SECTION H

LABOUR AND DELIVERY

SESSION 19

The Process of Labour and Delivery

Time required: 30 minutes

Purpose
The purpose of this session is to explain the process of normal labour. This will help the MM in identifying danger signs during labour and delivery if they appear, and assisting in seeking prompt care.

Objectives
At the end of the session the MM will be able to:
1. Explain how one knows when labour starts.
2. Explain in general terms what happens during labour and delivery.

Materials
1. Illustrations of pregnancy and the birth process.

Preparation
Participants to have MM Manual illustrations of pregnancy and the birth process.

Presentation and discussion: Labour and delivery 20 minutes

Instructions to trainers:

1. Refer participants to the illustrations of pregnancy and the birth process in the MM Manual.
2. Ask the MM's if they know the signs that labour is starting. Listen to the answers. Praise correct answers, which should include:
   - Pains are irregular at the beginning but become more regular.
   - Pains start from the back and move to the front.
   - Pains start coming closer together, last longer and are stronger.
   - When pains are about 5 minutes apart, from the beginning of one to the beginning of the next, early labour has started.
   - When pains are about 3 minutes apart from the beginning of one to the next, active labour has started .
   - The 'show' appears. This is a sticky jelly mixed with blood that flows out of the vagina.
3. Ask the MM's if they can tell you what the pains (or contractions) do. Listen to their answers. Explain that the pains are caused by the muscles in the womb tightening and pulling open the mouth of the womb.
4. Explain the three parts or stages of labour below.

Three Stages of Labour

1st Stage: Starts from the beginning of pains until the mouth of the womb is fully open. This happens inside the mother's body and cannot be seen.
The bag of waters also breaks. The fluid is usually clear but may be yellow or green or red. *This first part of labour usually lasts about 8 to 12 hours*.

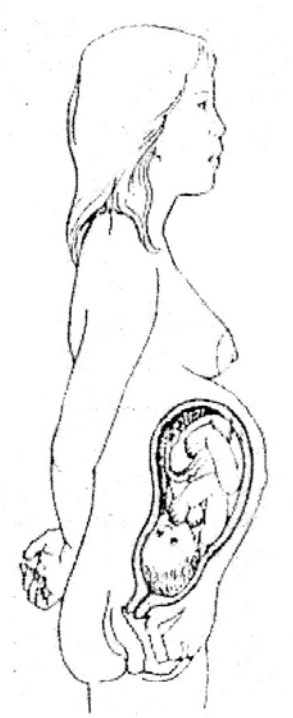
2nd Stage: Contractions push the baby out of the womb, resulting in the delivery of the baby. *This second part of labour usually lasts about 1 hour*.

3rd Stage: The contractions cause the placenta to peel off. This is called delivery of the placenta. *This third part of labour usually lasts about 20 to 30 minutes.*

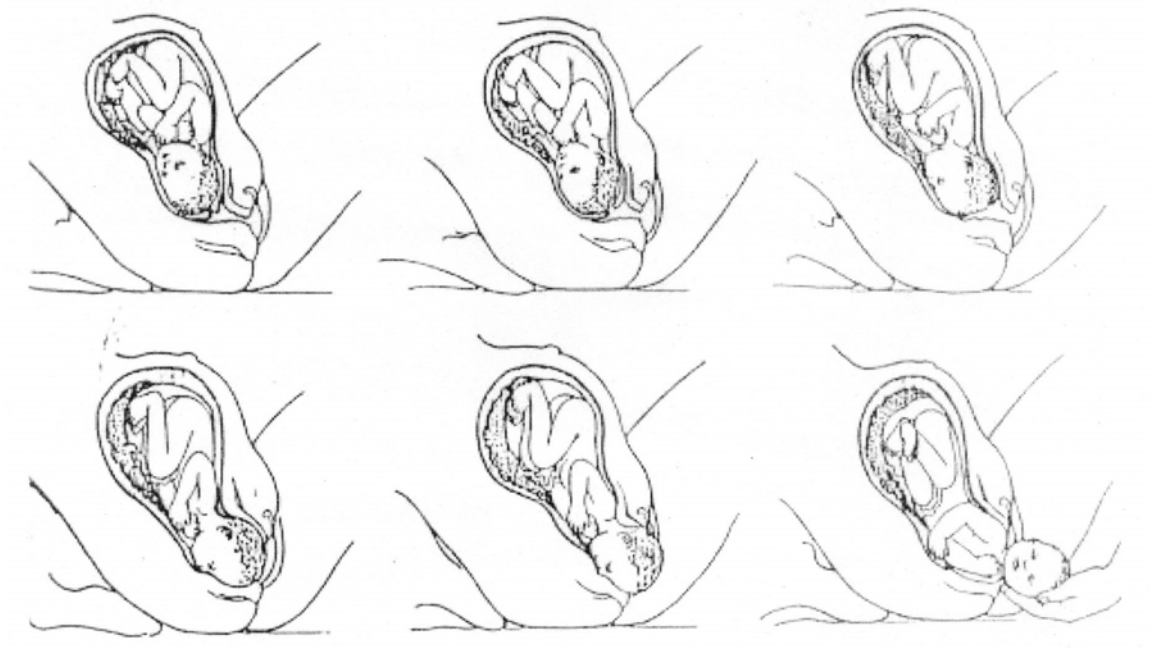
Illustrations of Pregnancy and the Birth Process

From *The Childbirth Picture Book* by Fran Hosken and Marca Williams, Women's International Network News

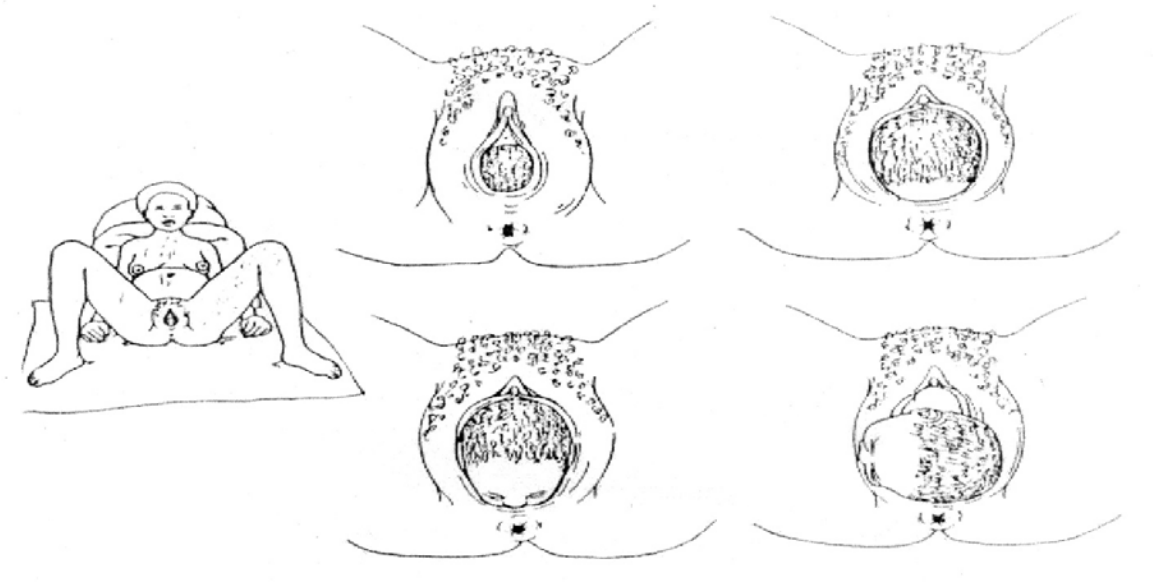
Pregnant Woman Full Term



Process of delivery



How the baby delivers in normal (head) position



5. Ask for any questions and clarify any confusion or misconceptions.

Discussion: Immediate care of the newborn 5 minutes

Start baby breastfeeding within 30 minutes.

Presentation and discussion: Danger signs in labour 5 minutes

Danger signs during labour and delivery:

For the mother:

- Excessive bleeding
- Fits or convulsions
- Prolonged Labour
- Retained Placenta
- Baby's hand, foot or cord come out before the head

For the baby:

- Does not breathe or cry at delivery (or week cry)
- Born very small

SECTION I

BABY FEEDING

This section is an action-orientated training course to equip Mentor Mothers with the skill to improve baby feeding practices. It should be conducted over approximately 23 hours and 15 minutes.

The course and training materials are based on the WHO / UNICEF: Breastfeeding Counselling: A Training Course and HIV & Baby Feeding Counselling: A Training Course.

The manual focuses on the key messages that need to be given and the key skills that need to be learnt to support exclusive baby feeding. It is more practical than theoretical.

The baby is usually referred to as 'he' to make it easier to write and read this manual. However the messages and examples apply to male and female babies.

Key messages are listed at the top of each session.

Instructions for facilitators are written in ***bold italics***.

Additional / extra information that is nice to know but not absolutely important is written in italics.

KEY MESSAGES

All the key messages are listed below. They will be covered in detail in the relevant sessions, so you do not have to go through them in detail now.

Key message 1:
Before you can assist women to exclusively breastfeed you need to examine your own beliefs about baby feeding and address your own concerns.

Key message 2:
Good communication and counselling skills are essential. These include skills to listen and learn from women and their families and to build their own confidence.

Key message 3:
Listen to the mother and learn about her concerns before you try to help her.

Key message 4:
A mother will only exclusively breastfeed if she has the confidence to do so and if she believes that this is the right thing to do.

FOR WOMEN WHO INTEND TO BREASTFEED:

Key message 5:
Exclusive breastfeeding means feeding the baby only breast milk for the first 6 months of life – nothing else – no water / no glucose water / no teas / no porridge / no fruit / no vegetables / no traditional medicines / no over-the-counter medicine. However exclusively breastfed babies are allowed to receive medicine and vitamins that have been prescribed by a doctor or nurse. They are also allowed to receive sugar salt solution for 2 days or less if they have diarrhoea (MM will learn how to prepare his solution during this training).

Key message 6:
Breast milk alone has all that a baby needs to grow during the first 6 months of life.

Key message 7:
Breast milk protects a baby against infection.

Key message 8:
For HIV negative women, HIV positive women who do not meet the AFASS (Acceptable, Feasible, Affordable, Sustainable & Safe) criteria and women of unknown HIV status, exclusive breastfeeding has many more benefits than mixed feeding or formula feeding.

Key message 9:

The more a baby suckles the more milk is produced.

Key message 10:
Good positioning ensures that the mother is comfortable. Only when a mother is comfortable will she be able to breastfeed her baby well, without discomfort.

Key message 11:
Always assess and observe a breastfeed, especially on a newborn baby and in the first month of life to observe attachment.

Key message 12:
Good attachment prevents sore nipples or cracked nipples and increases milk production.

Key message 13:
Good attachment and positioning prevents harmful breast conditions.

Key message 14:
Expressing breast milk is useful when the mother has to go to work or has to go out for the day.

Key message 15:
Exclusive breastfeeding should begin within the first half an hour of birth and should continue on demand – whenever the baby wants to feed, during the day and night – for the first 6 months of life.

FOR WOMEN WHO INTEND TO FORMULA FEED

Key message 16:
Exclusively formula feeding is recommended for the first 6 months if the mother is HIV-positive and meets all the AFASS criteria or if the mother has a medical condition that prevents her from breastfeeding. These women should never breastfeed.

Key message 17:
Exclusive formula feeding means that the baby receives only formula milk and no other foods or fluids – no water / no glucose water / no teas / no porridge / no fruit / no vegetables / no traditional medicines / no over-the-counter.

Key message 18:
Formula milk should be prepared hygienically using clean utensils and clean water to prevent illnesses such as diarrhoea.

Key message 19:
The appropriate amount of formula powder should be mixed with the recommended amount of water to prevent the formula milk form becoming too

weak or too strong. If the milk is too weak (has too much water) the baby will not grow properly. If the milk is too strong the baby will not be able to digest it properly.

Key message 20:
Exclusively formula fed babies should receive the recommended amount of formula milk at regular intervals so that they grow.

Key message 21:
If exclusively formula fed babies become ill with diarrhoea they should start oral rehydration (be given sugar salt solution) at once and visit the clinic if the diarrhoea continues or is severe or if the baby refuses oral rehydration or vomits. The utensils used to prepare the babies milk should be thoroughly washed and cleaned to prevent diarrhoea.

Key message 22:
Formula milk should be fed using a cup rather than a bottle because cups are easier to clean and have been associated with fewer illnesses compared with bottles

SESSION 20

Your Self Development: Your Own Beliefs about Feeding and your Communication Skills

Time required: 2 hours 5 minutes

Purpose
The purpose of this session is for MM's to explore their own knowledge and beliefs about feeding and the way that they communicate with others about the issue.

Objectives
At the end of this session MM's will:

1. Understand their own beliefs about baby feeding.
2. Be able to relate their own beliefs to broader community traditions and beliefs.
3. Be able to openly speak about their own beliefs about baby feeding.
4. Be willing and open to hear the facts about baby feeding so that they can save newborn lives.
5. Have reflected and thought about their own communication skills in general, and when gathering information to fill in questionnaires.

Materials

1. MM manuals

Preparation
Study the notes for the session so that you understand the content of the session and are clear about what to do.

Training Methods

Go through key message 1 and the above objectives for this session with trainees. Allow about 15 mins so that participants digest this information:

Key message 1:
Before you can assist women to exclusively breastfeed you need to examine your own beliefs about baby feeding and address your own concerns. You also need to reflect and think abut your communication skills. How do you interact and speak with people? How would you communicate when you are gathering information to fill in a form or questionnaire?

20.1ACTIVITIES:

Activity 1: ***Allow approximately 30 mins for activity 1.***

For the first 10 minutes ask participants to write down their responses to the following questions. They should write the question number and answer next to it. Participants should not write their names on the paper. Once participants have answered these questions, collect their papers. You, the facilitator can look at the answers during the next tea or lunch break to get an idea of participant's beliefs and attitudes.

a) What do you know about exclusive breastfeeding?
b) Do you think exclusive breastfeeding is a good thing?
c) What is the problem with exclusive breast feeding in your opinion?
d) What is HIV?
e) Do you know of anyone with HIV?
f) Do any of your friends have HIV?
g) Can HIV be spread by touching and helping an HIV infected person?
h) Would you be willing to touch and comfort an HIV person? If yes, why? If no, why?

Divide participants into pairs. Go through the information in the box below, and then ask trainees to answer the questions that follow in their pairs.

Ask participants to discuss, in pairs, the answers to the questions as well as their feelings, beliefs, thoughts or experiences relating to each question:

Exclusive breastfeeding
Exclusive breastfeeding means that the baby is fed only breast milk – either directly from the breast or expressed breast milk.
Medicine, multivitamin drops or syrup prescribed by a nurse or doctor is allowed.
Sugar salt solution given for diarrhoea is allowed if given for 48 hours or less.
The baby does not receive: (i) water (ii) other drinks (e.g. juice, tea) (iii) solid or semi-solid foods (iv) traditional medicines or (v) remedies bought at the pharmacy without a prescription from the doctor or nurse.

Exclusive breastfeeding is recommended during the first 6 months of life.
Exclusive breastfeeding is better than mixed feeding. You will learn more about how HIV-negative and HIV-positive women should feed their babies later in this session.

Questions for participants:

- Have you heard about exclusive breastfeeding before you learned this information?
- What had you heard about it?
- Have you seen or heard about mothers giving their babies younger than 6 months old food and other fluids to taste from their plate or glasses or cups? Is this allowed in exclusive breastfeeding?
- Do you know anyone who has exclusively breastfed one or all of their babies?
- Why did she exclusively breastfeed?
- Do you think babies can live or grow on breast milk only for the first 6 months of life? Why or why not?
- What do you think about exclusive breastfeeding?
- If you had a newborn baby, would you exclusively breastfeed your baby?
- Why or why not? What would your partners say about exclusive breastfeeding (if you have a partner)? What would your mother say? What would your mother-in-law say (if you have a mother-in-law)? What would your friends say? What would the nurses in the clinic say?
- What are the common traditions and beliefs that result in babies receiving fluids other than breast milk or herbal medicines by mouth in the first few days of life?
- What are the common traditions that result in older babies receiving fluids other than breast milk or herbal medicines by mouth?

Spend the next 10 minutes hearing what each group has discussed: Remember –there is no correct answer – whatever participants think or believe or feel, is correct and should be discussed.

As facilitator you should make a note of common themes, beliefs, fears, feelings and gaps in knowledge about exclusive breastfeeding.

Once you have finished this section of the activity continue with activity 2:

Activity 2: ***Recommended feeding practices for HIV-positive women, HIV negative women and women of unknown HIV status.***

Allow 40 mins for activity 2.

Participants should remain in their pairs. Go through the information in the box below with the class, and ask the trainees (in their pairs) to discuss their responses, thoughts and feelings to the questions that follow. Allow approximately 10 minutes to go through the box below (Feeding by HIV-positive women) and for the pairs to answer the questions that follow. There may be many words that are new to participants. Tell them to ask if they do not understand any of the words.

Feeding by HIV positive women:
HIV positive women need to choose between exclusive breastfeeding and exclusive formula feeding.
HIV positive women should avoid mixed feeding (feeding both breast milk and formula milk).
If avoiding all breastfeeding at all times is acceptable and feasible and affordable and sustainable and safe then HIV-positive women should avoid all breastfeeding.
'At all times' means even at night and even when the partner / mother or mother-in-law is around. For their own health, babies who avoid all breastfeeding should be fed only formula milk for 6-months. No cereal, no vegetables, no teas, no juice, no fruit and no glucose water.
If avoiding all breastfeeding at all times is not acceptable and feasible and affordable and sustainable and safe then HIV-positive women should exclusively breastfeed for 6months. Breastfeeding can be stopped at 6 months if avoiding breastfeeding has become acceptable and feasible and affordable and sustainable and safe at 6 months.

Questions for participants:

- Have you seen of heard about mothers giving their babies under the age of 6 months food and other things to taste from their cups and plates?
- Have you seen or heard about mothers who avoid breastfeeding their babies but who give them the breast for comfort and not for feeding
- What have you heard or what do you know about breastfeeding and HIV?
- Do you known any HIV positive women with babies? How do they feed their babies, or how do you think they feed their babies?
- How do you think HIV positive women should feed their babies?
- Why do you think the box says that HIV positive women should choose between exclusive breastfeeding and exclusive formula feeding?
- What is mixed feeding? Why do we say that HIV positive women should avoid all mixed feeding?
- What is meant by avoiding all breastfeeding? What milk can babies drink if they avoid all breastfeeding? If babies avoid all breastfeeding should they receive sugar water? Tea? porridge? Cereal? Vegetables? Fruit?
- What do you understand by the words acceptable and feasible and affordable and sustainable and safe (We call this the AFASS criteria)? Why are these important?
- Why do you think HIV-positive women should avoid breastfeeding only if they meet the AFASS criteria?
- Why do you think HIV positive women should stop breastfeeding at 6 months if they meet the AFASS criteria?

After 10 mins of discussion ask each pair to tell the group what they discussed. Whilst groups are giving feedback, as a facilitator you should

make a note of common themes, beliefs, fears, feelings and gaps in knowledge about HIV and baby feeding. Remember – once again, there is no correct answer – whatever participants think or believe or feel is correct and should be discussed.

Now allow another 10 mins to go through the box below (Feeding by HIV-negative women or women of unknown HIV status) and for trainees to answer the questions that follow. Once again there may be many words that are new to participants. Tell them to ask if they do not understand any of the words.

Feeding by HIV negative women or women of unknown HIV status

HIV negative women or women of unknown HIV status should exclusively breastfeed for the first 6 months and continue breastfeeding thereafter for at least 2 years.

Questions for participants:

- What is meant by 'women of unknown HIV status'?
- Why should these women exclusively breastfeed for 6 months?
- If they exclusively breastfeed, does this mean that they are HIV positive?
- Why should these women continue breastfeeding for up to 2 years?
- Do you know of any HIV negative women or women of unknown HIV status who have exclusively breastfed?

After 10 mins of discussion ask each pair to tell the group what they discussed. Whilst groups are giving feedback, as a facilitator you should make a note of common themes, beliefs, fears, feelings and gaps in knowledge about HIV and baby feeding. Remember – once again, there is no correct answer – whatever participants think or believe or feel is correct and should be discussed.

Activity 3: Your communication skills: 30 mins

Ask participants to take 5 mins to think about their communication skills: You will not ask them for feedback - this is for their own self-examination and training.

Questions for participants:

- How do you normally communicate with people? Do you have a gentle manner or do you have a rushed or loud or harsh or rough manner?
- Do you like speaking with people or do you speak at people?
- Do you like listening to other people speak, especially if they are telling you about their problems?

- If you had to gather information from people to fill in a questionnaire, how would you do that? Will you have the paper in front of you between you and the person you are interviewing? Will you only look at the paper or will you look at the person?

For the next 10 mins ask participants to practice, in pairs, how they would speak with a mother if they had to ask the questions that follow. For the first few mins of these 10 mins participants can practice asking the questions. For the remainder of the 10 mins participants can discuss, in pairs, the questions on communication when collecting information for research. The trainer should ask for a volunteer and the pair should put on a role play.

Questions for practicing:

Are you married? Yes/No

Have you ever been married? Yes/No

Do you have a partner? Yes / No

What is your main activity during the day? _____

How many times have you been pregnant? _____

How many live children have you given birth to? _____

How many of your children are alive today? _____

How do you want to feed your baby during the next 4-6 weeks? _____

Are you planning to give any other liquids (such as tea, water, juice or gripe water to your baby?) Yes/No

During pregnancy did you ever discuss with anyone at the clinic what the best way for you to feed your baby is? Yes/No

Have you ever been tested for HIV? Yes/No

Have you ever discussed your HIV status with anyone? Yes/No

What is the main source of water that you use for drinking? _____

How long does it take you to go to your nearest hospital? _____ hours

Have you given your baby any breast milk since he / she was born? Yes/No

In the past 4 days have you given the baby any other liquids? Yes/No

What liquids did you give him/her? _____

Questions on communication

Is communication more difficult when you have a form or questionnaire to fill in or guide you?

How can you get around this so that communication is smooth?

20.2 A WAY FORWARD: 10 mins

Read each of the questions below to trainees one by one, and ask trainees to think about their answers to each question as you go.

Questions for participants:

Are you willing to examine your communication skills and learn new skills?

Are you willing to learn more about baby feeding?

Are you willing to change any existing beliefs about baby feeding?

Are you willing to help people change their beliefs and practices around baby feeding?

In a large group, discuss what participants want to learn about baby feeding.

In a large group discuss what participants want to learn about communication when collecting data.

As these discussions are taking place, you as facilitator should write down key issues and topics that participants want to learn about. For the remainder of the course try and address these needs of participants by spending a little more time on topics and issues that they would like to learn about.

SESSION 21

Communication Skills and Counselling to Support Appropriate and Safe Baby Feeding

Time required: 2 hours 20 minutes

Purpose
The purpose of this session is to familiarize the participants with the listening and learning and confidence building skills that can be used to support appropriate and safe baby feeding.

Objectives
At the end of this session MM's will be able to:

1. Understand the counselling skills that should be used to support women living in Cape Town informal settlements.
2. Use these skills to counsel women so that they feed their children appropriately and safely.

Materials

1. MM manuals

Preparation
Study the notes for the session so that you understand the content of the session and are clear about what to do.

Training Methods

Go through the key messages below (5 mins)

Key message 2:
Good communication and counselling skills are essential. These include skills to listen and learn from women and their families and skills to build their own confidence.

Key message 3:
Listen to the mother and learn about her concerns before you try to help her.

Key message 4:
A mother will only exclusively breastfeed if she has the confidence to do so and if she believes that this is the right thing to do.

Counselling and support for a woman's baby feeding choice is one of a MM's main responsibilities.

21.1 Activity 4 (40 mins)

Divide participants into small groups of 4-5 people. Ask participants to discuss the following questions (10 mins):

- How should you communicate with pregnant women and new mothers - What language should you use?
- Should you speak with them alone, or should other members of the family be present?
- Where should you sit and where should the mother sit? Why?
- Should you look into the mothers eyes?
- Should you touch the mother – either her shoulder or her hand? Why or why not?
- Should you offer to hold the baby if he / she is crying whilst you are speaking with the mother?
- Should you be quiet while she is speaking or should you make sounds such as Mmm or Eher etc.
- Should you nod your head while she is speaking or should you remain very still?
- What is counselling?

For the next 30 mins ask participants to report back on what they discussed. As facilitator make notes of important points on the flip chart / black board.

Once this is done take 10 mins to go through sections 21.2-21.4. You may ask trainees what they know about a certain area before filling in the gaps and explaining the remainder of the information to them.

21.2 What is Counselling?

Counselling means more than advising. Counselling also means more than education and providing information.
Often, when you advise someone, you give him/her information and tell him or her what they should do. Providing information may be part of counselling, but not the only part.

Counselling is a helping relationship. When you counsel a mother, you
• listen to her,
• help her to understand the choices that she has to make,
• help her to decide what to do, and
• help her to develop confidence to carry out her decisions.

21.3 What is your role as a Mentor Mother supporting feeding?

As a Mentor Mother you should NOT make a decision for a woman, or push her towards a particular course of action.

As a Mentor Mother you need to accept that a woman may find it difficult to implement her feeding decision. She may have many concerns and may need to discuss issues with other family members. You will need to support and assist women through this process.

IMPORTANT: Remember that as a Mentor Mother you cannot take away all a woman's worries, and you are not responsible for her decisions. You are supporting her to implement her decision**.**

21.4 What are the principles of Counselling?

The principles of counselling must always be observed during your visits. These principles are:

- Confidentiality,
- Acceptance of the mother,
- Individualisation of her circumstance,
- Non-judgmental attitude,
- Control of your own involvement

Activity 5: ***15 mins***

Divide participants into pairs and ask them to discuss these principles. Allow about 5 mins for discussion. Participants should answer the following questions:
What do they think of the principles? Are they important? Do any of the principles seem more important than any of the others? Have any important principles been left out?

For the next 10 mins ask participants to give feedback to the group. As facilitator take note of the important and recurring themes that come up. Write the listening and learning skills and confidence building skills on a flip charts (or you can ask a participant to do this). Also add any additional skills that participants bring up.

Remember – there is no correct answer!

21.5 Role plays

Activity 6: 40 mins
Allow about 10 mins for each role play (20 mins total), and then 20 mins for discussion.

Two of the participants should volunteer to put on 2 role plays for the rest of the class. They will be told what to do, as this role play serves as an introductory exercise to counselling.
The others in the class should observe the role play and comment on what they thought was useful and what they thought could be improved.

Instructions for role play:
Mother: You are 24 years old. This is your first baby. He is 1 month old. You are HIV negative and have been breastfeeding your baby. You are worried that your baby is crying too much and your mother-in-law says that the baby is hungry – you should start giving him some weak porridge. You want to speak to the Mentor Mother about this.

Mentor Mother: This is your first day at work, so you are a little nervous.

While the role play is happening ask participants to observe the following. You will discuss this after the role plays:

<u>After role play one, answer the following questions:</u>

- What did you like about the first role play?
- What did you not like about the first role play or what needs to be improved?
- Do you think the mother will continue exclusively breastfeeding in the first role play? Why or why not?

Role play 1

The Mentor Mother sits opposite the mother. There is a table in between the 2 of you. You are nervous and do not look at her – you look away from her.

Mother: My baby is crying too much.

Mentor Mother: Why do you think he is crying?

Mother: I don't know – my mother-in-law says that he is very hungry.

Mentor Mother: What are you feeding your baby?

Mother: I have been giving breast milk only?

Mentor Mother: Breast milk only! That is excellent! What are you concerned about?

Mother: Maybe the baby is hungry – so this is why he is crying so much.

Mentor Mother: So you are worried that your milk may not be enough, and that he is hungry?

Mother: Yes – my mother-in-law says that it is in our culture to give the baby weak porridge, glucose water and tea but the nurse at the clinic says that I must only give breast milk. I am so confused. I cannot go against my mother-in-law. (The mother starts to cry)

Mentor Mother: (You are surprised that the mother is crying. You move backwards. You do not know what to do. You sit still)

Mother: What do you think I should do?

Mentor Mother: Well, you need to explain to your mother-in law that the nurse is right. You must not cry. Be strong. Stand up for what you believe in. The nurses are always right. Our tradition is sometimes wrong. There are new beliefs now.

Mother: (continue crying)

Mentor Mother: (your cell phone starts ringing and you answer it) Hello. Oh hello Mirriam. No I am visiting a mother at her home. Can you call me later. OK – I will meet you at the taxi rank in section D and we can go shopping. Bye. You put the phone down). Sorry about that. (you look at your watch) Oh sorry – its late – I have to go now. Remember you are doing the right thing. Keep going. Be strong! I will see you in a few days time.

<u>Notes on what was good about role play 1:</u>
The Mentor Mother asked open questions e.g. why do you think he is crying
The Mentor Mother praises the mother e.g. Breast milk only! That is excellent!
The Mentor Mother reflects back what the mother says e.g. So you are worried that your milk may not be enough, and that he is hungry
The Mentor Mother asks what the mother is concerned about

<u>What was not good about role play 1:</u>

There is a table between Mentor Mother and mother – this is a physical barrier
The Mentor Mother's body language was not always supportive - You are surprised that the mother is crying. You move backwards. You do not know what to do. You sit still)
The Mentor Mother answered her phone during the counselling session and then seemed to cut the counselling session short - Oh sorry – its late – I have to go now.
The Mentor Mother ended up instructing the mother, and not addressing her concerns

After role play two, answer the following questions:

- What did you like about the 2nd role play?
- What did you not like about the 2nd role play or what needs to be improved?
- Do you think the mother will continue exclusively breastfeeding in the second role play? Why or why not?

Role play 2:

The Mentor Mother sits next to the mother.

Mother: My baby is crying too much.

Mentor Mother: why do you think he is crying?

Mother: I don't know – my mother-in-law says that he is very hungry (the Mentor Mother nods and says Hmm)

Mentor Mother: What are you feeding your baby?

Mother: I have been giving breast milk only? (the Mentor Mother nods and says Aaah)

Mentor Mother: Breast milk only! That is excellent! You are doing a good job! What are you concerned about?

Mother: Maybe the baby is hungry – so this is why he is crying so much.

Mentor Mother: So you are worried that your milk may not be enough?

Mother: Yes – my mother-in-law says that it is in our culture to give the baby weak porridge, glucose water and tea but the nurse at the clinic says

that I must only give breast milk. I am so confused. I cannot go against my mother-in-law. (The mother starts to cry)

Mentor Mother: (move a little closer and tap her on the shoulder). Yes – it can be very difficult when your mother-in-law is telling you something that is different to what the nurse is telling you.

Mother: Yes – I am so confused? What do you think I should do?

Mentor Mother: Hmm – what does your mother-in-law say?

Mother: (stop crying) She says the baby needs more than just breast milk. How can I give the baby only breast milk?

Mentor Mother: (your cell phone starts ringing but you switch it off) Very sorry about the phone. So you are worried that your baby may not grow only on breast milk, and you think that maybe he needs something else?

Mother: Yes – maybe my milk is not enough!

Mentor Mother: Many mothers feel and think this way because we are not used to feeding breast milk only. There are many reasons why we should feed our babies breast milk only for the first 6 months of life. Would you like me to speak with you and your mother-in-law together so that we can make sure that the baby gets what is best?

Mother: Yes. Shall I call my mother-in-law. She was complaining that no-one speaks to her, so I think she will like it if I call her. I will go and call her now.

<u>Notes on what was good about role play 2:</u>
The Mentor Mother asked open questions e.g. why do you think he is crying?
The Mentor Mother uses phrases that show that she is listening e.g. Aah
The Mentor Mother praises the mother- e.g. Breast milk only! That is excellent!
The Mentor Mother reflects back what the mother says - So you are worried that your milk may not be enough, and that he is hungry
The Mentor Mother's body language was supportive - the Mentor Mother nods and says Aaah… the Mentor Mother move a little closer and taps the mother on her shoulder when she cries).
The Mentor Mother switched off her phone when it rang – she did not answer it
Messages were simple and relevant - Many mothers feel and think this way because we are not used to feeding breast milk only.
The Mentor Mother involved the mother in law - There are many reasons why we should feed our babies breast milk only for the first 6 months of life. Would you like me to speak with you and your mother-in-law together so that we can make sure that the baby gets what is best?

The rest of this session should take approximately 30 mins. Spend about 15 mins going through the manual, and 15 mins on the activity.

21.6 Listening and Learning Skills
Remember key message 3:

Listen to the mother and learn about her concerns before you try to help her:

The skills that you can use for listening and learning are listed below.

Go through them and discuss these skills in a group. Do they make sense? Are any important skills missing?
In the role plays that you just saw can you identify whether the Mentor Mother used any of these skills. If you cannot remember then go back to the text of the role plays. Decide whether any of these skills were used.

LISTENING AND LEARNING SKILLS

1. **Helpful non-verbal communication:**
   - Keep your head level
   - Use appropriate eye contact
   - Pay attention
   - Remove barriers (e.g. a table between you and the mother)
   - Take time
   - Touch appropriately

2. **Ask open questions**

3. **Use responses and gestures, which show interest** (e.g. nod, smile, say "Aha" or "Mmm")

4. **Reflect back what the mother says**

5. **Empathise** – show that you understand how she feels

6. **Avoid judging** words

21.7 Confidence Building skills

Remember key message 4:

A mother will only exclusively breastfeed is she has the confidence to do so and if she believes that this is the right thing to do.

It is also important that you build the mother's confidence and give her support when you counsel.

Go through the CONFIDENCE BUILDING skills listed below discuss them in a group. Do they make sense? Are any important skills missing?

BUILD CONFIDENCE AND GIVE SUPPORT

1. **Accept** what a mother thinks and feels
2. **Recognise and praise** what a mother and baby are doing right
3. Give **practical help**
4. Give a little**, relevant** information
5. Use **simple** language
6. Make one or two **suggestions**, not commands

Activity 7: 15minutes
You can do activity 7 as a large group of in smaller groups. If doing it in smaller groups then remember to allow time for feedback.

Ask participants to go back to the role plays that they just watched. Ask them to identify whether the Mentor Mother used any of these listening and learning skills. It is best or easiest if the participants go back to the text (script) of the role plays.