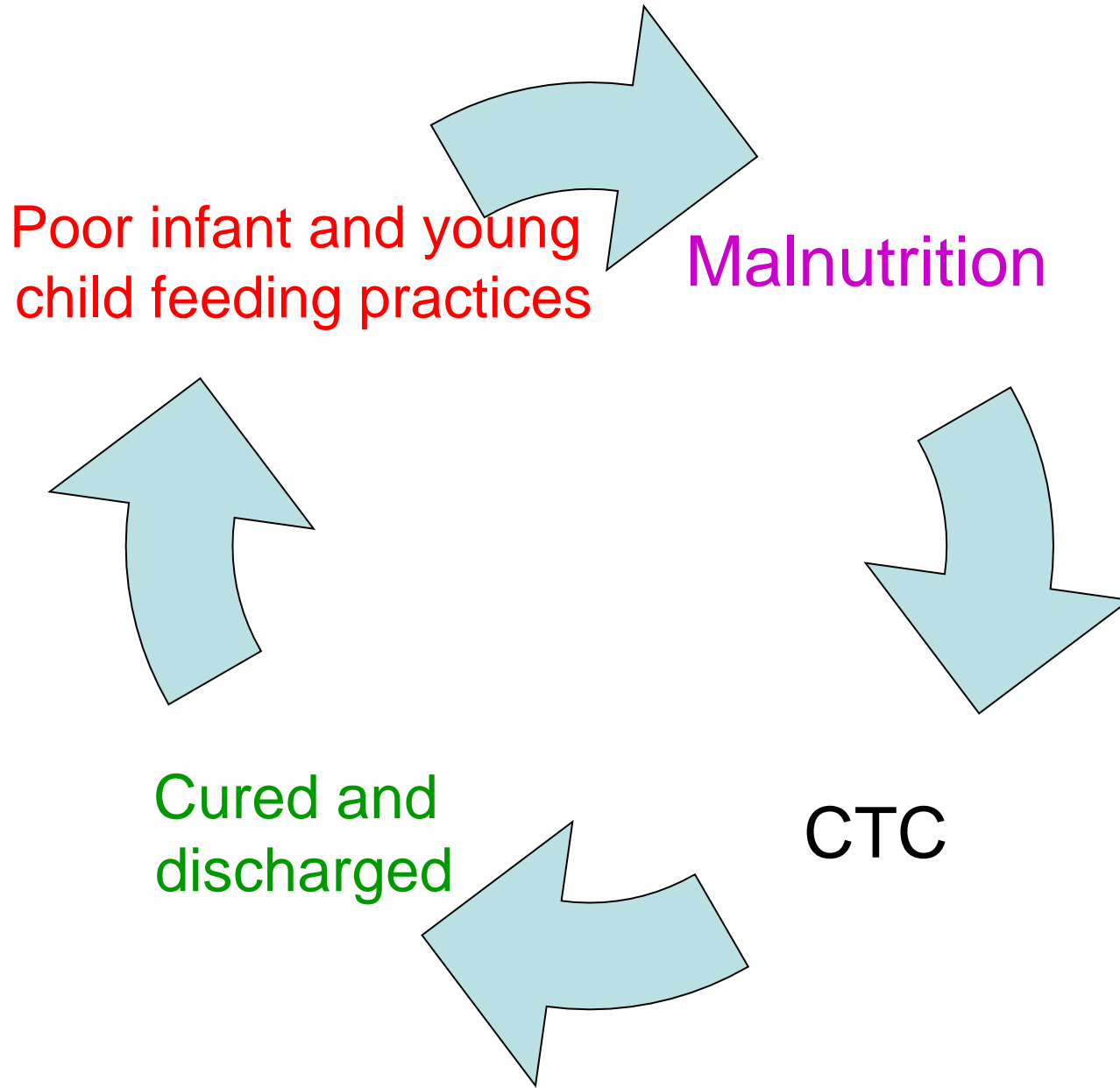


# Infant and young child feeding



Picture: Asad Zaidi UNICEF Pakistan

# It can end up being a cycle..

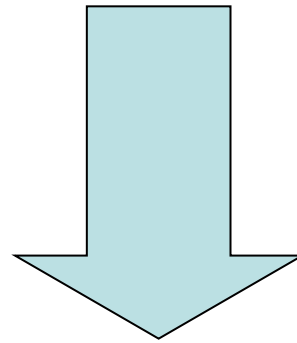


# We want-

From START

**GOOD INFANT  
FEEDING  
PRACTICES**

Once child  
discharged from  
CTC treatment



**NO NEED FOR  
CTC!**

# What are 'good' infant and young child feeding practices?

## **'Optimal infant and young child feeding'**

- Early initiation of breastfeeding (hour of birth)
- EXCLUSIVE breastfeeding for 6 months from birth
- After 6 months introduce complementary foods AND continue breastfeeding for 2 years or beyond

# Good Breastfeeding

## 1) Good technique

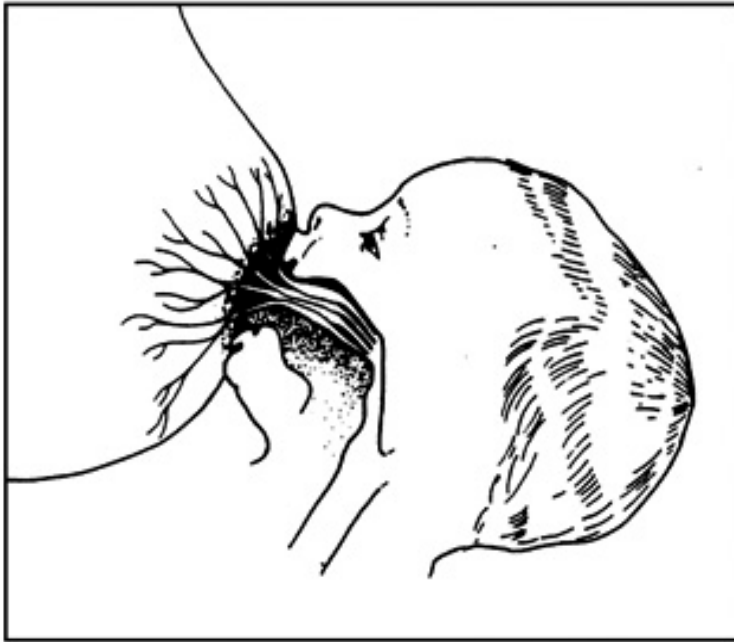
- Attachment
- Positioning

## 2) Frequent Feeding

## 3) Mother to have confidence

ALL helped with active support!

1



Good attachment

2



Poor attachment

# Attachment

**Areola – more visible on top**

**Mouth – wide open**

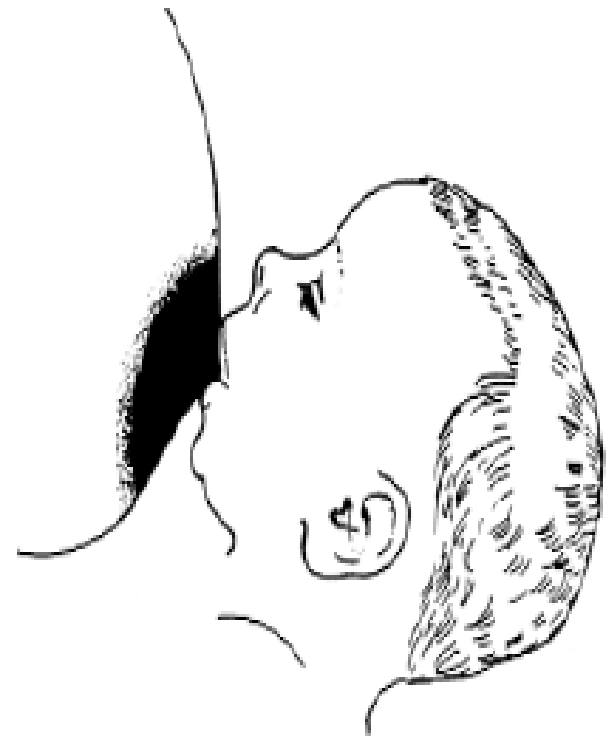
**Chin – close to breast**

**Lower lip – turned out (can be hard to see)**

(NOT painful!)



GOOD



POOR

# Good Positioning

- The baby's body and face are in a straight line
- The baby's body is facing and close to the mother so that mother is supporting the baby's whole body.



# Frequent feeding

## **MORE SUCKLING MAKES MORE MILK!**

- At least 8 times a day
- Day and night
- On cue / 'demand'
- Let baby suckle for as long as they want and let the baby come off the breast when they have finished
- Offer other breast
- Be 'skin to skin' with the baby often - helps milk production and breastfeeding
- Do NOT use pacifiers / dummies

**BREASTS ARE NEVER 'EMPTY'**

# Mothers need confidence...

## ALL MOTHERS WORRY!

- Think that they can't do it – Breastfeeding can take time to 'get right' keep trying...
- Mothers think: 'My baby is crying I must not have enough milk' – *BUT could be crying for other reasons!*
- Can't see how much milk baby is getting = *could be getting a lot!*
- Size and shape of breasts = *not important!*
- Mother worries not had enough food – **unless mother is ACUTELY malnourished breast milk production is not affected.** [But best if mother has an extra meal a day to protect her health and to give her energy, etc]



Janet Griffin/Nepal, from IFE, WEMOSI/BFA

**MOTHERS NEED:** - Technical support (HW, CHW), support of father, family, friends.

**Health of a child is the responsibility of the community – ALL should help**

# Feeding AFTER 6 months...

- Breast milk on its own is not enough need to add **complementary foods to 'complete' the nutrient needs of the child**
- Need to continue breastfeeding SAME amount as before

## **Children OFTEN become malnourished at this age because, for example:**

- Breastfeeding stops too early or too quickly
- They get sick (e.g. diarrhoea) because food or feeding equipment is dirty and unhygienic
- Complementary foods are poor quality – fill up the child but don't give nutrients child needs.

Need breast milk **AND** a variety of foods especially those rich in vitamins and minerals such as iron



# Recommended Complementary Feeding Practices (see table)

- **Keep breastfeeding!!!!**
- For each age group make sure food is appropriate in terms of:
  - Frequency,
  - Amount,
  - Texture and
  - Variety

ALSO remember:

- Responsive / Active Feeding – be patient and make feeding fun!
- Hygiene

# WHAT CAN YOU DO TO IMPROVE IYCF IN YOUR AREA?

- ✓ Conduct 'Simple Rapid IYCF Assessment' at **EVERY CONTACT POINT**
  - Community Outreach – case finding
  - Admission
  - Follow up
  - During 'every day' work and activities
  - YOU think of times in YOUR community

# Simple Rapid Assessment

1. Ask name of mother and child
2. Age of child: 0-5.9m, 6-8.9m, 9-11.9m, 12-23.9m
3. Are you breastfeeding him / her?
4. Is the baby getting anything else to drink or eat?

*Reasons to speak to the mother further and/or refer her to get help:*

- not breastfed
- breastfed but feeding not age appropriate
  - under 6 months, not exclusively breastfeeding
  - over 6 months, given no complementary foods



5. Is the baby able to suckle the breast?
6. Have you any other difficulties with breastfeeding?

*Reasons to speak to the mother further and/or refer her to get help:*

- Baby not able to suckle
- Mother has other difficulties with breastfeeding

7. If the baby is over 6 months old are the recommended complementary feeding practices being followed?

*Reasons to speak to the mother further and/or refer her to get help:*

- Over 6 months and not following the recommended complementary feeding practices

8. Does the baby look very thin?
9. Is the baby lethargic, perhaps ill?

*Reasons to refer for **medical help and to CTC***

- Baby looks very thin
- Baby lethargic, perhaps ill

- When all is well the mother needs only
  - Praise that she is doing well
  - Tell her where she can go in the future if she needs help and support with feeding her child

If she needs further help...

What should you do?

DO NOT JUST TELL THE MOTHER WHAT  
TO DO – THIS IS UNLIKELY TO WORK!

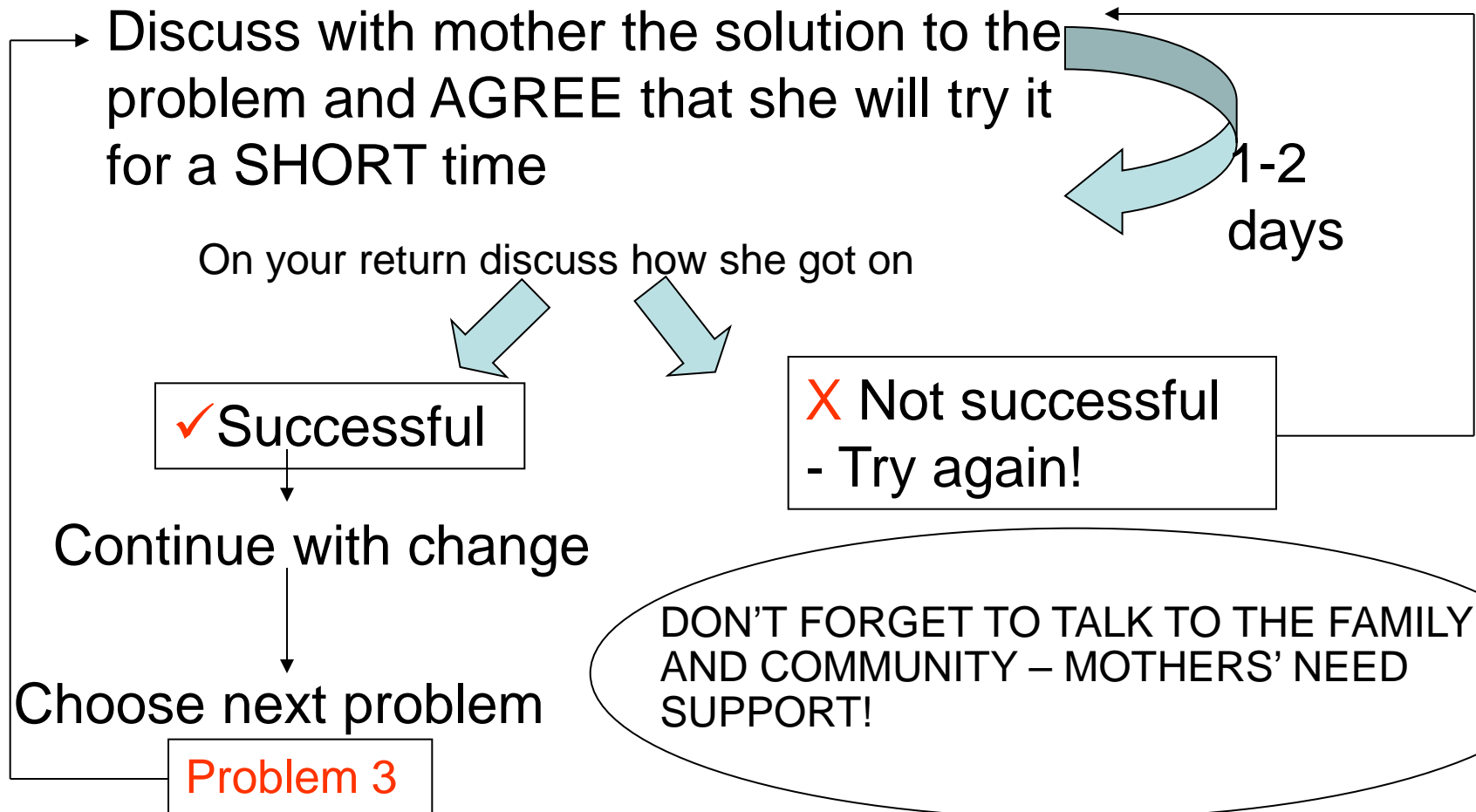
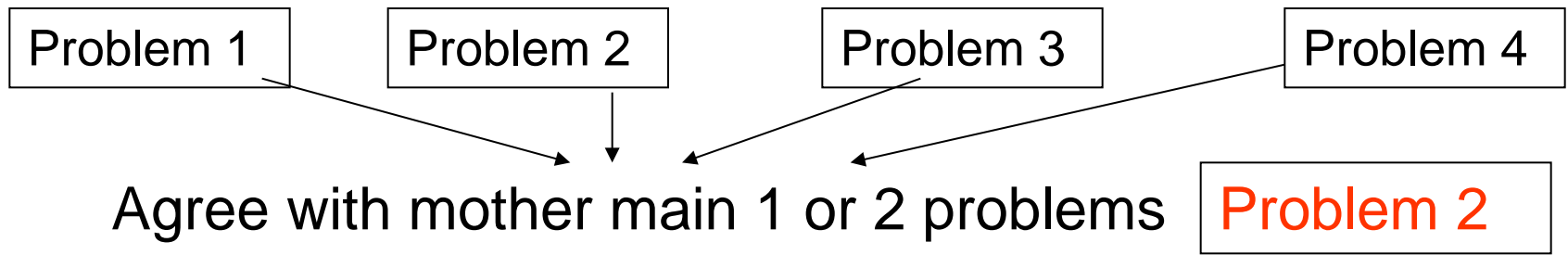
**BE SUPPORTIVE,  
LISTEN TO THE MOTHER**

Depending on (1) problem you found during the SRA and (2) problems the mother thinks she has you should:

- Observe her breastfeeding and discuss her breastfeeding practices

Use the 'recommended breastfeeding practices' to identify specific problems

- If the child is above 6 months old use the 'recommended complementary feeding practices' to identify specific problems



Common problems  
- BREASTFEEDING

**MOST BREASTFEEDING PROBLEMS  
WILL NOT HAPPEN  
OR  
CAN BE SOLVED  
BY FOLLOWING THE  
RECOMMENDED BREASTFEEDING  
PRACTICES**



# **CRACKED / BLEEDING NIPPLES**

## **Solutions:**

- ✓ Improve attachment.
- ✓ Keep breastfeeding – but change breastfeeding position so tongue not on cracked part.
- ✓ Apply drops of breast milk to the nipple and let air dry

# Mastitis

- Hard swelling
- Severe pain
- Redness in one area
- Generally not feeling well
- Fever

## Solution:

- ✓ Baby should feed every 2-3 hours day and night.
- ✓ Use different breastfeeding positions.
- ✓ Put something warm on the area

# Engorgement

- Swelling of breasts (full of milk).
- Tender and warm breasts
- Slight redness
- Pain
- Skin shiny, tight and nipple flattened
- Usually begins on the 3rd – 5th day after birth

## Solution:

- ✓ Breastfeed more frequently,
- ✓ Put something cold on the breast,
- ✓ Stroke breasts to encourage milk flow,
- ✓ Improve attachment,
- ✓ Press around areola to reduce oedema so baby can attach (express some breast milk).

# ‘Lack of breast milk’

- Listen to mother’s concerns.
- Is it really a lack of breast milk or not?

It could be:

- ❖ Baby having a ‘growth spurt’ – at 2-3 weeks, 6 weeks, 3 months and then every couple of months. *It is NORMAL for a child to want to breastfeed more at these times.*
- ❖ Mother’s lack of confidence

## CHECK

- Baby gaining weight (at least 500g /month if under 6m)
- Baby responsive and active, (appropriate for age)
- Baby passing light-coloured urine six times a day, or more and not dehydrated

## **IF OK then:**

- ✓ Check 'recommended breastfeeding practices' are being followed.
- ✓ Explain more suckling makes more milk!
- ✓ Suggest she stops supplements (under 6m) as these make the baby breastfeeds less (Baby very small stomach)
- ✓ Mother should spend lots time - skin to skin – with her baby.
- ✓ Reassure and visit regularly