

Nutrition Job Aids

Regions with High HIV Prevalence

March 2002

The Nutrition Job Aids were developed by the Regional Centre for Quality of Health Care (RCQHC) at Makerere University in Uganda together with the LINKAGES Project (AED) with funding support from USAID Regional Economic Development Support Office for East and Southern Africa (REDSO/ESA). The Nutrition Job Aids are modifications of the job aids presented in “Nutrition Essentials: A Guide for Health Managers”, a publication produced by BASICS, UNICEF and WHO.



NUTRITION JOB AID FOR ANTENATAL CONTACTS

WHY? Well nourished, pregnant women have healthier babies and have a lower risk of maternal morbidity and mortality.
WHEN? At each antenatal contact with mothers, check and complete the following schedule.

Who/Subject	Assess/Action	Duration
All pregnant women: Woman's Diet	<ol style="list-style-type: none"> 1. Assess diet. Counsel on appropriate diet for pregnancy and need for extra rest. Counsel on use of iodized salt for all family members. 2. Assess weight gain. Counsel on management of diet and appetite problems during pregnancy. 	<ul style="list-style-type: none"> - Counsel on improved diet and additional rest as soon as pregnancy is detected and continue during lactation. - Weigh at each visit: weight gain should be 1 kg per month in the 2nd and 3rd trimesters.
All pregnant women: Iron/folic acid or MVMS Supplements	<ol style="list-style-type: none"> 1. One (1) iron/folic acid tablet daily (60 mg iron + 400 µg folic acid)^a OR 1 multiple vitamin-mineral Supplement (MVMS) daily, containing 30-60 mg of iron. 2. Counsel on compliance, safety, and side effects. 	<ul style="list-style-type: none"> - Iron/folic acid: - <i>Where prevalence of anemia in pregnancy <40%:</i> Start at first antenatal visit and continuing for 6 months (180 days), even if this extends into the postpartum period. - <i>Where prevalence of anemia in pregnancy ≥40%:</i> 6 months of pregnancy (180 days) and continuing to 3 months (90 days) postpartum OR - MVMS: 180 days in pregnancy and 3 months (90 days) postpartum.
Pregnant women with pallor (pale eyelids and palms)	<ol style="list-style-type: none"> 1. Two (2) iron/folic acid tablets daily (a total of 120 mg iron + 400-800^c µg folic acid) for 3 months (90 days), followed by 1 tablet daily (60 mg iron + 400 µg folic acid). 2. Counsel on compliance, side effects, and safety and advise to return for follow-up evaluations at 1 week and 4 weeks after beginning treatment. 	<ul style="list-style-type: none"> - 2 tablets daily until pallor is no longer seen or a minimum of 90 days. - After 3 months of therapeutic supplementation, continue with preventive supplementation until 180 days of supplementation is achieved.
Pregnant women in malaria endemic area: Anti-malarials	<ul style="list-style-type: none"> - Use local recommendations for treatment at first visit followed by anti-malarial prophylaxis. 	<ul style="list-style-type: none"> - Give curative treatment at first antenatal visit - <i>but not during first trimester</i> - followed by prophylaxis depending on national protocol.
Pregnant women in hookworm endemic areas: Anthelmintics	<ol style="list-style-type: none"> 1. Albendazole: 1 single dose of 400 mg in second trimester OR Mebendazole: 1 single dose of 500 mg 2. Counsel mother on how to prevent infection. 	<ul style="list-style-type: none"> - Give treatment once in the second trimester of pregnancy. - Repeat treatment in third trimester, if hookworms are highly endemic (>50% prevalence).
All pregnant women: Counsel on Infant feeding and HIV	<ol style="list-style-type: none"> 1. Provide information on risks of mother to child Transmission of HIV. 2. If available, offer voluntary confidential HIV counseling and testing. 3. Advise on benefits of learning HIV status. 4. Counsel on how to negotiate safe sex and avoid HIV infection. <i>Encourage involvement of partners in these decisions/practices.</i> 5. Counsel about benefits of immediate and exclusive breastfeeding. 	<ul style="list-style-type: none"> - Counsel and/or reinforce key messages at every antenatal contact. Include partner if possible.
Pregnant women who are known to be HIV+ : Counsel on Infant Feeding	<ol style="list-style-type: none"> 1. Counsel on benefits and risks of both breastfeeding and replacement feeding. 2. Inform about antiretroviral (ARV) drug therapy for pregnancy/delivery, if available. 3. For women who choose to breastfeed: Assess and counsel on immediate and exclusive breastfeeding. - If not planning to BF: discuss implications of replacement feeding and teach skills for safe replacement feeding. Verify. 	<ul style="list-style-type: none"> - Counsel and/or reinforce key messages at every antenatal contact. * If mother is planning to replacement feed, ask her to bring supplies to birth.
All pregnant women: Family Planning	<ol style="list-style-type: none"> 1. Counsel mothers on family planning methods; including the LAM method. 2. Encourage the use of condoms to prevent transmission of HIV and other sexually transmitted diseases. 	<ul style="list-style-type: none"> - Counsel and/or reinforce key messages at every contact.

^a Where iron supplements containing 400 µg of folic acid are not available, an iron supplement with a lower level of folic acid may be used.

^b If 180 days cannot be achieved during pregnancy, continue the supplement during the postpartum period for a total of 180 days or increase the dose to 120 mg in pregnancy.

^c If using combined iron/folic acid tablets with 400 µg of folic acid, the quantity of folic acid will be 800 µg. If a combined tablet is not available, 400 µg of folic acid should be provided.

HOW?

1. Weigh mother and chart or record her weight on the mother's card:
 - Mother's weight gain should be at least 1 kg per month in the second and third trimesters of pregnancy.
2. Ask mother about her food beliefs and eating practices (for herself).
 - Counsel each mother and her accompanying family members on gaining weight: taking extra food; eating a varied diet; and getting additional rest, particularly in the last three months of pregnancy. Counsel on use of iodized salt for all family members.
 - Use a list of local, affordable foods and show her how much extra food (volume) she needs to eat.
 - Provide information on how she can manage feeding and appetite problems during pregnancy.
3. Screen each mother for pallor (check inner eyelids and palms). If pallor is found, begin treatment for severe anemia and advise her to return for follow-up evaluations at 1 week and 4 weeks after treatment begins.
4. If pallor is not found, ask the mother when she can return for the next antenatal visit, advising her to return according to the antenatal schedule. Count how many iron/folic acid tablets or multiple vitamin-mineral supplements she needs until the next visit, using the protocol. (For example, give 60 tablets if she can only return in 2 months – or 90 if she can only return in 3 months.)
 - Give her, or suggest that she should use, a clean, appropriate container or bag to store tablets to prevent their decay from moisture and air.
 - Suggest ways to increase iron in her diet.

NOTE: It is best to have the tablets counted and bagged for easy distribution, perhaps in bags of 30 tablets.
5. Ask about current beliefs and past experiences in taking iron tablets/multiple vitamin-mineral supplements. Counsel her on compliance, side effects, and safety (keeping tablets away from young children).
6. Count how many anti-malarial tablets the woman needs until the next visit. Clearly explain the treatment AND prevention protocols as outlined.
7. Give her the treatment for hookworm and, if necessary, remind her that she will need another treatment in her third trimester. Explain how to prevent infection through proper hygiene and wearing shoes.
8. **Infant feeding:**
Women with HIV- or unknown HIV status:
 Ask about current knowledge of HIV transmission and provide advice and counsel.
 - a) If available, offer the mother confidential HIV counseling and testing.
 - b) Advise on the benefits of learning HIV status.
 - c) Ensure that she knows how to negotiate safe sex and avoid HIV infection.
 - d) Ensure she can make informed choices about prenatal care, delivery and feeding practices.
 - e) Screen each mother for flat and inverted nipples and other breast conditions that may impact on breastfeeding. Counsel as necessary.
 - f) Ask about current beliefs (including beliefs on pre-lacteal feeds and cultural/traditional issues) and former breastfeeding experiences. Counsel each mother and her accompanying family members on immediate breastfeeding after delivery (as soon after birth as possible but within 1 hour following birth) and EBF for about 6 months, including EBF benefits for family planning (LAM).
 - g) Provide advice on management of EBF (correct positioning and attachment, prevention and management of nipple trauma and mastitis, insufficient breastmilk).

Answer any questions and refer her to a mother support group in her area.

For HIV+ women:

 - a) Provide information on the benefits and risks of both breastfeeding and replacement feeding, including information specific to her community.
 - b) Ask whether she plans to breastfeed or use replacements for breastmilk. Provide the appropriate counsel for her choice of feeding.
 - *IF breastfeeding:* Assess and counsel as per instructions above.
 - *IF replacement feeding:* Discuss implications of replacement feeding (availability of suitable replacements, cost, hygiene, duration, etc.) , teach skills necessary for appropriate and safe replacement feeding and verify that the mother has developed the necessary skills.
 - c) If anti-retroviral (ARV) drug therapy is available, provide her with the necessary information (where to get ARV, when, what to expect, possible side effects, how it **does not** eliminate transmission, how it **does not** eliminate her disease, safety, etc.)
 - d) Answer any questions and refer her to mother support groups.
9. On the clinic tally sheet/register, make one mark for each mother that is given tablets in the appropriate row corresponding to the type of tablets given. Also record the number of tablets given for each type.
10. In mother's card, record the date and number of all tablets given and record all counseling given.
11. Check and complete immunization schedule; remind the mother about danger signs and her next antenatal visit. (Encourage at least 4 antenatal consultations.)

NOTE: Many women in your catchment area probably do not come for prenatal visits or come very late. To reach them, work with community midwives (matrons) or TBAs; train, supply, and support them. Also, work with local drug vendors to stock and promote iron tablets for pregnant women. You may be able to provide a supply of tablets to trained community midwives,

and obtain their collaboration in referring high-risk cases and postnatal follow-up

NUTRITION JOB AID FOR DELIVERY AND IMMEDIATE POSTPARTUM CONTACT

WHY?

1. Counseling and support builds a strong foundation for successful infant feeding.
2. Early initiation of breastfeeding helps reduce postpartum bleeding.
3. Vitamin A increases a mother's ability to fight infections and prevents infant disease and deaths.

WHEN?

At delivery and during the first few hours and days postpartum, check and complete the following activities.

Who/Subject	Assess/Action	Duration
All women with HIV- or unknown HIV status: Immediate Breast-feeding	<ol style="list-style-type: none"> 1. Reduce routine early rupture of membranes and episiotomy. 2. Reduce the routine use of pethidine for delivery. 3. Give the baby unrestricted skin-to-skin contact with the mother immediately after delivery and keep the baby with the mother ideally in the same bed or alternatively, in an adjacent cot for unlimited breastfeeding. 4. Help the mother breastfeed immediately (at least within one hour after delivery). 	<ul style="list-style-type: none"> - From delivery through the first few months, encourage keeping the baby with the mother. - The baby should breastfeed on demand day and night at least 8-10 times/24 hour period.
All women with HIV- or unknown HIV status: EBF	<ul style="list-style-type: none"> - Give no water, glucose (sugar) water, teas or any fluids, bottles or pacifiers to the baby. 	<ul style="list-style-type: none"> - From birth until about 6 months.
All women with HIV- or unknown HIV status: Attachment and Positioning	<ol style="list-style-type: none"> 1. Assess and, if necessary, teach mother correct attachment. 2. Show mother different breastfeeding positions. 3. Inform the mother where she can get assistance on breastfeeding in her community. 	<ul style="list-style-type: none"> - At least once or more often as needed until mother is confident and all her concerns have been addressed.
All women with HIV- or unknown HIV status: Counsel on HIV	<ol style="list-style-type: none"> 1. Provide information on risks of mother-to-child transmission, including transmission through delivery and breastfeeding. 2. If available, offer voluntary, confidential HIV counseling and testing. 3. Advise on benefits of learning HIV status for informed choice about infant feeding. 4. Counsel on benefits of exclusive breastfeeding. 5. Counsel on how to prevent HIV transmission, partner involvement and strategies for negotiating safe sex and other means to avoid HIV infection. 	<ul style="list-style-type: none"> - At least once or more often as needed until health worker and mother are confident that all concerns have been adequately addressed.
HIV+ women: Counsel on Infant Feeding	<ol style="list-style-type: none"> 1. Verify mother's feeding decision. 2. For women who choose to breastfeed: follow instructions for HIV+ breastfeeding women (see HOW page of Postnatal Contacts). Counsel the mother on the importance of exclusive breastfeeding for about 6 months. <ul style="list-style-type: none"> - Show mother how to express and discard breastmilk in case of a breast problem. 3. For women who choose replacement feeding: follow instructions for HIV+ women who choose to replacement feed (see HOW page of Postnatal Contacts). <ul style="list-style-type: none"> - Stress the need to use ONLY replacement foods safely and continuously for at least 12 months (do not mix with breastmilk). <p><i>Advise mother to seek medical attention immediately for any feeding problems or illnesses.</i></p>	<ul style="list-style-type: none"> - At least once or more often as needed until health worker and mother are confident that all concerns have been adequately addressed.
All women: Vitamin A	<ul style="list-style-type: none"> - In VAD-risk areas, give one 200,000 IU dose of vitamin A as soon as possible after delivery, <i>but no later than 8 weeks postpartum (or 6 weeks if she is not lactating).</i> 	<ul style="list-style-type: none"> - Once only.
All women : Mother's Diet and Rest	<ol style="list-style-type: none"> 1. Assess and counsel mother on her eating practices and drinking enough to satisfy thirst. 2. Counsel on use of iodized salt for all family members. 3. Counsel on getting extra rest. 	<ul style="list-style-type: none"> - Increased food intake and drinking water to satisfy thirst: duration of lactation. - Extra rest: for at least 6 weeks and if possible for the first four to six months after delivery.
All women: Iron or MVMS Supplements	<ol style="list-style-type: none"> 1. Check iron/folic acid supplementation. Continue 1 iron/folic acid tablet daily (60 mg iron + 400 µg folic acid) OR 1 multiple vitamin-mineral supplement (MVMS) daily, containing 30-60 mg of iron. 2. Counsel on compliance, safety, and side effects. 	<ul style="list-style-type: none"> - Continue daily iron/folic acid supplementation until mother has taken a total of 180 tablets, including tablets taken during pregnancy. OR - Continue MVMS started in pregnancy until 3 months after delivery.
All women: Family Planning	<ol style="list-style-type: none"> 1. Counsel mothers on family planning methods; including LAM method. Refer mother if necessary. 2. Encourage the use of condoms to prevent HIV and other STD transmission. 	<ul style="list-style-type: none"> - Before the mother leaves the care of the health worker.
All women: Follow-up Visit and Support	<ol style="list-style-type: none"> 1. Make an appointment for a postnatal visit (or refer to appropriate service). 2. Provide information on community growth monitoring and promotion program and immunization schedule and services for child. 	<ul style="list-style-type: none"> - Once, before the mother leaves the care of the health worker.

HOW?**For women whose HIV status is negative or unknown:**

1. Avoid routine rupture of membranes (ROM) to speed labor. Optimally, the baby would be born less than 4 hours from ROM to minimize infection including MTCT of HIV.
2. Avoid routine episiotomy and manage delivery in order to minimize laceration of vagina. Avoid routine use of pethidine for delivery.
3. Support labor and conduct delivery to optimize mother's ability to hold and breastfeed her baby immediately after delivery.
4. Place the newborn on the mother's abdomen immediately after delivery and help the mother and child establish breastfeeding. Do not separate the baby and mother.
5. Place the baby in the mother's bed or an adjacent cot for easy access to breastfeeding throughout the day and night. Do not give any fluids, prelacteal feeds, bottles, pacifiers, etc. Only give medications that a doctor or an authorized/qualified health worker prescribes.
6. Observe position and attachment, help mother to have proper positioning and attachment. Evaluate the baby's effectiveness at breastfeeding.
 - Baby's body should be turned completely toward mother. Chin should touch mother's breast, mouth wide open, and both lips should be turned outward. More areola should be visible above than below the mouth.
 - Infant should take slow, deep sucks, sometimes pausing. Swallows should be audible.
7. Ask the mother about current beliefs and past breastfeeding experiences. Clarify and discuss any concerns or difficulties she may have.
 - Counsel each mother and her accompanying family members on EBF for about 6 months, including feeding on cue, day and night at least 8-10 times in a 24-hour period.
 - Counsel the mother to continue breastfeeding if the child becomes ill and to seek immediate consultation of a qualified health worker.
8. Counsel each mother and her accompanying family members on the risks of mother-to-child transmission of HIV, during delivery and breastfeeding.
 - If available, offer voluntary confidential HIV counseling and testing or inform mother where she can go for testing.
 - Inform them of the benefits of learning HIV status for informed choice about infant feeding.
 - Counsel on the benefits of exclusive breastfeeding to about 6 months.
 - Counsel the mother on how to remain HIV-negative, partner involvement, and discuss strategies for negotiating safe sex and other means to avoid HIV infection.

For known HIV+ women:

1. Ask the mother whether she has chosen to breastfeed or not. If she is undecided, provide information on the benefits and risks of both breastfeeding and replacement feeding, including information specific to her community.
2. **If she chooses to breastfeed:**
 - Follow instructions for all breastfeeding women, **and** emphasize the risks that may be associated with mixed feeding, untreated breast symptoms, cracked nipples and sores, nipple trauma, engorgement, and mastitis.
 - Advise mother to seek medical attention immediately for any breastfeeding problems or illnesses, and to express and discard milk from the breast(s) affected by these conditions. Discuss alternative feeding if both breasts are affected at the same time, and stress the necessity to seek medical attention **immediately**.
 - Provide instruction on manual breastmilk expression so that lactation is maintained in case of a breast problem.
 - Make an appointment for the mother to have a follow-up visit.
3. **If she chooses replacement feeding:**
 - Stress the need to feed the child only replacement foods (do not mix breastfeeding) the child only replacement foods.
 - Discuss the issues of resources (milk or formula, fuel, water, time, hygiene, cost, etc.). Counsel mother that replacement milk will continue to be required up to at least 12 months (even after other foods are introduced) but the quantity will decrease as the baby gets older.
 - Verify that the mother has the appropriate preparation, hygiene, and cup-feeding skills needed for safe replacement feeding.
 - Advise mother to seek medical attention immediately for any feeding problems or illnesses.
 - Make an appointment for the mother to have a follow-up visit.

For all women:

1. Give each mother one vitamin A capsule of 200,000 IU (or two 100,000 IU capsules) in VAD-risk areas. Open the capsule and squeeze the contents in the mother's mouth or ask her to swallow it with water in your presence.
 - Do not give her the capsule to take away.
 - If the capsule is not given at delivery, give this dose once within 8 weeks after delivery if the woman is lactating and within 6 weeks of delivery if not lactating.
2. Ask about mother's current food beliefs and eating practices (for herself).
 - Counsel each mother (and her accompanying family members) on the importance of eating extra food while lactating and drinking to satisfy her thirst. Use a list of local, affordable foods, and show her how much extra (volume) she needs to eat.
 - Provide information about ways she can vary her diet to include additional fruits, vegetables, animal products and fortified food.
 - Counsel on the use of iodized salt for all family members.
 - Advise the mother and her family members that extra rest while breastfeeding is beneficial to the mother's health. Emphasize the need for extra rest at least for the first 6 weeks postpartum and ideally through the stage of exclusive breastfeeding to build maternal reserves. Discuss ways in which the mother's workload could be decreased during this time.
3. Check with mother (verify with her health card if possible) how long she has taken iron/folic acid tablets or MVMS.
 - If the mother has not completed the 180-day protocol for iron/folic acid, give her enough tablets to complete the protocol. If she is taking MVMS, give her 90 tablets to complete the protocol of daily tablets for 3 months after birth.
 - Give her, or suggest that she should use, a clean, appropriate container or bag to store tablets to prevent their decay from moisture and air.
4. Ask about current beliefs and past experiences in taking iron tablets/MVMS.
 - Counsel her on compliance, side effects, and safety (keeping tablets away from young children).
5. Ask mother about beliefs and past experiences with family planning.
 - Counsel her about her family planning options, including LAM.
 - Encourage condom use to prevent HIV and other STD transmission. Refer her if necessary.
6. In the mother's card, record the date of giving vitamin A and iron/folic acid or MVMS. Also record all counseling given.
7. On the clinic tally sheet/register place a mark for each woman given vitamin A and iron/folic acid or vitamin supplements. Also place a mark for each mother given diet, breastfeeding, family planning, HIV counseling.
8. Make an appointment for the mother to return for her follow-up/postnatal contact or refer her to the appropriate service.

NOTE: For women in your catchment area who do not come for deliveries, adapt this protocol for use with training and supervision by mid-wives or TBAs.

NUTRITION JOB AID FOR POSTNATAL CONTACTS

WHY? Support to postnatal women *during the first week or two* after delivery, increases the chances for success in infant feeding practices. The postnatal contact is also an opportunity to check on mother's nutritional health.

WHEN? In the first week or two after delivery, contact each mother to complete the following activities.

Who	Assess	Counsel/Action
All HIV+ women: Counsel on Infant Feeding	<ol style="list-style-type: none"> 1. Verify mother's feeding decision (breastfeeding or replacement feeding) for her baby and ask about feeding practices. 2. Assess whether mother is having difficulty with infant feeding. <p>If breastfeeding:</p> <ul style="list-style-type: none"> - Ask mother if she intends to continue EBF or wishes to start giving her infant foods or fluids besides breastmilk. <p>If replacement feeding:</p> <ul style="list-style-type: none"> - Ask mother about preparation, hygiene and feeding practices. - Assess her resources (milk or formula, fuel, water, time, etc.) 	<p>If exclusively breastfeeding:</p> <ul style="list-style-type: none"> - Counsel to exclusively breastfed for about 6 months. Follow advice for all breastfeeding women. - Check nipples and breasts for skin integrity and examine infant mouth for lesions or thrush. - <i>If mother wants to start giving something besides breastmilk:</i> <ul style="list-style-type: none"> - Reinforce the need for exclusive breastfeeding or exclusive replacement feeding. - Discuss implications of replacement feeding, including available options and resources needed for replacement feeding. - Instruct and verify appropriate replacement feeding skills. - Counsel about strategies for abrupt weaning and drying-up milk. <p>If replacement feeding:</p> <ul style="list-style-type: none"> - Emphasize the need to use ONLY replacement foods (do not mix with breastfeeding). - Discuss the issues of resources to replacement feed safely and continuously for at least 12 months. - Verify that preparation, frequency, quality of food, and hygiene are appropriate and that baby is fed with a clean cup. - Provide problem-solving advice for any difficulty mother may be having. - Encourage regular weighing. - Advise mother to seek medical attention immediately for any appetite, feeding or health problems.
All women with HIV- or unknown HIV status: Counseling on HIV	<ol style="list-style-type: none"> 1. Assess mother's knowledge about mother-to-child HIV transmission. <ul style="list-style-type: none"> - What are your risks of MTCT through BF? - How can you diminish chances of MTCT? 	<ul style="list-style-type: none"> - Provide information on risks of mother to child transmission, including transmission through breastfeeding. - If available, offer voluntary confidential HIV counseling and testing. - Advise about the benefits of learning HIV status. - Counsel on how to remain HIV-negative, partner involvement and strategies for negotiating safe sex and other means to avoid HIV infection.
All BF women: Counsel On Optimal Breastfeeding Practices	<ol style="list-style-type: none"> 1. Ask the mother: <ul style="list-style-type: none"> - Are you having any difficulty breastfeeding? - How many times in the past 24 hours was infant breastfed? - Did the infant receive any other fluids or foods after birth to now? 	<ul style="list-style-type: none"> - Encourage mother to continue good breastfeeding practices. - Ask mother to increase frequency of breastfeeding if less than 8-10 times in a 24 hour period. - Counsel the mother to breastfeed on demand (on cue of the baby). - Remind mothers of the importance of no other fluids/foods for about 6 months. - If not exclusively breastfeeding, counsel on how to reduce and gradually stop all other fluids and foods and at the same time increase frequency and duration of each breastfeed. No other fluids or foods should be given to the baby.
All BF women: Observe Baby Breastfeed	<ol style="list-style-type: none"> 1. Observe a breastfeed. Listen and look at the infant. 2. Check position and attachment. 	<ul style="list-style-type: none"> - If necessary, teach correct position and attachment to mother. - Eliminate use of bottles and pacifiers. - Clear blocked nose if it interferes with breastfeeding.
All BF women: Breastfeeding Problems	<ol style="list-style-type: none"> 1. Ask about any feeding concerns and difficulties. 2. Ask mother if and when she plans to return to work. 	<ul style="list-style-type: none"> - Congratulate mother on good practices. - Counsel mother on solutions to her specific problems. - Teach manual expression and storage of breastmilk; teach cup feeding. - If infant is passing urine less than 6 times per 24-hour period or the urine smells and is dark colored, counsel on how to increase milk intake and evaluate baby. - For mothers who are planning to go back to work: Provide advice on how to manage EBF (expression, storage, informed caregiver, etc.) and work.
All breastfeeding women: Mother's Diet	<ol style="list-style-type: none"> 1. Assess mother's diet and activities. 2. Ask about: availability of affordable foods, time involved in preparation, food storage, and daily dietary intake of mother. 3. Ask about family members who can help with chores. 	<ul style="list-style-type: none"> - Counsel mother on appropriate diet during lactation. Use a list of local, affordable foods and show her how much extra food (volume) she needs to eat. - Advise mother to drink to satisfy her thirst. - Counsel on the use of iodized salt for all family members. - Advise the mother and her family members that extra rest while breastfeeding is beneficial to the mother's health.
All women in VAD-risk areas: Vitamin A	<ul style="list-style-type: none"> - Check to see if the mother has received a vitamin A capsule since the birth of her child. 	<ul style="list-style-type: none"> - If mother has not received a vitamin A capsule since the birth of her baby: Give one 200,000 IU dose of vitamin A if it is no later than 8 weeks after delivery if the mother is lactating and no later than 6 weeks postpartum if she is not lactating.
All women: Iron or MVMS Supplements	<ol style="list-style-type: none"> 1. Check status of iron/folic acid supplementation or multiple vitamin-mineral supplementation MVMS 2. If the mother has her tablets with her, verify how many she has left. 	<ul style="list-style-type: none"> - Provide mother with enough iron/folic acid tablets to complete the protocol of 1 iron/folic acid tablet daily (60 mg iron + 400 µg folic acid) for a total of 180 tablets from the time she began taking them, OR - Provide the mother with enough MVMS to complete the protocol of 1 tablet daily for 3 months after delivery. - Counsel on compliance, safety, and side effects.
All women Family Planning	<ul style="list-style-type: none"> - Ask mother about family planning 	<ul style="list-style-type: none"> - Counsel mothers on family planning methods; including the LAM method. Refer if necessary. - Encourage condom use to prevent transmission of HIV and other STDs.

HOW?

If mother is known HIV+ :

1. Verify mother's feeding decision (breastfeeding or replacement feeding). Assess whether mother is having difficulty with feeding choice and exclusivity. Provide problem-solving advice.

If exclusively breastfeeding:

- Provide information on risks of mother-to-child transmission, including transmission through breastfeeding.
- Ask each mother about breastfeeding; observe a breastfeed; listen to and look at the infant; observe position and attachment and evaluate effectiveness of the breastfeed. As necessary, work with mother until she has proper positioning and attachment.
 - Baby's body should be turned completely toward mother. Chin should touch mother's breast, mouth wide open, both lips should be turned outward. More areola visible above than below the mouth.
 - Infant should take slow, deep sucks, sometimes pausing. Swallows should be audible.
- Counsel each mother on the importance of continuing BF without fluids or foods for about 6 months and how to solve common difficulties including "insufficient milk", sore/cracked nipples, and engorgement.
- Check nipples and breasts for skin integrity and examine infant mouth for lesions or thrush.
- Encourage regular weighing. *Advise mother to seek medical attention immediately for any breastfeeding or illnesses, and tell her where she can get help.*
- Show mother how to express and discard milk from breast(s) affected by cracked nipples, sores, nipple trauma, engorgement and mastitis. Discuss alternative feeding if both breasts are affected at the same time and stress the necessity to seek medical attention **immediately**.
- Ascertain whether mother intends to continue breastfeeding exclusively. Explore her wishes to start feeding something else besides breastmilk.
- *If she wants to start feeding foods or fluids besides breastmilk:*
 - Counsel about the importance of exclusively breastfeeding or exclusively replacement feeding (not mixing the two).
 - Discuss implications of replacement feeding, including available options and resources needed to safely and continuously feed the baby with replacement foods until the child is at least 12 months old.
 - Instruct and verify appropriate replacement feeding skills.
 - Emphasize the importance of extra food for mother, one extra meal per day
 - Counsel about strategies for abrupt weaning and drying-up milk.
 - Encourage regular weighing and advise mother to seek *immediate medical attention for all appetite, feeding and health problems.*

If exclusively replacement feeding:

- Assess any feeding difficulties with replacement feeding.
- Stress the necessity of exclusively using a replacement food for the child. Counsel mother about appropriate feeding after the child is about 6 months of age (adding complementary foods according to local recommendations).
- Verify that mother has acquired the necessary skills and knowledge to properly feed her infant with appropriate replacement foods. Provide problem-solving advice for difficulties she may be having.
- Encourage regular weighing. Advise mother to seek *immediate medical attention for all appetite, feeding and health problems.*

For women whose HIV status is negative or not known:

1. Provide information on risks of mother-to-child HIV transmission.
2. If available, offer voluntary confidential HIV counseling and testing. Advise about the benefits of learning HIV status.
3. Counsel on how to remain HIV-negative, partner involvement and strategies for negotiating safe sex and other means to avoid HIV infection.
4. Ask mother about breastfeeding; observe a breastfeed; listen to and look at the infant; observe position and attachment and evaluate effectiveness of the breastfeed. As necessary, work with mother until she has proper positioning and attachment.
 - Baby's body should be turned completely toward mother. Chin should touch mother's breast, mouth wide open, both lips should be turned outward. More areola visible above than below the mouth.
 - Infant should take slow, deep sucks, sometimes pausing. Swallows should be audible.
5. Counsel each mother on the importance of continuing BF without fluids or foods for about 6 months and how to solve common difficulties, including: "insufficient milk", sore/cracked nipples, and engorgement.
6. Show mother how to express milk and instruct on proper storage of expressed milk.

For all women:

1. Counsel on mother's diet and importance of rest.
 - Iodized salt should be used for all family members.
 - A breastfeeding woman should eat more food than usual, at least one extra meal per day, increasing her consumption of fruits, vegetables, animal products and fortified foods. She should drink to satisfy her thirst.
 - Extra rest for exclusively breastfeeding women is important.
2. *In VAD-risk areas*, complete the vitamin A supplementation for postnatal women, if necessary.
 - Give one vitamin A capsule of 200,000 IU (or two 100,000 IU capsules). Open the capsule and squeeze the contents in the mother's mouth or ask her to swallow it with water in your presence. Do not give her the capsule to take away. For lactating women, do not give this dose if 8 weeks have passed after delivery; for non-lactating mothers do not give this dose if 6 weeks have passed.
3. Check with mother (verify with her health card if possible) if she is taking iron/folic acid tablets or MVMS.
 - Give her the number of additional tablets she needs to complete the total of 180 day (includes pregnancy and lactation combined) protocol for iron/folic acid or the 90 day postpartum protocol for MVMS.
 - Give her, or suggest that she should use, a clean, appropriate container or bag to store tablets to prevent their decay from moisture and air.
4. Ask about current beliefs and past experiences in taking iron tablets/MVMS. Counsel her on compliance, side effects, and safety (keeping tablets away from young children).
5. Ask mother about beliefs and past experiences with family planning.
 - Counsel her about her family planning options, including LAM.
 - Encourage condom use to prevent HIV and other STD transmission. Refer her if necessary.
6. *In the mother's card*, record the date of giving vitamin A. Record the date and number of all iron/folic acid tablets or multiple vitamin-mineral supplements given. Also record all counseling given and any problems and solutions advised.
7. *On the clinic tally sheet/register* place a mark for each woman given vitamin A and iron/folic acid or vitamin supplements. Also record the number of women given postnatal counseling.
8. Remind about infant's immunizations.

NOTE: Most women do not come for postnatal visits or come only for problems. Find out who can follow up with postpartum mothers to provide counseling within the first couple of weeks postpartum. Work with community agents, such as women's groups, social workers, midwives (matrons), or TBAs. Provide training and supervision. Supply them with medicines/MVMS.

JOB AID FOR GIVING VITAMIN A WITH ROUTINE IMMUNIZATIONS
(To be used when immunizations are not integrated with other health services)

WHY? Vitamin A helps women and children fight infections and severe eye lesions that can lead to blindness.

WHEN? At each immunization contact with mothers and children, check and complete the following.

NOTE: Before giving vitamin A, check the child's age (for mothers, check the date of delivery) and when the last dose of vitamin A was received. Children who are not sick or malnourished should get preventive doses of vitamin A: 2 doses during approximately 6-12 months of age, spaced about 4 to 6 months apart. Then they should continue to get doses spaced about 4 to 6 months apart until they are 5 years (60 months) of age. Use the chart below to determine how much vitamin A to give.

Possible Immunization Contact	Age Group/Timing	Amount of Vitamin A	
		If using 100,000 IU capsules	If using 200,000 IU capsules
BCG contact (up to 8 weeks postpartum)	Mothers up to 8 weeks postpartum if breastfeeding (up to 6 weeks postpartum if not breastfeeding).	all drops in 2 capsules	all drops in 1 capsule
Measles vaccination contact	Infants 9-11 months	all drops in 1 capsule	1/2 drops in 1 capsule
	Children 12 months or older	all drops in 2 capsules	all drops in 1 capsule
Booster doses, special campaigns, delayed primary immunization doses, immunization strategies for high risk areas or groups	Infants 6-11 months	all drops in 1 capsule [every 4 to 6 months until 59 months of age]	1/2 drops in 1 capsule [every 4 to 6 months until 59 months of age]
	Children 12 months or older	all drops in 2 capsules [every 4 to 6 months until 59 months of age]	all drops in 1 capsule [every 4 to 6 months until 59 months of age]

All contacts	Mothers	- Ask mother about family planning and refer if necessary.
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* Do not give the child vitamin A if he/she has taken drops in the past 30 days.

HOW?

1. Check the dose in the capsules.
2. Check the child's age (for mothers, check the date of delivery) and when the last dose of vitamin A was received.
3. Cut the narrow end of each capsule with clean scissors or nailcutter, and squeeze out the drops into the child's mouth. Ask mothers to swallow the capsule in your presence. Do not ask a child to swallow the capsule. Do not give the capsule to the mother to take away.
4. To give less than 1 capsule to a child:
 - Count the number of drops in a sample capsule when a new batch of capsules is first opened.
 - Give half the number of drops from the capsule, depending on the age of the child.
5. Record the date of the dose on the child's card, and the mother's dose on the mother's card.
6. On the clinic tally sheet/register place a mark for each mother dosed, and another mark for each child dosed.
7. Advise the mother when to return for the next dose of vitamin A for her child, and encourage completion of immunization schedule, in addition to vitamin A protocols.
8. Ask mother about beliefs and past experiences with family planning. Ask if she is presently using a family planning method or is interested in knowing more about family planning. Refer her for family planning services, if necessary.
9. Make a monthly/quarterly/annual chart of vitamin A coverage the same way immunization coverage is charted. Routinely report coverage of mother's dose, and first dose and second dose for infants together with reporting of immunization coverage.

NUTRITION JOB AID FOR WELL-BABY CONTACTS
(Example growth monitoring, integrated immunization services)

WHY? Preventing nutrition and feeding problems costs less than treating severe malnutrition. Every contact with a well child is an opportunity to prevent severe problems before they occur. It is also an opportunity to check on the mother's nutrition and health.

WHEN? At each contact with a well child follow this protocol.

Who/Subject	Age months	Assess	Counsel/Action
Breastfeeding & Infant feeding Mothers with HIV- or unknown HIV status	0-5 months	<ol style="list-style-type: none"> Assess breastfeeding and identify any difficulties. Assess mother's knowledge on: <ul style="list-style-type: none"> where to go to get HIV test; how to remain HIV-negative. strategies for negotiating safe sex and other means to avoid HIV infection; Risks of mother-to-child transmission. 	<ul style="list-style-type: none"> Congratulate mother on good feeding practices. Promote exclusive BF until about six months. Provide support on correct attachment, positioning of baby, and resolving difficulties; encourage longer duration and more frequent feeds as necessary. Provide information on risks of mother to child transmission, including transmission through breastfeeding. If available, offer voluntary confidential HIV counseling and testing. Counsel on benefits of learning HIV status. Counsel on how to remain HIV-negative, partner involvement and strategies for negotiating safe sex and other means to avoid HIV infection.
	6-35 months	<ol style="list-style-type: none"> Assess complementary feeding. Identify difficulties: poor appetite, frequency, amount per feed, density, hygiene, and feeding style. 	<ul style="list-style-type: none"> Encourage mothers to continue good practices. Use strategies to correct problems in food content and feeding practices. Increase amount and enrichment of food, after illness. Continue breastfeeding with complementary food for at least 24 months.
Mothers who are HIV+	0-5 months	<ol style="list-style-type: none"> Ask mother about her infant feeding choice (breastfeeding or replacement feeding) Identify difficulties with feeding choice and exclusivity. For <i>EBF</i> mothers ask if she intends to continue EBF or if she is considering adding other foods besides breastmilk. 	<ul style="list-style-type: none"> Congratulate mothers on good practices. <p><i>Encourage regular weighing of child.</i></p> <p><i>Advise mother to seek medical attention immediately for any breastfeeding problems or illnesses.</i></p> <p>For women who are exclusively breastfeeding:</p> <ul style="list-style-type: none"> Counsel on exclusive breastfeeding to about 6 months, including problem solving for identified problems. Check nipples and breasts for skin integrity and examine infant's mouth for lesions and thrush. Instruct on milk expression and safe storage. <p>If mother is considering starting other foods besides breastmilk:</p> <ul style="list-style-type: none"> Counsel about importance of either exclusively breastfeeding or exclusively using replacement foods. Discuss implications of replacement feeding, including available options and resources needed for replacement feeding. Instruct and verify appropriate replacement feeding skills. Counsel about strategies for abrupt weaning and drying-up milk. <p>For women who are replacement feeding:</p> <ul style="list-style-type: none"> Emphasize the need to use ONLY replacement foods (do not mix with breastmilk). Provide counseling for any difficulties mother may have, including resources, preparation, frequency, quality of food given and hygiene. Ensure that the baby is being fed with a cup. <p>For women who have been mixed feeding (breastmilk and other foods):</p> <ul style="list-style-type: none"> Refer or follow baby closely since there is greater risk of vertical transmission.
	6-35 months	<ol style="list-style-type: none"> Assess child feeding practices and mother's resources for safe replacement feeding. Identify difficulties: poor appetite, frequency, amounts per feed, density, hygiene, and feeding style. 	<ul style="list-style-type: none"> Encourage mothers to continue good feeding practices. Counsel mother about replacement foods, adapting local recommendations. Use strategies to improve problems in food quality and feeding practices. Increase amount and enrichment, after illness.

NUTRITION JOB AID FOR WELL-BABY CONTACTS - Continued*(Example: growth monitoring, integrated immunization services)*

Who/Subject	Age	Assess	Counsel/Action
Children all ages: Severe Anemia; Inadequate Growth; and Severe Malnutrition	All ages	<ol style="list-style-type: none"> 1. Weigh and chart weight for all children to see if they are growing adequately. 2. Screen for pallor. 3. Screen for severe wasting and edema of both feet. 4. Assess reasons for inadequate growth, illness, care, feeding. 	<p>For anemia give iron supplements:</p> <ul style="list-style-type: none"> - Less than 2 years, 25 mg iron and 100 to 400 µg folic acid for 3 months. - From 2-12 years, 60 mg iron and 400 µg folic acid for 3 months. <p>If severely malnourished</p> <ul style="list-style-type: none"> - Give vitamin A and refer to hospital immediately. - Treat and counsel on illness, care and feeding.

	Age months	Amount of Vitamin A		Duration
		If 100,000 IU capsules are used	If 200,000 IU capsules are used	
Children 6 – 59 months: Vitamin A protocols	6-11 months	all drops in 1 capsule	1/2 drops in 1 capsule	One dose every 4-6 months from about 6 months of age to 59 months
	12 or more	all drops in 2 capsules	all drops in 1 capsule	
	Children 2-24 months: Iron Drops	6-24 (start at 2 months if low birth weight)	Amount of Iron 12.5 mg daily + 50 µg folic acid	

For Mothers

Who/Subject	Assess	Counsel/Action
All breastfeeding women: Mother's Diet	<ol style="list-style-type: none"> 1. Ask about mother's diet and activities. 2. Ask about availability of affordable foods, and time involved in food preparation and storage. 3. Ask about family members that can help with chores. 	<p>Counsel the mother to:</p> <ul style="list-style-type: none"> - Eat more food than usual, at least one extra meal per day during lactation. Use a list of local, affordable foods and show her how much extra food (volume) she needs to eat. - Drink to satisfy her thirst. - Increase her consumption of fruits, vegetables, animal products and fortified foods. - Use iodized salt for all family members. - Get extra rest, especially if she is exclusively breastfeeding.
All women: Pallor	- Screen for pallor	<p>If pallor is evident: treat or refer for iron deficiency</p> <ul style="list-style-type: none"> - Treatment: 120 mg iron + 400 µg folic acid daily for 3 months
All women: Family Planning	- Ask mother about family planning	<ul style="list-style-type: none"> - Provide counseling on methods, including LAM, and refer if necessary. - Encourage condom use for prevention of HIV and other STDs transmission.

HOW?

1. Assess, classify and counsel on feeding using IMCI feeding guidelines. Weigh the child and assess growth by plotting weight on growth chart.
2. **If mother's HIV status is negative or unknown:**
 - Assess feeding practices.
 - Congratulate mother on good practices.
 - Support exclusive breastfeeding until about 6 months and adequate complementary feeding with continued breastfeeding to at least 24 months of age.
 - As necessary, correct attachment, positioning, feeding technique, and/or other difficulties.
 - Encourage longer duration and more frequent feeds as necessary.
 - Check nipples and breasts for skin integrity and examine infant's mouth for lesions and thrush.
 - Instruct on milk expression and safe storage.
 - Provide information on risks of mother-to-child HIV transmission, including transmission through breastfeeding.
 - If available, offer voluntary confidential HIV counseling and testing. Discuss benefits of learning HIV status.
 - Counsel on how to remain HIV-negative, partner involvement and strategies for negotiating safe sex and other means to avoid HIV infection.
 - Advise mother to seek medical attention immediately if any problems occur, and tell her where she can get help on infant feeding.

If mother is known HIV+**and exclusively breastfeeding:**

- Proceed as with all breastfeeding women and inform the mother of the risks that may be associated with mixed feeding, untreated breast symptoms, cracked nipples and sores, nipple trauma, engorgement and mastitis.
- Ascertain whether mother intends to continue breastfeeding exclusively. Explore her wishes to start other foods or liquids besides breastmilk.

If mother wishes to start something else besides breastmilk:

- Counsel on importance of exclusive breastfeeding or exclusive replacement feeding (not mixing breastmilk and other foods).
- Discuss implications of replacement feeding, including available options and resources needed to exclusively replacement feed.
- Follow instructions under the next section on exclusive replacement feeding below.
- Counsel about strategies for abrupt weaning and drying-up milk.
-

If mother wants to continue exclusive breastfeeding:

- Provide support for any problems she may be having.
- Show her how to express milk and safely store it in case she is away from the baby for more than 3 hours or she experiences breast problems or illnesses that affect her breasts or feeding. Discuss alternative feeding if both breasts are affected at the same time, and stress the necessity to seek medical attention **immediately**.
- Encourage regular weighing of child and advise mother to seek immediate medical attention for all appetite, feeding, and health problems.

and exclusively replacement feeding:

- Assess any feeding difficulties.
- Congratulate mother on good feeding practices.
- Emphasize the need to use **ONLY** replacement foods (do not mix with breastmilk).
- Instruct and verify that she has acquired the necessary skills and knowledge to properly feed her infant.
- Discuss the issues of resources (milk or formula, fuel, water, time, etc.) until the baby is at least 12 months old.
- Provide problem-solving advice for any difficulty mother may be having, including preparation, frequency, quality of food given and hygiene
- Ensure that she is using a cup to feed the baby.

And mixed feeding:

- Follow baby closely or refer for further follow-up since there is a greater risk of vertical transmission of babies receiving mixed feeding.
- *Advise regular weighing and advise mother to seek immediate medical attention for all appetite, feeding, and health problems.*

HOW? - *Continued*

3. Assess, refer or treat/counsel for severe malnutrition (visible severe wasting, edema, very low weight for age); anemia (pallor).
 - Use IMCI screening and assessment protocols.

4. Check and complete the recommended vitamin A dose.
 - Cut open the narrow end of each capsule with clean scissors or nailcutter and squeeze the drops into the child's mouth. Do not ask a child to swallow the capsule. Do not give the capsule to the mother to be given later. To give less than 1 capsule, count the number of drops in a capsule from each new batch when it first arrives. Give half the number of drops counted.

5. Counsel on mother's diet and importance of rest.
 - Iodized salt should be used for all family members.
 - A breastfeeding woman should be eating more food than usual, at least one extra meal per day, increasing her consumption of fruits, vegetables, animal products and fortified foods. She should drink enough to satisfy her thirst.
 - Extra rest for exclusively breastfeeding women is important.

6. Assess, refer or treat/counsel mother for severe anemia.

7. Ask mother about beliefs and past experiences with family planning.
 - Counsel her about her family planning options, including LAM. Refer her if necessary.
 - Encourage condom use for prevention of HIV and other STD transmission.

8. *In child's health card:*
 - Record growth.
 - Record the date of the vitamin A dose.
 - Record feeding assessment and counseling.
 - Record any treatment for severe malnutrition and anemia.

9. *In mother's card,* record treatment for severe anemia and record all counseling given and any problems and solutions advised.

10. *Mark the daily clinic or community tally sheet* for vitamin A, feeding assessment/counseling, and treatment.

NUTRITION JOB AID FOR SICK CHILD

WHY? Illness drains a child's nutrition reserves, interferes with feeding, and makes children more susceptible to getting sick in the future. Malnutrition can increase the severity of diseases and the risk of death.

WHEN? At each contact with a sick child, health workers should assess, classify, and treat sick children using IMCI or MOH guidelines (see complete IMCI protocols, WHO/UNICEF). Weigh all children and screen for edema and visible severe wasting.

CLASSIFICATION	AGE MONTHS	MANAGEMENT	FOLLOW-UP
Any moderately ill child	0-59	<ol style="list-style-type: none"> 1. Assess the child's feeding and counsel the caregiver according to IMCI feeding recommendations in the Counsel the Mother chart. 2. Check and complete the preventive vitamin A dose: <ul style="list-style-type: none"> - 1 age-appropriate dose every 4-6 months. 	<ul style="list-style-type: none"> - If there is a feeding problem, follow-up in 5 days. - Advise caregiver about danger signs for when to return immediately.
Measles	0-59	<ul style="list-style-type: none"> - Give 2 vitamin A doses: one on diagnosis, and one the next day. 	<ul style="list-style-type: none"> - If there is a feeding problem, follow-up in 5 days. - Advise caregiver about danger signs for when to return immediately.
	Age-appropriate dose		
	0-5 months	Vitamin A 50,000 IU per dose	
	6-11 months	Vitamin A 100,000 IU per dose	
	12+ months	Vitamin A 200,000 IU per dose	
Measles with eye complications, or xerophthalmia	0-59	<ul style="list-style-type: none"> - Give 2 vitamin A doses (age appropriate dose above), 1 day apart, plus a third dose 2 weeks later (the third dose can be given at home by the caregiver). 	<ul style="list-style-type: none"> - Treat conjunctivitis with tetracycline eye ointment and mouth ulcers with gentian violet. - Follow-up in 2 days, if complications are present.
Severe anemia or malnutrition	0-59	<ul style="list-style-type: none"> - Give a single dose of vitamin A according to the dose schedule above. 	<ul style="list-style-type: none"> - Refer urgently to the hospital.
Anemia or very low weight, not severe	0-59	<ol style="list-style-type: none"> 1. Assess the child's feeding and counsel the caretaker according to IMCI feeding recommendations. 2. For anemia, give iron supplements*: <ul style="list-style-type: none"> - Less than 2 years, 25 mg iron and 100 to 400 µg folic acid for 3 months. - From 2 to 12 years, 60 mg iron and 400 µg folic acid for 3 months. 3. Give anti-malarial, if high malaria risk. 4. Give mebendazole if child is 2 years or older and has not had a dose in the previous 6 months. 	<ul style="list-style-type: none"> - Advise the mother to watch for danger signs and when to return immediately for treatment. - If pallor, follow-up in 14 days. - If very low weight-for-age, follow-up in 30 days.

* Give in the form of drops, if possible, or give powder ferrous sulfate tablets by spoon, mixed with a liquid.

HOW?

1. Assess, classify, and treat all sick children according to IMCI or MOH guidelines. Assess child's feeding, and give nutritional counseling according to IMCI or MOH guidelines.
2. Give each sick child the recommended vitamin A doses, as noted above. For children who do not have the condition listed above, check and complete their age-appropriate preventive dose.
3. *Vitamin A:*
 - Cut open the narrow end of each capsule with clean scissors or a nailcutter and squeeze the drops into the child's mouth. Do NOT ask a child to swallow the capsule. To give less than 1 capsule, count the number of drops in a capsule from each new batch of capsules when they first arrive. Give half or a quarter the total number of drops counted.
4. *In the child's card:* record the classification and treatment given.
5. *On the clinic's tally sheet:* place a mark for each child assessed, dosed, counseled, or referred.
6. Check and complete immunization schedule.

NUTRITION JOB AID FOR FAMILY PLANNING CONTACTS

WHY? Each family planning contact with mothers of children less than 6 months of age is an opportunity to address and support exclusive breastfeeding and the mother's nutritional health. Using LAM as an introductory family planning method promotes breastfeeding and the timely introduction of other family planning methods that support lactation.

WHEN? At each family planning contact with mothers of a child under the age of 6 months, check and complete the following.

<i>Who</i>	<i>Assess</i>	<i>Counsel/Action</i>
Women with infants <6 months of age who are breastfeeding: LAM and other family planning options	<ol style="list-style-type: none"> Does the mother know about LAM or is she using LAM? Check to see if mother meets the conditions for LAM: <ul style="list-style-type: none"> Is the mother exclusively breastfeeding? Has her menses returned? Is her infant less than 6 months of age? If the mother prefers another family planning method, take into consideration her breast-feeding status for choice of method. 	<ul style="list-style-type: none"> Explain the benefits of LAM and how to use it effectively. For women using LAM: <ul style="list-style-type: none"> Remind mother that she will need to see a health worker to use another family planning method by the time: <ul style="list-style-type: none"> She starts supplementing regularly, OR her menses returns, OR her baby reaches six months. For women who do not adopt LAM: <ul style="list-style-type: none"> Delay combined hormonal pills and injectibles during breastfeeding. Suggest other family planning options such as condoms.
Women who use LAM or want to use LAM: Breastfeeding Practices for LAM	<ol style="list-style-type: none"> Assess breastfeeding practices: <i>Ask the mother:</i> <ul style="list-style-type: none"> Are you having any difficulty breastfeeding? How many times in the past 24 hours was infant breastfed? Did the infant receive any other fluids or foods after birth to now? 	<ul style="list-style-type: none"> Encourage mother to continue good practices. Help solve any other problems. Increase frequency of breastfeeding if less than 8-10 in a 24 hour period. Remind mothers of the importance of no other fluids/foods for about 6 months for the baby's health and the effectiveness of LAM. For women who are not using LAM, but want to: <ul style="list-style-type: none"> Screen for risk of pregnancy. If not exclusively or nearly exclusively breastfeeding, counsel on how to increase frequency and duration of each breastfeed and gradually stop all other fluids and foods.
	<ol style="list-style-type: none"> Observe a breastfeed. Listen and look at the infant. <ul style="list-style-type: none"> Check position and attachment; observe the infant and the effectiveness of a breastfeed. 	<ul style="list-style-type: none"> If necessary, help mother with positioning and attachment of baby. Eliminate use of bottles and pacifiers. Clear blocked nose if it interferes with breastfeeding.
	<ol style="list-style-type: none"> Ask about breastfeeding concerns and difficulties: <ul style="list-style-type: none"> "Insufficient milk", sore/cracked nipples, engorgement, manual expression and storage. 	<ul style="list-style-type: none"> Congratulate mother on good practices. Address any difficulties or concerns. If necessary: counsel mother to increase frequency and duration of each breastfeed to increase milk intake. Gradually stop other fluids to increase breast-milk supply. If infant is passing urine less than 6 times per 24-hour period or the urine smells and is dark colored, counsel on how to increase milk intake and evaluate baby.
All breastfeeding women: Mother's Diet	<ol style="list-style-type: none"> Ask about mother's diet and activities. Ask about availability of affordable foods, preparation time, storage, and foods consumed. Ask about family members that can help with chores. 	<p>Counsel the mother to:</p> <ul style="list-style-type: none"> Eat more food than usual during lactation, at least one extra meal per day. Use a list of local, affordable foods and show her how much extra food (volume) she needs to eat. She should drink to satisfy her thirst. Increase her consumption of fruits, vegetables, animal products and fortified foods. Use iodized salt for food consumed by all family members. Take extra rest, especially if she is exclusively breastfeeding.

HOW?

1. Ask mother if she knows about LAM.
2. Ascertain if the mother has a child less than 6 months of age who is being breastfed. Assess if she meets the conditions for LAM.
3. Explain the benefits of LAM and how to use LAM effectively.
4. **For women who are interested in LAM:**
 - Screen for risk of pregnancy.
 - Ask about her breastfeeding practices.
 - Breastfeeding should be on demand (on cue of baby) and at least 8-10 breastfeeds in a 24 hour period. No other fluids or foods should be given to the baby on a regular basis (baby should be exclusively or nearly exclusively breastfeeding).
 - Observe a breastfeed. Listen to and look at the infant; observe position and attachment and effectiveness of feeding.
 - Baby's body should be turned completely toward mother. Chin should touch mother's breast, mouth wide open, both lips should be turned outward. More areola visible above than below the mouth.
 - Infant should take slow, deep sucks sometimes pausing. Swallows should be audible.
 - As necessary, work with mother until she has proper positioning and attachment.
5. Counsel each mother on the importance of continuing BF without fluids or foods for about 6 months.
6. Counsel mother on how to increase breastmilk supply and express and store her breastmilk for use when separate from her infant. Tell her where she can go for breastfeeding support.
7. Counsel on mother's diet and importance of rest.
 - Iodized salt should be used for all family members.
 - A breastfeeding woman should be eating more food than usual (at least one extra meal per day), and increasing her consumption of fruits, vegetables, animal products and fortified foods. She should drink enough to satisfy her thirst.
 - Extra rest for exclusively breastfeeding women is important.
8. In the mother's health card, record counseling given and family planning method adopted.
9. On the clinic tally sheet/register place a mark for each mother counseled on LAM and another mark for each mother who adopted LAM.