



Key Messages Booklet



The Community Infant and Young Child Feeding Counselling Package



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Infant and Young Child Feeding
Counselling Package*







Counselling Cards: Key Messages

1. Nutrition for pregnant and breastfeeding women	1
2. Importance of early initiation of breastfeeding	3
3. Breastfeeding in the first 6 months.....	4
4a. Exclusively breastfeed during the first 6 months	5
4b. Dangers of mixed feeding during the first 6 months	6
5. Breastfeeding on demand, both day and night	7
6. There are many breastfeeding positions	8
7. Good attachment.....	9
8. Breastfeeding low-birthweight (small) babies	10
9. How to hand express breastmilk and cup feed	11
10. Breastfeeding and working mothers.....	12
11. Good hygiene practices	13
12. Start complementary feeding at 6 months	14
13. Complementary feeding from 6 up to 9 months.....	16
14. Complementary feeding from 9 up to 12 months	18
15. Complementary feeding from 12 up to 24 months	20
16. Food variety	22
17. How to add micronutrient powder (MNP) to foods	23
18. Feeding the sick baby less than 6 months of age.....	25
19. Feeding the sick child more than 6 months.....	26
20. Monitor the growth of your baby regularly.....	28
21. Birth spacing improves health and survival	29
22. When to take your child to the health facility	30
23. Kitchen gardens and fruit trees	31
24. Small animal breeding	32

continued



Special Circumstance Cards

Card 1: If a woman is HIV-infected... <i>What is the risk of HIV passing to her baby when NO preventive actions are taken?</i>	33
Card 2: If a woman is HIV-infected... <i>What is the risk of passing HIV to her baby if both take ARVs and practice exclusive breastfeeding during the first 6 months?</i>	34
Card 3: Exclusively breastfeed and take ARVs	35
Card 4: For a woman who decides not to follow the national recommendation to breastfeed.....	37
Card 5: Conditions needed to use commercial infant formula	38
Card 6: Non-breastfed child from 6 up to 24 months.....	39

Take-Home Brochures

Nutrition During Pregnancy and Breastfeeding.....	40
How to Breastfeed your Baby	42
How to Feed a Baby from 6 Months	44

Positive counselling skills

This set of cards was developed for you to help counsel mothers and other caregivers about infant and young child feeding. Positive counselling skills are important for your success. Some basic counselling skills presented below include *Listening and Learning*, as well as *Building Confidence and Giving Support*.

Listening and Learning Skills

- Use helpful non-verbal communication.
- Keep your head level with the mother (or caregiver).
- Pay attention.
- Reduce physical barriers.
- Take time.
- Touch appropriately.
- Ask open questions.
- Use responses and gestures that show interest.
- Reflect back what the mother (or caregiver) says.
- Avoid using “judging” words.

Building Confidence and Giving Support Skills

1. Accept what a mother (or caregiver) thinks and feels. Let the mother (or caregiver) talk through her or his concerns before correcting any wrong ideas or misinformation. This helps to establish confidence.
2. Listen carefully to the mother’s (or caregiver’s) concerns.
3. Recognise and praise what a mother (or caregiver) and child are doing correctly.
4. Give practical help.
5. Give a little, relevant information at a time.
6. Use simple language that the mother or caregiver will understand.
7. Use appropriate Counselling Card(s) or Take-Home Brochure(s).
8. Make one or two suggestions, not commands.



Infant and Young Child Feeding Three-Step Counselling:

The following *Three-Step Counselling* will help you to counsel, problem-solve, and reach an agreement with mothers (or caregivers) about infant and young child feeding. The Three Steps are Assess, Analyse, and Act.

Step 1: Assess—ask, listen, and observe

- Greet the mother (or caregiver), using friendly language and gestures.
- Ask some initial questions that encourage her (or him) to talk.
- Listen to what is being said and observe what is going on using your *Listening and Learning*, and *Building Confidence and Giving Support* skills.
- Assess the age-appropriate feeding practice(s) and the condition or health of the child and mother (or caregiver).

Step 2: Analyse—identify difficulty and if there is more than one – prioritise the difficulties

- Decide if the feeding you observe is age-appropriate and if the condition or health of the child and mother (or caregiver) is good.
- If there are no apparent difficulties, praise the mother (or caregiver) and focus on providing information needed for the next stage of the child’s

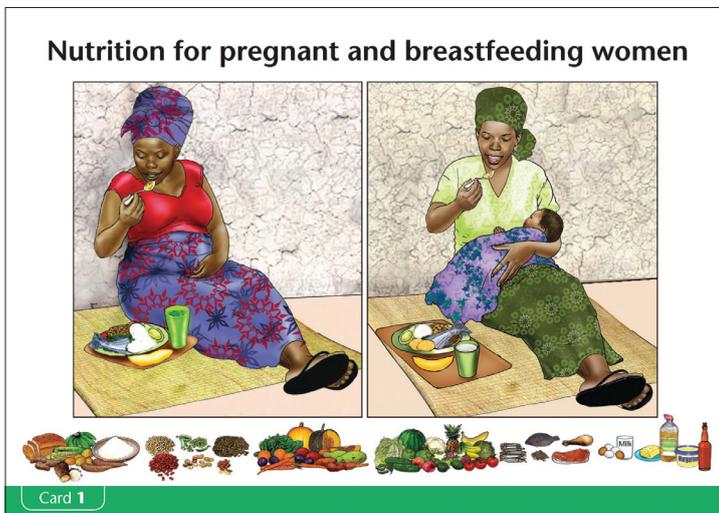
development.

- If one or more feeding difficulty is present, or the condition or health of the child or mother (or caregiver) is poor, prioritise the difficulties.
- Answer the mother’s (or caregiver’s) questions if any.

Step 3: Act—discuss, suggest a small amount of relevant information, agree on doable action

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

Nutrition for pregnant and breastfeeding women



- * Attend antenatal care at least four times during pregnancy. These check-ups are important for you to learn about your health and how your baby is growing.
- * Know your HIV status, attend all the clinic appointments, and take your medicines as advised by your health provider.
- * During your pregnancy, eat one extra small meal or “snack” (extra food between meals) each day to provide energy and nutrients for you and your growing baby.
- * During pregnancy and breastfeeding, special nutrients will help your baby grow well and be healthy.
- * Take iron-folate tablets to prevent anemia during pregnancy and for at least three months after the birth of your baby.
- * Take de-worming tablets to help prevent anemia, as prescribed.
- * To prevent malaria, sleep under a long-lasting, insecticide-treated mosquito net and take anti-malarial tablets as prescribed.
- * Avoid drinking coffee, tea, and sugary drinks during pregnancy. Drink clean water when you are thirsty.
- * You need to eat the best locally available foods, including milk, fresh fruit and vegetables, meat, fish, eggs, grains, peas, and beans.
- * Take vitamin-A tablets immediately after delivery or within six weeks so that your baby receives the vitamin A in your breastmilk to help prevent illness.
- * Use iodised salt to help your baby’s brain and body develop well.

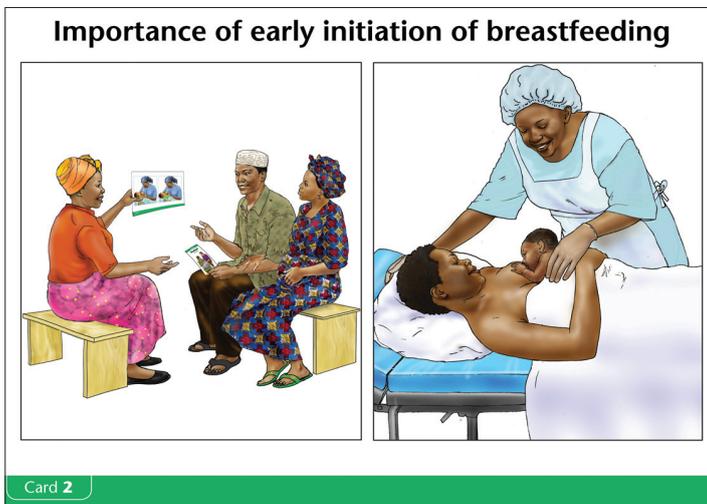


Adolescent mothers:

- * You need extra care, more food, and more rest than an older mother.
- * You need to nourish your own body, which is still growing, as well as your growing baby's.
- * During breastfeeding, you need to eat two extra small meals or "snacks" (extra food between meals) each day to provide energy and nutrients for you and your growing baby.

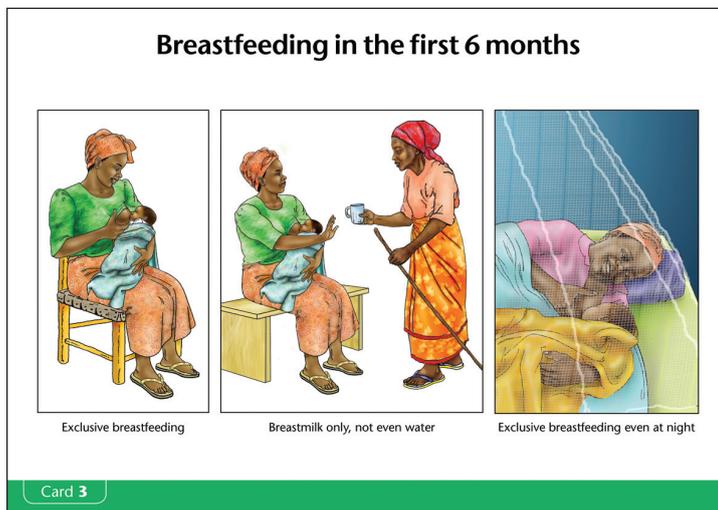


Importance of early initiation of breastfeeding



- * Begin breastfeeding within the first 30 minutes of birth. Early breastfeeding helps the baby learn to breastfeed while the breast is still soft, helps reduce your bleeding, and helps eject the placenta.
- * Hold your newborn skin-to-skin immediately after birth. This will keep your baby warm and breathing well, help him or her reach the breast easily, and help you and your baby feel close.
- * Colostrum, the thick yellowish milk, is good for your baby.
- * Colostrum helps protect your baby from illness and helps remove the first dark stool.
- * Breastfeed frequently to help your breastmilk 'come in' and to ensure plenty of breastmilk.
- * The baby does not need additional water or other liquids before the milk comes in, or for the first 6 months of life. Do not give water or other liquids. They are not necessary and are dangerous for your baby.

Breastfeeding in the first 6 months

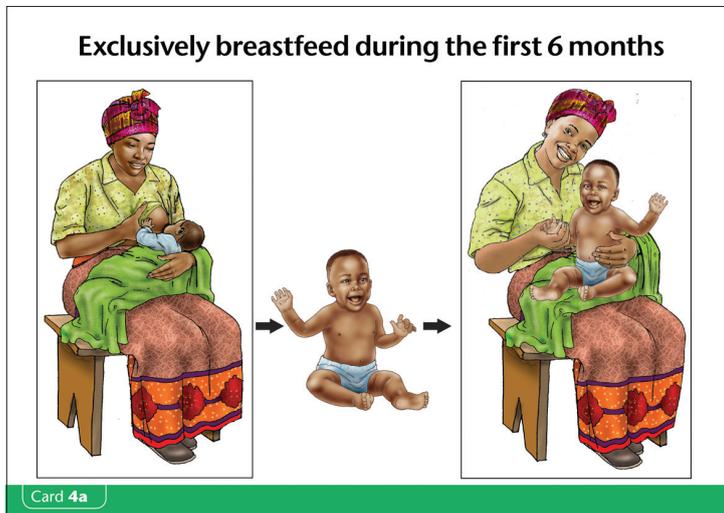


- * Give only breastmilk during your baby's first 6 months. Give nothing else, not even water.
- * Exclusive breastfeeding means feeding your baby ONLY breastmilk for the first 6 months.
- * Breastmilk provides all the food and water that your baby needs during the first 6 months of life.
- * Even during very hot weather, breastmilk will satisfy your baby's thirst.
- * Giving your baby anything else will cause him/her to suckle less often and will reduce the amount of breastmilk that you produce.
- * Water, other liquids, and foods can make the baby sick.
- * You can give medicines if they are recommended by your health provider.

Note for community worker:

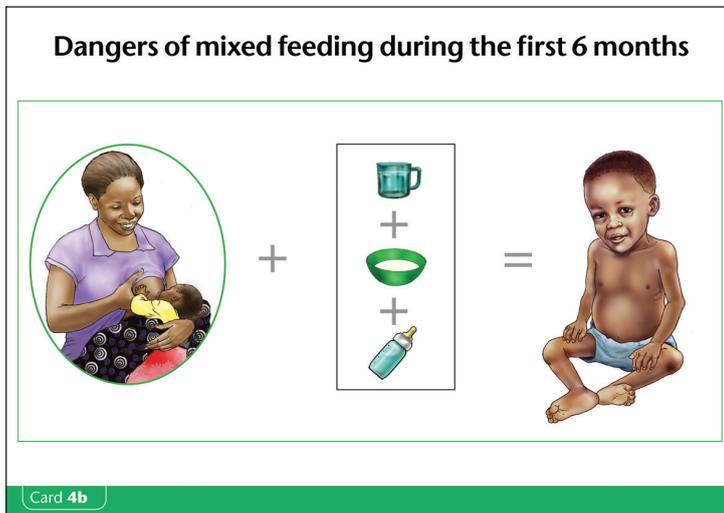
There may be a period of 24 hours in the first day or two when the baby feeds only two to three times. After the first few days, frequent breastfeeding is important for establishing a good supply.

Exclusively breastfeed during the first 6 months



- * Exclusive breastfeeding for the first 6 months protects your baby from many illnesses, such as diarrhoea and respiratory infections.
- * When you exclusively breastfeed your baby during the first 6 months and have no menses, you are protected from another pregnancy.
- * Other advantages to mother and baby of exclusive breastfeeding are:
 - Breastmilk is always available.
 - Exclusive breastfeeding helps to form a strong bond between mother and baby.
 - Exclusive breastfeeding protects mother's health.
 - Exclusive breastfeeding saves money that would be spent on hospital bills and other expenses.
 - Exclusive breastfeeding builds strong families and communities.

Dangers of mixed feeding during the first 6 months

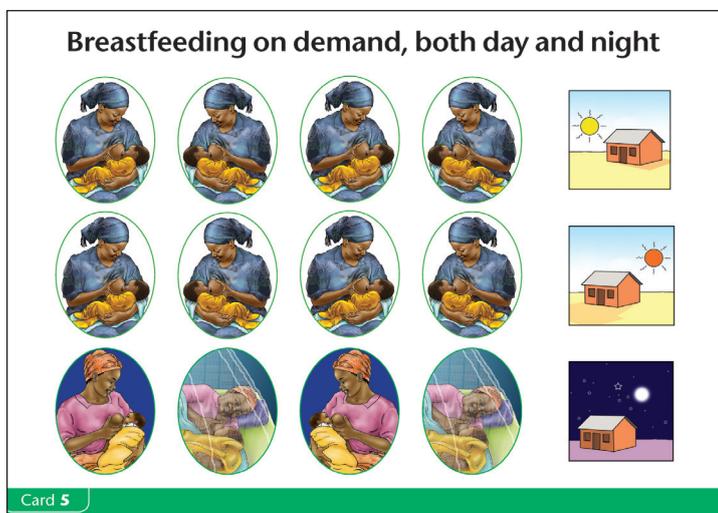


- * Mixed feeding means feeding your baby both breastmilk and any other foods or liquids, including infant formula, animal milks, or water.
- * Mixed feeding before 6 months can damage your baby's stomach.
- * Mixed feeding increases the chances that your baby will suffer from illnesses such as diarrhoea and pneumonia, and from malnutrition.
- * Giving your baby foods or any kind of liquids other than breastmilk, including infant formula, animal milks, or water before 6 months can damage your baby's stomach. This reduces the protection that exclusive breastfeeding gives, and all of the benefits that your baby gets from your breastmilk.

Note for health worker:

If a mother is HIV-infected, refer to the six Special Circumstance Cards for information on HIV and infant feeding.

Breastfeeding on demand, both day and night



- * Breastfeed your baby on demand, day and night (8 to 12 times) to build up your breastmilk supply.
- * More suckling (with good attachment) makes more breastmilk.
- * Early signs that your baby wants to breastfeed include:
 - Restlessness.
 - Opening mouth and turning head from side-to-side.
 - Putting tongue in and out.
 - Suckling on fingers and fists.
- * Crying may be a late sign of hunger, or of another problem.
- * Let your baby finish one breast before offering the other. Switching back and forth from one breast to the other prevents the baby from getting the nutritious 'hind milk'. The 'fore milk' has more water and satisfies the baby's thirst. The 'hind milk' has more fat and satisfies your baby's hunger.
- * If your baby is ill or sleepy, wake him or her to offer the breast often.
- * Do NOT use feeding bottles, teats, or spouted cups. They are difficult to clean and can cause your baby to become sick.

Notes for community worker:

- * *If a mother is concerned about her baby getting enough milk, encourage the mother and build her confidence by reviewing how to attach and position the baby to her breast.*
- * *Reassure her that her baby is getting enough milk when her baby is:*
 - *Not visibly thin (or is getting fatter/putting on weight, if he or she was thin earlier).*
 - *Responsive and active (appropriately for his or her age).*
 - *Gaining weight - refer to the baby's health card (or growth velocity table if available). If you are not sure if the weight gain is adequate, refer the child to the nearest health facility.*
 - *When baby passes light-coloured urine 6 times a day or more while being exclusively breastfed.*

There are many breastfeeding positions

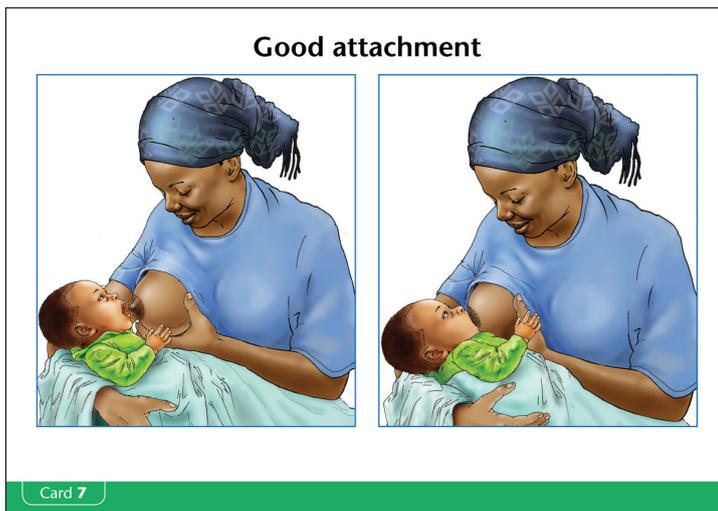


- * Good positioning helps to ensure that your baby suckles well and helps you to produce a good supply of breastmilk.
- * **The four key points about your baby's position are: straight, facing the breast, close, and supported:**
 - * The baby's body should be straight, not bent or twisted, but with the head slightly back.
 - * The baby's body should be facing the breast, not held flat to your chest or abdomen, and he or she should be able to look up into your face.
 - * The baby should be close to you.
 - * You should support the baby's whole body, not just the neck and shoulders, with your hand and forearm.
- * **There are different ways to position your baby:**
 - * Cradle position (most commonly used).
 - * Cross-cradle position (good for small babies).
 - * Side-lying position (use to rest while breastfeeding and at night).
 - * Under-arm position (use after caesarean section, if your nipples are painful, or if you are breastfeeding twins or a small baby).

Note for community worker:

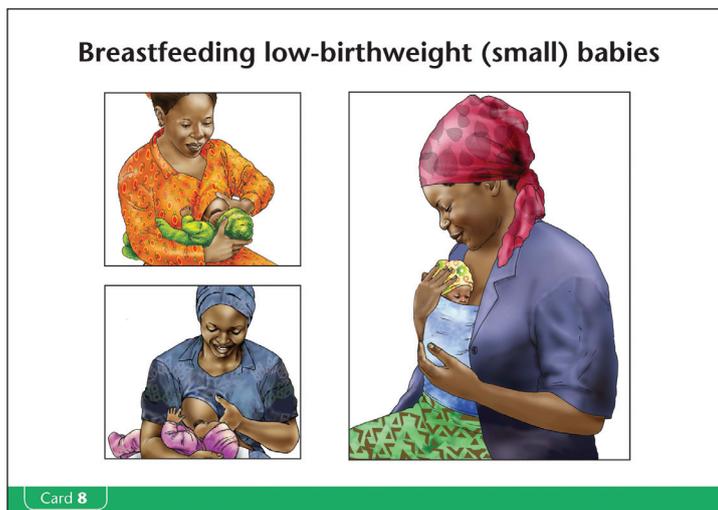
If an older baby is well-attached and suckling well, there is no need to change position.

Good attachment



- * Good attachment helps to ensure that your baby suckles well and helps you to produce a good supply of breastmilk.
- * Good attachment helps to prevent sore and cracked nipples.
- * Breastfeeding should not be painful.
- * Get help to improve the attachment if you experience pain.
- * **There are four signs of good attachment:**
 1. Baby's mouth is wide open.
 2. You can see more of the darker skin (areola) above the baby's mouth than below.
 3. Baby's lower lip is turned outwards.
 4. Baby's chin is touching mother's breast.
- * **The signs of effective suckling are:**
 - a. The baby takes slow, deep suckles, sometimes pausing.
 - b. You may be able to see or hear your baby swallowing after one or two suckles.
 - c. Suckling is comfortable and pain-free for you.
 - d. Your baby finishes the feed, releases the breast, and looks contented and relaxed.
 - e. The breast is softer after the feed.
- * Effective suckling helps you to produce milk and satisfy your baby.
- * After your baby releases one breast, offer your baby the other breast. This will ensure that your baby stimulates your milk production in both breasts, and also gets the most nutritious and satisfying milk (hind milk).

Breastfeeding low-birthweight (small) babies



- * Breastmilk is especially adapted to the nutritional needs of low-birthweight infants.
- * The best milk for a low-birthweight infant, including babies born early, is the breastmilk from the baby's own mother.
- * The cross-cradle and underarm positions are good positions for feeding a low-birthweight baby.
- * Breastfeed frequently to get baby used to the breast and to keep the milk flowing.
- * Long, slow feeds are fine. It is important to keep the baby at the breast.
- * If the baby sleeps for long periods of time, you may need to unwrap the baby or take off some of his or her clothes to help waken him or her for the feed. Leave some clothing on the baby, because small babies can become cold very quickly.
- * Breastfeed the baby before he or she starts to cry.
- * Earlier signs of hunger include a COMBINATION of the following: being alert and restless, opening mouth and turning head, putting tongue in and out, sucking on hand or fist.

Notes for community worker:

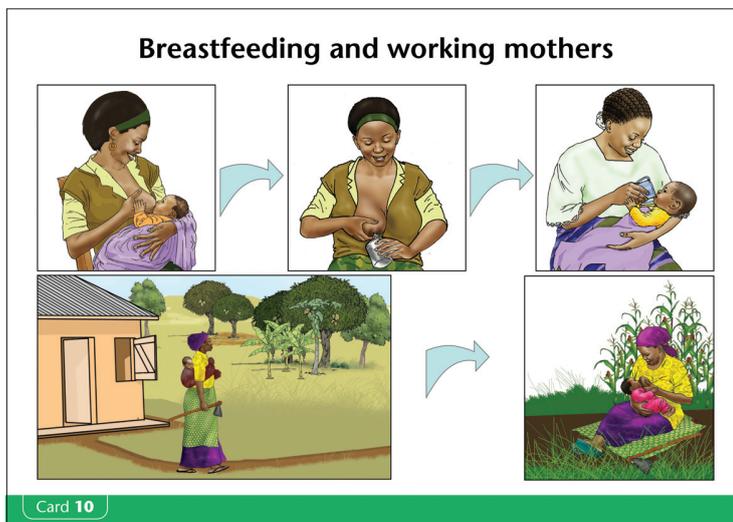
- * *Direct breastfeeding of a very small baby may not be possible for several weeks. Mothers should be taught and encouraged to express breastmilk and feed the breastmilk to the infant using a cup.*
- * *Kangaroo mother care provides skin-to-skin contact, warmth, and closeness to the mother's breast.*
- * *Kangaroo mother care encourages early and exclusive breastfeeding, either by direct feeding or using expressed breastmilk given by cup.*
- * *Different caregivers can also share in the care of the baby using the same kangaroo-method position.*
- * **Make sure to review Card 9 as well as Card 8 for a mother with a low-birthweight (small) baby.**

How to hand express breastmilk and cup feed



- * Make sure your hands and utensils are clean.
- * Wash your hands with soap and running water.
- * Cups are easy to clean with soap and clean water if boiling is not possible.
- * Clean and boil the container you will use to collect your breastmilk.
- * Get comfortable.
- * It is sometimes helpful to gently stroke your breasts. Placing a warm cloth on your breasts may help stimulate the flow of milk.
- * Put your thumb on the breast above the dark area around the nipple (areola) and the other fingers on the underside of the breast behind the areola.
 - With your thumb and first two fingers, press a little bit in towards chest, wall and then press gently towards the dark area (areola).
 - Milk may start to flow in drops, or sometimes in fine streams. Collect the milk in the clean container.
 - Avoid rubbing the skin, which can cause bruising; or squeezing the nipple, which stops the flow of milk.
 - Rotate the thumb and finger positions and press/compress and release all around the areola.
- * Express one breast for at least three to five minutes until the flow slows, then express the other breast, then repeat both sides again (20 to 30 minutes total).
- * Store breastmilk in a clean, covered container. Milk can be stored for eight hours in a cool place, and up to 24 hours in the back of the refrigerator.
- * Give baby expressed breastmilk from a cup. Bring cup to the baby's lower lip and allow baby to take small amounts of milk, lapping the milk with his or her tongue. Do not pour the milk into baby's mouth.
- * Pour just enough breastmilk from the clean, covered container into the feeding cup.
- * Bottles and cups with spouts are unsafe to use because they are difficult to wash and can be easily contaminated.

Breastfeeding and working mothers

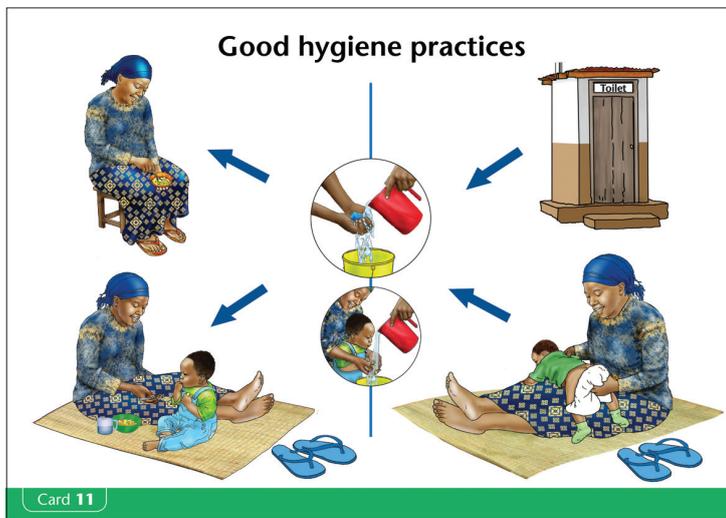


- * Learn to express your breastmilk soon after your baby is born (See Card 9).
- * Breastfeed exclusively and frequently for the whole period that you are with your baby.
- * Express and store breastmilk before you leave your home so that your baby's caregiver can feed your baby while you are away.
- * Express breastmilk while you are away from your baby. This will keep the milk flowing and prevent breast swelling.
- * Teach your baby's caregiver how to use a clean, open cup to feed your baby while you are away.
- * Expressed breastmilk (stored in a cool, covered place) stays in good condition for eight hours, even in a hot climate.
- * Take extra time for the feeds before separation from baby and when you return home.
- * Increase the number of feeds while you are with the baby. This means increasing night and weekend feedings.
- * If possible, carry the baby with you to your workplace (or anytime you have to go out of the home for more than a few hours). If this is not possible, consider having someone bring the baby to you to breastfeed when you have a break.
- * Get extra support from family members in caring for your baby and other children, and for doing household chores.

Notes for a working mother with formal employment:

- * *Get your employer's consent for:*
 - *Breastfeeding breaks at your workplace and flexible working hours.*
 - *Safe storage of expressed breastmilk at your workplace.*

Good hygiene practices



- * Good hygiene (cleanliness) is important to prevent diseases, including diarrhoea and other illnesses.
- * Wash your hands with soap and water before preparing foods and feeding baby.
- * Wash your hands and your baby's hands and face before eating.
- * Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom.
- * Feed your baby using clean hands, clean utensils, and clean cups.
- * Use a clean spoon or cup to give foods or liquids to your baby.
- * Do not use feeding bottles, teats, or spouted cups since they are difficult to clean and can cause your baby to become sick.
- * Store the foods to be given to your baby in a safe, clean place.

Start complementary feeding at 6 months



- * Starting from 6 months, your baby needs other foods in addition to breastmilk.
- * Continue breastfeeding your baby on demand both day and night.
- * Breastmilk continues to be the most important part of your baby's diet.
- * Breastfeed first before giving other foods.
- * When giving complementary foods, think: Frequency, Amount, Thickness, Variety, Active/Responsive Feeding, and Hygiene.
 - **Frequency:** Feed your baby complementary foods two times a day.
 - **Amount:** Give two to three tablespoonfuls ('tastes') at each feed.
 - **Thickness:** Should be thick enough to be fed by hand.
 - **Variety:** Begin with the staple foods like porridge (corn, wheat, rice, millet, potatoes, sorghum), mashed banana, or mashed potato.
 - **Active/Responsive Feeding**
 - Baby may need time to get used to eating foods other than breastmilk.
 - Be patient and actively encourage your baby to eat.
 - Don't force your baby to eat.
 - Give your baby his/her own dish so that you can tell how much he or she is eating.
 - **Hygiene:** Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses. (Card 11)
 - Use a clean spoon or cup to give foods or liquids to your baby.
 - Store the foods to be given to your baby in a safe, hygienic place.
 - Wash your hands with soap and water before preparing foods and feeding baby.
 - Wash your hands and your baby's hands and face before eating.
 - Wash your hands with soap and water, or ash and water, after using the toilet, after cleaning baby's bottom, or after touching pets or livestock.

Note about the size of cups:

- * *All cups shown and referred to in the Counselling Cards are mugs which have a volume of 250 ml. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.*

Note: After 6 months, or whenever you stop exclusively breastfeeding, you can no longer use the lactation amenorrhoeal method (LAM) for birth spacing (see Card 21).

- * *You will need to use another family planning method even though your menses have not yet returned.*
- * *There are many methods of family planning that will not interfere with breastfeeding.*

Complementary feeding from 6 up to 9 months



- * Continue breastfeeding your baby on demand both day and night. This will maintain his or her health and strength as breastmilk continues to be the most important part of your baby's diet.
- * Breastmilk supplies half of baby's energy needs from 6 up to 12 months.
- * Breastfeed first before giving other foods.
- * If you prepare food for the baby that has oil or fat in it, use no more than ½ of a teaspoon a day.
- * When giving complementary foods to your baby, think: Frequency, Amount, Thickness, Variety, Active/Responsive Feeding, and Hygiene
 - **Frequency:** Feed your baby complementary foods three times a day plus a snack.
 - **Amount:** Increase amount gradually to half (½) cup (250 ml-cup: show amount in cup brought by mother). Use a separate plate to make sure young child eats all the food given.
 - **Thickness:** Give mashed/pureed family foods. By 8 months, your baby can begin eating finger foods.
 - **Variety:** Try to feed a variety of foods at each meal. For example: animal-source foods (flesh meats, eggs, and dairy products) alone constitute 1 star*; addition of staples (grains, roots, and tubers) constitutes 2 stars**; addition of legumes and seeds constitutes 3 stars***; addition of vitamin A-rich fruits and vegetables and other fruits and vegetables constitutes 4 stars**** (Card 16).

Notes for health worker:

- * Foods may be added in a different order to create a 4-star food/diet.
 - 2-star meal=double mix; 3-star meal=triple mix; 4 star meal=quadri-mix.
 - Animal-source foods are very important. Start animal-source foods as early and as often as possible. Cook well and chop fine.
 - Infants can eat well-cooked and mashed eggs and minced meat and fish, even if they don't have teeth.

Notes for health worker continued:

- *Additional snacks (extra food between meals) such as fruit or bread with nut paste can be offered once or twice per day.*
- *If you prepare food for the baby that has oil or fat in it, use no more than half a teaspoon per day.*
- *Use iodised salt.*
- *Each week you can add one new food to your child's diet.*
- *Avoid giving sugary drinks.*
- *Avoid sweet biscuits.*

- **Active/Responsive Feeding**

- Be patient and actively encourage your baby to eat.
- Don't force your baby to eat.
- Use a separate plate to feed the baby to make sure he or she eats all the food given.

- **Hygiene:** Good hygiene (cleanliness) is important to prevent diarrhoea and other illnesses (Card 11).

- Use a clean spoon or cup to give foods or liquids to your baby.
- Store the foods to be given to your baby in a safe, hygienic place.
- Wash your hands with soap and water before preparing foods and feeding baby.
- Wash your hands and your baby's hands and face before eating.
- Wash your hands with soap and water, or ash and water, after using the toilet, after cleaning baby's bottom, or after touching pets or livestock.

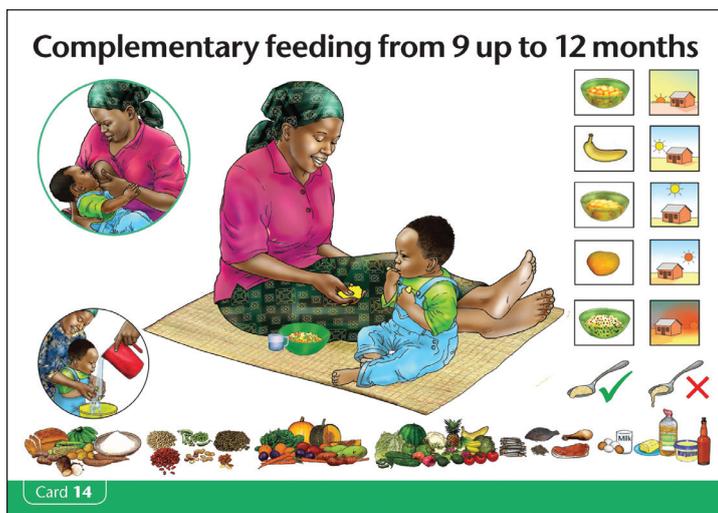
Note about the size of cups:

- * *All cups shown and referred to in the Counselling Cards are mugs which have a volume of 250 ml. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.*

Note: After 6 months, or whenever you stop exclusively breastfeeding, you can no longer use the lactation amenorrhoeal method (LAM) for birth spacing (see Card 21).

- * *You will need to use another family planning method even though your menses have not yet returned.*
- * *There are many methods of family planning that will not interfere with breastfeeding.*

Complementary feeding from 9 up to 12 months



- * Continue breastfeeding your baby on demand both day and night. This will maintain his or her health and strength as breastmilk continues to be the most important part of your baby's diet.
- * Breastmilk supplies half ($\frac{1}{2}$) of baby's energy needs from 6 up to 12 months.
- * Breastfeed first before giving other foods.
- * If you prepare food for the baby that has oil or fat in it, use no more than $\frac{1}{2}$ of a teaspoon a day.
- * When giving complementary foods to your baby, think: Frequency, Amount, Thickness, Variety, Active/Responsive Feeding, and Hygiene
 - **Frequency:** Feed your baby complementary foods three to five times a day including meals and snacks, gradually increasing amount and frequency.
 - **Amount:** Increase amount to half ($\frac{1}{2}$) cup (250 ml-cup: show amount in cup brought by mother). Use a separate plate to make sure young child eats all the food given.
 - **Thickness:** Give finely chopped family foods, finger foods, and sliced foods.
 - **Variety:** Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs, and dairy products) alone constitute 1 star*; addition of staples (grains, roots, and tubers) constitutes 2 stars**; addition of legumes and seeds constitutes 3 stars***; addition of vitamin A-rich fruits and vegetables and other fruits and vegetables constitutes 4 stars**** (Card 16).

Notes for community worker:

- * Foods may be added in a different order to create a 4-star food/diet.
 - Animal-source foods are very important. Start animal-source foods as early and as often as possible. Cook well and chop fine.
 - Additional nutritious snacks (extra food between meals) such as pieces of ripe mango, pawpaw, banana, avocado, other fruits and vegetables, boiled potato, sweet potato, and bread products can be offered once or twice per day.
 - Use iodised salt.
 - Avoid giving sugary drinks.
 - Avoid sweet biscuits.

- **Active/Responsive Feeding**

- Be patient and actively encourage your baby to eat.
- Don't force your baby to eat.
- Use a separate plate to feed the baby to make sure he or she eats all the food given.

- **Hygiene:** Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses (Card 11).

- Use a clean spoon or cup to give foods or liquids to your baby.
- Store the foods to be given to your baby in a safe, hygienic place.
- Wash your hands with soap and water before preparing foods and feeding baby.
- Wash your hands and your baby's hands and face before eating.
- Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom.
- Wash your hands with soap and water, or ash and water, after using the toilet, after cleaning baby's bottom, or after touching pets or livestock.

Note about the size of cups:

- * *All cups shown and referred to in the Counselling Cards are mugs which have a volume of 250 ml. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.*

Note: You will need to use another birth spacing method EVEN IF your menses have not returned. There are many methods of birth-spacing that will not interfere with breastfeeding (see Card 21).

Complementary feeding from 12 up to 24 months



- * Continue breastfeeding your baby on demand both day and night. This will maintain his or her health and strength as breastmilk continues to be the most important part of your baby's diet.
- * Breastmilk continues to make up about one-third ($\frac{1}{3}$) of the energy needs of the young child from 12 up to 24 months.
- * To help your baby continue to grow strong and breastfeed, you should use a family planning method to prevent another pregnancy. If you do become pregnant during this time, it is safe for you to continue to breastfeed.
- * When giving complementary foods to your baby, think: Frequency, Amount, Thickness, Variety, Active/Responsive Feeding, and Hygiene.
 - **Frequency:** Feed your young child complementary foods five times a day including meals and snacks, gradually increasing amount and frequency.
 - **Amount:** Increase amount to three-quarters ($\frac{3}{4}$) to one cup (250-ml cup: show amount in cup brought by mother). Use a separate plate to make sure young child eats all the food given.
 - **Thickness:** Give family foods cut into small pieces, finger foods, and sliced food.
 - **Variety:** Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs, and dairy products) alone constitute 1 star*; addition of staples (grains, roots, and tubers) constitutes 2 stars**; addition of legumes and seeds constitutes 3 stars***; addition of vitamin A-rich fruits and vegetables and other fruits and vegetables constitutes 4 stars**** (Card 16).

Notes health worker:

- * Foods may be added in a different order to create a 4-star food/diet.
 - 2-star meal=double mix; 3-star meal=triple mix; 4-star meal=quadri-mix
 - Animal-source foods are very important. Start animal-source foods as early and as often as possible. Cook well and chop fine.
 - Additional nutritious snacks (extra food between meals) such as pieces of ripe mango, pawpaw, banana, avocado, other fruits and vegetables, boiled potato, sweet potato, and bread products can be offered once or twice per day.
 - Use iodised salt.
 - Avoid giving sugary drinks.
 - Avoid sweet biscuits.

- **Active/Responsive Feeding**

- Be patient and actively encourage your baby to eat.
- Don't force your baby to eat.
- Use a separate plate to feed the baby to make sure he or she eats all the food given.

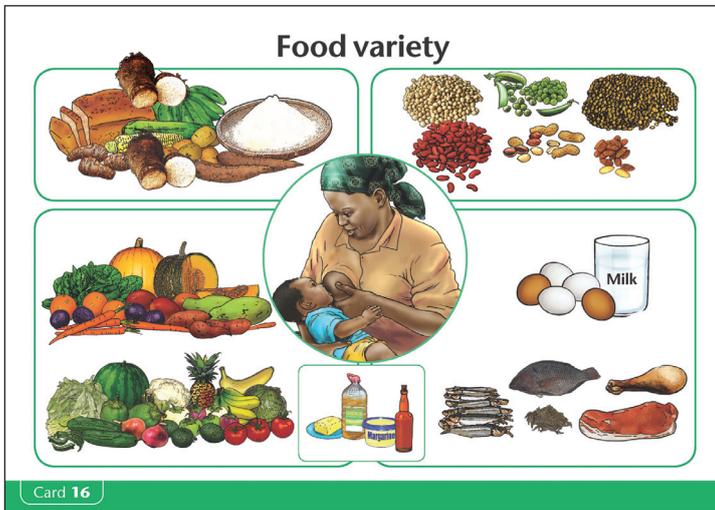
- **Hygiene:** Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses (Card 11).

- Use a clean spoon or cup to give foods or liquids to your baby.
- Store the foods to be given to your baby in a safe, hygienic place.
- Wash your hands with soap and water before preparing foods and feeding baby.
- Wash your hands and your baby's hands and face before eating.
- Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom.
- Wash your hands with soap or ash and water after touching pets and livestock.

Note about the size of cups:

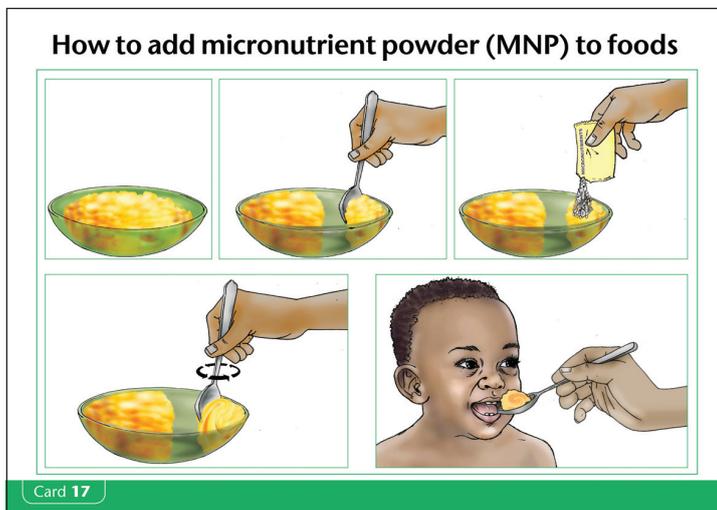
- *All cups shown and referred to in the Counselling Cards are mugs which have a volume of 250 ml. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.*

Food variety



- * Continue to breastfeed for at least two years or more. It is important to feed your growing child a variety of foods each day. Try to offer foods from all of the following groups:
 - Animal-source foods (meat, chicken, fish, liver, crayfish, snails, and periwinkles) and eggs, milk and milk products.
 - Staples (maize, wheat, rice, millet, and sorghum); roots and tubers (yam, cassava, and potatoes).
 - Legumes (beans, lentils, peas, and groundnuts) and seeds (sesame).
 - Vitamin A-rich fruits and vegetables (mango, pawpaw, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato, and pumpkin), and other fruit and vegetables (banana, pineapple, watermelon, tomatoes, avocado, eggplant, and cabbage).
- * Combine food items from the above groups to create an adequate meal/diet. See Counselling Cards 12 to 15 depending on the age of the child for more detailed information.

How to add micronutrient powder (MNP) to foods



* Why use micronutrient powder (MNP)?

- A diet of foods with too few micronutrients will harm the health and development of young children from 6 up to 24 months of age.
- MNPs are vitamin and mineral powders that can be added directly to soft or mushy semi-solid or solid cooked foods prepared in the home to improve the nutritional quality of foods for young children.
- The single-serving packets allow families to fortify a young child's food at an appropriate and safe level.

* How to add MNPs to complementary foods;

1. Wash your hands with soap and water before preparing foods and feeding your baby.
2. Prepare cooked food – thick porridge, mashed potato, or any soft or mushy semi-solid or solid food.
 - Make sure that the food is at ready-to-eat temperature.
 - Do NOT add the MNPs to hot food: if the food is hot, the iron will change the colour and taste of the food.
 - Do NOT add the MNPs to any liquids (water, tea, or watery porridge): in cold liquids, MNPs lump and don't mix but float on top; the iron will dissolve instantly and change the colour and taste of the food.
3. Separate a small portion of the soft or mushy semi-solid or solid cooked food within the child's bowl or place in a separate bowl.
4. Pour the entire contents of one packet of MNPs into the small portion of food:
 - Shake the unopened packet to ensure that the powder is not clumped.

- Tear open the packet and pour the entire contents into the small amount of food so that the child will eat all of the micronutrients in the first few spoonfuls.
- Mix the packet contents and the small portion of food well.

5. Give the child the small portion of food mixed with MNPs to finish, and then feed the child the rest of the food.

- The food should be consumed within 30 minutes of mixing with the MNPs.

* You can add the entire packet of MNPs to any meal. However, only one packet of MNPs should be given during a day.

- Do not share the food to which MNP is added with other people in the household. The amount of minerals and vitamins in a single packet is just the right amount for one child.

- Any side effects are minimal and usually of a short duration.

* Your child may have darker or softer stools, or a mild form of constipation during the first four to five days after first starting to use MNP.

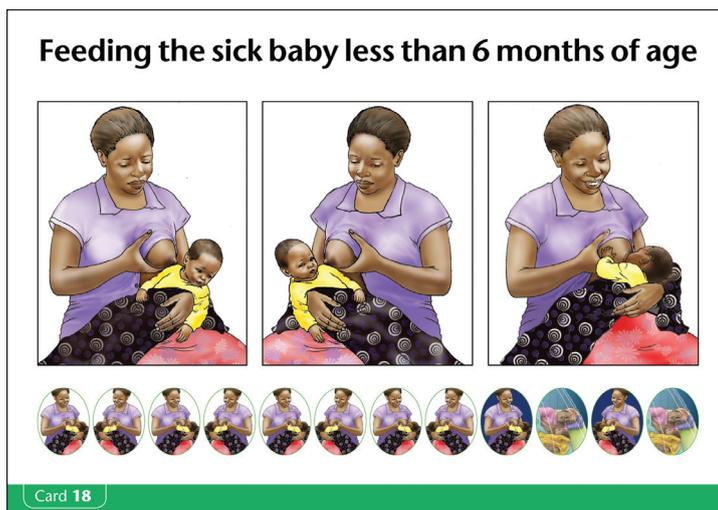
* Any side effects are minimal and usually of a short duration.

- Your child may have darker or softer stools, or a mild form of constipation during the first four to five days after first starting to use MNP.

Notes for community worker:

- * Advise caregivers how many MNP packets they should give to the child each week. This may vary depending on the program and availability of MNPs. Help the caregiver remember which days to give MNP and which days to skip. This can be confusing to a caregiver.
- * Advise caregivers to suspend MNP administration when the child presents with a fever or is being treated for infectious diseases. Continue to administer MNP during any other illness.
- * Advise caregivers to suspend MNP administration during the period of treatment for malnutrition, using CSB++, Ready to Use Supplementary Food (RUSF) and Ready to Use Therapeutic Food (RUTF) such as Plumpy'Nut, as children are already receiving extra iron and vitamins.

Feeding the sick baby less than 6 months of age



- * Breastfeed more frequently during illness, including diarrhoea, to help the baby fight sickness, reduce weight loss and recover more quickly.
- * Breastfeeding also provides comfort to your sick baby. If your baby refuses to breastfeed, encourage your baby until he or she takes the breast again.
- * Give only breastmilk and medicines recommended by your doctor/health care provider.
- * If the baby is too weak to suckle, express breastmilk to give the baby. This will help you to keep up your milk supply and prevent breast difficulties.
- * After each illness, breastfeed your baby more often, to help your baby regain health and weight.
- * When you are sick, you can continue to breastfeed your baby. You may need extra food and support during this time.

Feeding the sick child more than 6 months



- * Breastfeed more frequently during illness, including diarrhoea, to help your baby fight sickness, reduce weight loss, and recover more quickly.
- * Your baby needs more food and liquids while he or she is sick, and may need oral rehydration salts (ORS).

Note to health worker:

Explain to the caregiver, per directions below, how to prepare and give ORS and zinc tablets, if available.

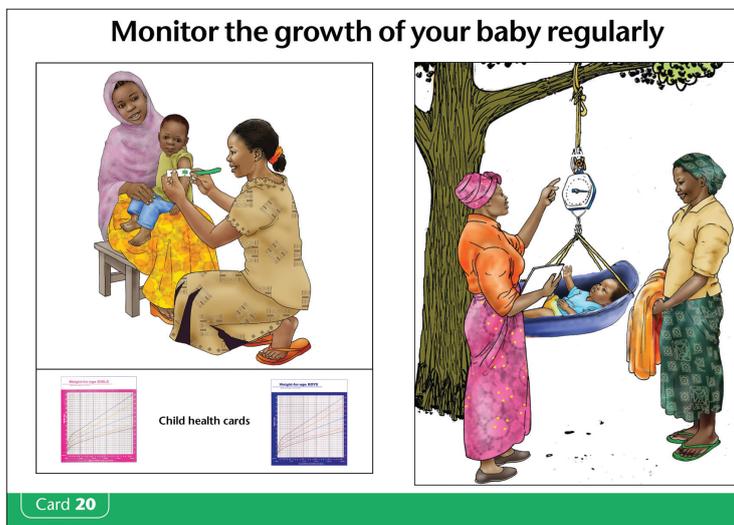
- * If your child's appetite is decreased, encourage him or her to eat small frequent meals.
- * Offer the baby simple foods like porridge and avoid spicy or fatty foods. Even if the child has diarrhoea, it is better for him or her to keep eating.
- * After your baby has recovered, actively encourage him or her to eat one additional meal of solid food each day during the following two weeks. This will help your child regain the weight he or she has lost.
- * When you are sick, you can continue to breastfeed your baby. You may need extra food and support during this time. When you are sick, you will also need plenty of liquids.
- * **There are four steps for the home treatment of diarrhoea:** Zinc + a special Oral Rehydration Salts (LO-ORS) can be administered at home to children aged 6 months through 5 years who are suffering from diarrhoea with few to moderate signs of dehydration.
 1. Give extra breastmilk or fluids while the child is sick.
 2. Give zinc supplements + a special Oral Rehydration Salts (LO-ORS).
 - Give the child one tablet (20mg) of zinc sulfate for 10 days.
 - The child must continue taking the zinc for all 10 days, even after diarrhoea ends.
 - Zinc tablets can be chewed or dissolved in a small amount of clean water or breastmilk in a small spoon.

- Give the child one packet of special Oral Rehydration Salts (LO-ORS) each day for three days. Check the packet for directions and add the correct quantity of clean water.
3. Continue feeding and encourage your child to eat as much as he/she wants during illness. Give the child normal complementary foods and avoid sugar and candy, which can worsen diarrhoea.
 4. Visit your clinic or health worker if the child:
 - Passes many watery stools.
 - Becomes very thirsty.
 - Has sunken eyes.
 - Passes bloody stool.
 - Does not improve after three days.
 - Has a fever.
 - Does not eat or drink normally.
 - If you pinch the skin and it does not return to normal in a few seconds.

Note for community worker:

See Card 22 for danger signs requiring immediate referral to the health facility.

Monitor the growth of your baby regularly



- * Attend regular growth monitoring and promotion sessions (GMP) to make sure your baby is growing well.
- * Take your baby to GMP monthly during the first year.
- * A healthy child who is growing well should gain weight every month. If your child is not gaining weight or is losing weight, there is a problem.
- * Attending GMP sessions can help identify nutrition problems your child may have, such as severe thinness or swelling. Nutrition problems may need urgent treatment with special (therapeutic) foods.
- * Measuring the upper-arm circumference (MUAC) of a child over 6 months also identifies severe thinness.
- * During GMP sessions, you can ask questions about your child's growth, health, and nutrition.
- * It is important to address poor growth, weight loss, or swelling quickly, as soon as they are identified, by seeking out a health worker.
- * When you go to the health centre for growth monitoring, ask about family planning, too.
- * You should also ask about your baby's immunisation schedule. Immunisations protect babies against several diseases.

Note for community worker:

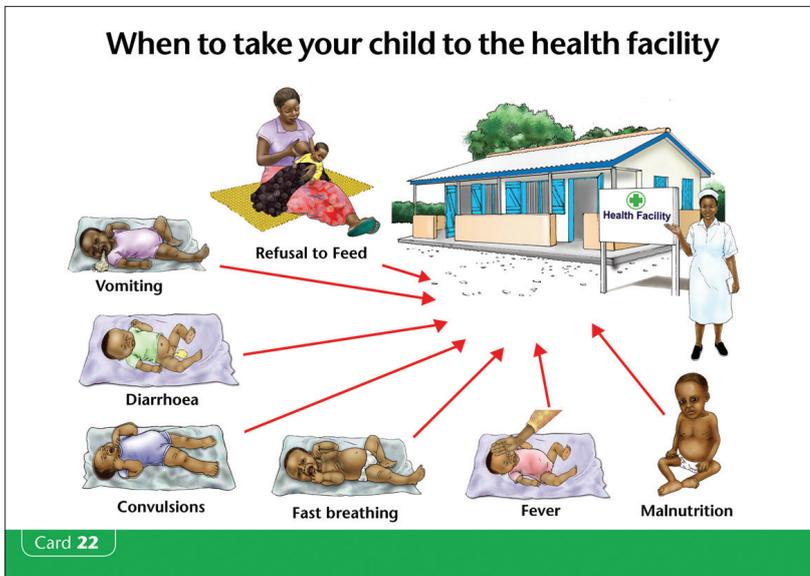
See Card 22 for danger signs requiring immediate referral to the health facility. Explain to mother that her baby may be weighed on a different type of scale than as pictured.

Birth spacing improves health and survival



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

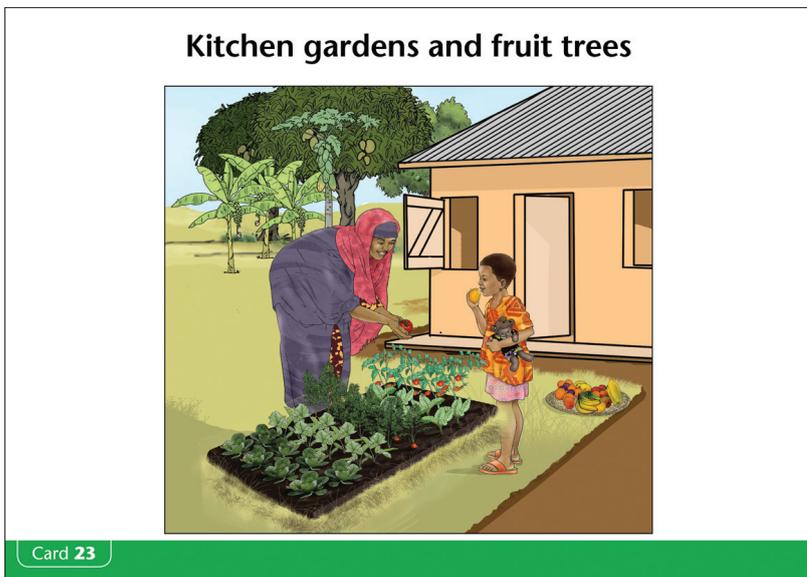
When to take your child to the health facility



* Take your child immediately to a trained health worker or clinic if any of the following symptoms are present:

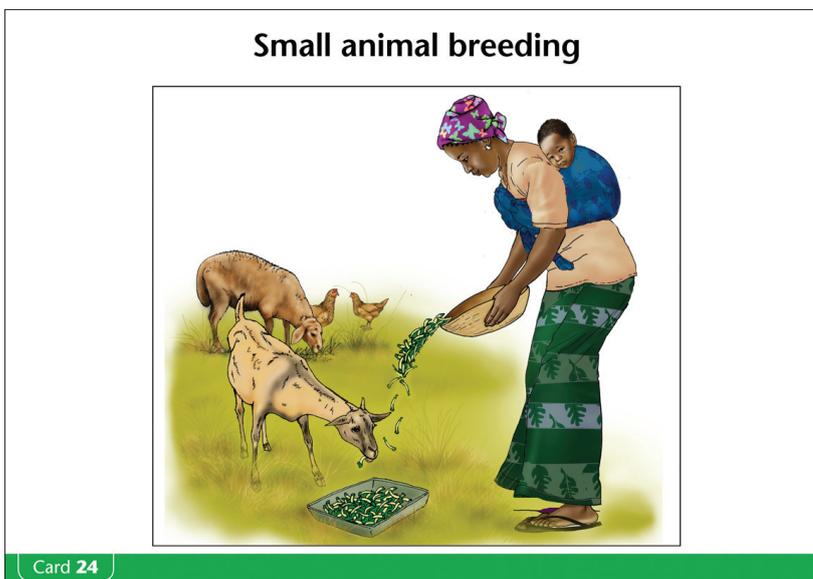
- Refusal to feed and being very weak.
- Vomiting (cannot keep anything down).
- Diarrhoea (more than three loose stools a day for two days or more and/or blood in the stool, sunken eyes).
- Convulsions (rapid and repeated contractions of the body, shaking).
- The lower part of the chest sucks in when the child breathes in, or it looks as though the stomach is moving up and down (respiratory infection).
- Fever (possible risk of malaria).
- Malnutrition (loss of weight or swelling of the body).

Kitchen gardens and fruit trees



- * Create a kitchen garden where you can grow different vegetables for your family throughout the year, like amaranths, carrots, and dark-green leaves such as spinach. All of these foods are important sources of body-protecting nutrients, including minerals and vitamins that you and your young children need.
- * If space allows, it is best to have at least three different kitchen gardens that you plant at different times of the year, taking advantage of the different growing seasons. This will allow you to harvest fresh vegetables regularly, throughout the year, for your family to enjoy.
- * Gardens can be created with simple tools and materials, and minimal work. However, they will need to be weeded, watered, and cared for regularly.
- * Fruit trees, such as banana, mango, pawpaw, and citrus are also a wonderful investment for the future.

Small animal breeding



- * Breeding small, inexpensive animals such as hens can provide you and your young children with important body-building protein and other important nutrients.
- * Goats and sheep are also excellent animals to breed, although they require more space.
- * If possible, breeding cows that produce milk will provide your children with body-building protein and many other important nutrients.
- * The extra meat, eggs, and milk that you get from your animals can also be sold to buy other kinds of food that your family needs.

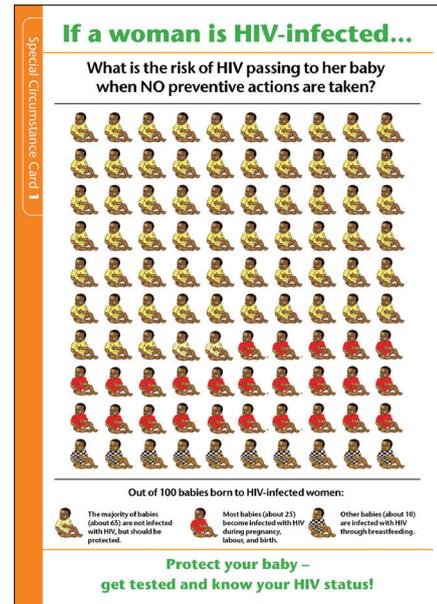
Note for community worker:

Only use the following cards for mothers who have decided not to follow the national recommendation to breastfeed.

Special Circumstance Card 1:

If a woman is HIV-infected...

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



- * A woman infected with HIV can pass HIV to her baby during pregnancy, labour, delivery, or through breastfeeding.
- * However, not all babies born to women with HIV become infected with HIV.
- * If NO preventive actions are taken to prevent or reduce HIV transmission, out of every 100 HIV-infected women who become pregnant, deliver, and breastfeed for up to two years, about 35 of them will pass HIV to their babies:
 - 25 babies may become infected with HIV during pregnancy, labour, and delivery.
 - 10 babies may become infected with HIV through breastfeeding, if the mothers breastfeed their babies for up to two years.

The other 65 women will NOT pass HIV to their babies.

- * All women with HIV should prevent HIV re-infection by practising safer sex. This means using condoms during pregnancy and during breastfeeding. Becoming re-infected with HIV while pregnant or breastfeeding greatly increases the risk of mother-to-child transmission of HIV.
- * All breastfeeding mothers infected with HIV should seek immediate help or treatment at their nearest health facility if they have any infections or breast problems.
- * They should not feed from a breast with a cracked or bleeding nipple until the problem is resolved, but should feed from the other breast. If a mother sees redness in or around her baby's mouth, or white spots, she should take her baby to the health facility immediately.
- * Breastfeeding mothers who are HIV-positive should eat an extra meal a day to give them extra energy.

Note for community worker:

Use this card if the mother asks about risks of breastfeeding.

Special Circumstance Card 2:

If a woman is HIV-infected...

What is the risk of passing HIV to her baby if both take ARVs and practise exclusive breastfeeding during the first 6 months?

If a woman is HIV-infected...

What is the risk of HIV passing to her baby if both take ARVs and practise exclusive breastfeeding during the first 6 months?

Out of 100 babies born to HIV-infected women who take ARVs:

- The majority of babies (95 or more) are not infected with HIV.
- Most of these babies (less than 2) become infected with HIV during pregnancy, labour and birth.
- Breastfeeding babies (less than 3) can become infected. Exclusive and safe breastfeeding reduces the risk.

Protect your baby – get tested and know your HIV status!

- * A woman infected with HIV should be given special medicines (called antiretroviral drugs or ARVs) to decrease the risk of passing HIV to her infant during pregnancy, birth, or breastfeeding.
- * A baby born to a woman who is HIV-infected should also receive special medicines (ARVs) to decrease the risk of getting HIV during the breastfeeding period.
- * Throughout the entire period of breastfeeding, antiretroviral drugs are strongly recommended for either the HIV-infected mother or her HIV-exposed infant.
- * If an HIV-infected mother and her baby practise exclusive breastfeeding during the first 6 months and either the mother or baby takes ARVs throughout the breastfeeding period, the risk of infection greatly decreases.
- * If these preventive actions are taken, out of every 100 HIV-infected women who become pregnant, deliver, and breastfeed for at least one year, fewer than five of them will pass HIV to their babies:
 - two babies may become infected with HIV during pregnancy, labour, and delivery.
 - three babies may become infected with HIV through breastfeeding.

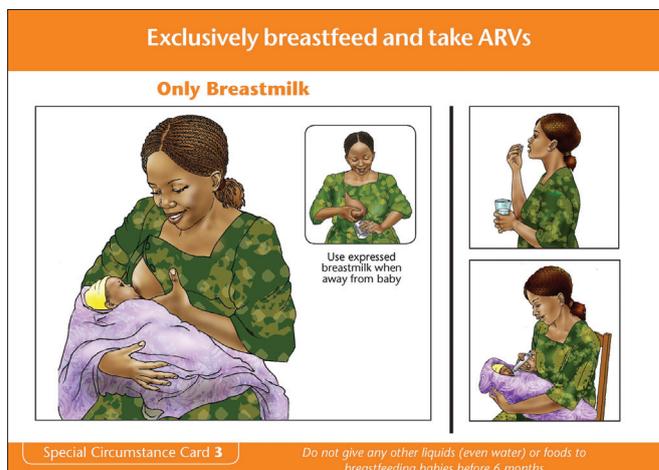
More than 95 of these women will NOT pass HIV to their babies.

Note for community worker:

Use this card if the mother asks about risks of breastfeeding.

Special Circumstance Card 3:

Exclusively breastfeed and take ARVs



- * An HIV-infected mother should talk with a health worker at her health facility about how to feed her baby.
- * Exclusive breastfeeding (giving ONLY breastmilk) for the first 6 months together with special medicines (ARVs) for either mother or baby greatly reduces the chance of HIV passing from an HIV-infected mother to her baby.
- * When an HIV-infected mother exclusively breastfeeds, her baby receives all the benefits of breastfeeding, including protection from diarrhoea and other illnesses.
- * Mixed feeding (feeding baby both breastmilk and any other foods or liquids, including infant formula, animal milks, or water) before 6 months greatly increases the chances of an HIV-infected mother passing HIV to her baby.
- * Mixed feeding can cause damage to the baby's stomach. This makes it easier for HIV and other diseases to pass into the baby.
- * Mixed feeding also increases the chance of the baby dying from other illnesses such as diarrhoea and pneumonia because he or she is not fully protected through breastmilk and the water and other milks or food can be contaminated.
- * If an HIV-infected mother develops breast problems, she should seek advice and treatment immediately. She may be encouraged to express and heat-treat her breastmilk so that it can be fed to her baby while she is recovering. (**Note:** Use counselling cards on exclusive breastfeeding and building your milk supply - Cards 3 to 7.)
- * HIV-exposed babies should be tested when they are about 6 weeks old.
- * All babies who test positive at 6 weeks should breastfeed exclusively until 6 months, even in the absence of ARV interventions, and then continue to breastfeed for up to 2 years or longer. Complementary foods should be introduced at 6 months, as recommended.
- * All breastfeeding babies who test negative at 6 weeks should continue to exclusively breastfeed until 6 months and continue to breastfeed until 12 months. Complementary foods should be introduced at 6 months, as recommended.
- * After 12 months, breastfeeding should stop. However, abrupt stopping of breastfeeding should be avoided. It should be gradually stopped over the course of one month.

Notes for health worker:

- * *Refer to the Nigerian Consensus Statement on Infant Feeding in the Context of HIV.*
- * *When mother is on life-long treatment and breastfeeds, her baby should receive daily nevirapine (NVP) from birth to 6 weeks.*
- * *With one type of ARVs (refer to national policy), mother takes these medicines up to one week after breastfeeding stops and her baby receives daily NVP from birth to 6 weeks.*
- * *With another type of ARVs (refer to national policy), mother takes these medicines for one week after birth and her baby receives daily NVP from birth until one week after breastfeeding stops.*
- * *Explain the benefits of ARVs, both for the mother's health if she needs them and for preventing transmission of HIV to her baby.*
- * *Support HIV-infected women to go to a clinic that provides ARVs, or refer for ARVs.*
- * *Reinforce the ARV message at all contact points with HIV-infected women and at infant-feeding support contact points.*
- * *Refer to health facility if HIV-infected mother changes feeding option or her ARVs are going to run out soon.*

For a woman who decides not to follow the national recommendation to breastfeed



- * Infant feeding recommendations are given to the mother at health facility.
- * Exclusive replacement feeding (giving ONLY infant formula) for the first 6 months eliminates the chance of passing HIV through breastfeeding.
- * Replacement feeding is also accompanied with provision of ARVs for the mother (at least one week after birth) and the infant (for six weeks after birth).
- * Maintaining the mother's central role in feeding her baby is important for bonding and may also help to reduce the risks in preparation of replacement feeds.
- * Mixed feeding (feeding baby both breastmilk and any other foods or liquids, including infant formula, animal milks, or water) before 6 months greatly increases the chances of an HIV-infected mother passing HIV to her baby.
- * Mixed feeding is always dangerous for babies less 6 months. A baby less than 6 months has immature intestines. Other food or drinks than breastmilk can cause damage to the baby's stomach. This makes it easier for HIV and other diseases to pass to the baby.
- * Support the mother to feed her child:
 - No mixed feeding.
 - No dilution of formula.
 - Help mother read instructions on formula tin.
 - Feed the baby with a cup.
 - See Special Circumstance Card 2.
- * Discard additional commercial infant formula left over after one meal.
- * Baby should be given clean water in addition to commercial infant formula.
- * Refer to health facility if her baby gets sick with diarrhoea or other illnesses or she has difficulty obtaining sufficient formula.

Special Circumstance Card 5:

Conditions needed to use commercial infant formula



- * Talk with a health worker at your health facility about how to feed your baby.
- * Wash hands with soap and water before preparing formula and feeding baby.
- * Make sure to get enough supplies for the baby's normal growth and development until he or she reaches at least 6 months.
 - A baby needs about 44 tins of 450 g in formula for the first 6 months.
 - A baby needs about 50 tins of 400 g in formula for the first 6 months.
- * Always read and follow the instructions that are printed on the tin very carefully. Ask for more explanation if you do not understand.
- * Use clean water to mix with the infant formula. If you can, prepare the water that is needed for the whole day. Bring the water to a rolling boil for at least two minutes and then pour into a flask or clean, covered container specially reserved for boiled water.
- * Keep or carry boiled water and infant formula powder separately to mix for the next feeds, if the mother is working away from home or for night feeds.
- * Wash the utensils with clean water and soap, and then boil them to kill the remaining germs.
- * Use only a clean spoon or cup to feed the baby. Even a newborn baby learns quickly how to drink from a cup. Do not use bottles, teats, or spouted cups.
- * Store the formula tin in a safe, clean place.
- * Only prepare enough infant formula for one feed at a time, and use the formula within one hour of preparation.
- * DO NOT reintroduce breastfeeding: avoid any mixed feeding.

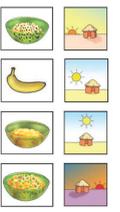
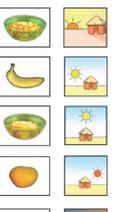
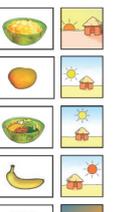
Note for community worker:

This Counselling Card is only for mothers who decided at the health facility to opt out of breastfeeding + ARVs.

Special Circumstance Card 6:

Non-breastfed child from 6 up to 24 months

Non-breastfed child from 6 up to 24 months

6 up to 9 months	9 up to 12 months	12 up to 24 months
		
		
Each day add 	Each day add 	Each day add 

Special Circumstance Card 6

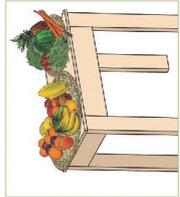
Note for health worker:

Only use this card for non-breastfed children who are between 6 and 24 months.

- * A minimum of two cups of milk each day is recommended for all children under 2 years of age who are no longer breastfeeding.
- * This milk can be either commercial infant formula, that is prepared according to directions, or animal milk, which should always be boiled for children who are less than 12 months old. It can be given to the baby as a hot or cold beverage, or can be added to porridge or other foods.
- * Fresh animal milk should always be boiled for children who are less than 12 months old.
- * All children need complementary foods from 6 months of age.
- * The non-breastfed child from 6 up to 9 months needs the same amount of food and snacks as the breastfed child of the same age plus one extra meal plus two cups of milk each day (one cup = 250 ml).
- * The non-breastfed child from 9 up to 12 months needs the same amount of food and snacks as the breastfed child of the same age plus two extra meals plus two cups of milk each day.
- * The non-breastfed child from 12 up to 24 months needs the same amount of food and snacks as the breastfed child of the same age plus two extra meals plus two cups of milk each day.
- * After 6 months, also give two to three cups of water each day, especially in hot climates.

Safe preparation of food

- * Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
- * Use clean utensils and store foods in a clean place.
- * Cook meat, fish, and eggs until they are well done.
- * Wash vegetables, cook immediately for a short time and eat immediately to preserve nutrients.
- * Wash raw fruits and vegetables before cutting and eating.
- * Wash your hands with soap and water before preparing foods and after using the toilet and washing baby's bottom.



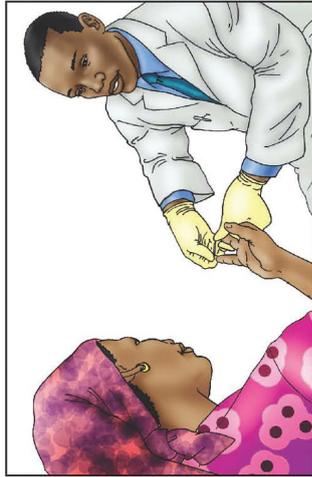
Other important tips

- * Rest more and avoid heavy work, especially during the last three months of pregnancy and the first three months after delivery.
- * To prevent malaria, sleep under an insecticide-treated mosquito net every night.
- * In case of fever, seek treatment at the health facility immediately.
- * Take de-worming tablets to treat worms and help prevent anaemia.
- * Do not use alcohol, narcotics or tobacco products.

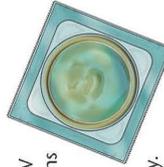


Nutrition and HIV care

- * Know your HIV status. To know your HIV status you must take a test.
- * If you are HIV-infected, consult your health care provider on your care and treatment, and on how best to feed your baby.



- * If you are HIV-infected, you need extra food to give you extra energy.



- * Protect yourself and your baby from HIV and other sexually transmitted infections during pregnancy and while you are breastfeeding by practicing safe sex.
- * Use condoms consistently and correctly.
- * Consult a family planning counsellor.

This brochure was adapted and updated for UNICEF New York from material developed by University Research Co., LLC in Tanzania, Kenya, Malawi, and recently in Uganda under the NuLife Program: USAID Cooperative Agreement 717-A-00-08-00006-00, February 2010.



Nutrition During Pregnancy and Breastfeeding



Practice Good Nutrition

What you need to know



- * During your pregnancy, eat three meals each day plus one extra small meal or "snack" (food taken in between main meals).
- * During breastfeeding, eat three meals each day plus two extra small meals or "snacks".
- * Eat different types of locally available foods each day.
- * No special food is required to produce breastmilk.
- * Adolescent mothers need more food, extra care, and more rest.
- * Drink plenty of liquids.

Plan a Balanced Diet

Energy-giving foods including grains such as maize, rice, millet and sorghum and roots and tubers such as cassava and potatoes.



Body-protecting, vitamin A-rich fruits and vegetables such as mango, pawpaw, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato, and pumpkin and other fruits and vegetables such as banana, pineapple, avocado, watermelon, tomatoes, eggplant and cabbage.



Body-building legumes such as beans, lentils, peas, groundnuts, and seeds such as sesame.



Body-building animal-source foods such as meat, chicken, fish, liver, and eggs and dairy products.



Oil and fat such as oil seeds, margarine, ghee, butter, and palm oil improve the absorption of some vitamins and provide extra energy.



Protect Your Health

Pregnant and breastfeeding women need to:



- * Attend antenatal care at least four times during pregnancy, beginning during the first three months.
- * Drink plenty of clean water every day.
- * Avoid tea or coffee during pregnancy.

What supplements do you need?



- * You need iron and folic acid tablets during pregnancy and for at least three months after your baby's birth.
- * Take iron tablets with meals to increase absorption.
- * Always use iodised salt to prevent learning disabilities, delayed development, and poor physical growth in the baby; and goitre in the mother.
- * Take vitamin A supplements immediately after birth or within six weeks after delivery to ensure that your baby receives the vitamin A in your breastmilk.



How to Breastfeed Your Baby

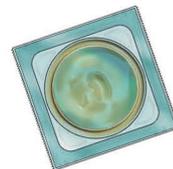
Things to remember

- * Breastfeeding is good for your health and your baby's health, and is also good for your family and the bright future of Rwanda.
- * Exclusive breastfeeding during the first 6 months protects you from getting pregnant as long as your periods have not returned. Consult a birth-spacing counsellor as soon as possible after giving birth.
- * When your baby is 6 months old, continue breastfeeding and begin giving other foods.
- * Watch for signs of diarrhoea, fever, difficulty in breathing, or refusal to feed because these need prompt attention.
- * If you are an HIV-infected woman, you should not feed your baby from a nipple that is cracked or bleeding. Instead, feed from the other breast and express and discard the milk from the breast that is affected.



How to prevent common breastfeeding difficulties

- * Position and attach your baby correctly on the breast to prevent engorgement and cracked nipples. Breastfeeding should not hurt.
- * If you develop cracked nipples, put some breastmilk on them. Do not use creams or ointments except when prescribed by a health care provider.
- * Feed frequently to prevent your breasts from becoming swollen.
- * If the baby misses a feed or your breasts feel very full, you should express some milk to keep your breasts soft.
- * You can keep expressed breastmilk in a cool place, but not for longer than six to eight hours.
- * If one or both of your breasts become painful or hot to touch, see a health care provider.
- * Check for sores and thrush in your baby's mouth. If you find any, see a health care provider.
- * If you have trouble practicing exclusive breastfeeding, discuss your situation with a trained counsellor.



- * Getting infected or re-infected with HIV while breastfeeding increases the risk of mother-to-child transmission. Practice safe sex by using condoms consistently and correctly.
- * To protect your baby, know your HIV status.

This brochure was adapted for UNICEF New York from material developed by University Research Co., LLC. It was adapted for Nigeria and produced for World Breast Feeding Week (1-7 August, 2011) with support from the Infant and Young Child Nutrition Project (IYCN), funded by USAID Nigeria.



Breastfeeding

What you need to know

- * It is very important to put the baby to your breast within the first 30 minutes after birth to stimulate milk production.
- * Make sure you feed your baby the first yellowish milk known as colostrum. Colostrum protects your baby from many diseases.
- * Breastmilk provides all the food and water that your baby needs during the first 6 months of life.
- * Exclusive breastfeeding means giving breastmilk only, and nothing else (no other milks, foods, or liquids, not even sips of water), except for medicines prescribed by a doctor or nurse.
- * Mixing breastmilk with other milks, foods, and liquids before 6 months is not healthy for your baby. It reduces the amount of milk that you produce and can make your baby sick.
- * If you need to be away from your baby, you can express some breastmilk for him or her.



Help baby attach to your breast

- * Make sure you begin to breastfeed immediately after birth, within the first 30 minutes.
- * Good attachment helps to ensure that your baby suckles well.
- * Good attachment helps you to produce plenty of breastmilk.
- * Good attachment helps to prevent sore and cracked nipples.



To make sure your baby is attached well:

- Touch baby's lips with your nipple.
- Wait until your baby's mouth opens wide.
- Quickly bring onto your breast from below, aiming your nipple up towards the roof of the baby's mouth.
- Baby should take a big mouthful of breast.



The four signs of good attachment are:

1. Baby's mouth is wide open.
 2. You can see more of the darker skin (areola) above the baby's mouth than below.
 3. Baby's lower lip is turned outwards.
 4. Baby's chin is touching your breast.
- * Your baby should take slow, deep sucks while breastfeeding, sometimes pausing.



How often should I breastfeed?

- * Breastfeed your baby on demand, both day and night, at least 8 to 12 times each day.
- * Frequent feeding will help your body to produce breastmilk.
- * Continue to feed until your baby empties the breast and comes off on his or her own. Offer the other breast and let your baby decide if he or she wants more or not.



- * You will know if your baby is taking enough breastmilk if he or she passes light-coloured urine at least six times a day and is gaining weight.
- * Take time, sit or lay down to breastfeed, and pay attention to your baby. Keep your baby close to you, day and night.



Feed more as the baby grows



Begin to feed at 6 months
Type of food: Soft gruel, well-mashed food
How often: Two to three times each day
How much: Two to three tablespoons at each meal



From 6 up to 9 months
Type of food: Mashed food
How often: Two to three times each day and 1 to 2 snacks
How much: Two to three tablespoons up to half (1/2) cup at each meal



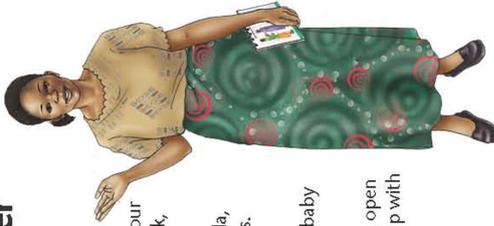
From 9 up to 12 months
Type of food: Finely chopped or mashed food and foods that baby can pick up with his or her fingers
How often: Three to four times each day and 1 to 2 snacks
How much: At least half (1/2) cup at each meal



From 12 up to 24 months
Type of food: Family foods, chopped or mashed if necessary
How often: Three to four times each day and 1 to 2 snacks
How much: Three-quarters (3/4) up to one full cup at each meal

* A snack is extra food between meals ** A cup is 250 ml

Things to remember



- * Between the age of 6 months and 2 years, a child needs to continue breastfeeding.
- * If you are not breastfeeding, feed your baby two cups (500 ml total) of milk, divided throughout the day.
- * Avoid giving a baby tea, coffee, soda, and other sugary or coloured drinks.
- * Limit amount of fresh juices to accommodate the meal. Give your baby clean water.
- * Always feed the baby using a clean, open cup. Do not use bottles, teats, or cup with a mouth piece.



- * Continue to take your child for growth monitoring and promotion, immunizations, and to the clinic for well-baby check-ups.
- * During illness give the baby small, frequent meals and more fluids, including breastmilk or other liquids. Encourage the baby to eat a variety of (his or her) favourite soft foods. After illness, feed more food and more often than usual for at least two weeks.

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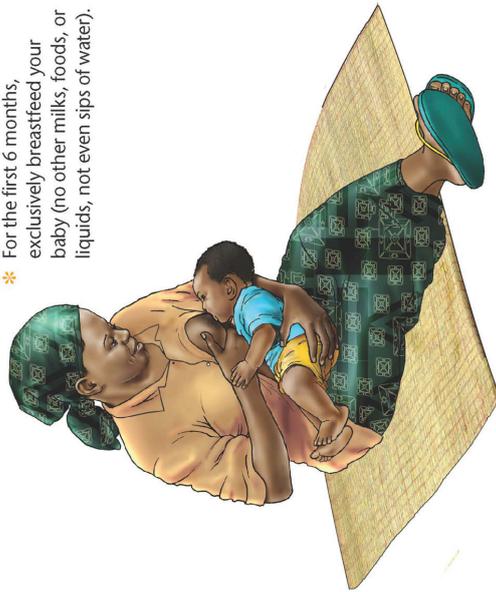
How to Feed a Baby From 6 Months



From 6 Months

What you need to know

- * For the first 6 months, exclusively breastfeed your baby (no other milks, foods, or liquids, not even sips of water).



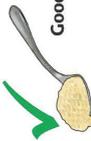
- * When your baby reaches 6 months, begin to introduce other foods and continue breastfeeding on demand both day and night.
- * Breastmilk continues to be an important part of the diet until the baby is at least 2 years.
- * When feeding a baby between 6 and 12 months old, always give breastmilk first before giving other foods.
- * After 6 months of age, children should receive vitamin A supplements twice a year. They also need de-worming medicine twice a year, beginning at 12 months. Consult your health care provider.

When your baby first starts to eat

- * Give your baby one or two tablespoons of soft food three times each day. Gradually increase the frequency, amount, thickness, and variety of food.

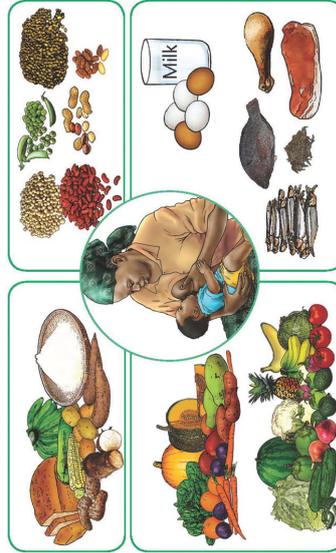


Too thin



Good thickness

- * Enrich the baby's porridge (sorghum, maize, millet, wheat...) and with breastmilk, animal milks, mashed groundnuts, or soy flour. It is best to mix two to three types of flours. Make sure the groundnuts and soy beans are well pre-cooked.
- * Your baby needs more than breastmilk and porridge. Offer a variety of foods, like mashed fruits, vegetables, and tubers and animal-source foods.
- * Start animal-source foods as early and as often as possible.



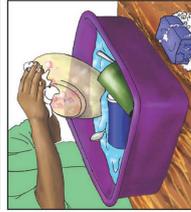
- * A little vegetable oil can be added to the baby's porridge or mashed foods. Infants only need a very small amount of oil (no more than half [1/2] teaspoon per day)



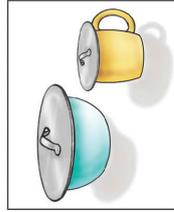
Hygiene, safe preparation, and storage of foods



- * Wash your hands with clean, running water and soap before preparing food, and before feeding your baby. Baby's hands should be washed also. Wash your hands after changing nappies or going to the toilet.



- * Wash all bowls, cups, and utensils with clean water and soap. Dry on a rack and keep covered before using.

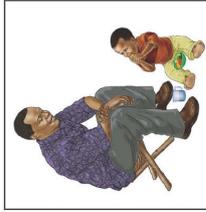


- * Prepare food in a clean area and keep it covered. A baby should have his or her own cup and bowl.



- * Serve food immediately after preparation.

- * Thoroughly reheat any food that has been kept for more than an hour.



- * Babies gradually learn to feed themselves. An adult or an older child should encourage the baby to eat enough food and ensure that the food remains clean.
- * Parents should ensure that the baby has received the food that he or she needs each day.

