (DTP), a dose against measles, and the vitamin "A" dose.

► **Growth and Development**



**Explain to participants that just as they have to help mothers to understand the importance of immunizing their babies, it is also important for them to understand why she should monitor her child's weight gain and developmental markers.**

**Q: Ask the participants:** When we talk about monitoring a child's growth and development, what do we mean?

**A:** Listen to the participants' answers and add:

- ▶ *Growth* is the increase in the child's weight and height according to its age.
- ▶ *Development* is the abilities the child acquires: sitting, crawling, standing up, walking, and talking according to its age.

Development Stages:

- ▶ One to three months: the baby holds its head up and moves to the side-to-side;
- ▶ Three to six months: the baby lifts his chest, supports itself with its arms, follows objects with its eyes, and may start to reach for things;
- ▶ Six to nine months: the baby sits, crawls, and can grasp objects;
- ▶ Nine to twelve months: the child stands supporting itself on furniture and can grasp small objects with its fingers;
- ▶ One to two years: the child walks; and,
- ▶ Two to three years: the child runs.

**Q: Ask the participants:** What is the counselor's role in respect to the control of the growth and development of the child?

**A:** Listen to the participants' answers and add that the counselor and the mother will care for the child's weight and development.



**Show Annex 9-8.**



**Explain how to interpret the growth chart. (This may require a special session, especially if weighing is to be taught). Remember to explain about the direction of weight gain.**

**Q: Ask the participants:** What should the counselor do with children who are within the normal weight range according to their age?

**A:** Listen to the participants' answers and add:

Congratulate the mother and encourage the mother to continue breastfeeding her baby and checking on its development and growth.

**Q: Ask the participants:** What can the counselor do if a baby doesn't have good weight or development for its age?

**A:** Listen to the participants' answers and add that the counselor should offer support and counseling to the mother about how to feed and care for her baby and at the same time refer her to the Health Center.

▶ **Discipline with Love**

**Q: Ask the participants:** What does discipline mean to you?

**A:** Listen to the responses and add, as necessary, that discipline means teaching the child. Remind participants that it is hard to learn through violence.

**Q: Ask the participants:** How can we discipline a child with love?

**A:** Listen to the participants' answers and add:

- ▶ When the child starts to crawl and walk she wants to discover her world and so she touches, grabs, and tries everything. This is normal and desirable. Mothers shouldn't punish, but must prevent accidents;
- ▶ Mothers should keep dangerous devices and objects, such as fans, knives, and electric plugs, out of childrens' reach; and,
- ▶ The word "no" should be used when it is really necessary.

**Q: Ask the participants:** In what other ways can mothers discipline their children?

**A:** Listen to the participants' comments adding, as necessary, that:

- ▶ Discipline is not punishing, yelling, or hitting. It is guiding and helping the child learn how to choose between right and wrong.
- ▶ The family should be patient and distract the baby from the undesirable activity in order to shift its attention to another activity.

Example: If the baby is opening the kitchen drawers and is taking out harmful or breakable objects, then the mother can put these objects out of the child's reach and put things in the drawer that aren't dangerous or valuable.

▶ **Hygienic Care**

**Q: Ask the participants:** Why is it important to practice good hygiene habits with food and with children?

**A:** Listen to the participants' answers and give the following additional information:

Keeping a child clean and handling food with proper hygiene are very important to prevent one of the illnesses that most affects a child's nutritional state—diarrhea. To protect the child from diarrhea, food, water, and the utensils used in food preparation and the child's bath should be completely clean.

**Q: Ask the participants:** What does the hygienic care of foods consist of?

**A:** Listen to the participants' answers and give the following complementary information:

1. *Washing:* All fresh foods (fruits and vegetables) should be washed in a CONTAINER WITH CHLORINATED WATER, because a lot of times they have residues of dirt and dust. The legumes (common beans or soy) should be cleaned, rinsed, and put to soak the night before they are cooked, so that they will soften better.
2. *Boiling:* This method destroys practically all the microorganisms and parasites. Drinking water should be boiled and stored in a small mouthed and well closed container. Dirty utensils shouldn't be introduced into the container to remove some of the water. All drinks given to small children should be boiled or prepared with water that has been previously boiled.
3. *Storing:* Food should be prepared at mealtimes and not stored to avoid contamination and the growth of harmful germs.

**Q: Ask the participants:** What other concerns should you have with a child's hygiene?

**A:** Listen to the participants' answers and give the following additional information:

- ▶ bathing daily;
- ▶ washing of hands before and after every meal;
- ▶ cleaning clothes and using shoes by the time the child can walk; and,
- ▶ brushing teeth.

**Q: Ask the participants:** What should be the personal hygiene practices of the person who prepares the food and feeds the child?

**A:** Listen to the participants' answers and give the following additional information:

- ▶ Bathe daily to clean the body adequately;
- ▶ The hands and nails of the child and mother should be kept clean all the time. They should be washed with water and soap before preparing or eating food and feeding the child. Hands should also be washed after using the latrine, changing diapers, or being in contact with animals or dirt; and,
- ▶ The person who is preparing food should have their hair in place and if it is long, it should not be loose.

▶ **Self-esteem**

**Q:** Ask the participants: What is self-esteem?

**A:** Listen to the participants' comments and give additional information, if necessary, by saying that:

Self-esteem means that you have value and that you are capable of receiving and giving love. It means respecting yourself because you deserve respect and teaching others to give and receive that respect.

**Q:** Ask the participants: How can a child's self-esteem develop?

**A:** Listen to the participants' answers and add the following information, as needed:

Self-esteem is developed by the quality of the relationship between children and the people that are important to them in their home. Children notice words, tones of voice, and facial expressions. They notice how the mother reacts and responds. They also notice if they are taken seriously, if they are listened to, if they are respected, and if adults enjoy their company. Every child and person deserves and needs respect and unconditional acceptance and love. The parent's job is to fulfill those needs in their children.

**Q:** Ask the participants: How does self-esteem begin to develop?

**A:** Listen to the participants' answers and add the following, as needed:

The most important moments occur when the newborn and the mother have skin-to-skin contact, when the baby is hugged, breastfed, has eye contact, is caressed and lulled to sleep, given warmth, and talked to while breastfeeding.

Human bonding is important to establish trust, love, and self-esteem. Self-esteem starts with breastfeeding.

**Q: Ask the participants:** How do you continue developing the child's self-esteem?

**A:** Listen to the participants' answers and add the following:

- ▶ Self-esteem depends on unconditional love, a love that says "it doesn't matter what you do, I love you and accept you as you are." This means that the child shouldn't be told "you are loved only when...because...or if you do...." Children that receive conditional love never feel really loved.
- ▶ Newborns are totally dependent on adults; but as the child grows it needs more liberty to act its age. It is important to give them responsibilities when they are ready for them. For example: You may help a four year old to cross the street but realize that the child is old enough to pick up its toys and clothes from the floor. Parents should give responsibilities according to age so that in the future their children will be responsible young adults.
- ▶ Protect the child by putting limits or rules in the home. For example: in this house you will not yell, hit, call names, or ridicule anyone, etc. It is very important for the development of self-esteem and good child rearing. It is even more important that parents model the kind of behavior that strengthens self-esteem. Fathers and mothers should show respect to each other. Fathers should never hit mothers.

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### III. Exercise

Carry out the activity: "Buying at the Market."

**Objective:** To strengthen knowledge

**Development:**

- ▶ Organize a market stall with fruits, vegetables, cereals, grains, eggs, meats, canned goods, deep fried batter, cookies, etc.;
- ▶ The trainer can draw market products or paste pictures from magazines on cardboard;
- ▶ Ask two or three participants to go shopping at the market;
- ▶ One participant will play the part of Connie whose baby is six months old, another will have a baby of nine months, and a third participant will have a baby who is one year old;
- ▶ Choose a participant to be a stallkeeper who will insist in offering the women products that are not suitable like: deep fried batter, packaged soups, coca-colas, etc.;
- ▶ After they finish shopping, have them explain how they will "prepare" the food; and,
- ▶ Discuss the presentations of the mothers who "went shopping" and "prepared" the food with the participants.



Show Annex 9-9.

#### IV. Summary



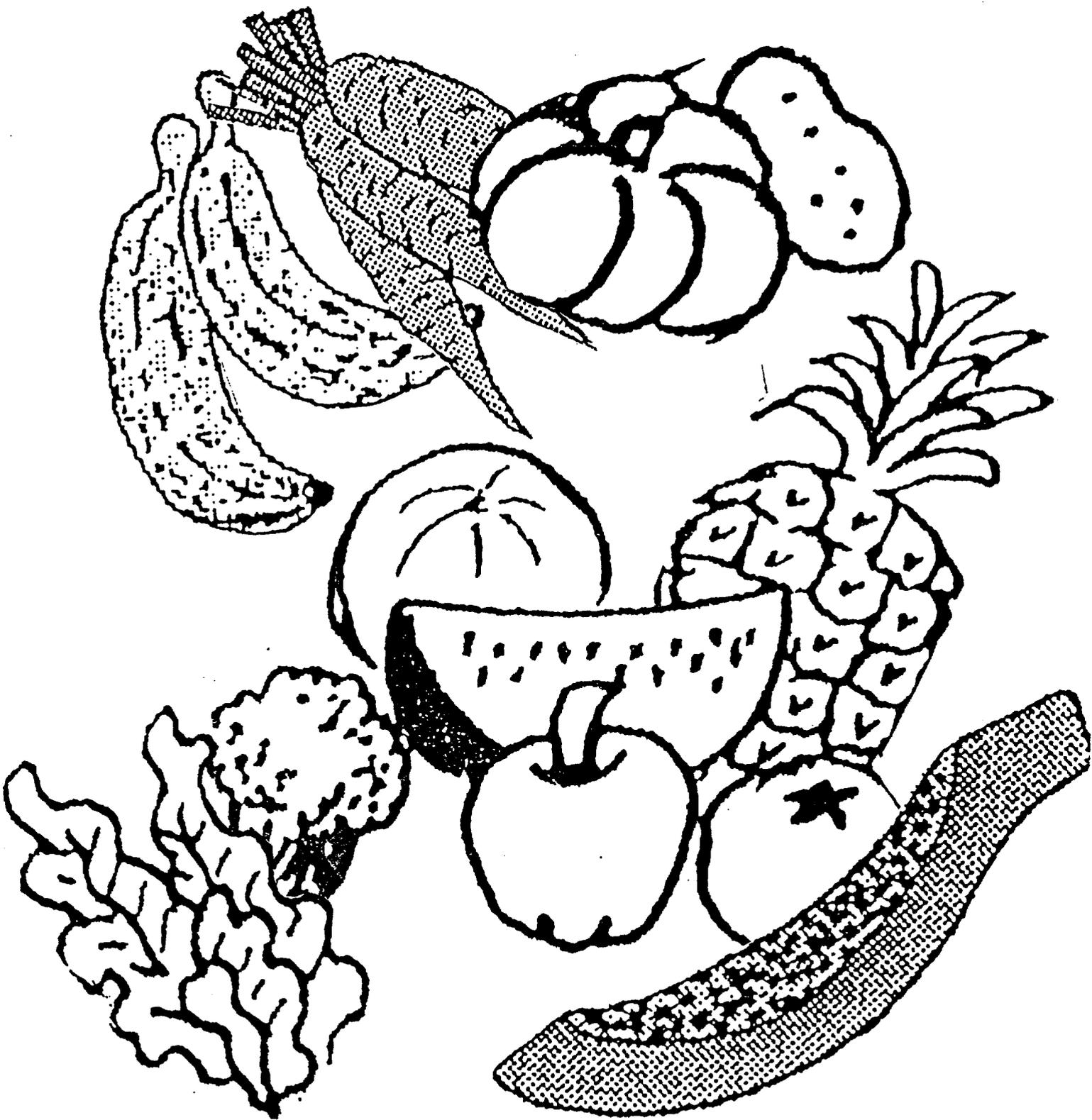
**Exclusive breastfeeding until six months is important to maternal and child health. It has everything the baby needs for its growth and development during that period.**

**The child's first two years are considered the most vulnerable. For this reason a mother needs good support from the health system, from her family, and from the community to protect and maintain her baby's health.**



Manual de Lactancia Materna  
AED, LLL/H, IRH, WI, USAID, UNICEF

ANNEX 9-1



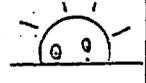
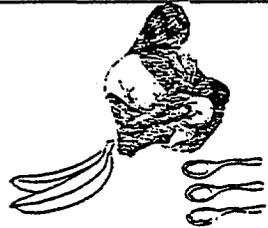
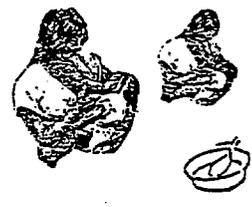
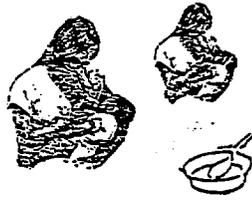
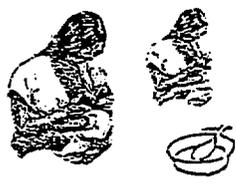
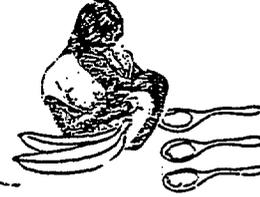
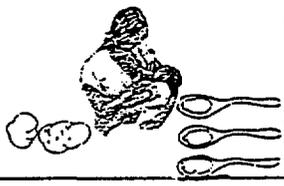
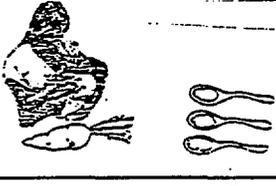
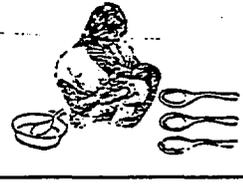
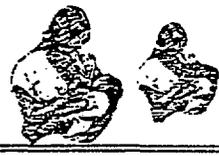
Manual for Breastfeeding Monitors  
La Leche League of Guatemala

Lactancia Materna: Solo tu leche basta  
Republica de Nicaragua, Ministerio de Salud, USAID, WI

ANNEX 9-2

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### Three day meal plan for 6-7 month old baby

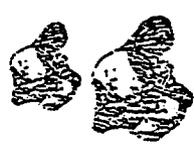
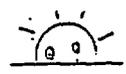
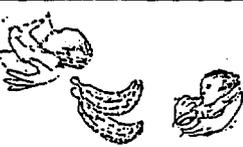
Time	Day 1	Day 2	Day 3
Dawn 			
Breakfast 			
Mid-morning 			
Noon 			
Mid-afternoon 			
Late afternoon 			
Evening 			
Night 			

ANNEX 9-3

Manual de Lactancia Materna  
AED, LLL/H, IRH, WI, USAID, UNICEF

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## Menu Plan for three days for a 7 -9 month old baby

Time	Day 1	Day 2	Day 3
<b>Dawn</b> 			
<b>Breakfast</b> 			
<b>Mid-morning</b> 			
<b>Noon</b> 			
<b>Mid-afternoon</b> 			
<b>Dinner</b> 			
<b>Evening</b> 			
<b>Night</b> 			

## SOME RECIPES FOR FOOD MIXTURES FOR BABIES FROM 7-9 MONTHS

### Carrot puré

#### Ingredients

- 1 medium carrot
- 1 tsp of oil
- 2 Tblsp of breastmilk

#### Preparation

- 1- Wash the carrot well and cook.
- 2- Peel it and mash it with a fork or spoon.
- 3. Mix it with the breastmilk and the oil.

### Corn porridge

#### Ingredients

- 2 tsp of corn meal
- 1 tsp of oil
- 3 tsp sugar
- 1/4 cup of water
- 4 tsp of breastmilk

#### Preparation

- 1- In a small pot, mix the corn meal, the oil and the sugar. Then add the water and mix well.
- 2- Cook this mixture for 5 minutes, stirring it with a spoon so that it doesn't stick.
- 3- Add the breastmilk.

### Bean and plantain puré

#### Ingredients

- 1- 1/2 small cooked plantain
- 2- 1 Tblsp cooked and strained beans
- 3 - 1 tsp of oil or lard

#### Preparation

- 1- Cut the plantain in half and mash it with a fork or spoon until it is puréed.
- 2- Mix the plantain, the beans and the oil.
- 3- Heat it for a few minutes.

### Rice and mashed beans

#### Ingredients

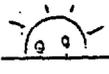
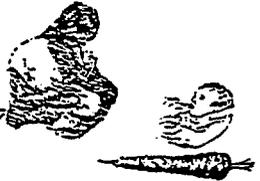
- 2 Tblsp of rice cooked in water
- 1 Tblsp of mashed beans with a little oil
- 1 Tblsp of boiled water/ or 1 Tblsp of breastmilk

#### Preparation

- 1- Mash the rice with a spoon or fork until it is a puré and mix it with the mashed beans.
- 2- Add the water or breastmilk to soften the mixture and stir it with a spoon.

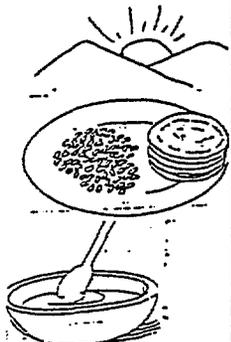
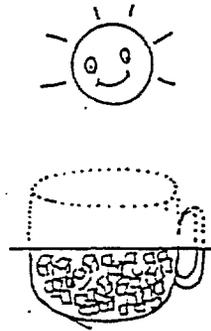
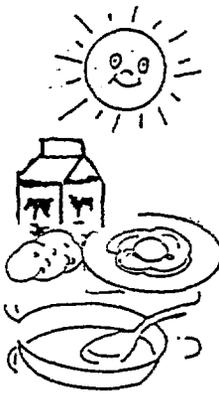
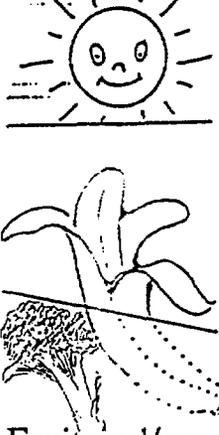
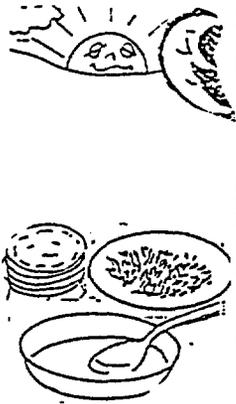
Adapted from *Manual de Lactancia Materna*  
AED, LLL/H, IRH, Wellstart, USAID, UNICEF

## Menu Plan for three days for a 9 -12 month old baby

Time	Day 1	Day 2	Day 3
<b>Dawn</b> 			
<b>Breakfast</b> 			
<b>Mid-morning</b> 			
<b>Noon</b> 			
<b>Mid-afternoon</b> 			
<b>Dinner</b> 			
<b>Evening</b> 			
<b>Night</b> 			

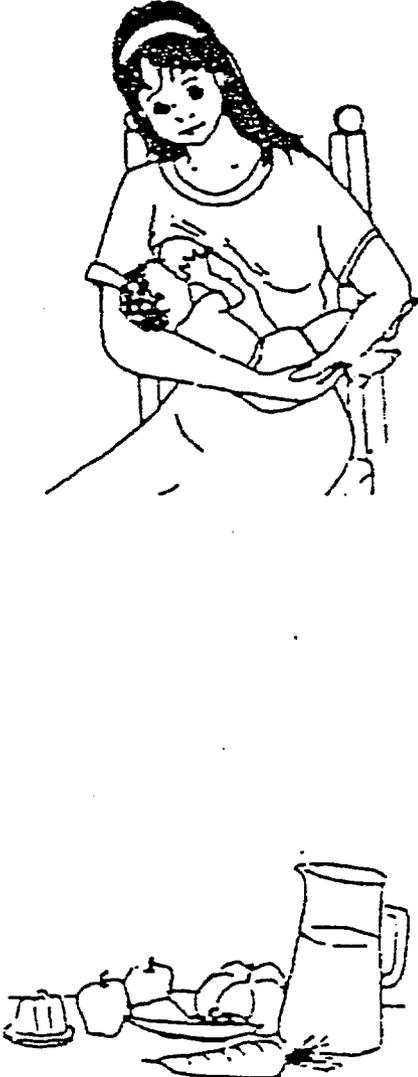
## Good Food Plan for a 12 - 24 Month Baby



Breakfast	Mid-morning	Lunch	Mid-afternoon	Supper
 <p><b>Grain and Legume mashed</b></p>	 <p><b>Fruit</b></p>	 <p><b>Starch &amp; Protein</b></p>	 <p><b>Fruit and/or Bright colored Vegetable</b></p>	 <p><b>Grain &amp; Legume mashed</b></p>



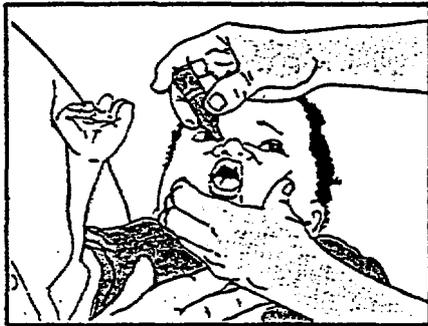
Good Nutrition from Birth until  
Two Years

0 - 6	6 - 12	12 - 24
		

ANNEX 9-6a

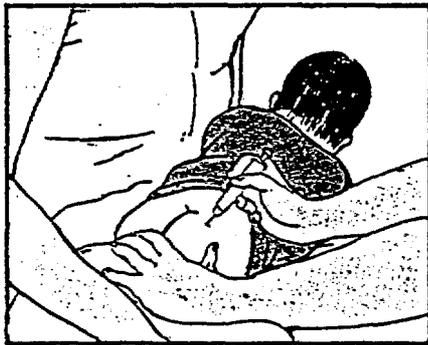
Manual para Monitoras de Grupos de Apoyo en  
Lactancia Materna (Eng./Spa.)  
La Leche League of Guatemala, CONAPLAN,  
UNICEF

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**ANTIPOLIOMIELITIS (Cuatro dosis)**

- Recien nacido \_\_\_\_\_
- 1ra DOSIS \_\_\_\_\_
- 2da DOSIS \_\_\_\_\_
- 3ra DOSIS \_\_\_\_\_
- OTRAS \_\_\_\_\_



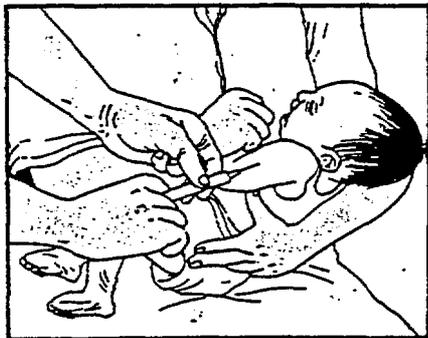
**DIFTERIA, TOSFERINA, TETANOS (D.P.T.) Tres dosis**

- 1ra DOSIS \_\_\_\_\_
- 2da DOSIS \_\_\_\_\_
- 3ra DOSIS \_\_\_\_\_



**ANTISARAMPION. (Una dosis)**

- 1ra DOSIS \_\_\_\_\_



**ANTITUBERCULOSIS ( BCG )  
( Tres dosis )**

- 1ra DOSIS \_\_\_\_\_  
R.N.
- 2da DOSIS \_\_\_\_\_  
7 AÑOS
- 3ra DOSIS \_\_\_\_\_  
12 AÑOS

Courtesy Ministry of Health  
of Honduras

### ALIMENTACION DEL NIÑO DURANTE SU PRIMER AÑO DE VIDA

ALIMENTOS	EDAD EN MESES CUMPLIDOS											
	0	1	2	3	4	5	6	7	8	9	10	11
LECHE MATERNA												
VEGETALES												
FRUTAS												
MAIZ												
ARROZ												
OTROS CEREALES												
FRIJOLES												
CARNE POLLO RES, CERDO Y PESCADO												
HUEVO												
DERIVADOS DE LECHE												

Marque con una "X" el mes que inicia el alimento.

El niño que amamanta no necesita tomar agua, porque la leche materna contiene suficiente agua. Al año de vida el niño debe comer de todo.

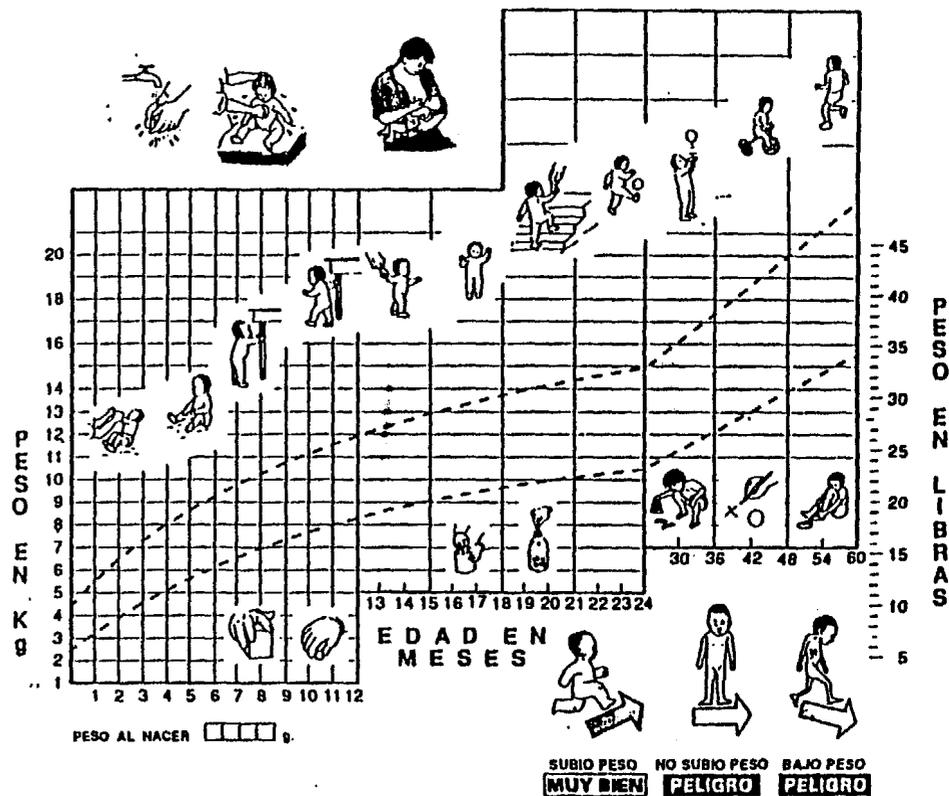
### FECHAS DE ADMINISTRACION DE VITAMINA "A"

DIA	MES	AÑO	DIA	MES	AÑO

DEBE INICIARSE A LOS 6 MESES Y DEBE ADMINISTRARSE UNA DOSIS CADA 6 MESES



### GRAFICA DE CRECIMIENTO Y DESARROLLO DEL NIÑO



Courtesy Ministry of Health of Honduras

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**WAR ON BOTTLES  
MOTHER'S MILK  
WILL ALWAYS BE THE BEST!**

**BAÑEGAS**

Courtesy La Liga de la Lactancia  
Materna de Honduras

**ANNEX 9-9**

# Module 10

## Difficulties and Special Situations of the Mother and Child

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# Module 10

## Difficulties and Special Situations of the Mother and Child

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**Note to the trainer:** Before beginning the session, arrange the chairs in a circle in order to encourage group participation. To facilitate interaction with the participants, you should be a member of the circle.

**Also note:** It is helpful for this session if participants can visit a breastfeeding clinic or hospital to observe real situations and practice skills described in this session.

### I. Objectives

After completing this session, the participants will be able to:

A. Identify the problems and special situations of the mother that make breastfeeding difficult and discuss alternatives to solve them:

- ▶ Sore nipples
- ▶ Engorgement
- ▶ Obstructed ducts
- ▶ Mastitis
- ▶ Abscess
- ▶ Mother with cesarean
- ▶ Sick mother
- ▶ Medicines and drugs
- ▶ Working mother
- ▶ Inverted nipples

B. Identify the problems and special situations of the child that make breastfeeding difficult and discuss alternatives to solve them:

- ▶ Babies who don't gain weight
- ▶ Refusal to nurse
- ▶ Babies with diarrhea
- ▶ Babies with respiratory infections
- ▶ Breastfeeding twins

## II. Development of the Topic

### A. Difficulties of Breast and Nipples

#### 1. Sore Nipples

**Q: Ask the participants:** Why do nipples get sore and cracked?

**A:** Listen to the participants' answers and round out their responses with the following information:

- ▶ Poor positioning of the baby for breastfeeding;
- ▶ Thrush;
- ▶ Flat or inverted nipples;
- ▶ Excessive cleaning of the nipple; and,
- ▶ The mother gives a baby bottle.

**Q: Ask the participants:** What happens if the baby is nursing in an incorrect position?



**Show Annex 10-1.**

**A:** Listen to the participants' answers and say that the nipple becomes sore because the baby suckles only on the tip of the nipple due to poor positioning.

**Q: Ask the participants:** How can the counselor support the mother who is not positioning her baby well for nursing?

**A:** Ask for two participants to volunteer to show the correct positioning for breastfeeding.

**Q: Ask the participants:** What happens if the mother washes her nipples with soap, lemon, alcohol, or "boric" water?



**Show Annex 10-2.**

**A:** Listen to the participants' answers and say that this will produce dryness, cracking, and pain in the nipples.

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**Q: Ask the participants:** What is thrush?

**A:** Listen to the participants' answers and explain that: thrush is tiny white spots which can be observed in the baby's mouth, tongue, and gums. The baby may be uncomfortable. There is also redness and warmth on the mother's areola and nipple.

**Q: Ask the participants:** What is the cause of thrush?

**A:** Listen to the participants' answers and explain that thrush is caused by a fungus and the baby acquires it due to some type of contagion.

**Q: Ask the participants:** How can the counselor support the mother when her baby has thrush?

**A:** Listen to the participants' responses and add that the counselor should inform the mother that home remedies (like honey or vinegar) are not effective in the case of thrush and that the mother should go to the Health Center so that the doctor or nurse can direct her to the correct medicine for her and her baby. The counselor should return to see the mother in order to confirm the doctor's visit and to give follow-up.

**Q: Ask the participants:** What recommendations can the counselor give to the mother for sore nipples?



**Show Annex 10-3.**

**A:** Listen to the participants' responses and add that the mother should:

- ▶ Use her finger to break the baby's suction;
- ▶ Place ice in a cloth on the sore nipple to numb it before nursing; and,
- ▶ Express some milk and put it on the tip of the nipple leaving it to dry there when she finishes nursing. The milk can help heal the nipple.



**Show Annex 10-4.**

- ▶ Expose the nipples to sunlight and air. At night, expose the nipples to a lamp;
- ▶ Do not wash or clean the nipples every time you nurse. A daily bath is sufficient; and
- ▶ Follow-up to make sure that the problem has been resolved.

**Q: Ask the participants:** What can the mother do so that nursing is not so painful?

**A:** Listen to the participants' responses and add the following: the mother should wait for the baby to open its mouth wide then put the baby on the breast. She can try positions until the suckling is not painful. This indicates that the baby is not putting pressure on the cracked part of the nipple.

The mother should begin nursing on the breast that is not as sore to avoid the strong pressure, such as of a very hungry baby, on the sorest nipple.

The mother can express some milk so it lets down and then put the baby on the breast. When the milk is already flowing, often the pain is less.

**Q: Ask the participants:** What can the mother do if she can't stand the pain in her nipples?

**A:** Listen to the participants' responses and add the following: If the mother cannot stand the pain, even with the recommendations mentioned above, she can express her milk and give it to the baby with a spoon, an eye dropper, or in a small cup until the nipple heals or until it doesn't hurt so much and she can nurse again.

**Q: Ask the participants:** What happens when the mother has a flat nipple?



**Show Annex 10-5.**

**A:** Listen to the participants' answers and say that when the mother has a flat or inverted nipple and is engorged, the baby will not be able to take the nipple and areola into its mouth. The baby can only grasp the tip of the nipple and this is what makes it hurt.

**Q: Ask the participants:** What recommendations can you give to the mother so that she can nurse when she has a flat nipple?



**Show Annex 10-6.**

**A:** Listen to the participants' answers and round out their responses saying that:

- ▶ When the nipple is flat or inverted and is detected during pregnancy, the mother can use a brassiere with the tips cut so that the nipple can protrude little by little. Before the let down, the most obvious thing to do is to stimulate the baby's lip so that the baby opens its mouth wide and takes a greater part of the areola in the mouth;
- ▶ If the problem is made worse when the milk comes in, the mother can express her milk to relieve the congestion and try to insert the areola and nipple into the baby's mouth when the breast is softer; and,
- ▶ The counselor should see the mother frequently until the problem is resolved.

## 2. Inverted Nipples

**Q: Ask the participants:** What are inverted nipples?

**A:** Listen to the participants' answers and explain that they may be flat or seem to protrude but are sunken into the breast and when the areola is pressed, they become flatter instead of protruding.

**Q: Ask the participants:** How can the counselor help the pregnant mother who has inverted nipples prepare for breastfeeding?

**A:** Listen to the participants' answers and give additional information to their answers, if necessary, with the following:

- ▶ Some times these nipples, with special techniques, come out during pregnancy;
- ▶ The mother can help, cutting holes in the tips of her brassieres (strengthening the openings by sewing around them) so that the pressure of her clothing stimulates the nipples;
- ▶ These mothers need constant support; and,
- ▶ After childbirth, if the mother and her partner are in agreement, he can suckle on the nipple to help bring it out.

**Q: Ask the participants:** How can the counselor help a mother with inverted nipples who wishes to breastfeed but whose baby has already been born?

**A:** Listen to the participants' responses and add the following:

- ▶ The counselor should understand clearly that the baby "milks" the whole breast (areola, breast, and nipple) and is not just pulling on the nipple;
- ▶ If the baby is born at home, the person who delivered the baby should initiate breastfeeding immediately after birth when the breasts are still soft and not wait

until the milk comes in because it is difficult for the baby to grasp the nipple of an engorged breast even when the nipple protrudes;

- ▶ The mother should strive to see that the baby opens its mouth wide in order to grasp the areola, taking into its mouth a lot of areola tissue in order to stretch the nipple;
- ▶ When the mother begins breastfeeding she should press her breast towards her thorax with her hand well behind the areola in the shape of the letter C;
- ▶ The mother should be referred to a breastfeeding clinic or to the Health Center if these suggestions do not work or if the breast is too engorged; and,
- ▶ The counselor should give constant follow-up because this mother needs a lot of support.



**Emphasize with the group that these women have better results when they have prepared their nipples during pregnancy and are later given follow-up.**

### **3. Engorgement**

**Q: Ask the participants:** What are engorged breasts?



**Show Annexes 10-7 and 10-8.**

**A:** Listen to the participants' answers and add, if necessary, that engorgement is when the breast tissue is inflamed and there is an accumulation of milk in the breasts.

**Q: Ask the participants:** Why do the breasts become engorged?

**A:** Listen to the participants' answers and round out their responses with the following information:

- ▶ The baby did not begin to nurse immediately following the birth;
- ▶ The baby was not put to the breast until the milk came in and was given some pre-lacteal or ritual substances (tea, "waters," guti, etc.);
- ▶ The baby drinks from a baby bottle;
- ▶ The baby is not suckling well because of some problem or an incorrect latch-on
- ▶ The mother has a flat or inverted nipple and the baby cannot grasp the areola and the nipple well;
- ▶ The baby sleeps a lot;

- ▶ There are large intervals between nursings; and,
- ▶ There is a time limit to the nursings.

**Q: Ask the participants:** What can the mother do with engorged breasts?



**Use a wash bowl, cloths, mattresses, pillows, photographs, and the artificial breast to teach about plugged ducts.**

**A:** Listen to the participants' responses and add that some of the following alternatives can help to decongest the breast:

- ▶ Put the breasts into a wash bowl with warm water, massaging with the hand to help stimulate the milk let-down;
- ▶ Place cloths of warm water on the breast massaging the breast to help stimulate let-down and to soften the breast. (Demonstrate how to massage in a circular motion);
- ▶ Massage by "combing" the breast from the top down to the nipple;
- ▶ Nurse the baby frequently;
- ▶ Express milk before putting the baby to the breast to soften the area around the areola and the nipple so the baby can grasp the nipple; and,
- ▶ If there is a lot of pain, alternate between warm and cold water compresses: warm before nursing and cold after nursing to alleviate inflammation.

**Q: Ask the participants:** How can you prevent breast engorgement?

**A:** Listen to the participants' responses and add the following:

- ▶ Frequently nurse the baby from birth;
- ▶ Nurse without setting a time limit;
- ▶ Wake the baby every two to three hours if it is sleeping a lot;
- ▶ Don't give baby bottles or other foods before six months. Give only breast milk; and,
- ▶ Give follow-up to the mother until the problem is resolved.

#### **4. Obstructed or Plugged Ducts**

**Q: Ask the participants:** What are obstructed or plugged ducts?

**A:** Listen to the participants' responses and add that obstructed or plugged ducts are hard and painful little lumps that sometimes form in the breasts.

**Q: Ask the participants:** Why are there obstructed or plugged ducts?

**A:** Listen to the participants and add that an obstructed or plugged duct is the result of not fully emptying the breast. The milk accumulates and the breast becomes hard because:

- ▶ The baby does not empty the breast;
- ▶ There is something that presses against the breast and blocking a duct (such as the mother's arm, a bra, etc.); and,
- ▶ The use of baby bottles that fill the baby and delay the next nursing.

**Q: Ask the participants:** What is recommended to the mother who has obstructed or plugged ducts?



**Show Annex 10-8.**

**A:** Listen to the participants' answers and give additional information, if necessary, with the following:

- ▶ Apply warm cloths to stimulate the let-down;
- ▶ Massage in a circular motion before nursing, gently pressing the area that is hard and painful;
- ▶ Nurse the baby frequently;
- ▶ If there is a lot of pain and inflammation, apply ice after expressing the milk or nursing;
- ▶ If the baby does not empty the breasts, manually express the milk;
- ▶ Get plenty of rest; and,
- ▶ The counselor should give continual follow-up until the problem is resolved.

## 5. Mastitis



**Show Annex 10-9 of mothers with mastitis.**

**Q: Ask the participants:** What can happen to a mother who has obstructed ducts or cracked nipples and does not receive adequate help?

**A:** Listen to the participants' answers and explain that it can produce a breast infection called mastitis.

**Q: Ask the participants:** What is mastitis?

**A:** Listen to the participants' answers and say that mastitis is an infection in the breast. The breast is inflamed, red, warm, and very painful. The mother generally feels bad and has a headache accompanied with fever.

**Q: Ask the participants:** What are the causes of mastitis?

**A:** Listen to the participants' answers and give the following additional information:

Mastitis is caused by a growth of bacteria because of milk accumulation in the breast due to:

- ▶ Untreated cracked nipples that prevent the baby from suckling effectively;
- ▶ Untreated obstructed or plugged ducts; and,
- ▶ Very long intervals between nursings because of the use of baby bottles.

**Q: Ask the participants:** What are the recommendations that you can give to a mother with mastitis?

**A:** Listen to the participants' responses and add:

- ▶ Refer the mother to the doctor because the treatment for mastitis requires antibiotics;
- ▶ The mother should be on complete bed rest;
- ▶ Alternate warm and cold compresses;
- ▶ Lightly massage the breast in a circular motion;
- ▶ Breastfeed more often from the affected breast; and,
- ▶ If it is too painful to nurse, express the milk at least every two hours and give it to the baby in a small cup or spoon.

The counselor should give continual follow-up until the problem diminishes.



**Practice giving massages and apply compresses to a mother with mastitis in order to reinforce skills. Practice using compresses, manual expression, and a breast pump. Practice the use of a referral slip and discuss accompanying the mother to the Health Center.**

## 6. Abscess

**Q: Ask the participants:** What happens if a mother with mastitis does not receive quick and adequate help?

**A:** Listen to the participants' responses and add that if mastitis is not treated, in a short time it will provoke an accumulation of pus in the breast called an abscess.

**Q: Ask the participants:** How can you know if an abscess has formed?

**A:** Listen to the participants and give the following additional information, as needed:

- ▶ A localized enlargement in a part of the breast is visible;
- ▶ It feels firm to the touch, but it can move and change color from red to yellow;
- ▶ There is great pain in the breast that increases when the baby nurses;
- ▶ The mother has a fever; and,
- ▶ The mother is generally not feeling well.

**Q: Ask the participants:** What recommendations can be given to a mother with an abscess?

**A:** Listen to the participants' answers and add, if necessary, that the mother should be referred to a doctor to receive antibiotics.

**Q: Ask the participants:** What recommendations can a counselor give to a mother who has had an incision in the abscess to drain it?

**A:** Listen to the participants' responses and round out their answers saying:

- ▶ After the incision, the mother should nurse the baby on the unaffected breast.
- ▶ The mother should temporarily suspend breastfeeding on the draining breast (from 48 to 72 hours) in order to permit healing of the incision if it is in a place where the baby's mouth touches it (express milk frequently, if it is possible). If breastfeeding does not affect the incision and it is not uncomfortable, the mother may continue to nurse from this breast.
- ▶ As soon as the incision has healed, the mother can breastfeed once more from the breast that received the incision or drainage.
- ▶ The mother should complete the treatment recommended by the doctor.
- ▶ The counselor should give continual follow-up until the problem diminishes.

## 7. Cesarean Births

**Q: Ask the participants:** Why are there some women who've had cesareans who don't successfully breastfeed?

**A:** Listen to the participants' answers and explain that:

Some women with general or local anesthesia don't have their babies with them until the following day. During this time the baby is given a bottle. It then may reject the breast or become confused about the type of suckling.

**Q: Ask the participants:** How can we help a mother who has had a cesarean and who wants to breastfeed her baby?



**Show Annex 10-10.**

**A:** Listen to the participants' answers and give additional information, as necessary:

- ▶ A woman with a cesarean or someone who is a candidate for a cesarean needs to know the alternatives she has in order to breastfeed without problems. The counselor should give information to the mother about her options because in the hospital they don't always know what support to give; and,
- ▶ At the beginning the mother can breastfeed lying down in order to feel more comfortable. The baby should be put to the breast as soon as possible so that the baby can start suckling while the breast is soft and the let down is not uncomfortable.



**Show Annex 10-11.**

- ▶ When she is able to sit, a very comfortable position for breastfeeding can be the football hold so that the baby does not rub against her incision;
- ▶ If the baby could not be with the mother immediately and received a bottle, it may have nipple confusion. While the baby learns to suckle, the mother can express her milk, put the baby to the breast, and let drops of milk fall on the nipple from an eye dropper in order to stimulate the suckle reflex in the baby;
- ▶ In the beginning, a cesarean is very uncomfortable and the mother needs a lot of support from the people around her and above all from the counselor in her community; and,

- ▶ The counselor should give continual follow-up until the problem diminishes.



**If the training takes place in a hospital, the participants can visit the mothers with cesarean to interview them. If not, they can ask the Health Center to invite a mother who had a cesarean so that the group can interview her about her experiences and the type of support she received.**

#### **8. Sick mother**

**Q: Ask the participants:** What happens with breastfeeding when the mother becomes sick?



**Show Annex 10-12.**

**A:** Listen to the participants' answers and give additional information, as needed:

- ▶ The mother who is sick can continue to breastfeed because even though she has a fever this does not pass through the milk;
- ▶ The baby receives the defenses that the mother is producing; and,
- ▶ If breastfeeding is suspended:
  - the mother' sickness can have other complications related to the suspension of breastfeeding;
  - the baby will not receive defenses against the sickness to which it has been exposed.

**Q: Ask the participants:** What are the illnesses in which suspension of breastfeeding is recommended?

**A:** Listen to the participants' responses and add that at times breastfeeding has to be suspended permanently, for example:

- ▶ *Cancer* (if there is radioactive treatment and the use of strong medications);
- ▶ Other illnesses in which the medications are dangerous for the baby;
- ▶ *Advanced AIDS* because of the mother's condition and the uncertainty of the possibility of contagion (especially if the child is not infected); and,
- ▶ *Hepatitis "B"* if there are no possibilities of a vaccine for the baby.

There are some illnesses in which the mother and baby are temporarily separated:

- ▶ *Herpes*: when the lesions are localized on the breast or some part of the body where the mother touches her baby;
- ▶ *Chicken pox*: if it appears the last two days before childbirth or the first two to four days after childbirth because the baby has not received the mother's antibodies. If it appears after the first week, there is no need for separation. The mother can always give milk to her baby; and,
- ▶ *Tuberculosis*: if the mother is not on treatment and TB is detected at the moment of childbirth then mother and baby should be separated until the mother has been on treatment for a week. Afterwards the baby can be with the mother and nurse but should receive prophylactic treatment.

The mother should always express her milk during illnesses where temporary suspension of breastfeeding is recommended because of the medications that the mother is receiving. This will prevent complications related to breastfeeding.

**Q: Ask the participants:** What help can the counselor give to the mother who is sick and breastfeeding?

**A:** Listen to the participants' answers and give additional information, as necessary, by saying that the sick mother who is breastfeeding needs a lot more support from the counselor to make sure that complications related to breastfeeding will not develop. The counselor should visit the mother often.

## 9. Medication and Drugs

**Q: Ask the participants:** Why can mothers who are taking medication continue to breastfeed?



**Show Annex 10-13.**

**A:** Listen to the participants' responses and add that the majority of medications are taken for a short time and do not harm the baby even though they are secreted into the milk. However, the mother should always speak to the health personnel about continuing breastfeeding before taking *any* medication.

**Q: Ask the participants:** What medications should the mother who is breastfeeding not take?

**A:** Explain that there are common medications which are secreted in the milk that can affect the baby. For this reason the mother should not self-prescribe any medications. The following medications should be prevented if all possible during breastfeeding:

- ▶ *Cloramphenicol* should not be used if there is no medical indication. It is very strong for the mother as well;
- ▶ *Metronidazole* can be used according to the baby's age if the doctor has prescribed it;
- ▶ Medication for cancer; and,
- ▶ *Aspirin*.

**Q:** Ask the participants: If the doctor were to recommend some of these medications, what can the breastfeeding mother do?

**A:** Listen to the participants' answers and add, if necessary, that the mother should explain to the doctor that she is breastfeeding so the doctor can try to substitute another medication that will not affect the baby.

**Q:** Ask the participants: How does the use of alcohol, tobacco, and drugs affect the mother and her baby?

**A:** Listen to the participants' answers and give them the following information:

Nicotine, alcohol, and drugs (such as marijuana and cocaine) are secreted in the milk and can affect the growth and development of the baby and the health of the mother.

**Q:** Ask the participants: What is the role of the counselor with regard to the mother in a special situation (cesarean, ill, taking medications).

**A:** Listen to the participants and say that the counselor should give support to the mother by offering her information, listening to her, and discussing with her how to look for alternatives.

## 10. The Working Mother

**Q:** Ask the participants: What have you done about breastfeeding when you've had to be separated from your baby for several hours?

**A:** Listen to the experience of the participants and add that a baby needs its mother constantly, especially during the first six months of life because breastfeeding is more than food, it is:

- ▶ Company;
- ▶ Security; and,
- ▶ Love.

**Q: Ask the participants:** What are some reasons why a mother at times must be away from her baby?

**A:** Listen to the participants' answers and round out their responses saying that mothers may sometimes be separated from their babies when:

- ▶ The mother leaves the home for work, does house work (such as laundry), or works in the fields;
- ▶ The mother or baby are hospitalized; and,
- ▶ Special occasions such as emergencies, elective surgery, etc.

**Q: Ask the participants:** How can a mother who will be away from her baby under six months old prepare herself to continue breastfeeding?

**A:** Listen to the participants' answers and round out their responses adding the following aspects if they were not mentioned:

If the separation is planned, the mother can begin to express her milk two weeks before going to work or being away from her baby. If she has access to a freezer, she can store it there. During this time, the mother learns how to express her milk manually and lessens her anxiety because she builds up a supply of milk to feed the baby.

**Q: Ask the participants:** When the woman goes to work, what can she do in order to continue breastfeeding?

**A:** Listen to the participants' responses and add the following:

- ▶ The mother should express milk at work or at home in order to maintain milk production and feed the baby;
- ▶ The expressed milk should be given by another person and the baby should drink it from a cup and not a bottle;
- ▶ When the mother is at home she only breastfeeds;
- ▶ The mother should let the baby breastfeed at night as many times as it wants to help maintain milk production. This is easier if the mother sleeps with the baby in the same bed; and,
- ▶ Discuss the mother's needs for support with the father of the baby so that he can help her to continue breastfeeding.

**Q: Ask the participants:** How can the mother express her milk at work?

**A:** Listen to the participants' responses and add the following:

In many countries, the working mother has the right to a nursing break of an hour or more per day. She can divide it up like this: a half an hour in the morning and a half an hour in the afternoon to express her milk. She can also take advantage of her lunch hour to express her milk.

**Q: Ask the participants:** Where can you find the law that protects the working mother who breastfeeds?



**Hand out a sheet of paper with the articles of the Work Code, if there is one, which are shown in Annexes 10-14 to 10-16 or use a hand-out from the WABA Action Folder on Mother-Baby Friendly Workplaces.**



**Show Annex 10-14, Annex 10-15, and Annex 10-16.**

**A:** Listen to the participants' answers and round out their responses with the following information:

- ▶ If there is a law, the law can be found; and,
- ▶ Analyze each one of the articles with the participants in order to discuss how the mother can use them in the way that is most convenient for her.



**Have a pitcher of water, soap, wash bowl, towel, container or glass, pencil, paper, and tape ready.**

**Q: Ask the participants:** What are the steps to express milk manually?



**Show Annex 10-17.**

**A:** Listen to the answers and model each step of the manual expression technique asking for the collaboration of a mother in the following manner:

Discuss with the group that to express milk the mother has to do the following:

- ▶ Have a clean wide-mouth container or cup ready;
- ▶ Wash her hands well;
- ▶ Take her breast with her fingers on the edge of the areola forming a letter "C";
- ▶ Press on the lactiferous sinuses and press towards the thorax with the tips of the fingers in order for the milk to come out. Move her fingers to press all the milk ducts. Manual expression takes between fifteen and twenty minutes; and,
- ▶ Cover the container and label it. If the milk is stored for more than 48 hours, it should be labeled with the hour and date of expression so that the first milk given to the baby is the oldest milk.



**Carry out manual expression practices in pairs.**

**Q: Ask the participants:** How can a mother store her expressed milk at home and at work?



**Have a jar and a pan with water ready in order to show a double boiler.**

**A:** Listen to the participants' responses and explain that to store the expressed milk the mother can:

- ▶ Refrigerate the milk or keep it in a cool place.
- ▶ If the milk is refrigerated or frozen it should be warmed in a double boiler.



**Show Annex 10-18.**



**Ask the participants if they know what a double boiler is. Listen to their responses and add or give additional information, if necessary, explaining that heating with a double boiler consists of inserting the container of cold milk into a pan of water and heating the water in order to thaw or warm the milk. The milk should not be heated directly over the fire. Do a demonstration with the jar and the pan.**

**Q: Ask the participants:** How long does expressed milk keep?



**Show Annex 10-19.**



**Have a piece of flip chart paper ready with the length of time the milk lasts written on it. Have storage alternatives of milk including a clay jug with cool water, a home-made milk thermos (with instructions on how to make it), and an ice cooler ready.**

**A:** Listen to the participants' responses and give the following information:

- ▶ Eight to ten hours in a cool place at room temperature;
- ▶ 48 hours in refrigeration;
- ▶ Two weeks frozen in the refrigerator compartment;
- ▶ Six months in a freezer or commercial deep-freeze; and,
- ▶ The milk can be stored more than eight hours in a home-made container that preserves fresh things like: an ice cooler, a large pan with ice, a clay jug with cool water, a large pan with wet sand.

**Q: Ask the participants:** How does a mother give her baby expressed milk?

**A:** Listen to the participants' responses and model each step of the technique in the following way:

- ▶ The milk should not be thawed suddenly;
- ▶ The milk should be given with a cup or spoon, placing the baby in a semi-seated position to make sure that the baby swallows without difficulty;
- ▶ Because the baby under four months pushes anything that touches his tongue outward, the care taker should not touch the baby's tongue with the spoon or cup to ensure that the baby swallows well;
- ▶ The edge of the cup should be placed immediately below the top lip without touching the baby's tongue; and,
- ▶ If the baby does not drink all the milk, the left-over milk should be thrown away. So it is better to express small quantities.



**If you are in a hospital invite a mother who is feeding her baby with a cup. If you are in the community invite a mother with her small baby and ask her to extract a little milk in order to be able to do the demonstration. If you have**

access to a video machine you can show the section where feeding with a cup is shown in UNICEF's *Feeding the Low Birth Weight Baby*.



Ask the participants to practice giving milk to the baby using a doll and practicing how to hold the baby and the cup.

**Q: Ask the participants:** What qualifications should the care taker of the baby have?

**A:** Listen to the participants' answers and say that:

The person who will care for the baby should be trained how to warm the milk and how to give it to the baby. The milk should never be boiled because it loses some of its most important properties.

## **B. Infant Special Situations**

### **1. Babies That Don't Gain Weight**

**Q: Ask the participants:** What are the reasons why some breastfed babies do not gain weight?

**A:** Listen to the participants and add, if necessary, that the baby usually does not gain weight because it is not feeding well.

**Q: Ask the participants:** What are some possible reasons why a baby is not feeding well?

**A:** Listen to the participants and say that, most commonly, the baby may be feeding poorly for the following reasons:

- ▶ The baby sleeps a lot and does not nurse sufficiently in 24 hours (generally a newborn should nurse from eight to twelve times in 24 hours);
- ▶ The baby grasps only onto the nipple and is not suckling well; and,
- ▶ The mother is not positioning the baby well and the baby is not suckling correctly.

**Q: Ask the participants:** What are some other reasons why the baby doesn't gain weight?

**A:** Listen to the participants and say that it can be because:

- ▶ The baby is sick and not hungry;
- ▶ The baby does not drink the hind milk (the cream) because the mother limits nursing time;
- ▶ A newborn baby is sleeping a lot; or,
- ▶ The baby is not nursing at night.

**Q: Ask the participants:** What can the counselor do if the baby is not suckling well?

**A:** Listen to the participants and add to their responses the following information:

- ▶ Correct poor positioning;
- ▶ Correct poor latch-on; and,
- ▶ Advise the mother to insert as much of the nipple and the areola that she can to help the baby suckle with effectiveness.

**Q: Ask the participants:** What can be done if the reason for not gaining weight is that the baby is sleeping too much?



**Show Annex 10-20.**

**A:** Listen to the participants and say that if the baby sleeps too much, you have to wake it every two hours to breastfeed. Wake the baby by tickling its feet, taking off its clothes, giving massages, etc.

**Q: Ask the participants:** What can the mother do if the reason for not gaining weight is that the baby has an established schedule for nursing?

**A:** Listen to the participants' answers and explain that the baby has to be fed without a schedule (breastmilk digests rapidly). Therefore the baby will be hungry more frequently.

**Q: Ask the participants:** What is recommended if the reason for not gaining weight is that the baby does not empty each breast?

**A:** Listen to the participants and say that it is better if the mother lets the baby finish the first breast before giving the second without limiting nursing time. The reason is that at the beginning of the nursing the milk that comes out has more water which quenches the baby's thirst. The hind milk which is rich in nutrients comes afterwards. At the end of the nursing the milk is rich in fats which helps the baby put on weight. The mother should then offer the second breast. If the baby wants it, it will take it.

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**Q: Ask the participants:** If the reason is because the baby is sick, what should the counselor recommend to the mother?

**A:** Listen to the participants' responses and add that the mother should offer the breast frequently to the sick baby along with any other treatment that the doctor has recommended. If the baby doesn't want to nurse, expressed milk should be given with a spoon, eye dropper, or cup. Water or other liquids should not be offered since they fill the baby's stomach substituting for breastmilk.

**Q: Ask the participants:** What can the counselor do if by following these suggestions the baby still does not gain weight?

**A:** Listen to the participants' answers and emphasize that if the baby does not show signs of weight gain within a few days (more wet and dirty diapers, more activity) by these actions, the counselor must refer it to a health center, doctor, or breastfeeding clinic even though there are no signs of sickness.

## 2. Refusing the Breast

**Q: Ask the participants:** Why do some babies refuse the breast?

**A:** Listen to the participants' answers and round out their responses, as necessary, explaining that the baby can refuse the breast because:

- ▶ It is confused by having been bottle-fed;
- ▶ Its nose is congested and it is hard to breathe;
- ▶ Occasionally there are babies who reject the breast when the mother is menstruating, has eaten something that changes the flavor of the breastmilk, or is wearing a new perfume; or,
- ▶ If the baby is a little older it may be on "strike."

**Q: Ask the participants:** How can the counselor help a mother who faces one of these situations?

**A:** Listen to the participants' answers and round out their responses saying that the counselor can help the mother identify the situation, understand that the baby's behavior is not one of rejecting the mother and it doesn't mean that the baby should now be weaned. Also the counselor can give some suggestions based on the experiences of many mothers in order to overcome the situation:

- ▶ Inform the mother that the refusal due to menstruation or some other temporary condition will not last;

- ▶ Explain to the mother how to relieve congestion in the baby's nose with drops of chamomile or some drops of boiled water with a little salt; and,
- ▶ Request that the mother stop using bottles so that the baby will forget the wrong type of suckling.

**Q: Ask the participants:** How does a mother teach her baby to suckle the breast when it has nipple confusion?

**A:** Listen to the responses and add the following:

The baby can be taught how to suckle the breast by helping it in the following way:

- ▶ Show the mother how to stimulate the suckling by inserting a well-washed finger into the baby's mouth with the pad against the palate nail side down trying to lower the tongue in order to maintain it underneath the finger and produce the action of suckling;
- ▶ As soon as the baby begins suckling the finger, have the mother place drops of milk on the finger with an eye dropper while the suckling is stimulated;
- ▶ Afterwards, have the mother do the same exercise by inserting the nipple into the baby's mouth verifying that the tongue is beneath the nipple;
- ▶ If the mother has good milk production, she can do this exercise with expressed milk. If this is not the case, she will need to use formula; and,
- ▶ The mother will need to be patient, stop using bottles, and, if she needs to give formula, offer it in a cup.



**Do a demonstration with a doll or a baby if there is one.**

**Q: Ask the participants:** What have you heard regarding a breastfeeding strike?



**Show Annex 10-21.**

**A:** Listen to the participants and round out their responses saying that when the breastfed baby rejects the breast suddenly without apparent reason, and acts as if it resents the mother, the baby may be on a breastfeeding "strike."

**Q: Ask the participants:** Why does a breastfeeding strike occur?

**A:** Listen to the responses and discuss with the group that a breastfeeding strike occurs:

- ▶ After a flu or when the mother has scolded the baby;

10-21

- ▶ When the mother has left the baby alone for a long time or too often; or,
- ▶ When the baby demands attention and no one responds.

**Q: Ask the participants:** What alternative solutions can you suggest to a mother that has a baby on a nursing strike?

**A:** Listen to the participants' responses and discuss the following points:

- ▶ The mother should pay more attention to the baby, giving love and care, not punishing it or speaking to it in a harsh way;
- ▶ Attempt to breastfeed the baby when it is nearly asleep taking advantage of this moment to "be reconciled" with it;
- ▶ Give massages;
- ▶ Bathe with the baby and carry it; or,
- ▶ Take a weekend together and have lots of skin-to-skin contact without trying to force the baby to nurse.

The counselor should advise the mother to give the baby food and liquids with a spoon and cup and not a bottle because the bottle can reinforce the strike.

### 3. Diarrhea

**Q: Ask the participants:** What are the stools of a baby with diarrhea like?



**Show Annex 10-22.**

**A:** Listen to the participants' responses and add the following:

- ▶ It is watery with a bad smell;
- ▶ It can have blood or mucous;
- ▶ It may be accompanied by fever;
- ▶ It may be accompanied by vomiting; and,
- ▶ It is frequent and usually green in color.

**Q: Ask the participants:** What causes diarrhea?

**A:** Listen to the participants' answers and explain that diarrhea is caused because:

- ▶ The use of bottles and poor hygiene in handling them are a source of infections. Also the liquids that are given in them may cause diarrhea;

- ▶ Sugar water may cause green stools in the baby;
- ▶ The use of artificial milk;
- ▶ When the baby is older:
  - poor hygiene in the preparation of foods;
  - putting hands and dirty toys in the mouth; and,
- ▶ A viral infection.

**Q: Ask the participants:** What support can the counselor give the mother whose breastfed baby has diarrhea?

**A:** Listen to the participants' answers and round out their responses with the following:

- ▶ Continue breastfeeding and refer the baby to the doctor;
- ▶ Give the baby oral rehydration salts or a home-made rehydrating salt solution with a spoon or cup;
- ▶ Do not give liquids in a bottle at any time;
- ▶ Encourage the mother to feed the baby more frequently with breastmilk and other foods if the baby is older; and,
- ▶ The counselor should do follow-up and encourage the mother to feed more and more frequently.



**Show Annex 10-23 and 10-24.**

#### **4. Acute Respiratory Infection (ARI)**

**Q: Ask the participants:** What are the symptoms of a baby that has respiratory problems?



**Show Annex 10-25.**

**A:** Listen to and give the following additional information to the participants' answers correcting as you go along:

The baby may have a persistent cough, tiredness in breathing, noise in the chest, agitated breathing, fever, pain, and/or pus in its ears.

**Q: Ask the participants:** What support can the counselor give to the mother who has a baby with respiratory problems?

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**A:** Listen to the participants' responses and add the following:

- ▶ Refer the baby to the doctor;
- ▶ When the baby cannot breathe through its nose, it makes it difficult to nurse. In this case, the mother can express her milk and give it to the baby with a spoon or cup;
- ▶ To relieve the congestion of the baby's nose, the mother can use drops of chamomile or boiled water with a little salt and put two drops in each nostril;
- ▶ Give the greatest quantity of breastmilk possible because it nourishes and rehydrates the baby. It also contains vitamin A which strengthens the baby's immune system;
- ▶ Many times the baby doesn't want to eat, but it does want to nurse; and,
- ▶ As soon as the baby regains its appetite, the counselor should encourage the mother to feed the baby more breastmilk and other foods if it is an older child.

## 5. Breastfeeding Twins

**Q:** Ask the participants: How can a mother breastfeed twins?



**Show Annex 10-25.**

**A:** Listen to the participants' answers and explain that the mother can use the following breastfeeding positions:

- ▶ Football position;
- ▶ Babies crossed in front position; or,
- ▶ Riding horse position.

**Q:** Ask the participants: How does the mother know that she is producing enough milk and that the babies are taking what is necessary?

**A:** Listen to the participants and say that the babies:

- ▶ will show that they are satisfied;
- ▶ will wet six to eight diapers in 24 hours;
- ▶ will be having soft and abundant bowel movements several times a day or a larger amount once a day after the first few weeks; and
- ▶ will gain weight.

### III. Exercise

Explain to the participants that they will practice what they have learned in a skit, modeling a counseling session with Connie whose baby is two months old and is not gaining weight. The doctor has already recommended that she feed the baby better.

Ask for the collaboration of two participants, one will play the part of Rose, the counselor, and the other that of Connie, the mother.

#### Dialogue

- C: Good morning, Connie, I've come again to visit you to see how all your family is doing.
- M: Very well thank you, come on in.
- C: How are you and little Luis?
- M: I'm doing well but Luis just turned two months and the doctor told me that he is undernourished, that I have to feed him better and that I can only breastfeed.
- C: Connie, how have you been feeding Luis?
- M: Until recently, only breastmilk but now that I make "tortillas" to sell, I nurse him when I'm not busy. Meanwhile I give him a bottle with sugar water.
- C: I understand Connie that you breastfeed him when you're free and in the meantime you give him a bottle of sugar water.
- M: Yes, as you know one has to work in order to help out a little.
- C: How many times do you nurse Luis during the day?
- M: I think about four times a day.
- C: Tell me Connie, how many diapers does Luis wet?
- M: Well I almost don't wash diapers. I think it's three or four.
- C: Connie, I would like to tell you what other mothers have done, who like you have to work, in order to be able to breastfeed their children without them losing weight.

Some mothers who work at home look for support from someone who can continue their work while they stop to nurse.

Other mothers, when they cannot find someone to substitute for them, use a baby carrier because it allows them to nurse the baby and at the same time continue their work. (Show the baby carrier).

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Other mothers cannot find anyone to substitute for them at work, but they can find someone to help them feed the baby. So they express their milk in the morning and the person who supports them gives the baby the expressed milk in a little cup.

M: How can such a small baby drink milk from a cup, won't he choke, wouldn't it be better to give him a bottle?

C: Connie, some mothers that breastfeed and have given a bottle to their babies have observed that the baby begins to reject the breast and prefers the bottle. They also may begin to get sick.

M: How can I get him to drink from a cup?

C: I would be happy to teach you and we will give him your milk. I'll show you how to express your milk. (Do a demonstration of manual expression and how to give the baby milk from a cup).

Connie, sugar water is not a food for your baby. He will not gain weight. What will help him to continue healthy and chubby is breastmilk.

To be sure that your baby is eating well you should observe the following:

- ▶ That Luis is nursing eight to twelve times in the day and night;
- ▶ That he is wetting six to eight diapers in 24 hours; and,
- ▶ That he is nursing well at least on one breast or both every time he nurses.

C: Which option do you think will work for you out of all that we've discussed?

M: I have a sister who lives with me, I'm going to talk to her to see how she can help me and I think I'll make a baby carrier.

C: Connie, what do you think about me coming over tomorrow to see how it went?

M: Thanks Rose, come on over tomorrow.

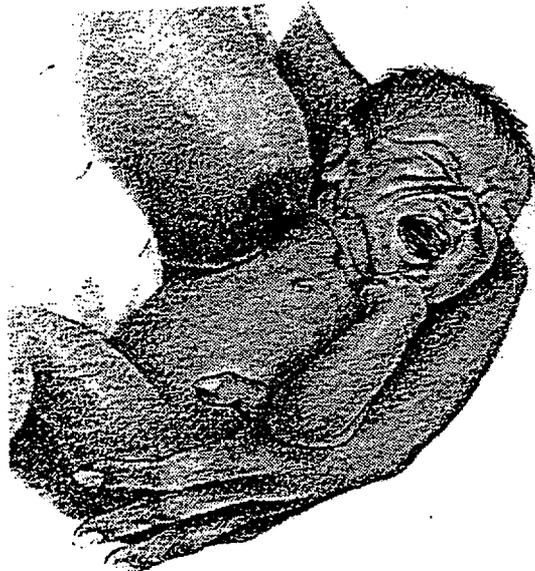
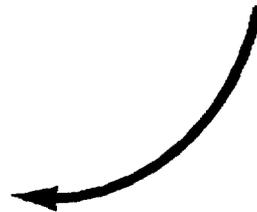
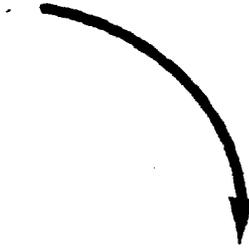
At the end of the exercise the trainer will discuss each one of the elements of counseling that was presented with the participants to strengthen each one.

#### IV. Summary



**When the child is sick or in a critical situation that it has to overcome, breastfeeding not only provides the food that the child needs but also gives emotional support, comfort, and security, all of which help to overcome the problem more quickly.**

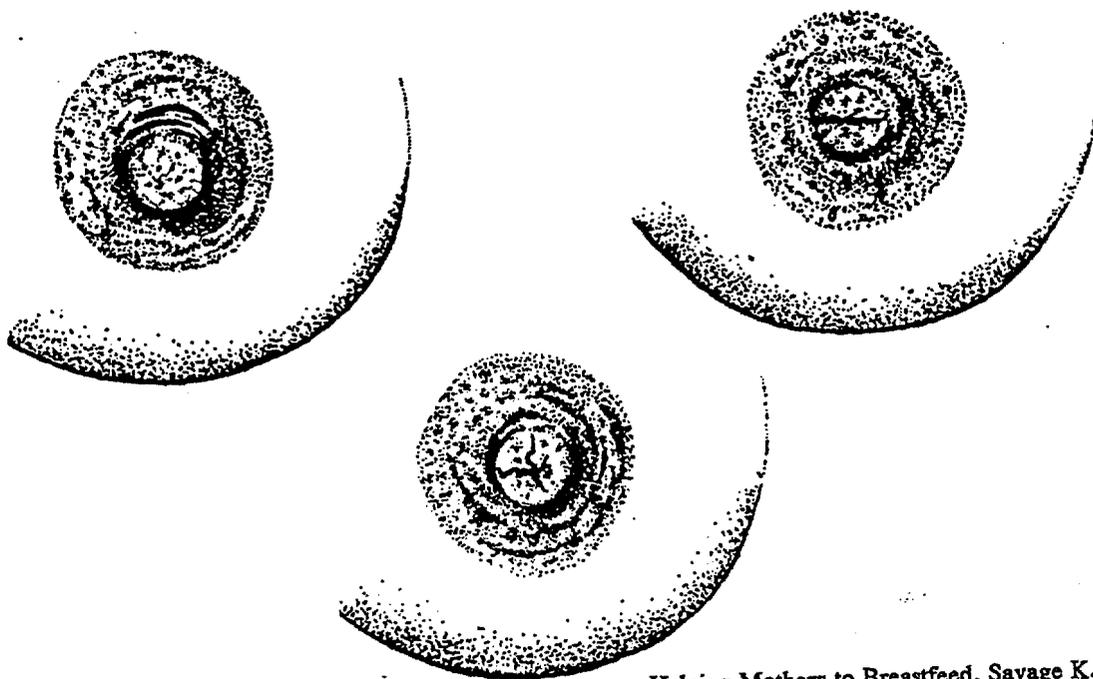
**Breastfeeding, besides providing nutrition for the baby, is the best way to give love, affection, warmth, and stimuli for good development. Therefore, the mother needs support from the health system, her community, and her family to support and protect optimal breastfeeding, as well as to look for solutions to the difficulties that minimize the success of optimal breastfeeding.**



Manual de Lactancia Materna  
AED, LLL/H, IRH, WI, USAID, UNICEF

ANNEX 10-1

1238



Helping Mothers to Breastfeed, Savage K. F. revised editions (English, Spanish, French & Russian)  
AMREF, IRH, Wellstart, UNICEF, SIDA, TALC, 1992.



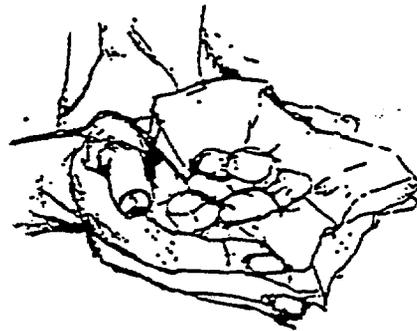
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ANNEX 10-2

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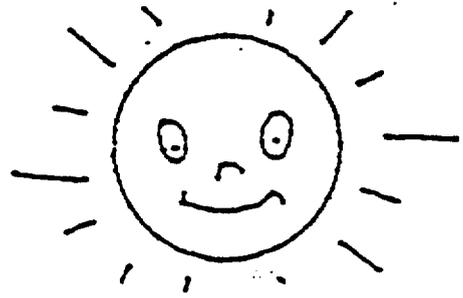
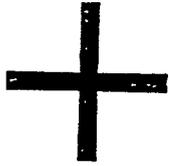


Lactancia Materna

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OPS, OMS, UNICEF,

ANNEX 10-3

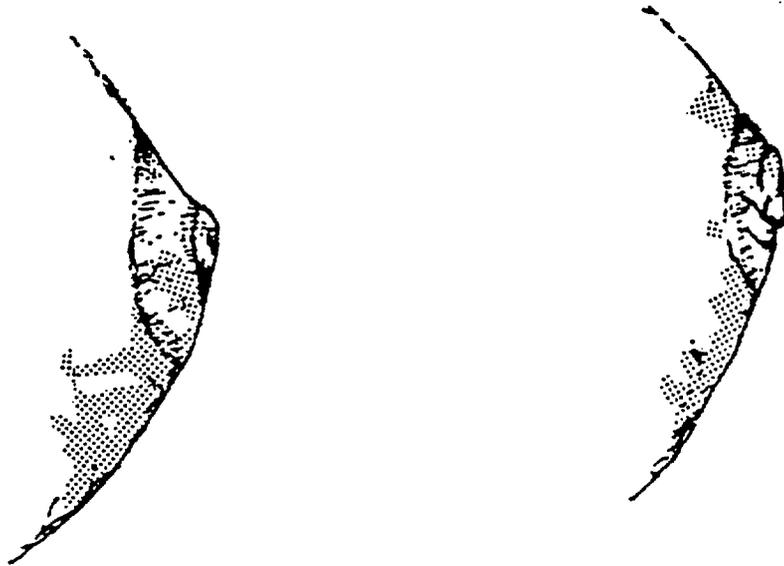
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Manual for Breastfeeding Monitors  
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ANNEX 10-4

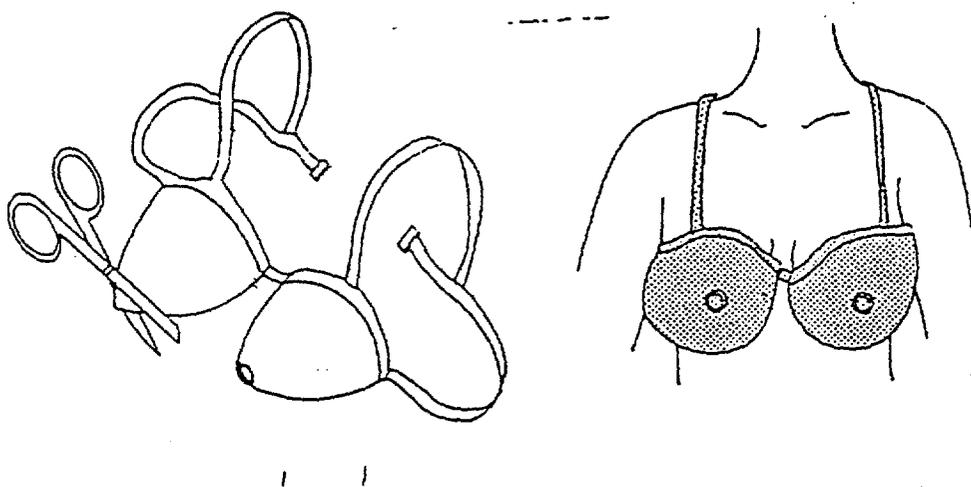
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Secretaria de Salud de Mexico,  
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OMS, UNICEF,

ANNEX 10-5

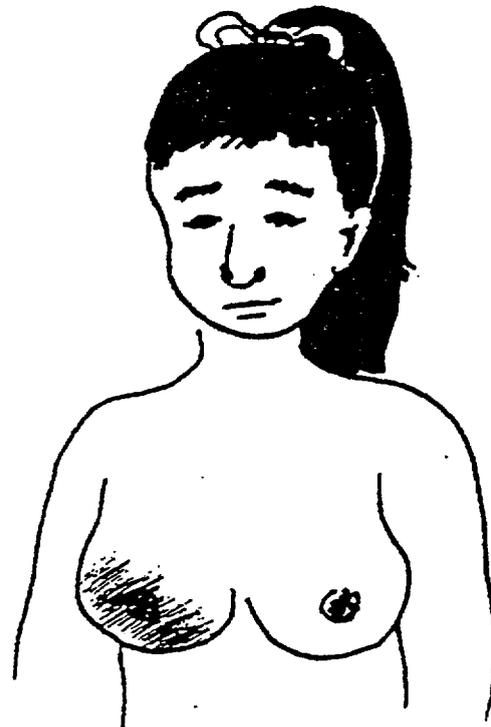
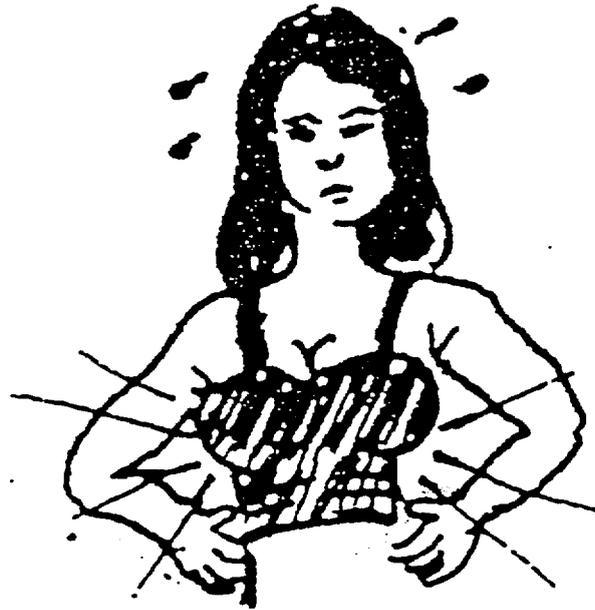
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Manual for Breastfeeding Monitors  
La Leche League of Guatemala

ANNEX 10-6

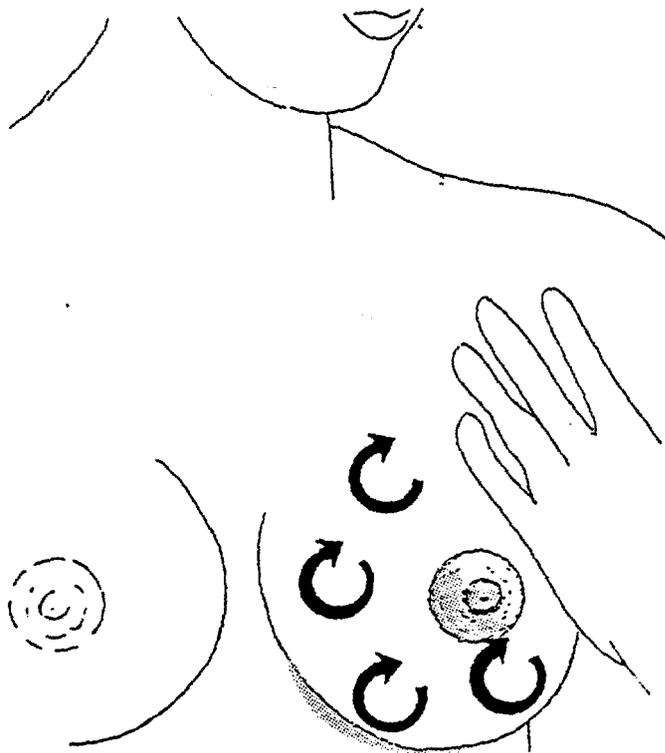
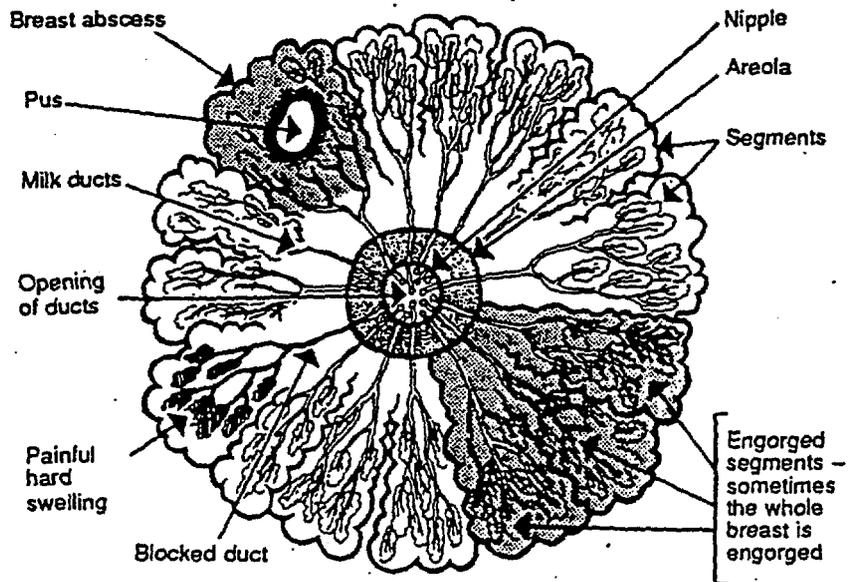
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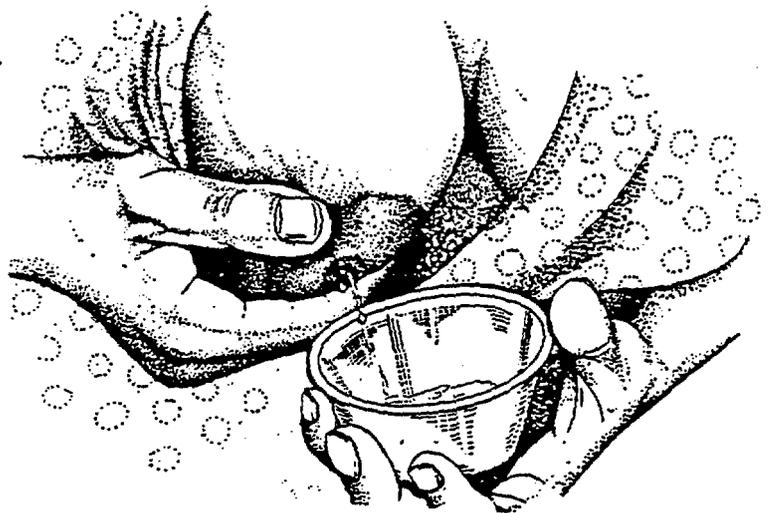
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La Leche League of Guatemala

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2014



Lactancia Materna  
 Secretaria de Salud de Mexico,  
 IMSS, ISSSTE, DIF, SDN, DDF, LLL/M,  
 OPS, OMS, UNICEF,



*Helping Mothers to Breastfeed, Savage K. F. revised editions (English, Spanish, French & Russian) AMREF, IRH, Wellstart, UNICEF, SIDA, TALC, 1992.*

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AED, LLL/H, IRH, WI, USAID, UNICEF

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Lactancia Materna: Solo tu leche basta  
Republica de Nicaragua, Ministerio de Salud, USAID, WI

Manual for Breastfeeding Monitors  
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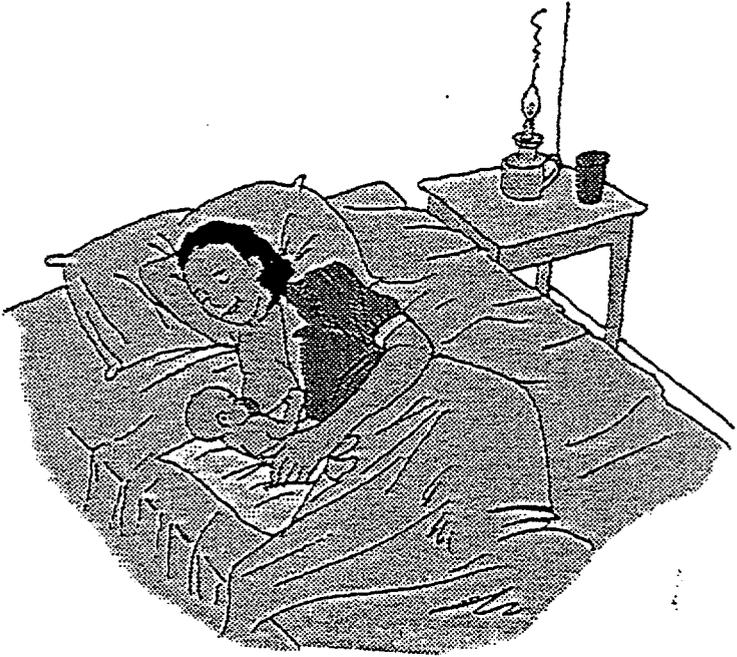
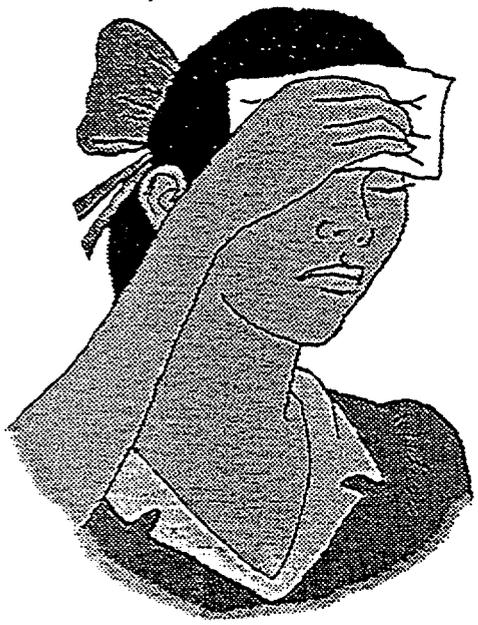
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AED, LLL/H, IRH, WI, USAID, UNICEF

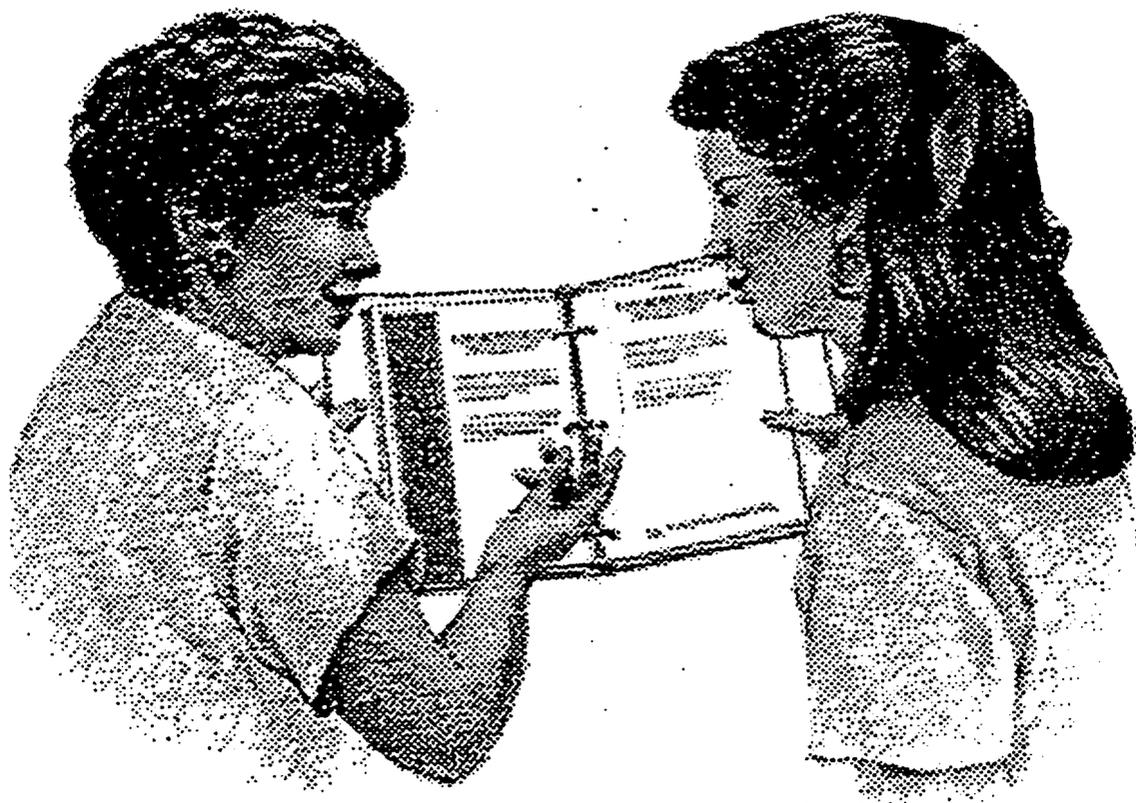
ANNEX 10-11

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Lactancia Materna: Solo tu leche basta  
Republica de Nicaragua, Ministerio de Salud, USAID,

ANNEX 10-12



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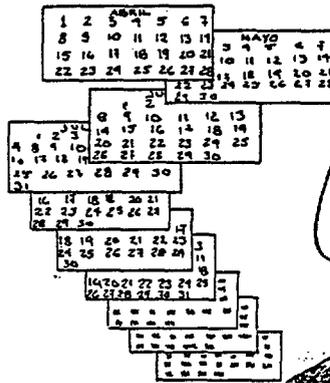
*Women and their Rights in the Workplace, Ministry of Labor, Women's Office, National Breastfeeding Commission, Guatemala.*



Toda trabajadora embarazada debe gozar de un descanso remunerado durante los 30 días anteriores y los 45 días posteriores al parto, recibiendo su salario completo de parte del Instituto Guatemalteco de Seguridad Social, o de su patrono si éste no lo cubriera. Tiene derecho al beneficio del complemento nutricional, la embarazada con riesgo de tener hijos de bajo peso al nacer, según normas detalladas en el artículo 2o. del mismo acuerdo.

Artículo 102, Literal K, Constitución Política de la República de Guatemala.  
 Artículo 152 del Código de Trabajo  
 Acuerdo de Gerencia 3-89, Artículo 1o. Literal a Instituto Guatemalteco de seguridad Social.

## PERIODO DE LACTANCIA



Toda madre en época de lactancia debe disponer en los lugares donde trabaja, de un período de media hora dos veces al día. Este período tendrá una duración de 10 meses a partir del momento del parto, salvo convenio o costumbres más favorables a la trabajadora.

Tienen derecho al beneficio del complemento nutricional las madres en período de lactancia por un máximo de 24 meses de vida de su hijo, y los niños hasta los 180 días en casos especiales. El Instituto Guatemalteco de Seguridad Social proporcionará un aparato extractor de leche humana a las madres lactantes cubiertas por el programa sobre protección relativa a enfermedad y maternidad del régimen de seguridad social.

Artículo 102, Literal K, Constitución Política de la República de Guatemala.  
 Acuerdo 3-89, Artículos 1, 2, y 4, Acuerdo 4-89, Artículo 1 del Instituto Guatemalteco de Seguridad Social.  
 Artículo 2, Reglamento del goce del período de Lactancia.  
 Acuerdo Gubernativo 75-1-73

*Women and their Rights in the Workplace, Ministry of Labor, Women's Office, National Breastfeeding Commission, Guatemala.*

# CREACION DE CENTROS INFANTILES



Es obligación del patrono, crear centros de atención infantil cuando tiene grupos de mujeres laborando en su empresa.

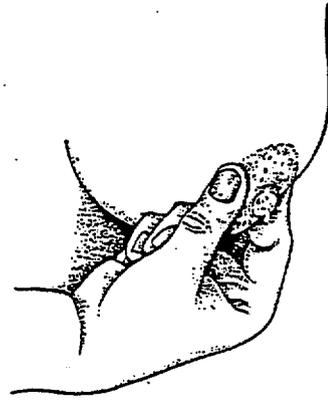
**"Si esto se cumple, se estará mejorando:"**

- El rendimiento de la madre trabajadora
- La nutrición del niño y
- El aporte social a la familia

Actualmente el Ministerio de Trabajo y Previsión Social promueve la creación de diversos tipos de Centros Infantiles en cooperación con los empresarios, trabajadores, trabajadoras y el Estado.

**Artículo 155 del Código de Trabajo**

*Women and their Rights in the Workplace, Ministry of Labor, Women's Office, National Breastfeeding Commission, Guatemala.*



Helping Mothers to Breastfeed, Savage K. F. revised editions (English, Spanish, French & Russian)  
AMREF, IRH, Wellstart, UNICEF, SIDA, TALC,

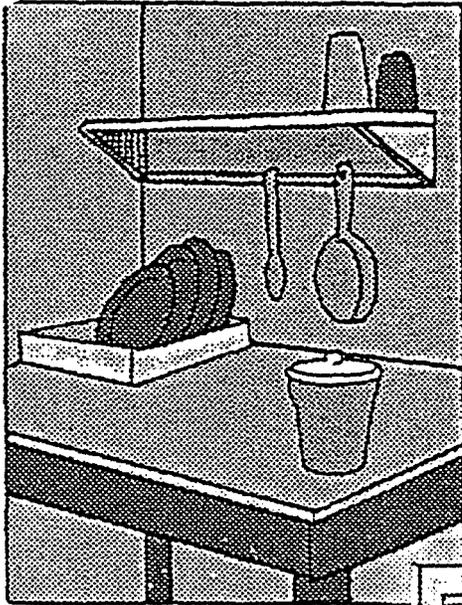
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ANNEX 10-18

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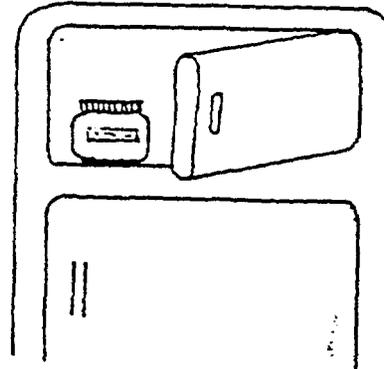
8-10 hours



2-3 days



2 weeks



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Manual for Breastfeeding Monitors  
La Leche League of Guatemala

ANNEX 10-19

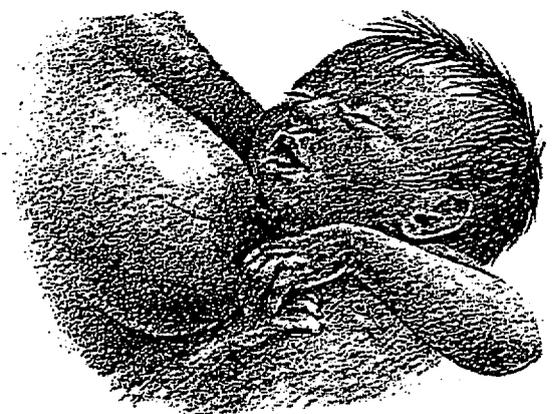
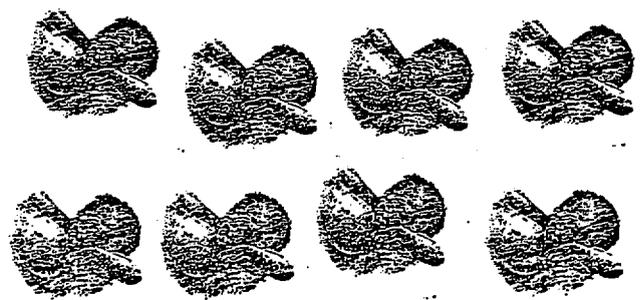
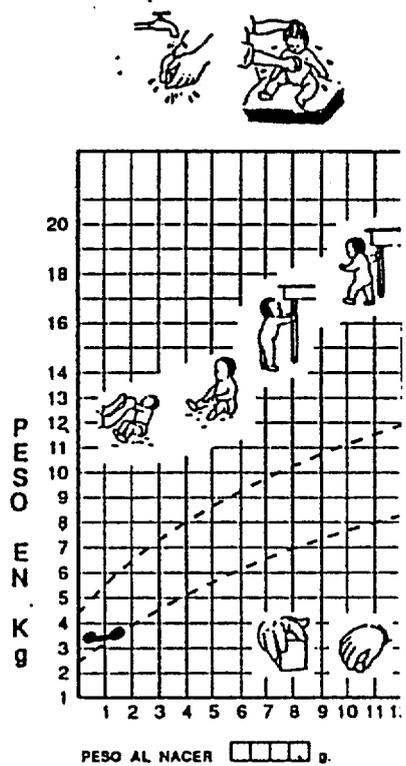
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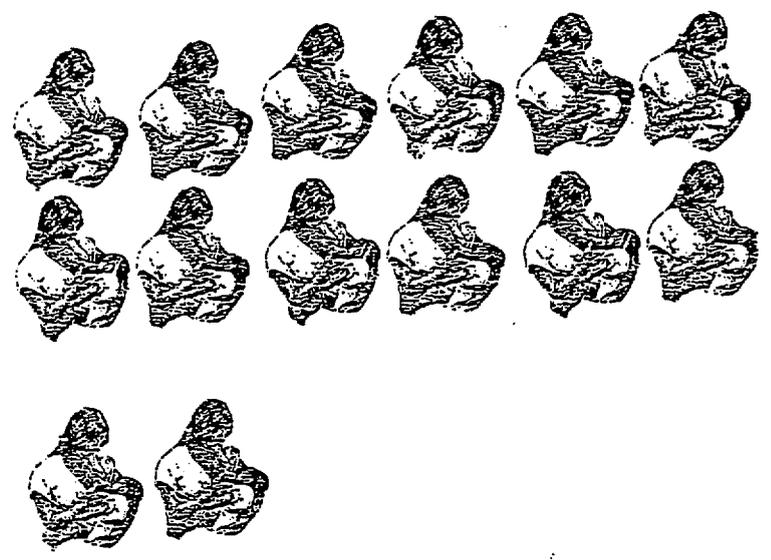
Lactancia Materna: Solo tu leche basta  
Republica de Nicaragua, Ministerio de Salud, USAID,

Helping Mothers to Breastfeed, Savage K. F. revised  
editions (English, Spanish, French & Russian)  
AMREF, IRH, Wellstart, UNICEF, SIDA, TALC,  
1992.

ANNEX 10-19a



Courtesy Ministry of Health of Honduras



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ANNEX 10-21

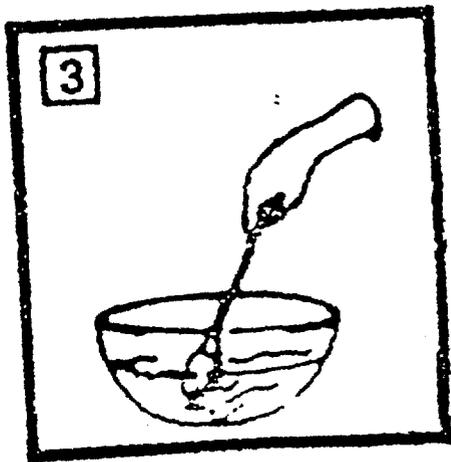
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ANNEX 10-23

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6



Alimentos para su Bebé.  
WIC Supplemental Food Section  
California Dept. of Health Services

Manual de Lactancia Materna  
AED, LLL/H, IRH, WI, USAID, UNICEF

ANNEX 10-24

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Manual de Lactancia Materna  
AED, LLL/H, IRH, WI, USAID, UNICEF

Helping Mothers to Breastfeed, Savage K. F. revised  
editions (English, Spanish, French & Russian)  
AMREF, IRH, Wellstart, UNICEF, SIDA, TALC,  
1992.

ANNEX 10-25

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# Module 11

## Doubts and Beliefs That Affect Breastfeeding

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# Module 11

## Doubts and Beliefs That Affect Breastfeeding

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**Note to the trainer:** Arrange the chairs in a circle in order to create an atmosphere of trust and to encourage group participation. Don't forget to include yourself as a member of the circle.

### I. Objectives

After completing this session, the participants will be able to:

- A. Analyze mothers' doubts that make breastfeeding difficult and discuss information that mothers need to resolve these doubts, including:
  - 1. "I don't have enough milk;"
  - 2. "My milk is watery; it no longer sustain the baby;"
  - 3. "My baby has loose stools all the time, could it be diarrhea?"
  - 4. "My baby is thirsty. Should I give it water?;"
  - 5. "My baby is biting me, doesn't it want the breast?;" and,
  - 6. "If I nurse I'm going to ruin my breasts and figure."
  
- B. Analyze the beliefs that affect breastfeeding and discuss the information and support that a mother needs to change her attitude, including:
  - 1. Use of Pre-lacteal Teas;
  - 2. Straining;
  - 3. "Agitated" or "Hot" Milk;
  - 4. Sleeping with the Baby; and,
  - 5. Breastfeeding and Pregnancy.

## II. Development of the Topic

### A. Doubts That Make Breastfeeding Difficult

#### 1. "I don't have enough milk"

**Q:** Ask the participants: What makes mothers think they don't have enough milk?



**Show Annex 11-1.**

**A:** Listen to the participants and round out their answers saying that:

- ▶ The baby cries often and the mother believes she cannot satisfy it;
- ▶ The breasts no longer feel tense and hard like in the first weeks;
- ▶ Lack of confidence on the part of the mother about the quantity of milk that the baby is receiving;
- ▶ If the mother doesn't eat "well," she believes that she will not produce enough milk;
- ▶ Lack of confidence in her own milk; and,
- ▶ The mother compares her baby with bottle-fed babies in the mass media.

**Q:** Ask the participants: What is the role of the counselor when the mother expresses the doubt that she doesn't have enough milk?

**A:** Listen to the explanations of the participants and round out their answers saying that there are signs that indicate to the mother that she is producing milk and that the child is breastfeeding well.

**Q:** Ask the participants: What are the signs that tell us that the child is nursing sufficiently?

**A:** Listen to the participants' responses and add the following, if necessary:

- ▶ The baby wets or dirties six to eight diapers during the day and night;
- ▶ The mother may feel the "let down" and the other breast may begin to leak;
- ▶ The baby suckles strongly, swallowing often for a time and then suckles more quickly but less strongly and swallowing less;
- ▶ The baby has a bowel movement each time it nurses, once a day in greater quantity, or once after various days in abundance;

- ▶ The baby is gaining weight and the mother notices it because its clothes are tight and its legs get chubby;
- ▶ The baby is very active; and,
- ▶ The baby's skin is soft and smooth.

**Q:** Ask the participants: Why does the baby have some periods in which it cries a lot and frequently wants to breastfeed at every moment as though its never full?

**A:** Listen to the participants' comments. Explain the following, if it was not mentioned:

- ▶ There are periods of growth spurts in which the babies want to nurse more frequently;
- ▶ These periods of growth spurts normally occur when the baby is two weeks, between six weeks and two months, three months, and between four and six months; and,
- ▶ What is really happening is that the baby, by frequently suckling, is preparing the amount of milk that its body will need in the future.

**Q:** Ask the participants: Can a malnourished and anemic mother breastfeed her baby?

**A:** Listen to the participants' responses and add the following:

A malnourished mother can breastfeed her baby because:

- ▶ The mother's milk, even if she is malnourished, continues protecting the baby against illnesses;
- ▶ The mother's milk, even if she is malnourished, is always the best food for her baby; and,
- ▶ The milk of the malnourished mother is always superior to non-nutritive liquids like coffee, bottled drinks, water of corn dough, rice, and other things that mothers give to their child.

**Q:** Ask the participants: What can the counselor do to support a malnourished mother who is breastfeeding?

**A:** Listen to the participants' responses and add the following:

- ▶ You have to remember that at times the mothers think they are malnourished because they are thin and cannot eat meat, cheese, nor eggs. It's good to remind them of the outline of the "Good," "Better," and "Excellent" dietary intake;



**Show Annex 11-2.**

- ▶ The counselor can teach the mother to prepare and eat foods with a soy or vegetable protein base and to prepare and drink highly nutritious juices. They are very good foods which are within their reach and which perhaps they don't even know about. It is a very economic way of obtaining the necessary nutrients for the mother's good health; and,
- ▶ Besides, the counselor can refer the mother to a health center or a community organization in order to help nourish her if she really is malnourished.

Form work groups in order to develop recipes for alternative foods (the trainer should know these recipes).

**Objective:**

Exchange recipes and make a list of edible green leaves from the region.

**Development:**

Organize three groups with the participants, each group developing one or two recipes they know about and that are nutritious with green leaves and alternative foods.

Assign twenty minutes for the work in groups and ten minutes for sharing with the entire group.



**Show Annex 11-2 and 6-19.**



**At the end of the group work do a review using the outline of mother's nutrition in Annex 6-19.**

**2. "My milk is watery; it no longer sustains the baby"**

**Q: Ask the participants:** Why do some mothers say that their milk is watery?

**A:** Listen to the participants and, if necessary, say that mothers think their milk is watery because the baby cries a lot.

*W*

**Q: Ask the participants:** Why do babies cry?

**A:** Listen to the participants and add the following:

Crying is the only language the baby has. When it cries, it is usually trying to communicate something:

- ▶ Discomfort;
- ▶ Hunger;
- ▶ Loneliness;
- ▶ Fear;
- ▶ Pain; or
- ▶ Sickness.



**Emphasize that the baby does not cry only from hunger.**

**Q: Ask the participants:** Why else could a mother believe that her milk is too watery?

**A:** Listen to the participants' responses and add that when the mother squeezes her breast she sees that the milk which comes out is not white and thick but watery and bluish in color.

**Q: Ask the participants:** Why do they believe that the milk the mother squeezes out looks like that?

**A:** Listen to the participants' opinions and round out their answers saying that:

During nursing the milk changes. The first milk is thin and watery but, later it becomes white and creamy.

Therefore the mother's doubt is because in squeezing her breast, what she sees is the first watery milk which quenches the baby's thirst and gives it quick energy because it contains a lot of lactose, the milk's sugar. But if she were to continue squeezing her breast, she would notice that the milk that comes out afterwards is more thick and white. It contains a lot more fat.

**3. “My baby has loose stools all the time, could it be diarrhea?”**

**Q:** Ask the participants: What are the stools of breastfed babies like?



**Show Annex 11-3.**

**A:** Listen to the participants’ responses and give additional information, if necessary, by saying that the stools of breastfed babies are soft, a golden yellow color, without bad odor, and generally every time that the baby feeds it has stools. This doesn’t mean that the baby has diarrhea.

**Q:** Ask the participants: How much time can pass without the baby having a bowel movement?

**A:** Listen to the participants and round out their responses saying that, after the first weeks, breastfed babies can go several days without having a bowel movement. This does not mean that the baby is constipated. Usually, even after several days, the baby’s stools are soft, abundant and yellow in color.

**Q:** Ask the participants: Why do you think this happens to breastfed babies?

**A:** Listen to the participants’ responses and explain that all of this happens because the baby is assimilating all the milk that it receives. The intestines accumulate the small amount of waste and discard it all at once after several days.

**4. “My baby is thirsty. Should I give it water?”**

**Q:** Ask the participants: Why do mothers believe that their babies need water?



**Show Annex 11-4.**

**A:** Listen to the participants’ responses and add that mothers see their child sweat in the heat as they themselves do. This leads them to think that the baby is thirsty because they are thirsty. What they maybe don’t realize is that their milk has a lot of water and the baby’s thirst is quenched by breastfeeding. They don’t relate the quantity of breastmilk that the baby takes in with the quantity that it urinates. They also may

observe that if the baby receives water it calms down and therefore they believe that the baby needs it.

**Q: Ask the participants:** How can the counselor help the mother who has this doubt?

**A:** Listen to the participants and add that the use of water and sugar water is one of the most common practices that prevents exclusive breastfeeding. The mothers usually think that their babies feel what they themselves feel. The counselor can help them to reflect about the relationship between the amount of the baby's urine and the amount of water in the milk. The watery milk at the beginning of nursing has a lot of water. For this reason it is said that this milk quenches the baby's thirst. The counselor must explain to the mother that when she feels that the baby is thirsty she should breastfeed it and drink the water herself.

**5. "My baby is biting me, doesn't it want the breast?"**

**Q: Ask the participants:** Why would the baby bite the mother's nipple?

**A:** Listen to the participants' answers and round out their responses saying that:

- ▶ When the baby begins teething it wants to bite everything, including the nipple; and,
- ▶ Babies usually bite the nipple when they are not hungry anymore and are just playing with it.

**Q: Ask the participants:** What is the role of the counselor when the mother says that the baby is biting the nipple?

**A:** Listen to the responses given and add, as necessary, that the mother shouldn't laugh because the baby will think that biting the nipple is a game. She should be serious, say "no," and take the nipple out of the baby's mouth. If the baby would like to continue nursing, it may, but if the baby bites again, the mother should distract it with something else to bite (like a carrot or chicken bone), but not nurse him until the next time it is hungry. The baby will learn not to bite.

**6. "If I nurse I'm going to ruin my breasts and figure."**

**Q: Ask the participants:** Why do breasts sag?

**A:** Listen to the participants and round out their responses saying:

- ▶ The breasts increase in size during pregnancy;
- ▶ Afterwards they return to their previous size but are more flabby, even without having breastfed;
- ▶ If the mother becomes pregnant often, they also become more flabby;
- ▶ When the breasts are very large, they tend to sag more easily; and,
- ▶ With age all tissues including breast tissue become less firm.

**Q:** Ask the participants: What is the role of the counselor with the woman who doesn't want to breastfeed because her breasts will become more flabby?

**A:** Listen to the participants' comments and round out their answers saying that a woman with this uncertainty probably has not thought much about her role as a mother. Therefore, the role of the counselor is to offer information and give some ideas so that she can see herself in her role as mother without it interfering with her own concept of beauty.

## **B. Beliefs That Affect Breastfeeding**

### **1. Use of the Pre-lacteal Teas**

**Q:** Ask the participants: How does the use of these teas affect breastfeeding and the baby?

**A:** Listen to the participants' answers and add the following:

- ▶ it delays the coming in of the milk;
- ▶ it decreases the number of breastfeedings;
- ▶ the baby doesn't benefit from the colostrum;
- ▶ the breasts can get engorged because of lack of suckling;
- ▶ the baby runs the risk of getting sick; and,
- ▶ it can interfere with the process of learning normal suckling behavior.

**Q:** Ask the participants: Why does the use of herb teas and waters delay the milk coming in?

**A:** Listen to the participants and say that if the baby does not stimulate the nipple, it will take longer for milk production to begin.

**Q:** Ask the participants: Why does the use of teas decrease the number of breastfeedings?

**A:** Listen to the participants and say that the mother substitutes the teas for breastfeedings.

**Q:** **Ask the participants:** Why is it that with the use of teas, the child loses the opportunity to receive the benefits of colostrum, when it needs it the most?

**A:** Listen to the participants and add that the teas don't have the same characteristics as the milk of the first days. This milk is called *colostrum*.

**Q:** **Ask the participants:** Why is the coming in of the milk so uncomfortable for some mothers?

**A:** Listen to the participants' answers and add that this happens because instead of giving the child the colostrum, they are giving it the teas.

**Q:** **Ask the participants:** What risks exist when babies are given pre-lacteal teas/waters?

**A:** Listen to the participants' answers and add that:

- ▶ When the baby receives pre-lacteal teas, there is a risk of introducing an infection to the baby because of the lack of hygiene in its preparation; and,
- ▶ The baby runs the risk that the tea can go to its lungs and cause an irritation or pneumonia.

**Q:** **Ask the participants:** What does the mother produce in those first three days?

**A:** Listen to the participants and explain that:

In the first days before the milk lets down, the mother produces colostrum, which is a thick and yellow milk in small quantities, but it offers protection and large amounts of vitamin A. As the baby is fed, it receives its first vaccination. Colostrum also serves as a mild laxative.

**Q:** **Ask the participants:** Why do some mothers not give the colostrum to the child?

**A:** Listen to the participants' experiences and give additional information saying that it is because they don't realize the importance of colostrum and are wary of the yellow color.

## 2. Straining

**Q:** Ask the participants: What does straining refer to?

**A:** Listen to the participants and say that it is when the baby strains, stretches, and hunches up its body, becomes red, and emits sounds.

**Q:** Ask the participants: Why do babies strain in this way?

**A:** Listen to the answers and add:

Newborns often strain in this manner and not because they are sick.

- ▶ The baby strains when it is having a bowel movement; this is normal;
- ▶ The baby strains when it wakes up; this is natural;
- ▶ The baby strains (pushes) when the mother has not burped it; and
- ▶ The baby strains when he is colicky.

**Q:** Ask the participants: What can you say to the mother about this belief?

**A:** Listen to the participants and round out their answers with the following:

- ▶ That the action of straining is a natural activity for the child. Therefore you should not give the baby any medicinal liquids.
- ▶ It is not necessary to suspend breastfeeding because it is normal that the newborn strains.

## 3. “Agitated” or “Hot” Milk

**Q:** Ask the participants: What have you heard about the belief of “agitated” or “hot” milk?



**Show Annex 11-4.**

**A:** Listen to the participants’ answers.

**Q:** Ask the participants: What happens with the milk when the mother is scared or angry, has worked hard, or been out in the sun?

**A:** Listen to the participants' responses and add that:

The milk does not change with the emotional state (fear, anger, grief) or hard work of the mother.

**Q:** **Ask the participants:** How does this belief harm the child?

**A:** Listen to the participants' responses and add the following:

This belief is harmful because the mothers think that they have to rest a long time before they can breastfeed. If they arrive home upset they believe that they should wait until the milk is "calm." Meanwhile they calm the baby with other liquids and foods. This can make the baby sick.

**Q:** **Ask the participants:** How does this belief affect the mothers?

**A:** Listen to the answers and explain that:

If the mother has to wait a certain amount of time before breastfeeding, her breasts can become congested and she may develop a plugged duct. If this happens frequently she runs the risk of decreasing her milk supply and weaning early.

**Q:** **Ask the participants:** What advice should you give to the mother who has this belief?

**A:** Listen to the participants' answers and fill in with the following aspects:

- ▶ Although the mother is upset she can breastfeed. Her physical and emotional state do not affect the milk; and,
- ▶ In order to be more calm the mother can rest for a few minutes, drink a glass of water or some type of refreshment or juice, and then breastfeed.

#### 4. Sleeping with the Baby

**Q:** **Ask the participants:** Where does the baby usually sleep during the night?



Show Annex 11-5.

**A:** Listen to the participants' answers.

**Q:** Ask the participants: How is breastfeeding helped by the baby sleeping with its mother?

**A:** Listen to the answers and explain that:

- ▶ Increases milk production because the closeness of the baby favors frequent breastfeeding;
- ▶ Decreases the risk of breast congestion; and,
- ▶ Decreases the risk of a new pregnancy because the baby nurses more often and ovulation is delayed.

**Q:** Ask the participants: What benefits does the mother have in sleeping with her baby?

**A:** Listen to the participants' answers and say that:

It is more comfortable, practical, and restful for the mother. It provides an opportunity for the mother to be closer to her baby offering it love, increases the hormones that protect the mother from a new pregnancy, and contributes to the practice of exclusive breastfeeding.

**Q:** Ask the participants: What alternatives can a counselor offer the mother to help her decide where the baby sleeps at night?

**A:** Listen to the participants' responses and round out their answers saying that:

- ▶ Mothers should know that new research suggests that sleeping with their babies reduces the risk of SIDS (Sudden Infant Death Syndrome/Crib Death);
- ▶ The adult's secretions or sweat do not make the baby sick because it is protected by breastmilk;
- ▶ It would be difficult for the mother to crush her baby while sleeping because her maternal instinct keeps her alert and the baby will react if covered; and,
- ▶ The mother can put pillows to support the baby so that the baby does not fall from the bed.

## 5. Breastfeeding and Pregnancy

**Q:** Ask the participants: What is the belief in the community concerning the pregnant mother who is breastfeeding?

2



**Show Annex 11-6.**

- A:** Listen to the answers and say that some mothers believe that if they are pregnant and breastfeeding, the baby will be malnourished as well as the unborn child.
- Q:** **Ask the participants:** How is breastfeeding affected when the mother becomes pregnant?
- A:** Listen to the participants' responses and add that:
- ▶ Pregnancy changes the taste of the breast milk and the baby may reject the breast;
  - ▶ The mother can think that she has to immediately wean the baby; and,
  - ▶ Pregnancy is the reason for early introduction of solids and milk other than breastmilk.
- Q:** **Ask the participants:** How can the counselor help the pregnant mother who wants to continue breastfeeding?
- A:** Listen to the participants' responses and add that:
- ▶ If the mother has any bleeding or uterine contractions she must suspend breastfeeding and be referred to a doctor;
  - ▶ If the child is under six months and the mother decides to continue to breastfeed, she can do so if she has no uterine contractions and if she is paying attention to the child's growth and development and is sure that the baby is receiving enough food;
  - ▶ If the child is older than six months, the mother can increase the quantity and number of its meals and gradually wean it from breastfeeding;
  - ▶ If the child continues to breastfeed throughout pregnancy, the mother may be faced with breastfeeding both babies. There will be sufficient milk and this will not harm either child. The mother should be advised to eat a little more. She needs to think about whether she wants to do this. She should be able to consider the advantages and disadvantages.
  - ▶ In the case where the baby refuses to nurse or the mother decides to wean it, it is important to show constant affection to the baby so that it doesn't feel displaced or rejected by the arrival of the new born.

### III. Exercise

Have a support group including all its elements:

- ▶ Greeting and welcome
- ▶ Objective of the meeting  
    Analysis of the doubts and myths of the community that affect breastfeeding.
- ▶ Introductions
- ▶ Work out agreements
- ▶ Initiation and development of the topic: What are the most frequent doubts and myths in the community that impede exclusive breastfeeding?
- ▶ Summary
- ▶ Closing

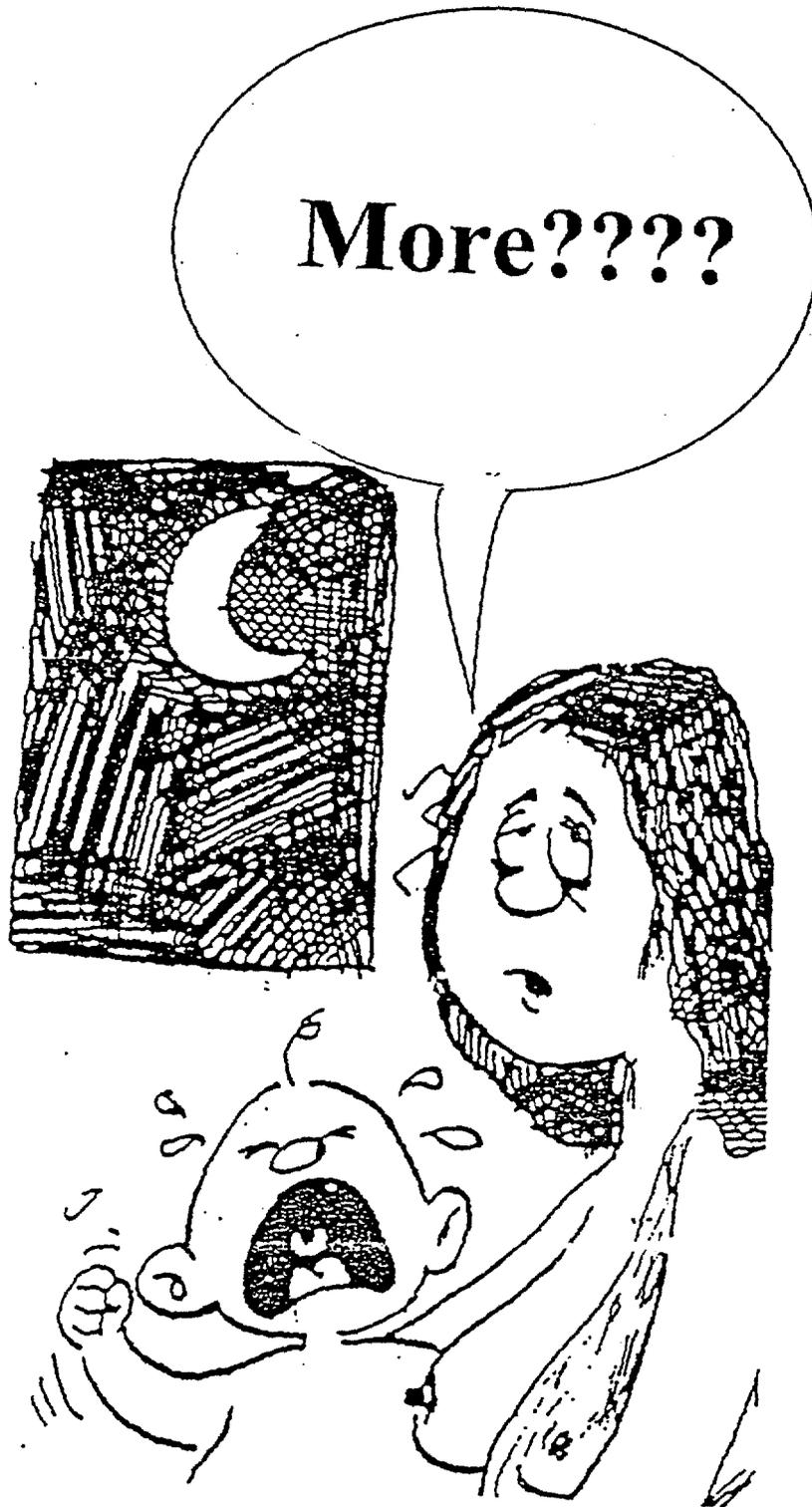
Ask for two volunteers from the participants to play the roles of the facilitator and co-facilitator. The others will make up the members of the group. The trainer will be a part of the group.

At the end of the exercise, discuss with the participants which elements of counseling were present in the exercise and which were missing.

### IV. Summary



**Every community has myths regarding some aspects of breastfeeding, but the informed mother must analyze those which affect her health and her ability to breastfeed.**



ANNEX 11-1



Nursing mothers should try to eat more three star food (beans or legumes, grains, oil, green vegetables or fruit and some animal product) for their babies and for themselves

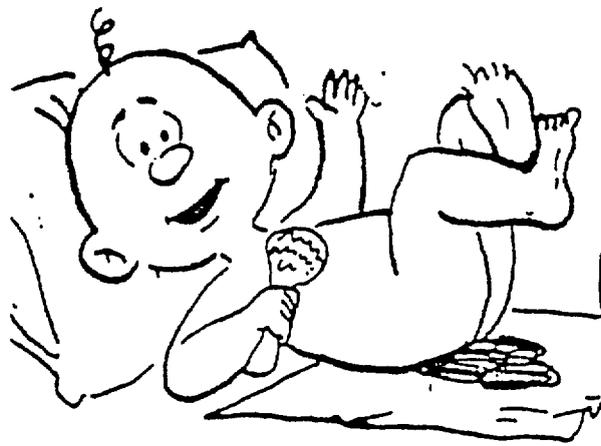


Nursing mothers should try to drink enough liquid to satisfy their thirst. These liquids include soup, water, grain drinks or fruit juices.

**IF A NURSING MOTHER DOESN'T EAT WELL  
HER BODY WILL BE AFFECTED LATER!**

ANNEX 11-2

Manual for Breastfeeding Monitors  
La Leche League of Guatemala



ANNEX 11-3



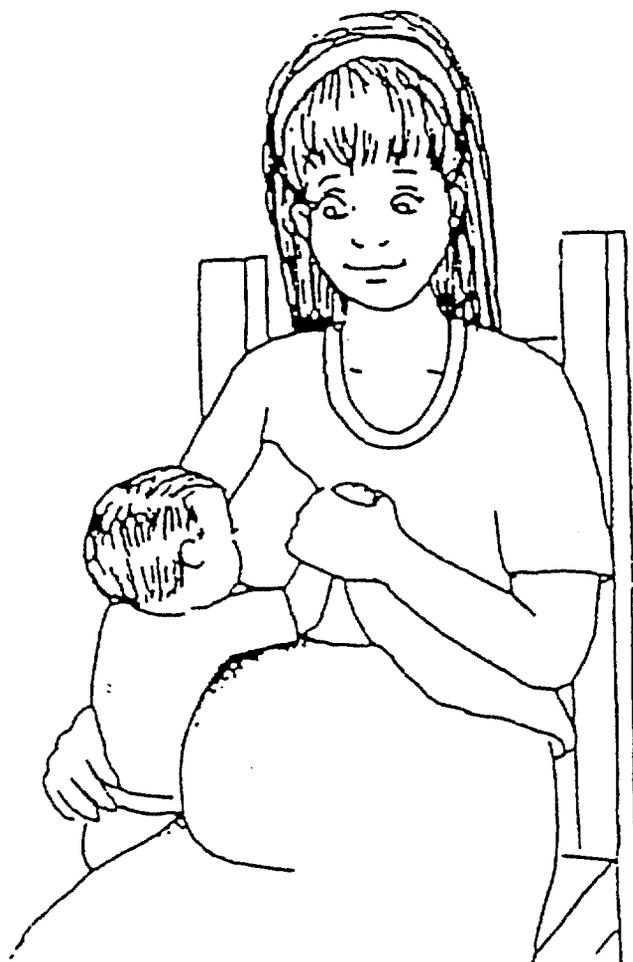
ANNEX 11-4



Manual para Monitoras de Grupos de Apoyo en  
Lactancia Materna (Eng./Spa.)  
La Leche League of Guatemala, CONAPLAN,  
UNICEF

ANNEX 11-5

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Manual para Monitoras de Grupos de Apoyo en  
Lactancia Materna (Eng./Spa.)  
La Leche League of Guatemala, CONAPLAN,  
UNICEF

ANNEX 11-6

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## Worksheet to analyze beliefs

Belief	Affects	Doesn't affect	Recommendations

ANNEX 11-7

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# Module 12

## Community Assessment

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# Module 12

## Community Assessment

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**Note to the trainer: Arrange the chairs in a circle to create an atmosphere of confidence and foster group participation. Don't forget to incorporate yourself as a member of the circle.**

### I. Objectives

After completing this session, the participants will be able to:

- A. Define the concept of a breastfeeding counselor;
- B. Define a breastfeeding counselor's profile;
- C. Describe the functions of a breastfeeding counselor; and,
- D. Carry out a community assessment to develop an action plan for breastfeeding, including:
  - ▶ Developing a survey;
  - ▶ Sketching community maps;
  - ▶ Meeting with community leaders; and,
  - ▶ Developing monitoring systems (taken from the survey and making a list of the mothers).

### II. Development of the Topic

#### A. Breastfeeding Counselor

**Q: Ask the participants:** Who is a community breastfeeding counselor?

**A:** Listen to the participants' answers and say:

It is a woman from the community with at least one year of experience in breastfeeding who has completed her training and has been accredited as a counselor to offer information and support to other mothers in good child rearing and maternal self-care using breastfeeding as an entry point.

## B. Counselor's Profile

**Q: Ask the participants:** What criteria should the community counselor fulfill?

**A:** Listen to the participants' opinions and round out their answers with the following information:

- ▶ Must be a member of the community;
- ▶ Must have breastfed or be currently breastfeeding her baby;
- ▶ Must not have given or be presently giving a baby bottle;
- ▶ Must have received breastfeeding training;
- ▶ Must have available time and be willing to do the work voluntarily;
- ▶ Must have the desire to help other people; and,
- ▶ Must know how to read and write.<sup>1</sup>

## C. Counselor's Functions

**Q: Ask the participants:** What are the functions of a breastfeeding counselor?

**A:** Listen to the participants' responses and write them on a page of the flip chart, adding the functions that are missing:

- ▶ Identify the target population: pregnant women, women who have just given birth, and mothers that have children who are older than two months and younger than six years.
- ▶ Make counseling available to pregnant women, mothers in the first 40 days postpartum, mothers that work, mothers who are sick, and mothers with breastfeeding problems.
- ▶ Make home visits to:
  - Pregnant women: one visit per month in the last three months of the pregnancy;
  - Breastfeeding mothers in the first 40 days postpartum: at least one visit during the first seven days, one visit after fifteen days and another visit after two months; and,
  - Mothers with children older than two months: one visit at four months and another at six months.
- ▶ Refer mothers and children to the Health Center for:
  - prenatal care;

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<sup>1</sup>

In the communities where the literacy level is very low, you may accept counselors that don't know how to read and write.

- postpartum care (within the first 40 days after birth);
  - integrated maternal and child health care;
  - care for children who are underweight and children who are not gaining any weight;
  - care for children with respiratory infections or diarrhea;
  - care for mothers with mastitis;
  - care for mothers with breast abscess; and,
  - care for premature babies, jaundiced babies, or those with congenital deformities.
- ▶ Organize and facilitate support groups to discuss themes of interest to the group which will always include breastfeeding themes and those related to it: family planning, discipline with love, etc.
  - ▶ Support national campaigns (such as immunization campaigns) or emergency situations.
  - ▶ Monitor growth and development of the children of your target population.
  - ▶ Ensure that children in your target population are immunized.
  - ▶ Monitor the breastfeeding situation in your target population (approximately 45-50 families).

**Q: Ask the participants:** What is the target population that a breastfeeding counselor should care for and why?

**A:** Listen to the participants' responses and add:

a) Pregnant women, with counseling and support to:

- ▶ assure physical and emotional preparation for breastfeeding;
- ▶ assure that the mother receives prenatal care;
- ▶ counsel on nutrition and preparation for childbirth; and,
- ▶ clarify doubts and misconceptions about breastfeeding.

b) Mothers who have just given birth, with counseling and support to:

- ▶ assure a good start to breastfeeding;
- ▶ assure success of the first nursings;
- ▶ avoid problems when the milk comes in;
- ▶ avoid nipple problems;
- ▶ avoid the introduction of other liquids such as sugared water and other milks;
- ▶ clarify doubts and misconceptions about breastfeeding;
- ▶ assure breastfeeding on demand;
- ▶ counsel mother on sleeping with the child;
- ▶ assure adequate maternal self care including postpartum care and good

- nourishment; and,
  - ▶ emphasize the importance of vitamin “A.”
- c) Mothers with breastfeeding children under two months, with counseling and support to:
  - ▶ assist the mother in managing exclusive breastfeeding;
  - ▶ offer anticipatory guidance and support during “growth spurts;”
  - ▶ clarify doubts about milk production or other breastfeeding doubts;
  - ▶ promote continued co-sleeping;
  - ▶ monitor for early introduction of solid foods before six months;
  - ▶ monitor immunizations; and,
  - ▶ refer to integrated maternal and child health care programs.
- d) Mothers with breastfeeding children between two and six months, with counseling and support to:
  - ▶ support mothers in continuing breastfeeding after the first six months along with complementary foods;
  - ▶ support the process of the timely introduction of solid foods;
  - ▶ promote the benefits of continued breastfeeding;
  - ▶ provide information to counter doubts and beliefs about breastfeeding; and,
  - ▶ promote self-care of the mother’s health, including counseling and referral for family planning.

**Q: Ask the participants:** How is the counselor going to take care of the mothers of her target population?

**A:** Listen to the participants’ responses and add:

The counselor is going to take care of her target population through mother-to-mother counseling in home visits, counseling in support groups, and informal contacts.

**Q: Ask the participants:** To whom and when will the counselor plan home visits to give counseling?

**A:** Listen to the participants’ answers and give complementary information saying:

The counselor will plan home visits to the following mothers:

- ▶ For the pregnant mother: the counselor will plan a monthly visit during the

- last trimester of pregnancy.
- ▶ For the woman who has just given birth: ideally she should be visited every day during the first seven days, but the counselor should program at least one visit during that time; one visit at fifteen days after birth, and one visit six weeks after birth.
  - ▶ For the postpartum mother who works: two weeks before she returns to her job.
  - ▶ For all breastfeeding mothers: when the child is two, four, and six months old.
  - ▶ For those lactating mothers that have any breastfeeding problem: sore nipples, engorgement, mastitis, plugged ducts, nipple confusion, etc.
  - ▶ For the mothers and children that she has referred to the Health Center.

**Q: Ask the participants:** In what situations should the counselor refer the mothers to health services?

**A:** Listen to the participants' answers and give the following complementary information:

The counselor should refer those cases that require evaluation and medical management, including:

- ▶ Mastitis;
- ▶ Thrush;
- ▶ Breast abscess;
- ▶ Inverted nipples;
- ▶ Relactation;
- ▶ Family planning;
- ▶ Prenatal care;
- ▶ Postpartum care;
- ▶ Vaccinations for the mother; and,
- ▶ Other cases that the counselor judges she can't resolve.

**Q: Ask the participants:** In what situations should the counselor refer the children to health services?

**A:** Listen to the participants' responses and add:

The counselor should refer those cases that require evaluation and medical management, including:

- ▶ Integrated health care;
- ▶ Immunization;
- ▶ Premature children;

- ▶ Children with jaundice;
- ▶ Children with low weight gain;
- ▶ Sick children (diarrhea, respiratory infections, others);
- ▶ Thrush;
- ▶ Children born with deformities; and,
- ▶ Children with problems the counselor cannot identify.

**Q: Ask the participants:** How can the counselor make sure the child or the mother that she referred received the necessary service?

**A:** Listen to the participants' answers and add:

The counselor should follow up with the mother. If the mother or the child received attention from the health service, the reference was effective.

**Q: Ask the participants:** Whom will the counselor invite to support groups?

**A:** Listen to the participants' answers and add the following information:

The counselor will invite the following people:

- ▶ The mothers of her target population with the following priorities: pregnant women and mothers with babies under six months;
- ▶ Fathers of the children in her target population; and,
- ▶ People who influence the mother's decisions about feeding the child (neighbors, grandmothers, women of reproductive age, etc.).

## **D. Community Assessment**

**Q: Ask the participants:** Why is it important for the counselor to have information about the population she cares for?

**A:** Listen to the participants' answers and give additional information, as necessary, by saying that:

Having information about the target population helps in planing the work and in knowing the mothers in the community and where they live. Also, it allows the counselor to monitor the results of her community work.

**Q: Ask the participants:** How might the counselor identify the mothers she is going to work with?

**A:** Listen to the participants' responses and give additional information, if necessary, by saying that the counselor should make use of:

- ▶ midwife's lists;
- ▶ Health Center census;
- ▶ NGO community lists; and,
- ▶ a community assessment.

**Q: Ask the participants:** What is a community assessment?

**A:** Listen to the participants' responses and give additional information with the following:

It means learning about the health and nutrition of mothers and babies in the community and identifying the mothers with whom they will work.

**Q: Ask the participants:** How do you do the community assessment?

**A:** Listen to the participants' answers and say that a community assessment is done by elaborating a sketch or map of the community and conducting a short survey.

**Q: Ask the participants:** How do you make a sketch or map of the community?

**A:** Listen to the participants' answers and explain that you make a sketch by locating and drawing the houses around your own house and 45 additional houses.

**Q: Ask the participants:** How do you start the sketch?

**A:** Listen to the participants' answers and explain that you start by locating the house of the counselor, which you will identify with a #1 over a circle.

From there on you will continue drawing the rest of the houses from right to left, numbering them in sequence: 2, 3, 4, etc. Also mark grocery stores, churches, schools, or any other businesses.

**Q: Ask the participants:** How are you going to identify the population you are going to work with in the sketch?

**A:** Listen to the participants and explain that, for example, they will identify the pregnant mothers, mothers with children younger than two months, and mothers with children younger than six months each with a unique symbol.

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Map legends (symbols and colors representing structures, geographic features, or administrative boundaries) should be recognizable and consistent. Below are some examples of map legends.

Examples of Map Legends	
≈	WATER
○	HOUSE
†	RELIGIOUS ORGANIZATION
□	COMMERCIAL ESTABLISHMENT
▣	FACTORY
‡	RAILROAD
=	STREET
△	SCHOOL
⊖	PREGNANT WOMAN
⊕	WOMAN WITH INFANT < 12 MONTHS OF AGE
+	HEALTH ORGANIZATION/CLINIC
◇	FAMILY PLANNING DISTRIBUTOR/CLINIC

Adapted from *The Primary Health Care Management Advancement Programme*, developed by the Aga Khan Foundation and University Research Corporation.



**Explain that it is important that the sketch have the community's name, the date, and the counselor's name, as well as the meaning of the symbols used. Show them examples of a map.**



**Annex 12-1.**

**Q: Ask the participants: What is a survey?**

**A: Listen to the participants' answers and explain:**

A survey is an interview held to obtain information which is registered on a specific form.

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**Q: Ask the participants:** Who is the counselor going to interview?

**A:** Listen to the participants' answers and give complementary information saying that:  
The interview will be held with each of the 45 families in her community that will be the population that she will care for.



**Ask the participants to take the interviews out of their materials folder.**

- ▶ Ask for two volunteers, one to play the role of the interviewee and the other to play the role of the interviewer.



**Show Annex 12-2.**

- ▶ The interviewer will hold the interview without any previous information as to how she thinks it should be done.

Analyze the role-playing with the participants using the following questions:

1. Ask the group what it observed in the role-playing?
2. Ask the person who held the interview, how did you feel?
3. Ask the person who was interviewed, how did you feel?
4. Ask the group why did this situation arise?
5. Ask the group what have they learned from this experience?

**Q: Ask the participants:** Before starting the interview, what should the counselor do?

**A:** Listen to the participants' answers and explain that the counselor should read the instructions, get used to the questions, and avoid any improvisation.



**Ask the participants to read directly from the instructions and discuss each one of them.**

**Q: Ask the participants:** What is the first interview you are going to conduct?

**A:** Listen to the participants' answers and make clear that the first interview is to be conducted in the house marked with #1 on the sketch, which is the counselor's family.

**Q: Ask the participants:** What is the next family that you are going to interview?

**A:** Listen to the participants' answers and explain that the next family is #2.



**Explain that if during the interview they find a pregnant mother, a lactating mother with a child younger than two months, or another mother with a child older than two but younger than six, mark the house on the sketch with the symbols explained above.**

### III. Exercise

Do a practice run using the survey with the participants.

**Objective:** To acquire skills in the management of the survey.

**Development:**

1. Ask the participants to take out of their folder the page of the survey where the information will be registered and the instructions.
2. Explain that they will fill in the information on the survey page according to the cases that present themselves.
3. You come to house #1 where Mr. Feliciano Paz receives us:

What is the first thing you do when you get to the house?

- ▶ Presentation and objective of the survey.
- ▶ Ask the participants to start the interview, asking questions by turn, in the order they are found in the intructive to agree with the following cases:

**House #1:** Eight people live in the family of Mr. Feliciano Paz. Rosa is pregnant and doesn't work outside the house, Date of Last Period (DLP) = 15-01-9\_\_, Approximate Date of Birth (ADB) = October 9\_\_, prenatal care = 1. She has received information on breastfeeding from the nurse.

(cont'd)

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Marina has a little girl who is two months old; she went to postpartum care offered to mothers who have just given birth and the doctor attended her; she hasn't received any information on Family Planning (FP); she doesn't use any method; she has received information on breastfeeding from the midwife; she was given vitamin "A"; she works outside of the home; the child was born on May 2nd 199\_\_; she has given her water, fruit juices, and breastmilk; she works and produces very little milk; she doesn't sleep with the child and she hasn't vaccinated her yet nor taken her to the Health Center for any illness.

**House #2:** Five people live in the family of Tomasa: Ana is pregnant; she works outside the house in a factory. Date of Last Period (DLP) = 20-05-9\_\_, Approximate Date of Birth (ADB) = February 9\_\_. She hasn't gone to prenatal care and hasn't received information on breastfeeding or Family Planning (FP).

**House #3:** Seven people live in the family of Eriberto Ortiz: there are no pregnant women in the family; there is a lactating mother with a child who is four months old (Byron); she hasn't gone to the postpartum care offered to mothers that have just given birth; she received information on Family Planning (FP) from the midwife and on breastfeeding from the doctor. She wasn't given vitamin "A"; she doesn't work; the child was born in January 9\_\_. He exclusively breastfeeds; she sleeps with the child; the child has a complete vaccination record; she has taken her child to Growth and Development Well Baby Clinic two months ago.

**House #4:** Three people live in the family of Rosa Mejía: there are no pregnant women; no mothers with children younger than six months.

Make sure that the participants are filling out the information in the right places on the form. Also check for the incorrect use of the instructions and correct skip pattern.

#### IV. Summary



The Network of Community Counselors promotes continuity of integrated care and follow-up of pregnant and nursing mothers and their babies in order to establish exclusive breastfeeding during the first six months of life and continued adequate and appropriate child feeding between six months and two years.



**Examples of Map Legends**

~	WATER
○	HOUSE
†	RELIGIOUS ORGANIZATION
□	COMMERCIAL ESTABLISHMENT
▣	FACTORY
†	RAILROAD
-	STREET
△	SCHOOL
⊖	PREGNANT WOMAN
⊕	WOMAN WITH INFANT < 12 MONTHS OF AGE
+	HEALTH ORGANIZATION/CLINIC
◇	FAMILY PLANNING DISTRIBUTOR/CLINIC

Adapted from *The Primary Health Care Management Advancement Programme*, developed by the Aga Khan Foundation and University Research Corporation.

## COMMUNITY DIAGNOSTIC

I. GENERAL INFORMATION: This part should be completed by you before beginning.

Community: \_\_\_\_\_ Health Center: \_\_\_\_\_ Coding number \_\_\_\_\_

Municipality: \_\_\_\_\_ Date: \_\_\_\_\_

Community Worker Name: \_\_\_\_\_

FOR COMMUNITY WORKER ONLY. THIS IS AN INSTRUMENT TO HELP YOU LEARN ABOUT THE FAMILIES AND RESOURCES IN YOUR COMMUNITY. THE INFORMATION WILL HELP YOU TO FOLLOW UP WITH YOUR NEIGHBORS IN THE AREAS OF HEALTH AND NUTRITION THAT MAY BE OF CONCERN IN THE COMMUNITY.

### REMEMBER:

- \* INITIATE THE SURVEY BY GREETING THE FAMILY.
- \* EXPLAIN TO THEM THAT THE INFORMATION WILL ALLOW US TO WORK IN A MORE COORDINATED FASHION WITH THE HEALTH CENTERS/NGOS WORKING IN THE COMMUNITY.
- \* ONE SURVEY SHOULD BE CONDUCTED FOR EACH FAMILY. IN A HOUSE WHERE THERE ARE TWO FAMILIES, TWO SURVEYS SHOULD BE DONE. ALL OF THE PEOPLE WHO LIVE IN THE HOUSE AND ARE RELATED TO ONE ANOTHER (FATHER, MOTHER, CHILDREN, BROTHERS, AUNTS AND UNCLES, OR IN-LAWS) CONSTITUTE A FAMILY.
- \* WHEN YOU ASK THE QUESTIONS, REMEMBER THAT YOU SHOULD READ THEM EXACTLY AS THEY ARE WRITTEN. THIS WILL ASSURE HAVING THE NECESSARY INFORMATION ABOUT EVERYONE.
- \* ASK ABOUT EACH POSSIBLE PERSON IN YOUR TARGET GROUP (PREGNANT WOMEN, BREASTFEEDING MOTHERS, INFANTS AND YOUNG CHILDREN, ETC. AND INDICATE THEIR TARGET GROUP STATUS IN THE TABLE).

## II. FAMILY MAKE-UP

How many families live in this house? \_\_\_\_\_ Address \_\_\_\_\_

**REMEMBER, YOU NEED A SEPARATE SURVEY FOR EACH FAMILY.**

I would like to ask you some questions about your family and the people who live with you.

**WOULD YOU GIVE ME THE NAMES, YEARS OF SCHOOLING AND AGES OF ALL OF THE PEOPLE IN YOUR FAMILY WHO LIVE IN THIS HOUSE, INCLUDING THE YOUNGEST CHILDREN? ALSO INDICATE STATUS FOR PROGRAM INTERVENTIONS: PREGNANT (P); BREASTFEEDING <6 MOS: B6; BREASTFEEDING 6-12 MOS: B12; WORK & BF: WBF; ETC.**

NAME	Age	Date of Birth	Educ	Sex	Target Group Status
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**IF THERE ARE NO MEMBERS OF ANY OF THE GROUPS THAT CONCERN YOU (PREGNANT WOMEN, NURSING MOTHERS, YOUNG CHILDREN, ETC.), THANK THE PERSON BEING INTERVIEWED AND END THE INTERVIEW.**

**IF MORE THAN ONE PREGNANT OR NURSING MOTHER IS IN THE FAMILY (MOTHER AND DAUGHTER, SISTERS, ETC.), EACH WILL NEED A SEPARATE FORM. IF MORE THAN ONE CHILD OF THE GROUP THAT CONCERNS YOU IS IN THE HOUSEHOLD, EACH WILL NEED A SEPARATE FORM.**

**FOR THOSE FAMILIES THAT HAVE MEMBERS OF THE GROUPS THAT CONCERN YOU, CONTINUE:**

1. How many women from 12 to 49 who are in your family work outside the home? \_\_\_\_\_
2. Is any family member of this household pregnant? IF YES, WRITE THE NAME.
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

**THE FOLLOWING QUESTIONS SHOULD BE ASKED OF EACH PREGNANT WOMAN IN THE FAMILY. IF THERE ARE NO PREGNANT WOMEN, SKIP TO #8.**

3. Is _____ Receiving prenatal care?	4. Where obtained?	5. Date of last menstruation	6. Expected Delivery Date?	7. Tetanus Vaccine schedule? Complete (C) Incomplete (I)
1.				
2.				
3.				

8. Has anyone spoken with you about any of the following? MARK Y FOR YES/ N FOR NO. IF YES FOR ANY OF THE FOLLOWING, CONTINUE, IF NO TO ALL, SKIP TO #10.

Breastfeeding?	Family Planning?	Your nutrition?	Care of the Baby?	Your own care?

9. Who has spoken with you? Indicate name and type of person: neighbor (N), relative (R), health worker (HW), community worker (CW), etc. If mother doesn't know: (DK)

Name	Type								

**IF THE FOLLOWING QUESTIONS SHOULD BE ASKED ONLY IF THE MOTHERS HAVE CHILDREN IN THE AGE GROUP THAT CONCERNS YOU (< 6 MONTHS OF AGE, <12 MONTHS, ETC.).**

**IF THERE ARE SEVERAL MOTHERS IN A FAMILY WITH CHILDREN IN THE TARGET AGE RANGE, EACH ONE SHOULD HAVE A QUESTIONNAIRE FILLED OUT.**

10. List the child's name and age (from previous page) for the following questions. (IN THE CASE OF TWINS, APPLY ONE SURVEY FOR EACH CHILD)

a. Mother's name: \_\_\_\_\_

b. Child's name: \_\_\_\_\_

11. How old (days/weeks/months) was the child when you began to give him/her:  
 Water \_\_\_\_\_ Other milks \_\_\_\_\_  
 Other liquids \_\_\_\_\_ Other solids \_\_\_\_\_

12. With whom does your baby sleep during the night?

**DO NOT READ THE ANSWERS, IF THE MOTHER SAYS THAT S/HE SLEEPS WITH HER, ASK IF IN THE SAME BED.**

Alone \_\_\_\_\_ With mother \_\_\_\_\_  
 With siblings \_\_\_\_\_ With another person \_\_\_\_\_  
 Combination of the above \_\_\_\_\_

13. From the time you woke up yesterday, until the time you woke up today, did you feed your child...?

ITEM	YES	NO	Bottles used?
Vitamins/minerals/medicines			
Water alone			
Sweetened or flavored water			
Fruit juice			
Tea or other infusion			
Infant Formula (brand)			
Tinned, powdered/fresh milk (brand)/milk products			
Eggs/meat/fish			
Legume/Grain (Yes, only if together)			
ORS or OR solution			
Fruits/Vegetables			
Other semi-solid or solid foods			
Breastmilk			

**14. IF THE MOTHER SAYS THAT SHE IS NOT BREASTFEEDING, ASK WHY NOT OR WHY STOPPED, IF SHE HAS ALREADY INTRODUCED OTHER FOODS, AND CHILD IS < 6 MONTHS, ASK WHY? IF SHE HAS NOT INTRODUCED OTHER FOODS AND CHILD IS ≥ 6 MONTHS, ASK WHY?**

Why are you (not breastfeeding) or (have stopped breastfeeding)?

---

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Why have you introduced foods to (< 6 months child) or (not introduced foods to ≥ 6 months child)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. In the last two weeks has the baby had:

Watery, bloody, mucus filled stools/fever/irritation YES \_\_\_\_ NO \_\_\_\_  
 Cough or cold YES \_\_\_\_ NO \_\_\_\_

16. Since birth, have you brought the baby to be vaccinated?

YES \_\_\_\_ NO \_\_\_\_

ASK THE MOTHER IF YOU CAN SEE THE CARD

Is scheme complete for age? YES \_\_\_\_\_ NO \_\_\_\_\_

17. Since birth, have you brought the baby to the Health Center for a check-up?

YES \_\_\_\_ NO \_\_\_\_

18. Have you had a check-up in the first 40 days after giving birth?

YES \_\_\_\_ NO \_\_\_\_

19. IF THE MOTHER SAYS YES, ASK: Who gave you the check-up?

a. Traditional health provider Name \_\_\_\_\_

b. Health professional Name \_\_\_\_\_

20. Since the baby was born, have you menstruated? YES \_\_\_\_\_ NO \_\_\_\_\_,

IF YES ASK, How many weeks/months was the baby when you resumed your menstruation?

\_\_\_\_\_ weeks/ months (CIRCLE WHICHEVER APPLIES)

21. Are you using a method to space your pregnancies? YES \_\_\_\_\_ NO \_\_\_\_\_,

IF YES, ASK WHAT METHOD IS BEING USED, PUT AN 'X' UNDER METHOD									
LAM	IUD	COC	POP	INJ	COND	RHY	BILL	WITH	OTHER

22. After the birth, did they give you a red pill to swallow? (Vitamin A)

YES \_\_\_\_\_ NO \_\_\_\_\_

23. Do you participate in any community groups? YES \_\_\_\_\_ NO \_\_\_\_\_

Which one(s)? \_\_\_\_\_

24. Would you be interested in getting together with other women to discuss feeding and caring for your baby and protecting your own health? YES \_\_\_\_\_ NO \_\_\_\_\_

THANK THE WOMAN YOU HAVE INTERVIEWED AND TELL HER THAT IF IT IS AGREEABLE TO HER, YOU WILL BE VISITING HER FROM TIME TO TIME AND WILL INVITE HER TO A MEETING TO DISCUSS MORE ABOUT CARING FOR HERSELF AND HER CHILDREN

ADAPTED FROM DIAGNOSTIC OF THE BREASTFEEDING LEAGUE OF HONDURAS/MINISTRY OF HEALTH OF HONDURAS

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## WELLSTART INTERNATIONAL

Wellstart International is a private, nonprofit organization dedicated to the promotion of healthy families through the global promotion of breastfeeding. With a tradition of building on existing resources, Wellstart works cooperatively with individuals, institutions, and governments to expand and support the expertise necessary for establishing and sustaining optimal infant feeding practices worldwide.

Wellstart has been involved in numerous global breastfeeding initiatives including the Innocenti Declaration, the World Summit for Children, and the Baby Friendly Hospital Initiative. Programs are carried out both internationally and within the United States.

### International Programs

Wellstart's *Lactation Management Education (LME) Program*, funded through USAID/Office of Nutrition, provides comprehensive education, with ongoing material and field support services, to multidisciplinary teams of leading health professionals. With Wellstart's assistance, an extensive network of Associates from more than 40 countries is in turn providing training and support within their own institutions and regions, as well as developing appropriate in-country model teaching, service, and resource centers.

Wellstart's *Expanded Promotion of Breastfeeding (EPB) Program*, funded through USAID/Office of Health, broadens the scope of global breastfeeding promotion by working to overcome barriers to breastfeeding at all levels (policy, institutional, community, and individual). Efforts include assistance with national assessments, policy development, social marketing including the development and testing of communication strategies and materials, and community outreach including primary care training and support group development. Additionally, program-supported research expands biomedical, social, and programmatic knowledge about breastfeeding.

### National Programs

Nineteen multidisciplinary teams from across the U.S. have participated in Wellstart's lactation management education programs designed specifically for the needs of domestic participants. In collaboration with universities across the country, Wellstart has developed and field-tested a comprehensive guide for the integration of lactation management education into schools of medicine, nursing and nutrition. With funding through the MCH Bureau of the U.S. Department of Health and Human Services, the NIH, and other agencies, Wellstart also provides workshops, conferences and consultation on programmatic, policy and clinical issues for healthcare professionals from a variety of settings, e.g. Public Health, WIC, Native American. At the San Diego facility, activities also include clinical and educational services for local families.

*Wellstart International is a designated World Health Organization Collaborating Center on Breastfeeding Promotion and Protection, with Particular Emphasis on Lactation Management Education.*

For information on corporate matters, the LME or National Programs, contact:

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