SESSION 29

Baby Feeding for HIV Positive Women who meet the AFASS Criteria and have chosen not to Breastfeed

Time required: 1 hour 30 minutes

Purpose
This session teaches participants about avoiding all breastfeeding amongst HIV-positive women who meet the AFASS criteria.

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

1. Why HIV positive women who meet the AFASS criteria should give their babies only formula milk for the first 6 months of life, and should not breastfeed.
2. How to address mothers and family's concerns around exclusive formula feeding.

Materials

1. Use the power point slides entitled slides HIV transmission for session 29.1.

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

For Facilitator: It is very important that participants understand the risks of HIV transmission, as outlined and explained in section 29.1. Spend time on this.

Session 29 is also very important because HIV-positive women who avoid breastfeeding often feed their babies formula milk and other solids, including cereals, fruit and vegetable from as early as 3 weeks of life.

Go through the key messages and introduction. (5 mins)

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 by mouth / no over-the-counter medicine by mouth

THIS SESSION APPLIES TO HIV POSITIVE WOMEN ONLY. IT DOES NOT APPLY TO HIV NEGATIVE WOMEN OR WOMEN OF UNKNOWN HIV STATUS.

29.1 How can HIV be transmitted from mother to child and why should HIV positive women consider not breastfeeding? (30 mins)

HIV can be transmitted during pregnancy, labour and delivery and through breastfeeding. Thus HIV positive women should receive antiretroviral prophylaxis to prevent transmission during pregnancy, labour and delivery and should consider not breastfeeding.

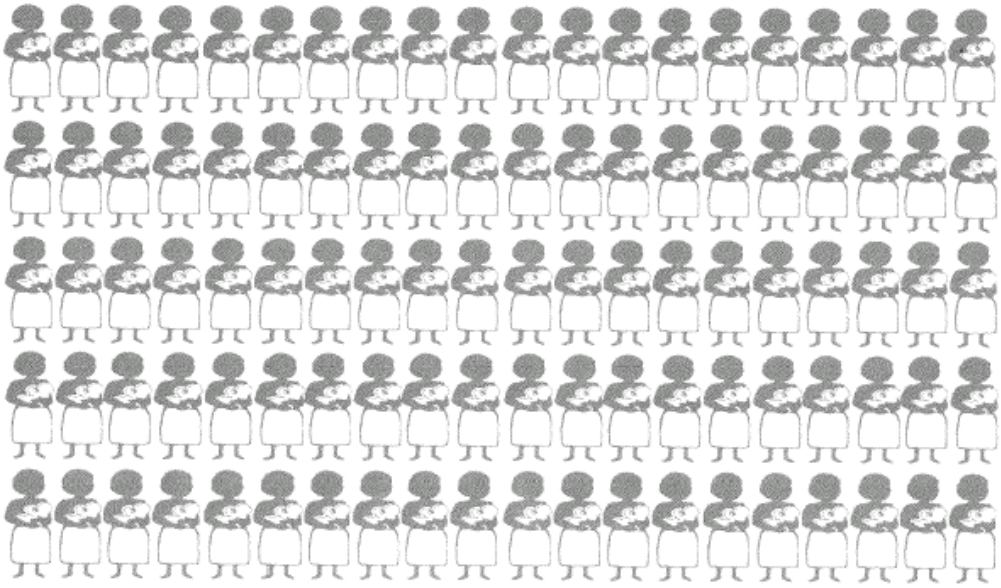
Activity 17:
Go back to the initial discussion you had and review the points? What do you know about HIV and breastfeeding? Do all HIV-positive mothers transmit HIV to their babies?

Use the power point slides to teach the risks of HIV transmission.

Slide 1:
Of 100 HIV positive women approximately 32 will transmit HIV to their babies if there is no antiretroviral therapy. Twenty women will transmit HIV during pregnancy, labour and delivery and 12 women will transmit HIV during mixed (non-exclusive breastfeeding) for more than 6 months. **Note that 68 babies born to HIV positive women will not be infected with HIV.**

Slide 2:
In the presence of AZT and nevirapine, approximately 20 women will transmit HIV to their babies – 6-8 during pregnancy, labour and delivery and 12 through mixed breastfeeding for more than 6 months. If women exclusively breastfeed their babies for 6 months then the risk of transmission through breastfeeding is reduced and approximately 5 babies (not 12) will be infected with HIV through exclusive breastfeeding for 6 months.
Note that in the presence of ARV's and exclusive breastfeeding approximately 87 babies born to HIV positive women will not be infected with HIV.

Participants may want to colour this into the diagrams below.



To avoid all transmission through breastfeeding women should avoid all breast milk.

Spend 25 mins on activities 18 and 19

Activity 18:
Ask participants to speak about the suggestion of avoiding all breast milk: Ask:
What do you think of this suggestion? Is it feasible in your setting? If women avoid all breast milk what should they feed their babies? Go back to the previous discussion we had and review the key issues discussed.

If HIV-positive women meet the AFASS criteria they can choose to avoid breastfeeding. If they avoid breastfeeding they should exclusively formula feed for the first 6 months of life.

Exclusive formula feeding means that the baby received 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 by mouth / no over-the-counter medicine by mouth.

The AFASS criteria are listed below:

Activity 19: Read through these criteria with the class:

OPERATIONALISING THE AFASS CRITERIA: AFASS criteria to assist with feeding choice in HIV-positive women

Acceptable:

The mother perceives no barrier to choosing and executing the option for cultural or social reasons, or for fear of stigma and discrimination.

Feasible:

The mother (or family) has adequate time, knowledge, skills and other resources to prepare and feed the baby, and the support to cope with family, community and social pressures.

Affordable:

The mother and family, with available community and/or health system support, can pay for the purchase/production, preparation and use of the feeding option, including all ingredients, fuel and clean water and equipment, without compromising the health and nutrition spending of the family.

Sustainable:

Availability of a continuous and uninterrupted supply and dependable system of distribution for all ingredients and commodities needed to safely implement the feeding option, for as long as the baby needs it.

Safe:

Formula milk would be correctly and hygienically prepared by clean hands, using clean, safe water and clean utensils. Nutritionally adequate quantities of formula milk would regularly be available. Clean water and fuel would be regularly available. Formula milk would be fed using clean hands and utensils, and preferably with cups rather than bottles.

Participants had discussed the AFASS criteria previously. Ask them to go back to the discussion and the points that were raised.

In our context the only safe alternative to breastfeeding is formula feeding.

Babies who are not breastfeeding because their mothers are HIV positive, have met the AFASS criteria and have chosen not to breastfeed should be exclusively formula fed for the first 6 months of life.

Activity 20: (30 mins)

This activity is very important. Spend time on it .Do the activity in groups of 4-5 or as a large group. Discuss the issues openly so that participants can fill in the blanks in their tables. Add more rows if you need to. In the left hand side of the table below add to the list of common traditional beliefs, concerns and difficulties that women face when they formula feed. What concerns or difficulties or traditional beliefs will prevent exclusive formula feeding? In the right hand side of the table fill in words or statements or responses that you can think of to address these beliefs / concerns / traditions. The first row in the table has an example:

COMMON CONCERNS / BELIEFS / DIFFICULTIES WITH EXCLUSIVE FORMULA FEEDING	**FACTS/ SIMPLE RELEVANT INFORMATION**
1. Formula milk alone is not enough for the baby's growth.	Formula milk has been especially made for babies. Although it is not exactly like breast milk it contains all that a baby needs for the first 6 months of life if the mother cannot breastfeed
2. Babies need traditional medicines to keep them well.	
3. A young baby with diarrhoea needs traditional medicine to clean the stomach and stop diarrhoea	
4. A baby who cries is not getting enough milk and needs other fluids or cereal or porridge	
5. A fat baby is a healthy baby.	
6. Babies need water in the 1st 6 months, especially to quench thirst.	
7.	

COMMON CONCERNS / BELIEFS / DIFFICULTIES WITH EXCLUSIVE FORMULA FEEDING	FACTS/ SIMPLE RELEVANT INFORMATION
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	

SESSION 30

Safe Formula Feeding

Time required: 2 hours 5 minutes

Purpose
The purpose of this session is to teach participants how to support HIV-positive women who meet the AFASS criteria and have chosen not to breastfeed.

Objectives
At the end of this session MM's should:
1. Be able to safely prepare formula milk.
2. Be able to advise a mother on how to feed formula milk using a cup.

Materials
1. Tin of the common formula milk that mothers use
2. Utensils
1. Water
2. Cup
3. Bottle
4. Cleaning brush
5. Kettle to boil water
6. Measuring jug
7. Teaspoon

Formatted: Bullets and Numbering

Preparation
One day before this session ask participants to bring common utensils that people in Cape Town informal settlements use to prepare formula milk. They should bring these utensils to the session the following day. It is not compulsory for participants to bring these utensils. They should only bring them if they can. For this session you should also have the above materials.

Training methods

Using the content of this session as a guide, open a discussion which addresses each area outlined in this session. 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. This will involve them in the discussion and making the session more interactive.

Key messages (10 mins)

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 be given oral rehydration fluid after the first loose stool and continuously and visit the clinic if the baby refuses the oral rehydration fluid or vomits or the diarrhoea continues . 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

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30.1 Introduction (5 mins)

In this session, you will learn:

- the amount of commercial baby formula to give if a baby is not breastfed;
- how to measure water and commercial formula powder;

- how to make and give feeds cleanly and safely;
- why cup feeding is recommended instead of bottle feeding,
- ways of comforting a baby who is not breastfed;
- how to help a caregiver who is not the baby's mother.

30.2 How much formula milk is needed by babies? (15 mins)

How much formula is needed at different ages? Refer to the table below:

TABLE 1. APPROXIMATE AMOUNT OF FORMULA NEEDED PER DAY

Age in months	Weight in kilos	Approx. amount of formula per 24 hours	Approx. number of feeds*
1	3	450 ml	8 x 60 ml
2	4	600 ml	7 x 90 ml
3	5	750 ml	6 x 120 ml
4		750 ml	6 x 120 ml
5	6	900 ml	6 x 150 ml
6		900 ml	6 x 150 ml

*Includes rounding up or down for ease of measurement

In small groups ask participants to answer the following questions and write down their answers on a flip chart:

What utensils and equipment do you need to prepare formula milk?
What can be used to measure the water?
What can be used to measure the formula powder?
Is it important to follow the instructions on the tin? Why?
Why should we not mix more powder with water?
Why should we not mix less powder with the water if we are running out of formula?
Why is it important for the mother or caregiver to wash their hands before preparing a feed?
What kind of water should be used to prepare formula milk?
How long can prepared formula milk be left standing for?
What should be done with left over milk? Should it be used for the next feed?

Ask each group to report back to the rest of the participants. Once groups have reported back, go through the text below on correct measurements and safe preparation of formula milk.

30.3 Correct Measurements for Preparing Formula (10 mins)

30.3.1 Measuring water

It is important to show the caregiver the amounts to use according to the age of the baby at the time. Show her new amounts as the baby gets older and takes more at each feed.

Ask participants: If a mother does not have a measuring jug or other container marked with amounts, how can she measure the water? ***Allow 1-2 minutes for answers, then continue below:***

A mother can use any container from home to measure water. You can mark the container for her so that she is able to measure the correct amount of water. The container should be

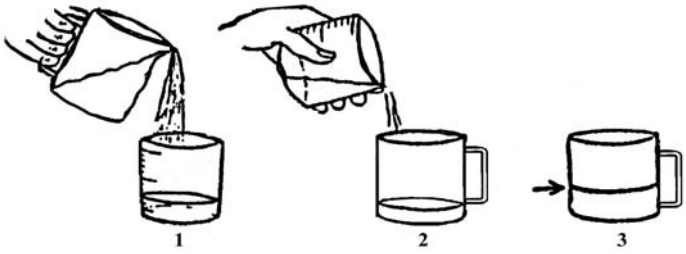
- easily available
- easy to clean and sterilize
- see-through
- able to be marked with paint, permanent marker, or by scratching a line on it; or used as a measure simply by filling it to the top.

Before a mother can use a container as a measure you need to mark the amount on the container, or show her how full it needs to be to measure the amount that she has to use.

You can measure the correct amount of water using your measuring jug, put it into the mother's measure, and make a mark at the level it reaches (see Figure 2).

For example: If you are making formula milk for a 3 month old baby:
1. Put water into your measure, to reach the 120 ml mark.
2. Pour the 120 ml water from your measure into the mother's container.
3. Help the mother to mark the level that the water reaches. For the measure to be accurate, the line should be thin and straight, not thick or sloped.

Figure 2 Mark a measure



30.3.2. Measuring commercial baby formula milk powder

Commercial baby formula does not need the addition of sugar or micronutrients. They are already mixed into the milk powder. Thus all you have to measure is the formula powder.

Usually commercial baby formula comes with a special measure (called a scoop) in the tin of powder. This should be used only for that brand of baby formula) Different brands may have different size measures.

Scoops always have to be levelled. Use a clean knife or the handle of a spoon. Do not use heaped scoops.

COMMERCIAL BABY FORMULA RECIPE

(LOCAL BRAND) needs:
120 ml water + level scoops of commercial baby formula powder to make 120 ml formula feed.

Mark the mother's measure for: 120 ml of water

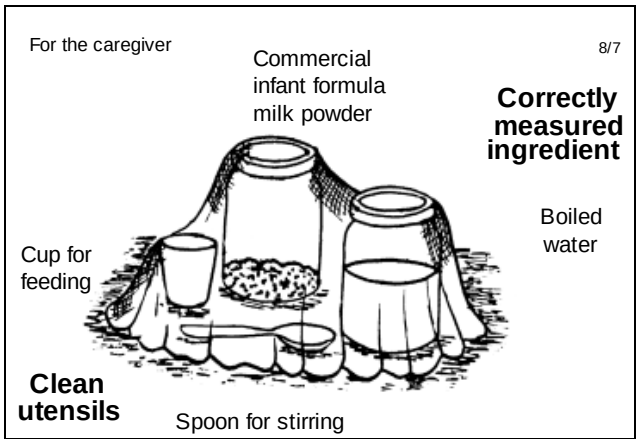
30.4 The requirements for safe formula feeding (15 mins)

A baby who is not breastfed is at increased risk of illness for two reasons:
- Formula milk may be contaminated with bacteria that can cause infection.
- The baby lacks the protection provided by the breast milk.

Clean, safe preparation and feeding of formula milk are essential to reduce the risk of contamination and the illnesses that it causes.

The 4 main points to remember for clean safe preparation of feeds are:

- Clean hands
- Clean utensils
- Safe water
- Safe storage



These 4 points are covered in greater detail below:

Clean Hands

Always wash hands

- after using the toilet, after cleaning the baby's bottom, after disposing of children's stools; and after washing nappies and soiled cloths;
- after handling foods which may be contaminated (e.g. raw meat and poultry products) and after touching animals;
- before preparing or serving food,
- before eating, and before feeding children.

(However it is not necessary to wash your hands before every breastfeed if there is no other reason to wash them.)

It is important to wash your hands thoroughly

- with soap or ash;
- with plenty of clean running or poured water;
- front, back, between the fingers, under the nails.

Let your hands dry in the air or dry them with a clean cloth. It is best not to dry them on your clothing or a shared towel.

Clean utensils

- You need to keep both the utensils that you use, and the surface on which you prepare feeds, as clean as possible.

- Use a clean table or mat, that you can clean each time you use it.

- Wash utensils with cold water immediately after use to remove milk before it dries, and then wash with hot water and soap. If you can, use a soft brush to reach all the corners.

- Keep utensils covered to keep off insects and dust until you use them.

- Use a clean cup to give any drink to a baby.

- **Utensils needed for bottle feeding are:**
  - Bottles
  - Teats
  - Bottle brush
  - Pot for boiling bottle or non-metallic container for soaking the bottle in bleach.

  These should all be kept clean.

Safe water

- Safe water is especially important for babies.

- Bring the water to a rolling boil briefly before use. This will kill most harmful germs. (A rolling boil is when the surface of the water is moving vigorously. It only has to “roll” for a second or two.)

- Put the boiled water in a clean, covered container and allow to cool. The best kind of container has a narrow top, and a tap through which the water comes out. This prevents people dipping cups and hands into the water, which can make it not safe.

- If the water has been stored for more than a day, re-boil it before use.

Safe Storage

- Commercial baby formula powder must be kept dry to prevent growth of germs, especially in humid conditions experienced in places like Cape Town informal settlements.

- If a mother does not have a refrigerator, she must make feeds freshly each time. When a feed has been prepared with formula, it should be used within one hour, like fresh milk. If a baby does not finish the feed, she should give it to an older child or use in cooking.

- If a mother has a refrigerator, all the formula for one day can be made at one time and stored in the refrigerator in a sterilized container with a tight lid. For each feed, some of the formula is poured into a feeding cup.

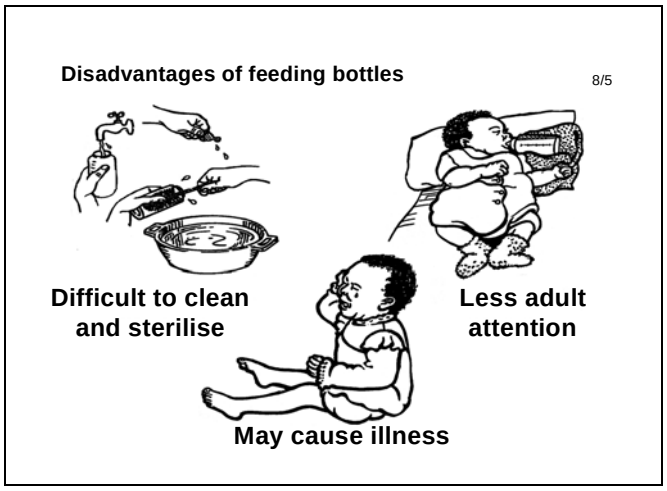
- Some families keep hot water in a thermos flask. This is safe for water. But it is NOT safe to keep warm milk or formula in a thermos flask. Bacteria grow when milk is kept warm.

- Discuss with the mother or other caregiver how the household routine works - whether the mother cooks once or twice a day, whether she can prepare feeds many times a day, how often she goes to market and what facilities she has for storage. Help her to find ways of preparing the baby's food in a clean and safe way.

30.5 Cup feeding a young baby (15 mins)

Cups are recommended for feeding babies instead of bottles

Activity 21:
In small groups ask participants to discuss the disadvantages of using bottles for feeding babies? Ask them to also discuss the advantages of cup feeding?



- Bottles are difficult to clean, and easily contaminated with harmful bacteria, particularly if milk is left in a bottle for long periods allowing bacteria time to breed.

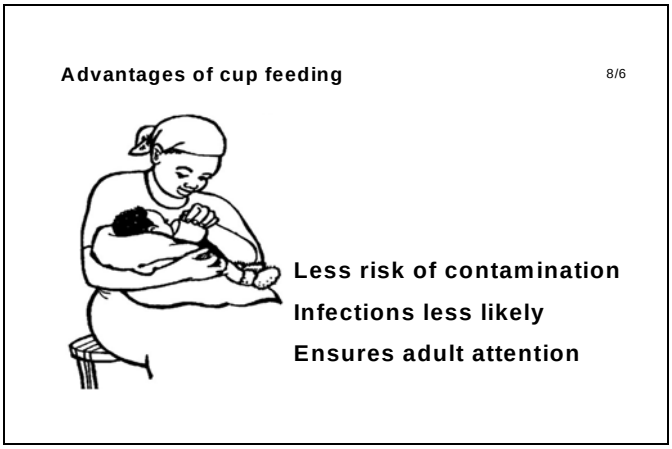
- Bottles and contaminated milk can make babies ill with diarrhoea.

- Ear infections are more common with bottle-feeding.
- Bottle-feeding is associated with tooth decay, leading to pain as well as later eating difficulties.

- A bottle may be propped for a baby to feed itself, or given to a young sibling to feed the baby, so the baby has less adult attention and social contact.

- Mothers may consider use of a bottle easier for themselves because it can be carried around, propped for the baby or given by a sibling. You may need to explain to a mother that these advantages to them are actually disadvantages to the baby.

What are the advantages of cup feeding a young baby?



- Cups are easily available in every household.
- Cups are easy to clean so the risk of contamination is less than with bottles.
- Cup feeding is associated with less risk of diarrhoea, ear infections and tooth decay.
- A cup cannot be propped beside the baby. The caregiver has to hold the baby and pay attention. This ensures social contact during feeding and adult attention if the baby is having any difficulties.
- A cup does not need to be boiled, in the way that a bottle does. To clean a cup, wash it and scrub it in hot soapy water each time it is used. If possible, dip the cup into boiling water, or pour boiling water over it just before use, but this is not essential. An open, smooth surfaced cup is easiest to clean. Avoid tight spouts, lids, or rough surfaces where milk could stick and allow bacteria to grow.
- Small and preterm babies can be cup fed, as well as older babies.
- Spoon-feeding is acceptable. However it is slow for large amounts of milk. There is a risk that a caregiver may become tired and stop giving the feed before the baby has taken sufficient.

30.5.1 Instructions for cup feeding a baby

- Hold the baby closely, sitting upright or semi-upright on your lap.
- Hold the small cup of milk to the baby's lips; it just touches the lower lip.
- Tip the cup so that the milk just reaches the baby's lips.
- The cup rests lightly on the baby's lower lip, and the edges of the cup touch the outer part of the baby's upper lip.
- The baby becomes alert, and opens his mouth and eyes.
- A low birth weight (LBW) baby starts to take the milk into his mouth with his tongue.
- A full term or older baby sucks the milk, spilling some of it.
- DO NOT POUR the milk into the baby's mouth. Just hold the cup to his lips and let him take the milk himself.
- When the baby has had enough, he closes his mouth and will not take any more. If he has not taken the calculated amount, he may take more next time, or you may need to feed him more often.
- Measure his intake over 24 hours - not just at each feed.

If mothers are not used to cup feeding, they need information about it, and they need to see babies feeding by cup. The method needs to be taught in a way that gives them confidence to do it themselves.

30.6 Cleaning feeding bottles and teats (10 mins)

Bottles and teats are more difficult to clean than cups. A bottle and teat needs to be rinsed immediately after use with cold water, then scrubbed inside with a bottle brush and hot soapy water. At least once a day they should be sterilized. This takes more time, attention and fuel.

Activity 22:
Ask participants to discuss the following:

- What are the common ways of sterilizing bottles in Cape Town informal settlements?
- How often do mothers usually sterilize bottles?

Ways of sterilizing washed bottles may include:

- Boiling – the bottle needs to be completely covered in water. The water needs to be boiling with the surface actively rolling, for at least 10 minutes
- Soaking in a diluted bleach solution for at least 30 minutes

Bleach is not good for a baby. If this method of sterilization is used, the bottle needs to be rinsed with previously boiled water before adding the milk, to ensure no bleach remains.

Teats need to be turned inside out and scrubbed using salt or abrasive. They should then be boiled or soaked as above to sterilize.

During counselling, you will need to discuss with the mother which sterilization method is most suitable for her.

If a mother decides to use a feeding bottle, help her to do it in a way that ensures good contact with the baby. She should hold the baby close, make eye contact, and talk to the baby while feeding.

Milk should not be left in the bottle after a feed. Milk may stick in corners, and bacteria can grow in it and then spread to the next feed. Give any left over to an older child, or use it in cooking, and wash the bottle thoroughly immediately, before the milk sticks.

Activity 23 (25 mins):

This practical is about preparing formula milk. Divide participants into groups of 4-5. Make sure that each group has enough formula milk powder to prepare at least 2 feeds, and that each group has a set of utensils that can be used for milk preparation. Use the utensils that participants have brought (if any) and the utensils that you (the facilitator) have provided

Now that you have discussed the way to prepare formula milk and the requirements for safe formula feeding, divide participants into groups of 4-5 people. Each group should practice preparing formula milk for a baby aged 1 week or 2 weeks or 4 weeks or 5 weeks. Let each group measure the water and formula milk powder according to the requirements of each baby. One member of the group can read the instructions on the tin so that the group is guided by the recommendations.

30.7 Caring for a baby who is not breastfeeding (20 mins)

30.7.1Ways of comforting a baby who is not breastfeeding

Babies who are not breastfed are at risk of not getting enough attention, so a special effort needs to be made.

Mothers and other family members may expect to put a crying baby to the breast to comfort him. If a mother is HIV-positive and not breastfeeding, she will need to find other ways of comforting her baby.

Babies often cry because they are lonely and need someone to give them attention, not only because they are hungry. So they can be comforted in other ways than by breastfeeding.

Other ways of comforting a baby?

- Massage, swaddling, carrying, rocking, singing or talking to the baby, and sleeping with the baby can all help to comfort him or her.

- Sucking is very comforting to a baby. He can suck on his mother's forearm or her clean finger. This also ensures that he has contact with his mother.

If pacifiers are used commonly or if participants mention them as a way to comfort babies, make these points:

- A pacifier does not make a good substitute for contact with another person. A baby who needs comfort or attention needs contact with another person, not to be left alone with a pacifier in his mouth.
- Pacifiers can carry infection and can increase the risk of a child having diarrhoea, respiratory illnesses, and thrush.
- Dipping a pacifier in honey or sugar can cause dental problems. Honey has been associated with outbreaks of botulism in babies, causing a number of deaths.

30.7.2. Feeding a baby at night

Babies need frequent feeding, about 8 or more times a day during the first 1-2 months. Formula milk can be reduced after 2 months to about 6 times a day. This is because a baby's stomach takes longer to digest and empty after formula feeds.

However, babies who are very small, and babies less than 2 months old, need night feeds. Some babies wake for a feed. Other babies may need to be awakened for a feed. The Mentor Mother needs to discuss with a mother who is formula feeding how she will feed her baby at night.

Ways in which a mother can feed her baby at night?
Suggestions to discuss might include:

- Could a mother wake up in the night to prepare a feed?
- Could she measure the ingredients, such as powdered milk and boiled water, and leave them covered, so that all that she has to do in the night is to mix them?

SESSION 31

Teaching Formula Feeding

Time required: 1 hour

Purpose
The purpose of this session is to teach participants how to teach formula milk preparation to HIV positive women who meet the AFASS criteria and have chosen not to breastfeed.

Objectives
At the end of this session MM's should be able to teach a mother how to safely formula feed.

Materials
1. MM manuals

Preparation
This session involves 2 role plays. Ask 4 participants to volunteer for these role plays (2 for each role play). The script for the role play is provided.

Training methods

Go through the objectives above and the introduction **(5 mins)**

31.1 Introduction

THIS SESSION APPLIES TO HIV POSITIVE WOMEN ONLY. WHO, AFTER COUNSELLING HAVE DECIDED NOT TO BREASTFEED. IT DOES NOT APPLY TO HIV NEGATIVE WOMEN OR WOMEN OF UNKNOWN HIV STATUS OR HIV POSITIVE WOMEN WHO ARE BREASTFEEDING.

Just telling a woman how to prepare a feed or letting her watch you prepare a feed is not enough. You need to give her supportive teaching and gently supervise her preparing one or more feeds herself to ensure that she can do it adequately.

In this session, we look at how to help a mother learn to prepare feeds and we discuss when to teach the mother this skill.

31.2 Helping a mother learn to prepare feeds (40 mins)

Activity 24:

Tell participants: Now we will see two ways of teaching a mother to prepare a feed. Ask 2 participants to volunteer – one can be the mother and the mother can be the Mentor Mother. After each demonstration, participants should comment on the following:
Which counselling skills did the Mentor Mother use?
How did the mother felt after demonstration 1?
How did the mother feel after demonstration 2?

The mother sits uncomfortably on a stool or chair on one side of the table, and the health worker stands on the other side of the table facing the mother.

Demonstration 1

Mrs L is HIV-positive and following counselling she decided not to breastfeed. Her baby was born last night. A Mentor Mother is teaching Mrs L how to prepare the feeds.

MM:	Now Mrs L, if you are paying attention, I will show you how to prepare your baby's feed properly.
Gives Mrs L a sheet of written instructions	It is all written down on this paper, so that you will remember what to do.
	Now, first make sure that everything is clean including your hands.
	Do you always wash your hands with soap and hot water before handling the baby's food?
Mrs L:	(meekly) Yes, ma'am.
MM:	Good. Well now, collect all the things you need - milk, water, pot, spoon, and cup. Make sure that the place you put them on is clean. You can put them on a clean cloth like this.
Puts the utensils on a clean cloth on the table	
Very quickly measure using measuring cup and unexplained measures	Measure the ingredients like this. Make sure you use warm previously boiled water.
	You must use the quantities that are written down on the label.
	Don't add too much water or too much milk powder or you will make your baby ill.
	You can understand the instructions on the tin, can't you?
Mrs L:	(Meekly) Yes, ma'am.
MM:	*(Mentor Mother measures and mix the feed.)* Now, you mix the milk well and let it cool.
If possible show a hot plate or way of heating that the mother would not have at home	You leave it to cool and then feed your baby using a cup, the way you saw the nurse do it at the earlier feed.
	Don't use a bottle. It is too difficult to clean and will make your baby ill.
Mrs L:	(Meekly) Yes, ma'am.
MM:	Now you should be able to prepare the feeds properly. Take your baby to the health centre next week so that the nurse there can check that he is putting on weight and that you are feeding him properly and doing everything right.
Mrs L:	(Meekly) Yes, ma'am.

Demonstration 2

Mrs M is HIV-positive and following Counselling she decided not to breastfeed. Her baby was born last night. A Mentor Mother is helping Mrs M to learn how to prepare the feeds herself.

MM:	Good morning Mrs M. What a lovely baby you have. Would you like to sit down while we talk?
Mrs M: (sits)	Thank you.
MM: (also sits)	When we talked before the baby was born, you decided to use baby formula for feeding your baby. How do you feel about that decision now?
Mrs M:	Yes, that is what I think would be best, because I discussed with my husband.
MM:	Fine. You saw the nurse prepare the baby's feed when you were in the hospital. Would you like me to go through it again, to see if you can remember it all?
Mrs M:	Yes please – I am not sure about how much milk powder to mix.
MM:	OK – it is a bit complicated, so let's do it step by step.
Gives Mrs M paper with written instructions and pictures	The instructions are also written on this paper, with some pictures, to help you remember when you go home. We'll look at the paper later. You remember that we talked about using a jar to measure the water, and the scoop to measure the formula powder. Were you able to bring a jar with you?
Mrs M:	Yes, here it is..
MM:	
Marks cup with permanent marker or cuts with a knife	Very good. We will mark the jar so that you can use it for measuring. Let's do that. This is my measure, with the right amount of water in it. I will put the water into your measuring jar. You see where it comes to? Let us mark that on your jar, like this. Is it all right for me to make a mark? It should stay there, and not come off.
Mrs M:	Yes, I can keep that jar to use as a measure.
MM: Tips water out of mother's cup	Now you can use your jar to measure the right amount of water. Now please fill the jar with water to the line, to show me. *(Mrs M fills jar to the line)* Good. That's just right – now we can start to make the feed. Now, to start, you need to make sure everything is clean. How will you do this?

Mrs M:	I will have a clean place to prepare the feed *(spreads a cloth*), a clean pot, cup, spoon and my measuring *jar* and clean hands *(washes her hands).*
MM:	Good. Clean hands, clean utensils and a clean place are important. What will you do then?
Mrs M:	I will need to measure the milk powder. How will I do that?
MM:	There's a scoop provided with each tin. You need to use that scoop all the time.
Mrs M:	So I put in ….. scoops of milk powder to water that measures to this level (…ml). ***(Measures according to the instructions on the label and puts into the cup).*** Then I mix well.
MM: Shows piece of paper with directions	You are using your measuring jar well, but can we go over it again? Let us look at the pictures and the instructions on the label *(they look at the label together).*
Mrs M:	Oh yes. That's important – I must get that right. *(She reads the instructions again)*
MM:	Very good – you are correct and you have measured very well! Let's practise measuring the powder again.
Mrs M:	Like this? (*Shows a levelled scoop and puts back in tin)*
MM:	Yes, that's right. While the milk is cooling, tell me about how you found cup feeding your baby this morning.
Mrs M:	Well, it was a little difficult. Some of the milk ran out of his mouth and that bothered me. Then he didn't finish all the feed.
MM:	Yes, it can be a little difficult the first time. You are both learning how to do it. And they do take different amounts at different feeds. When your baby is ready to feed, we will do it together.
Mrs M:	Thank you. Then I can ask if I don't understand.
MM:	Ask anytime that you want to. You will be able to prepare feeds and cup feed your baby well very soon.

Make the following points to participants:

In demonstration 1 the Mentor Mother was instructing rather than counselling the mother. She was not checking to see if the mother understands what she was saying.

In demonstration 2 the Mentor Mother taught in a supportive way: she praised the mother; checked her understanding and allowed the mother to participate in the demonstration.
The Mother is more likely to feel satisfied, confident and ready to correctly prepare formula milk after demonstration 2.

It is important that a mother prepares feeds herself, with the support of the health worker, until she is confident and competent. She may have to do it several times to achieve this. Watching a health worker prepare feeds is not enough.

Before a mother leaves the care of the hospital or health centre, she should demonstrate that she is able to make a feed correctly. Gentle supervision can increase her skills.

31.3. When to teach preparation of formula milk (15 mins)

Activity 25:
Ask participants to discuss the following in their small groups:
When do you think is the best time to teach a mother to prepare feeds?
Would you teach a woman before or after her baby is born?
What are the cultural and logistic issues that affect / determine when this teaching should occur.
Allow 5 minutes for discussion and 10 minutes for feedback.

SESSION 32

Common Baby Feeding Difficulties

Time required: 1 hour

Purpose
The purpose of this session is to teach participants how to help mothers with common feeding difficulties.

Objectives
At the end of this session MM's will understand the common causes of feeding difficulties and what can be done to help mothers overcome them.

Materials
1. Make sure that prior to training that you have a copy of the road to health card for teaching about weight gain and growth in session 23.2.
2. Slides on 'not enough milk' for session 23.2

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

Using the content of this session as a guide, open a discussion which addresses each area outlined in this session. 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. This will involve them in the discussion and making the session more interactive.

32.1 REFUSAL TO FEED (15 mins)

32.1.1. Why A Baby May Refuse To Feed

- **Is the baby ill, in pain or sedated? (Applies to all feeding options)**

Illness:
The baby may attach to the breast, but suckles less than before.
A formula fed baby may take a very small amount of feed than is recommended.

Pain:

- Pressure on a bruise from forceps or vacuum extraction. - The baby cries and fights as his mother tries to feed him.
- Blocked Nose
- Sore mouth (Candida infection (thrush), an older baby teething)
- The baby suckles a few times, and then stops and cries.

Sedation

A baby may be sleepy because of:

- drugs that his mother was given during labour;
- drugs that she is taking for psychiatric treatment

- **Is there a difficulty with the feeding technique?**

Sometimes feeding has become unpleasant or frustrating for a baby
(Applies to all feeding options)

Possible causes

- Feeding from a bottle or sucking on a pacifier (dummy)
- Not getting much milk because of poor attachment or engorgement, or poor cup feeding technique.
- Pressure on the baby's head by his mother or a helper positioning him roughly with poor technique. The pressure makes him want to fight
- His mother holding or shaking the breast, or shaking the baby, which interferes with attachment. If formula feeding, the mother may shake the cup.
- Restriction of feeds for example feeding only at certain time
- Too much milk coming too fast due to oversupply. For breastfeeding babies, the baby may suckle for a minute and then come off choking or crying when the ejection reflex starts. This may happen several times during a feed. The mother may notice milk spraying out as he comes off the breast.
- For formula fed babies, mothers who have not mastered the cup feeding technique tend to pour the milk into the baby's mouth
- Early difficulty coordinating suckling. (Some babies take longer than others to learn to suckle effectively).
- Refusal of one breast only: Sometimes a baby refuses one breast but not the other. This is because the problem affects one side more than the other.

- **Has a change upset the baby? (Applies to all feeding options)**

Babies have strong feelings and if they are upset they may refuse to feed. They may not cry but simply refuse to suckle/feed. This is the commonest when a baby is aged 3-12 months. He suddenly refuses several feeds. This behaviour is sometimes called a 'nursing strike'

Possible causes
(Applies to both breast and formula fed babies)

- Separation from his mother for example when she starts a job
- A new carer, or too many carers
- A change in the family routine for example moving house, visiting relatives
- A change in his mothers smell, for example different soap or different food

(Applies to breastfed babies only)

- Illness of his mother or a breast infection
- His mother menstruating

- **Is it apparent or real refusal? (Applies to all feeding options)**
- Sometimes a baby behaves in a way, which makes his mother thinks that he is refusing to feed. However he is not really refusing
- When a newborn baby is rooting, he moves his head from side to side as if he is saying 'no'. However this is normal behaviour.
- Between 4 and 8 months of age babies are easily distracted for example when they hear a noise. They may suddenly stop feeding. It is a sign that they are alert.

32.1.2 What can you do to help?

If the baby is refusing to feed:

a. Treat or remove the cause if possible.
b. Help the mother and baby to enjoy feeding again.

Additional information:

a. Treat or remove the cause if possible

Illness:
Refer the baby to the clinic for treatment.

Pain:

- *For a bruise help the mother to find a way to hold the baby without pressing on a painful place.*
- *For thrush: treat with gentian violet or nystatin (see session on 'Breast conditions')*
- *For teething: encourage her to be patient and keep offering the baby her breast.*
- *For blocked nose: explain how she can clear it. Suggest short feeds, more often than usual for a few days.*

Sedation:
If the mother is on regular medication, try to find an alternative.

Feeding Technique:
Discuss the reason for the difficulty with the mother. When the baby is ready to feed again, you can help her more with her technique.

Oversupply:
- *This is the usual cause of too much milk coming too fast for both cup and breastfed babies.*
- *Oversupply can result from poor attachment or poor cup feeding technique. For a breastfeeding babies, a baby suckles ineffectively, he may feed frequently, or for a long time, and stimulate the breast so that it produces more milk than he needs.*
- *Oversupply may also result if a mother tries to make her baby feed from both breasts at each feed, when he does not need to.*

For a formula fed baby, poor cup feeding technique is the usual cause. If the mother is using a bottle, the hole on the teat may be too big.

To reduce oversupply:
- *Help the mother to improve her baby attachment, or cup feeding technique.*
- *Suggest that she lets the baby suckle from only one breast at each feed. Let it continue at that breast until it finishes by itself, so that it gets plenty of fat enriched hind-milk. At the next feed give him the other breast.*

- *If the mother is breastfeeding, sometimes she finds it helpful to:*
  - *express some milk before a feed i.e. on her back to feed (if milk flows upwards it is slower);*
  - *hold her breast with the scissor hold to slow the flow (see session on 'Positioning a baby at the breast')*
- *If the mother is formula feeding, check on the feeding utensils and advise accordingly. Provide supportive teaching for cup feeding.*

- *However these techniques do not remove the cause of the problem.*

Changes which upset a baby:
- *Discuss the need to reduce separation and changes if possible.*
- *Suggest that she stops using a new soap, perfume or food.*

Apparent refusal:
If it is rooting:
Explain to her that this is normal. If breastfeeding, she can hold her baby at her breast to explore her nipple. Help her to hold closer, so that it is easier for him to attach.

If it is distraction:
Suggest that she try to feed the baby somewhere quieter for a while. The problem usually passes.

b . Help the mother and baby to enjoy feeding again

This is difficult and can be hard work. You cannot force a baby to feed. The mother needs help to feel happy with her baby and to enjoy feeding. They have to learn to enjoy close contact again. She needs you to build her confidence, and to give her support.

Help the mother to do these things:

- ***Keep her baby close to her all the time.***
  - *She should care for her baby herself as much of the time as possible.*
  - *Ask grandmothers and other helpers to help in other ways, such as doing the housework, and caring for older children.*
  - *She should hold her baby often, and give plenty of skin-to-skin contact at times other than feeding times. She should sleep with him.*
  - *If the mother is employed, she should take leave from her employment – sick leave if necessary.*
  - *It may help if you discuss the situation with the baby's father, grandparents, and other helpful people*

- ***A breastfeeding baby, offer breast whenever the baby is willing to suckle.***
  - *She should not hurry to feed again, but offer her breast if her baby does show an interest.*
  - *He may be more willing to suckle when he is sleepy or after a cup feed, than when he is very hungry, She can offer her breast in different positions.*
  - *If she feels her ejection reflex working, she can offer her breast then.*
  - *For a formula feeding baby, make small amount of feed and offer a freshly made formula feed more frequently.*

Feed baby on expressed breast milk by cup until he is able to breastfeed again. She can express her breast milk and feed it to her baby from a cup.

- ***Help her baby to feed in these ways:***

Express or drop a little milk into the baby's mouth.
Position him well, so that it is easy for him to attach to the breast or to cup feed. She should avoid shaking he breast, or the cup if formula feeding

For both breast and formula feeding babies, she should avoid pressing the back of the baby's head.

32.2 "NOT ENOUGH MILK" (30 mins)

One of the commonest reasons for **mixed feeding** is not enough milk.

Before one can conclude that a baby is not growing well we need to understand how babies should grow:

This is explained briefly below:

Explain the growth chart

Give participants copies of the local growth chart to facilitate this discussion.

- The line of figures along the bottom is for the baby's age. Each column is for a month of the baby's life.
- The *line* of figures up the side is for the weight of the baby.
- When you weigh a baby, you put a dot in the column for his age, opposite the number for his weight.
- When *you* have weighed him a few times, you can join up the dots to make a line, which is his growth line.
- The two curves on the chart are reference curves, which show how healthy babies grow. They move up the chart, showing how a baby gets heavier as he grows.
- A *useful* rule of thumb is this: in the first six months of life a baby should gain at least 500 grams in weight each month.
- *Compare* the baby's growth line with the reference curves on the chart.
    - If the baby's growth line goes up and follows the curves, he is growing well.
    - If the baby's growth line is flat or going down, he is not growing well.
    - If the baby's growth line is moving up, but more slowly than the curves, then he is not growing well.
- If a baby is not growing well, he may be ill, or he may not be getting enough food. A breastfed or formula fed baby may not be getting enough milk.

Further information
Growth curves of breastfed babies
The reference growth curves were developed by weighing babies most of whom were bottle fed. Exclusively breastfed babies may gain weight faster than the reference curves for the first 3-4 months, but they may gain weight a little more slowly from 4-6 months. They are healthy and getting all the milk that they need. Bottle fed babies may be slightly fatter at this age.

- Many breastfeeding mothers think that they do not have enough milk. However, almost all mothers can produce enough breast milk for one or even two babies. They can almost all produce more than their baby needs.

- Sometimes a baby does not get enough breast milk. But is usually because he is not suckling enough or not suckling effectively as seen in session on How feeding works. It is rarely because his mother cannot produce enough.

- So it is more important to think not about how much milk a baby is getting more than how much the mother can produce.

- Mothers using formula may experience the problem of not enough milk for different reasons as well, and they may also think that their babies are not getting enough milk.

- The causes of the problem and the needs of the mothers in these different situations are sometimes different. It is important to be aware of this. However the same principles of management apply, for both formula and breastfeeding babies.

32.2.1 How to identify if a baby is getting enough milk or not

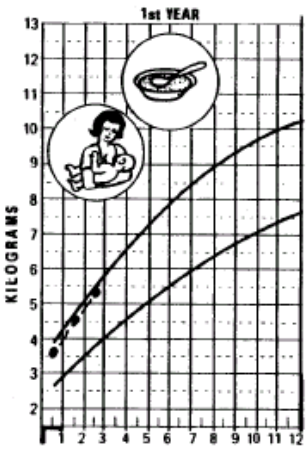
RELIABLE SIGNS (Applies to all babies irrespective of the feeding option)

Only two signs reliably show that a baby is not getting enough milk. These are:
(a.)Poor weight gain: (Less than 500g a month) or (Less than birth weight after 2 weeks) or the baby does not follow his / her growth chart.
(b.)Passing small amount of concentrated urine (yellow and strong smelling) - Less than 6 times a day.

If the baby is gaining enough weight he is getting enough milk. However if no weight record is available you cannot get an immediate answer.

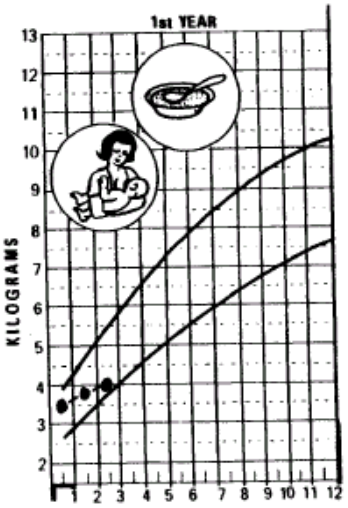
The following examples illustrate how growth charts can be used to determine whether a baby is receiving enough milk. ***Use the slides to illustrate the examples:***

Example 1:


1st YEAR
KILOGRAMS
13
12
11
10
9
8
7
6
5
4
3
2
1 2 3 4 5 6 7 8 9 10 11 12


James wants to feed so often these days-He's suddenly very hungry.... I think I do not have enough milk....

The baby is growing well.



This baby is not growing well. His weight is not increasing according to a recommended line. In fact he is dropping from one line to another. The mother should practice EBF on demand, at least 8 times per 24 hours.

32.2.2 Reasons why a baby may not get enough milk

Reasons why a baby may not be getting enough milk may be grouped into four categories:

Feeding Factors	Mother: psychological Factors	Mother: physical condition	Baby's condition
THESE ARE COMMON		**THESE ARE NOT COMMON**	

- Psychological factors are often behind the feeding factors for example lack of confidence causes a mother to give other feeds
  Look for these common reasons first.

- (Mother: physical condition and Baby's condition) are not common

It is not common for a mother to have a physical difficulty in producing enough breast milk. Think about these uncommon reasons only if you cannot find one of the common reasons.

Explanations on the reasons why a baby may not get enough milk will help you when counselling mothers in different situations.

Feeding factors
(Applies to breastfeeding babies only)

- Delayed start - Exclusive breastfeeding and stopping early
- If a baby does not start to breastfeed in the first day, his mother's breast milk may take longer to come in and he may take longer to start gaining weight

Short feeds

- Breastfeeds may be too short or hurried so that the baby does not get enough fat rich hindmilk. Sometimes a mother takes her baby of her breasts after only a minute or two. This may be because the baby pauses and his mother decides that he has finished. Or she may be in a hurry or she may believe that her baby should stop in order to suckle from the other breast.
- Sometimes a baby stops suckling too quickly for example if he is too hot because he is wrapped in too many clothes

Poor preparation of the feeds (Applies to formula fed babies only):

- A mother may be under diluting the formula for the following reasons:
- Does not know how to prepare the feed correctly.
- Believes the baby will grow faster if she puts more formula powder.
- Wants to use the formula for a longer duration than stipulated.
- Uses the formula for other household purposes, for example, feeding the siblings.

Infrequent feeds (Applies to both Baby feeding options)

- Breastfeeding less than 8 times a day in particularly the first 4 weeks is a common reason why a baby does not get enough milk.

- For a formula feeding baby, feeding less than 7 times during the first two months and less than 5 times per day thereafter may lead to baby not getting enough milk.

- Sometimes a mother does not respond to her baby when he cries or she may miss feeds because she is too busy or at work. Some babies are contend and do not show that they are hungry often enough. In this case a mother should not wait for her baby to demand but should wake him to feed every 3 hours at least.

No night feeds:

- If a mother stops night feeds before her baby is ready, her milk supply may decrease, or, if mother does not wake up to formula feed the baby at night, the day feeds may not be enough.

Poor feeding technique

If a baby suckles ineffectively he may not get enough milk, or if mother does not learn the cup feeding technique the baby may not get enough formula)

Complementary Feeding

Giving the baby other solids or drinks including plain water, in place of exclusive breastfeeding; or giving the baby other solids or drinks in place of exclusive formula, reduces the amount of milk that the baby may take.

Bottles and pacifiers

A baby who feeds from a bottle or who sucks on a pacifier may suckle less at the breast so the breast milk supply decreases

If formula fed, such a baby may not be fed as frequent as he is given a pacifier instead of a feed.

Mother: psychological factors

(Applies to both baby feeding options)

Lack of confidence:

Mothers who are very young or who lack support from family and friends often lack confidence. Mothers may lose confidence because their baby's behaviour worries them. Lack of confidence may lead a mother to give unnecessary supplements, thus failing to sustain her exclusive baby feeding choice.

Worry and stress:

For breastfeeding mothers, if a mother is worried or stressed or in pain her oxytocin reflex may temporarily not work well.

If a formula feeding mother if worried or stressed, she may not have time to feed the baby as frequent.

Rejection of the baby and tiredness:

In these situations a mother may have difficulty in responding to her baby. She may not hold him close enough to attach well; she may feed infrequently or for a short time. She may give her baby a pacifier when he cries instead of feeding him.

Mother: Physical condition
(Applies to exclusive breastfeeding option only)

Contraceptive Pill
Contraceptive pills, which contain estrogens, may reduce the secretion of breast milk. Progesterone only pills and Depo-Provera should not reduce the breast milk supply. Diuretics may reduce the breast milk supply

Pregnancy:
If a mother becomes pregnant again she may notice a decrease in her breast milk supply.

Severe malnutrition
Severely malnourished women may produce less milk. However a woman is mildly or moderately undernourished continues to produce milk at the expense of her own tissues provided her baby suckles often enough

Alcohol and smoking
Alcohol and cigarettes can reduce the amount of breast milk that a baby takes.

Retained piece of placenta
This is RARE. A small piece of placenta remains in the uterus and makes hormones, which prevent milk production. The woman bleeds more than usual after delivery her uterus does not decrease in size and the milk does not come in.

Poor breast development:
This is VERY RARE. Occasionally a woman's breasts do not develop and increase in size during pregnancy and she does not produce much milk. If the mother noticed an increase in the size of her breasts during pregnancy then poor breast development is not her problem. It is not necessary to ask about this routinely. Ask only if there is a problem.

Baby's condition
Illness:(Applies to both baby feeding options)
A baby who is ill and unable to suckle/suck well enough does not get enough milk.

Abnormality:

- A baby who has congenital problem such as a heart abnormality may fail to gain weight. This is partly because he takes less milk and partly because of other effects of the condition. Babies with a deformity such as a cleft palate, or with a neurological problem or mental handicap often have difficulty in suckling/sucking well especially in the first few weeks.

- (Applies to exclusive breastfeeding only)

- Misconceptions about the causes of a poor milk supply in breastfeeding women:

- Do not spend much time on this. However, be ready to answer participants' questions if they have difficulty in believing that these are not important reasons

- Some things are commonly thought to be a reason for insufficient breast milk. However they do not in fact affect the milk supply.

THESE DO NOT AFFECT THE BREAST MILK SUPPLY

- Age of mother
- Sexual intercourse
- Menstruation
- Disapproval of relatives and neighbours
- Returning to a job (if baby continues to suckle often)
- Age of baby
- Caesarean section
- Preterm delivery
- Many children
- Simple ordinary diet

Make these points:

The common reasons for a baby not getting enough milk are:

- feeding factors
- psychological factors, and
- preparation factors for formula fed babies

Let participants practice Counselling mothers who present with any of the reasons mentioned above. The guidelines provided below will help with the Counselling sessions for different situations. "Observers " should note the she being applied, and the difficulties encountered during the role-plays

32.2.3 Helping A Mother Whose Baby Is NOT Getting Enough Milk

Look for a cause.

Listen and learn

Psychological factors - how mother feels, fears and anxieties
Take a history: Feeding factors, complementary feeds, contraceptive pill diuretics
Assess a feed: Baby's position during feeding, feeding technique, bonding or rejection
Examine the baby: Illness or abnormal or growth
Examine the mother: Her nutrition and health
And her breasts if breastfeeding - Any breast conditions
Observe the feeding utensils - Cleanliness, size of teat

Build confidence and give support
Help the mother to give her baby more milk and to believe that she can manage.

Accept	Her ideas about her worries Her feelings about feeding and her baby
Praise (as appropriate)	She is still feeding exclusively Her breasts are good for making milk if on exclusive breastfeeding
Give practical Help	Improve baby's feeding technique (breast/formula)
Give relevant Information frequency	Explain the baby's milk requirements Explain how baby can get more milk – increase
Use simple Language	
Suggest (as appropriate)	Feed more often, longer at night, stop using bottles or pacifiers (use cup if necessary) Stop other feeds and drinks (if baby aged less than 6 months) Ideas to reduce stress anxiety Offer to talk to family if necessary

Help with less common causes

Baby's condition:	If ill or abnormal treat or refer
Mothers condition:	If taking estrogen pills or diuretic, help a breastfeeding mother to change and get a suitable method or treatment. Help as appropriate with other conditions

Follow up
See daily then weekly until baby gaining weight and mother confident
It may take 3-7 days for the baby to gain weight.

A mother who is using formula may need to show how she is preparing the feeds.
Provide supportive teaching to correct her difficulties.

Helping A Mother Who THINKS That She Does Not Have Enough Breast milk

Understand her situation.

Listen and learn empathize	To understand why she lacks confidence,
Take history	To learn about pressures from other people
Assess a feed	To check the feeding technique
Examine mother's breasts	size may cause lack of confidence (If breastfeeding)

Build confidence and give support

Accept	Her ideas and feelings about her milk
Praise	Baby growing well – getting all the milk he needs
(as appropriate)	Good points about her feeding technique
	Good points about baby's development
Give practical help	Improve feeding technique if necessary
Give relevant information	Correct mistaken ideas, do not sound critical
	Explain about babies' normal behaviour
	Explain how breastfeeding works (If breastfeeding)
	(What you say depends on her worries)

Use simple language

Suggest	Ideas for coping with tiredness

Offer to talk to her family if necessary

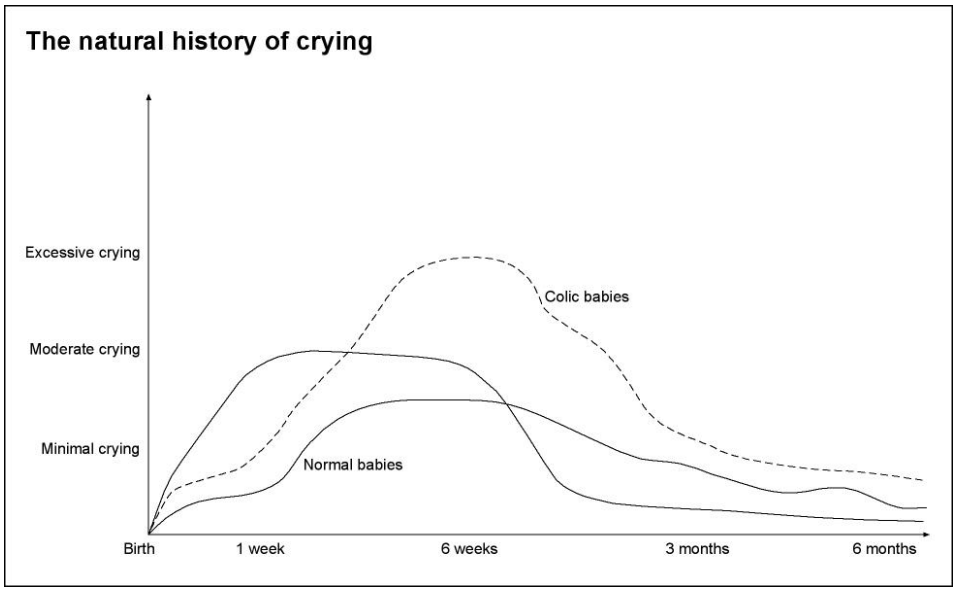
32.3 CRYING (15 mins)

Introduce the topic

- A common reason why a mother may think that the baby is not having enough milk is that she, or her family, thinks that the baby is 'crying too much'.
- Many mothers start mixed feeding because of their baby's crying. This puts the baby at higher risk of HIV if mother is HIV pos and breastfeeding, and at higher risk diarrhoea and respiratory infections irrespective of the feeding option. Sometimes a baby cries more when complementary feeds are introduced too early.
- A baby who cries a lot can affect the relationship between itself and its mother, and cause tension among other members of the family.
- An important way to help a feeding mother is to counsel her about her baby's crying.

NATURAL HISTORY OF CRYING

The main way that babies communicate what they want and need and like is by crying. Some babies cry a little, others a lot, BUT ALL babies cry quite a lot. Approximately 40% of babies will cry as is indicated by the bottom line in the graph below. These babies do cry a reasonable amount in the beginning but they start to decrease the amount of crying slowly after 6 weeks. 30% of babies will cry a little more than that in the first 6 weeks of life, but these babies are still healthy and normal. Approximately 30% of all babies are colic babies and these babies' crying builds to being excessive in the first 6 weeks, and then continues at a high level until about 3 months of age, after which it slowly tapers off to be much less. Babies who cry a lot are not necessarily hungry. They cry for many other reasons and it is best to try and find out why they are crying before assuming that they are hungry.



32.3.1. Why may babies cry a lot?

(Applies to exclusive breastfeeding babies only)

- **Mother's food:**

Sometimes a mother notices that her baby is upset when she eats a particular food. This is because substances from the food pass into her milk. It can happen with any food and there are no special foods to advise mothers to avoid, unless she notices a problem.

Babies can become allergic to the protein in some foods in their mother's diet. Cow's milk, soy, egg and peanuts can all cause this problem. Babies may become allergic to cow's milk protein after only one or two prelacteal feeds of formula)

- **Drugs mother takes:**

Caffeine in coffee, tea and colas can pass into breast milk and upset a baby. If a mother smokes cigarettes, or takes other drugs, her baby is more likely to cry than other babies. If someone else in the family smokes that also can affect the baby.

(Applies to breastfeeding and formula feeding babies)

- **Allergic to animal milk protein.**

Babies on exclusive formula may be allergic to animal protein in the milk being used. Mother may need to consider changing to other milks such as soy milk.
If mothers who choose exclusive breastfeeding and stopping early, their babies may be allergic to the animal milk once they start mixed feeding, or when they start the baby on formula feeding.

- **Hunger due to growth spurt:**

A baby seems very hungry for a few days, possibly because he is growing faster than before. He demands to be fed very often. This is commonest at the ages of about 2 weeks, 6 weeks and 3 months, but can occur at other times.

- **Oversupply:**

This can occur due to poor feeding techniques.

- **Colic**

Some babies cry a lot without one of the above causes. Sometimes the crying has a clear pattern. The baby cries continuously at certain times of day often in the evening. He may pull up his legs as if he has abdominal pain. He may appear to want to suckle but it is very difficult to comfort him. Babies who cry in this way may have a very active gut or wind but the cause is not clear. This is called "colic) " Colicky babies usually grow well and the crying usually becomes less after the baby is 3 months old.

- **High needs babies:**

Some babies cry more than others and they need to be held and carried more. In communities where mothers carry their babies with them crying is less common than in communities where mothers like to put their babies down to leave them or where they put them to sleep in separate cots.

32.3.2 What can you do to help a mother whose baby cries a lot:

<u>Helping with a baby who cries a lot</u>

Identify causes

Listen and learn	Help mother to talk about feelings (guilt, anger, self blame) Empathise
Take a history	Learn about babies feeding and behaviour Learn about mother's diet, coffee, smoking, drugs Pressures from family and others
Assess a feed	Position during feds, time spent per feed, and (amount per feed for if on cup feeds or formula feeds)
Examine baby	Illness or pain (treat or refer as appropriate) Check growth

Build confidence and give support

Accept	Mothers ideas about the cause of crying Her feelings about baby and his behaviour
Praise	Her baby is growing well not sick
(as appropriate)	**Milk** (exclusive breast or formula) provides the entire baby's needs Her baby is fine not naughty or bad
Give relevant Information	**Baby has real need for comfort** Crying will decrease when baby is 3-4 months old Medicines for colic not recommended Mixed feeding may be harmful to the baby Exclusive formula fed babies also have colic Comfort suckling on hand if formula feeding. **Bottles and pacifiers not always safe**
Suggest *(as appropriate)*	**If breastfeeding**, give only one breast at each feed give other breast next feed Assist with cup feeding technique if necessary Reduce coffee and tea Avoid smoking before or during breastfeeds Stop milk, eggs, Soya, peanuts (One week trial, if mothers diet adequate) **If formula feeding: -** Help the mother position baby properly for cup feeding Help mother with the proper cup feeding technique Check the size of the teat and the hole/s if bottle feeding is used
Practical Help	Show mother and others how to hold and carry baby with close contact, gentle movement, and gentle abdominal pressure Offer to discuss situation with family if necessary

Discuss and show ways of comforting a baby who is not breastfeeding.

Different ways to hold and carry a colic baby

a) Holding the baby the baby along the forearm.

b) Holding the baby around the abdomen, on your lap

c) Father holding against his chest.

SESSION 33

Counselling Practice: Applying Counselling Skills to Different Baby Feeding Situations

Time required: 2 hours

Purpose
This session allows participants to consolidate and practice their counselling skills and everything they have learnt during their training on feeding.

Objectives
At the end of this session MM's should feel confident in applying the counselling and communication skills they have learned to various feeding situations.

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

Facilitators: This is a very important session. It serves to consolidate everything that has been learnt. It also gives participants the opportunity to practice their counselling skills. The more they practice the better the skills will be.

Take time and spend time on this session.

It should be informal. There are 4 role plays: It may be better to divide the participants up into groups of 4 so that each person can get a turn to be the counsellor and mother. Whilst the participants are practicing ask them to call you if they have any difficulty. The facilitator should also walk around listening to what groups are doing, and helping where necessary. Watch and give feedback on at least one role play.

Allow 1.5 hrs for the role plays and 30 minutes for discussion once everyone has had a chance to practice being a counsellor.

Activity 26: 30 mins

- You will now use role-play to practise the counselling skills `Listening and learning' and `Building confidence and giving support'.
- You will work in pairs, and take it in turns to be a `mother' or a `Mentor Mother'.
- When you are the `mother', play the part of the mother in the story on your card. You consult your partner, who counsels you about your situation.
- You do not need to practise observation of a breastfeed in this exercise. You will find all that you need to know in the written story. In a real situation, you should always observe as well.
- You are the only one in the group who has a copy of your story. Conceal it from the others, especially from your `Mentor Mother'.
- Give yourself and your baby a name, either your own real name, or another if you prefer.
- Other participants in the group observe the pair practice, until it is their turn.
- Ask participants to read their stories
- Allow 5 minutes.
- They can ask you questions about anything that they do not understand.

If you are the `Mentor Mother':

- Greet the `mother' and ask her how she is. Use her name and her baby's name.
- Ask one or two open questions about breastfeeding to start the conversation.
- Use your counselling skills. Try to use at least one example of each of the skills.
- Use your history-taking skills. Practise asking the most relevant questions. Ask at least one question from each section of the history.
- Practise learning all about the mother and baby, and giving her whatever help you decide is necessary.

If you are the `mother':

- Answer one of the `counsellor's' open questions with your reason for coming.
- This is the sentence at the top of the story. For example, for Counselling Story 1, say "My milk is not good. (Baby's name) cries too much."
- Then respond to what your `counsellor' says. If she asks you some questions, answer them from what is written. If you cannot answer a question from what is written, make up an answer to fit with your story.
- If your `counsellor' uses good listening and learning skills, and makes you feel that she is interested, you can tell her more.

If you are observing:

- Have a pen and paper ready to write down your comments
- Observe which skills the `counsellor' uses, and which she does not use.
- Try to decide if the `counsellor' has understood the `mother's' situation correctly, and if she has asked the most relevant questions and given appropriate help.
- During discussion, be prepared to praise what the players do right, and to suggest what they could do better.

Use the scenarios below for each counselling session:

Role play 1: Mother lives with her mother-in-law. Mother-in law wants mother to give baby porridge. Baby is 3 weeks old. Mother feels that she does not have enough milk.

Role play 2: Mother lives with her mother. Mother does not know her HIV status. Baby is crying too much. Mother has just had a caesarean section. Baby is 3 days old. Grandmother wants mother to give her baby formula milk.

Role play 3: Mother lives with her partner. He believes that breastfeeding is good. Mother is HIV positive but the partner refuses to believe her. The baby is 1 week old. Mother meets all the AFASS criteria. She want to avoid all breastfeeding.

Role play 4: Mother lives with her sister. Mother does not know her HIV status. Baby is 3 weeks old. Mother's sister believes that baby needs glucose water to prevent constipation.

After the role plays debrief the group for about 30 minutes. Discuss the common difficulties faced and how Mentor Mothers addressed these. End by emphasizing the following:

- Counselling is first and foremost about listening and empathising
- Counselling is about communicating and helping mothers to understand their situations and make decisions that suit them best
- Counselling on feeding should involve other family members
- Listen and learn from the mother
- Build the mothers confidence – only then will she believe in her ability to exclusively feed

SESSION 34

Counselling Practice on Live Mothers and Babies: Applying Counselling Skills to Real Life

Time required: 2 hours

Purpose
The purpose of this session is to allow trainees the opportunity to practice all the counselling skills that they have learnt on live mothers and babies so as to give them a chance to simulate the working environments they will be encountering.

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

1. Understand how it feels to interact with mothers and babies in reality.
2. Have an idea of which areas of the interaction they did well and which areas they need to focus more attention to.

Materials
None

Preparation
Arrange for 4 mothers with babies under the age of 6 months to come into the training for a practice session.

Training methods

Clearly explain to the mothers that we are training women so that they can help mothers feed their babies appropriately in the community. Today is a practice session and the ladies we are training will practice their skills on the mothers. Explain that the ladies we are training are still learning, so they make mistakes. Explain that the mothers will not be judged, or criticized. Highlight that any information they give will be held in the strictest of confidence. Thank the mothers for agreeing to help with this session.

Divide participants into groups of 3-4 people each. One person should be the counsellor (Mentor Mother) and the others should watch. The Mentor Mother should practice how she will gather information and counsel the mother. The other 2-3 participants should watch and listen to see whether the counsellor is using any of the listening and learning skills and confidence building skills. They should note the skills used and they should note where the counsellor can improve her skill.

If the mother agrees then the participants can take turns to be the Mentor Mother.

After the role plays (1.5 hours) debrief the group for about 30 minutes. Discuss the common difficulties faced and how Mentor Mothers addressed these. End by emphasizing the following:

- Counselling is first and foremost about listening and empathising
- Counselling is about communicating and helping mothers to understand their situations and make decisions that suit them best
- Counselling on feeding should involve other family members
- Listen and learn from the mother
- Build the mothers confidence – only then will she believe in her ability to exclusively feed