Infant and Young Child Feeding

National Counselling Cards for Nigeria
Positive counselling skills

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

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

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

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

**Step 1: Assess**—ask, listen, and observe
- Greet the mother (or caregiver), using friendly language and gestures.
- Ask some initial questions that encourage her (or him) to talk.
- Listen to what is being said and observe what is going on using your Listening and Learning, and Building Confidence and Giving Support skills.
- Assess the age-appropriate feeding practice(s) and the condition or health of the child and mother (or caregiver).

**Step 2: Analyse**—identify difficulty and if there is more than one – prioritise the difficulties
- Decide if the feeding you observe is age-appropriate and if the condition or health of the child and mother (or caregiver) is good.
- If there are no apparent difficulties, praise the mother (or caregiver) and focus on providing information needed for the next stage of the child’s development.
- If one or more feeding difficulty is present, or the condition or health of the child or mother (or caregiver) is poor, prioritise the difficulties.
- Answer the mother’s (or caregiver’s) questions if any.

**Step 3: Act**—discuss, suggest a small amount of relevant information, agree on doable action
- Depending on the factors analysed above, select a small amount of information to share with the mother or caregiver that is most relevant to her or his situation.
- Be sure to praise the mother or caregiver for what she or he is doing well.
- Present options for addressing the feeding difficulty or condition of health of the child or caregiver in terms of small, doable actions. These actions should be time-bound (within the next few days or weeks).
- Share key information with the mother or caregiver, using the appropriate Counselling Cards or Take-Home Brochures and answering questions as needed.
- Help the mother or caregiver select one option that she or he agrees to try, in order to address or overcome the difficulty or condition that has been identified. This is called reaching an agreement.
- Suggest where the mother or caregiver can find additional support. Refer to the nearest health facility if appropriate and/or encourage participation in educational talks or Infant and Young Child Feeding Support Groups in the community.
- Confirm that the mother or caregiver knows where to find a community volunteer and/or other health worker.
- Thank the mother or caregiver for her or his time.
- Agree on when you will meet again, if appropriate.
Nutrition for pregnant and breastfeeding women
Importance of early initiation of breastfeeding
Breastfeeding in the first 6 months

Exclusive breastfeeding

Breastmilk only, not even water

Exclusive breastfeeding even at night

Card 3
Exclusively breastfeed during the first 6 months
Dangers of mixed feeding during the first 6 months
Breastfeeding on demand, both day and night
There are many breastfeeding positions
Good attachment
Breastfeeding low-birthweight (small) babies
How to hand express breastmilk and cup feed
Breastfeeding and working mothers
Good hygiene practices
Start complementary feeding at 6 months
Complementary feeding from 6 up to 9 months
Complementary feeding from 9 up to 12 months
Complementary feeding from 12 up to 24 months
Food variety
How to add micronutrient powder (MNP) to foods
Feeding the sick baby less than 6 months of age
Feeding the sick child more than 6 months
Monitor the growth of your baby regularly
Birth spacing improves health and survival

- LAM (Exclusive breastfeeding)
- Male & Female Condom
- Abstinence (Avoiding intercourse)
- Injectable (Depo-Provera®)
- Oral Contraceptives
- Norplant®
- Tubal Ligation
- Vasectomy
- IUD
When to take your child to the health facility

- Vomiting
- Refusal to Feed
- Diarrhoea
- Convulsions
- Fast breathing
- Fever
- Malnutrition
Kitchen gardens and fruit trees
Small animal breeding
Special Circumstance Cards
If a woman is HIV-infected...

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

Out of 100 babies born to HIV-infected women:

- The majority of babies (about 65) are not infected with HIV, but should be protected.
- Most babies (about 25) become infected with HIV during pregnancy, labour, and birth.
- Other babies (about 10) are infected with HIV through breastfeeding.

Protect your baby – get tested and know your HIV status!
If a woman is HIV-infected...

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

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

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

Protect your baby – get tested and know your HIV status!
Exclusively breastfeed and take ARVs

Only Breastmilk

Do not give any other liquids (even water) or foods to breastfeeding babies before 6 months

Special Circumstance Card 3
For a woman who decides not to follow the national recommendation to breastfeed

**Only Infant Formula**
Conditions needed to use commercial infant formula

Special Circumstance Card 5
Non-breastfed child from 6 up to 24 months

6 up to 9 months

Each day add

9 up to 12 months

Each day add

12 up to 24 months

Each day add

Special Circumstance Card 6