ii COUNSELLING and SUPPORT ACTIONS BOOKLET

The Counselling and Support Actions Booklet includes 4 Sections:

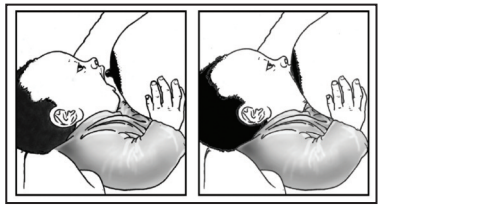
Section A: Breastfeeding Counselling and Support Actions – Breastfeeding 1 – 21
Section B: Breastfeeding Counselling and Support Actions – Supplementary Suckling Support
Section C: Non-breasstfeeding Counselling and Support Actions – Non-breastfeeding 1 – 4
Section D: Counselling and Support Actions (for All) – Social Support 1 – 4

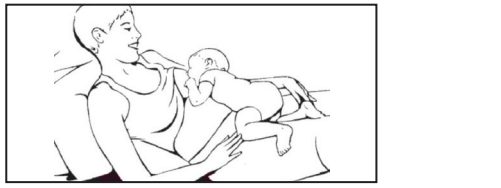
Section A: Breastfeeding Counselling and Support Actions – Breastfeeding 1 – 21

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

1. Good Attachment

Observe breastfeeding:





Attachment

1. Infant's mouth wide open
2. Lower lip turned outwards
3. Chin touching breast
4. More darker skin (areola) visible above than below the mouth

Positioning

1. Infant's body should be **straight**, not bent or twisted
2. Infant's body should be **facing the breast**
3. Infant should be held **close to mother**
4. Mother should **support** the infant's whole body, not just neck and shoulders (for tummy down or reclining position: assisted by gravity, with baby's full weight resting on mother's body during the period the infant is learning to breastfeed; works with cesarean sections)

Note on Natural Breastfeeding

Every newborn has a series of responses designed by Mother Nature to make infant an active breastfeeding partner.

- ☐ When newborn lies tummy down on mother, anchored by gravity, the baby's innate reflexes kick in. This position helps the baby move toward the breast, resulting in attachment and suckling.
- ☐ If infant not alert/doesn't open mouth, hand express drops of milk and apply on infant's
- ☐ lips to stimulate mouth opening
  Good attachment helps to ensure that your baby suckles well and helps you to produce a good supply of breast milk
- ☐ Good attachment helps to prevent sore and cracked nipples

See videos:

- http://breastfeedingtoday-llli.org/position-to-breastfeed/
- Breastfeeding attachment: https://globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/?portfolioID=10861

Note: there is no ONE right position for all mothers. No matter the position (from cradle to tummy down), there are commonalities that assist a deep latch.

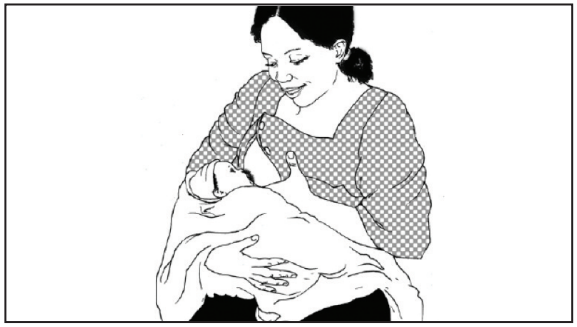
See videos:

- Breastfeeding positions: https://globalhealthmedia.org/portfolio-items/positions-for-breastfeeding/?portfolioID=10861
- Breastfeeding in the first hours after birth: https://globalhealthmedia.org/portfolio-items/breastfeeding-in-the-first-hours-after-birth/?portfolioID=10861

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

2. Effective Suckling

Ask about and observe:



1. Slow deep suckles, sometimes pausing
2. Audible or visible swallowing
3. Infant's jaw will drop distinctly as he or she swallows
4. Infant's cheeks are rounded and not dimpled or indrawn
5. Mother responds with satisfaction and self-confidence.

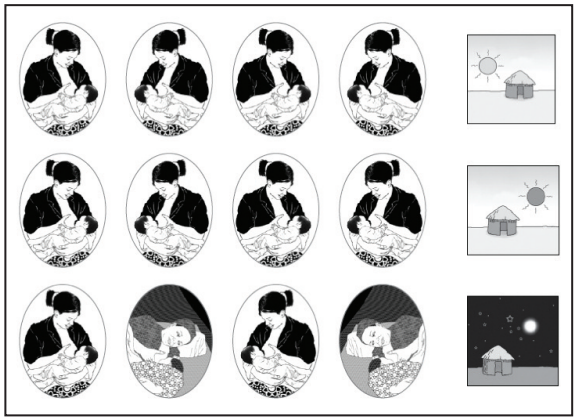
- ☐ Counsel on the same actions as above for good attachment
- ☐ If infant is not suckling, hand express drops of milk into infant's mouth to encourage suckling

See video:

- Effective suckling and breastfeeding frequency: https://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk/?portfolioID=10861

3. Frequency of breastfeeds

Ask how many times the infant breastfeeds in 24 hours



Breastfeeding pattern

- On demand (on cue) breastfeeding, day and night
- Infant releases one breast before switching to the other
- Infant breastfeeds 8 – 12 times in 24 hours

If < 8 breastfeeds in 24 hours

- ☐ Increase frequency of breastfeeds by alerting and stimulating infant to breastfeed
- ☐ Breastfeed as often and as long as the infant wants, day and night
- ☐ Let infant release one breast before offering the other

If > 12 breastfeeds in 24 hours

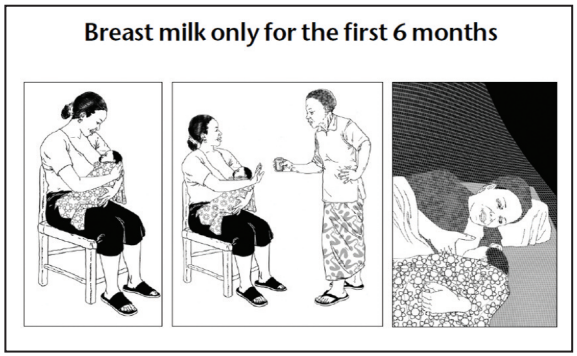
- ☐ Assess length of each breastfeed
- ☐ Assess if infant is getting milk at each feed: refer 'Not enough breastmilk' Section A: 5
- ☐ Check attachment and effective suckling

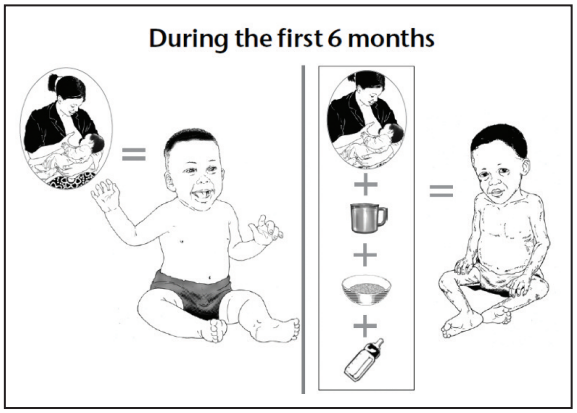
Note: Infants <2 months sometimes breastfeed every 2 hours because they have very small stomachs. Breastfeeding more frequently helps to establish breastfeeding/breast milk flow.

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

4. Receives other liquids or foods

Ask if infant receives water, other liquids, semi-solids, or solids





Exclusive breastfeeding from 0 up to 6 months (no water, liquids, semi-solids or solids)

- ☐ Counsel mother on the importance of exclusive breastfeeding
- ☐ Address reason(s) for giving water, other drinks or foods including mother's absence for work (see Breast milk expression, Section A: 16)
- ☐ Counsel to increase breastfeeding frequency; and reduce other drinks and foods
- ☐ Assess the feeding realities and choices the mother is making and work with her to reduce the risk (e.g. from care and WASH practices)

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

5. "Not enough" breastmilk

Real "Not enough" breastmilk production

- Infant is still passing black stools on Day-4 (after birth)
- Less than 6 "wets" or urine/day after the first week
- Infant is not taking good deep suckles followed by a visible or audible swallow
- Infant not satisfied after breastfeeding
- Infant cries often after feeds
- Very frequent and long breastfeeds
- Infant refuses to breastfeed
- Infant has hard, dry, or green stools
- Infant has infrequent small stools
- Infant is not gaining weight: trend line on growth chart for infant less than 6 months is flat or slopes downward – weight gain less than 500 g/month

- ☐ Look for good attachment
- ☐ Look for effective suckling
- ☐ Ask about frequency of breastfeeds: 8 – 12 times in 24 hours
- ☐ Stop any supplements: infant should receive no water, other drinks or foods
- ☐ Look for illness or physical abnormality in the infant or mother
- ☐ Look for bonding or rejection
- ☐ Explain to mother that she and infant will be seen daily until infant begins gaining weight, and it may take 3-7 days for the infant to gain weight.
- ☐ Build mother's confidence – reassure her that she can produce enough milk
- ☐ Explain what the difficulty may be – growth spurts (around 3 weeks, 6 weeks, 3 months) or cluster feeds (feeds are bunched closely together during certain times of the day)
- ☐ Explain: 'The more an infant suckles and removes milk from the breast, the more milk the mother produces'
  Let infant come off the first breast by him/herself before mother offers the 2nd breast
- ☐ Avoid separation, and keep mother and infant skin-to-skin as much as possible
- ☐ Ensure mother gets enough to eat and drink

Note; If no improvement in weight gain after 7 days, refer mother and infant for supplementary suckling to in-patient care (See Supplementary Feeding Support: Section B)

See videos:

- Perception of 'not enough' breastmilk: https://globalhealthmedia.org/portfolio-items/increasing-your-milk-supply/?portfolioID=10861
- Is your baby getting enough milk: https://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk/?portfolioID=10861

Mother thinks she has "not enough" breastmilk production but not "real"

Mother thinks she has "not enough" breastmilk production but not "real"

- Mother thinks she does not have enough milk
- (Infant restless or unsatisfied)

First decide if the infant is getting enough breastmilk or not (weight, urine and stool output): see above

- ☐ Listen to mother's concerns and why she thinks she does not have enough milk
- ☐ Check infant's weight and urine and stool output (if poor weight gain, refer)
- ☐ Apply same counselling/actions as for real "not enough" breastmilk (above)

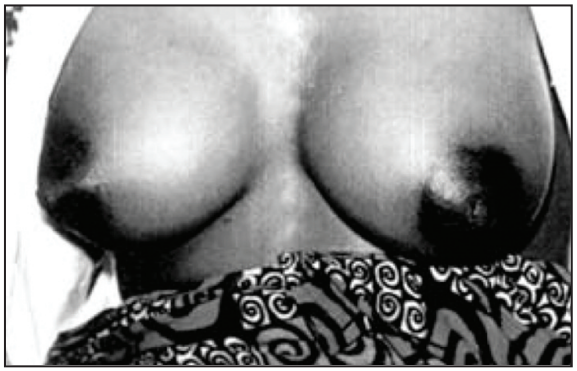
Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

6. Mother lacks confidence to breastfeed

Mother thinks she may be unable to breastfeed the infant

- ☐ Listen to mother's concerns. If mother expresses concern about her diet/nutrition, refer to Section A: 18 in Counselling and Support Booklet
- ☐ Assess mother for any problem she thinks she may have; if appropriate, help mother address the issue
- ☐ Encourage her to enjoy skin-to-skin contact and to play with her infant face-to-face
- ☐ Build her confidence:
  - Recognize and praise what she is doing right – including signs of milk flow
  - Give relevant information in an encouraging way and correct misconceptions
- ☐ Provide mother with hands-on help to attach infant to breast and get breastfeeding established
- ☐ Help her to breastfeed near trusted companions, which helps relaxation

7. Breast condition: Breast Engorgement



- Occurs on both breasts
- Swelling
- Hard
- Tenderness
- Warmth
- Slight redness
- Pain
- Skin shiny, tight and nipple flattened and difficult to attach
- Can often occur on 3rd to 5th day after birth (when milk production increases dramatically and suckling not established)

- ☐ Look for good attachment
- ☐ Look for effective suckling
- ☐ Ask about frequency of breastfeeds: 8 – 12 times in 24 hours
- ☐ Stop any supplements: infant should receive no water, other drinks or foods
- ☐ Keep mother and infant together after birth
- ☐ Put infant skin-to-skin with mother
- ☐ Gently stroke breasts to help stimulate milk flow
- ☐ Press around areola to reduce swelling, to help infant to attach
- ☐ Offer both breasts
- ☐ Express milk to relieve pressure until infant can suckle
- ☐ Apply cold compresses to breasts to reduce swelling
- ☐ Apply warm compresses to help the milk flow before breastfeeding or expressing

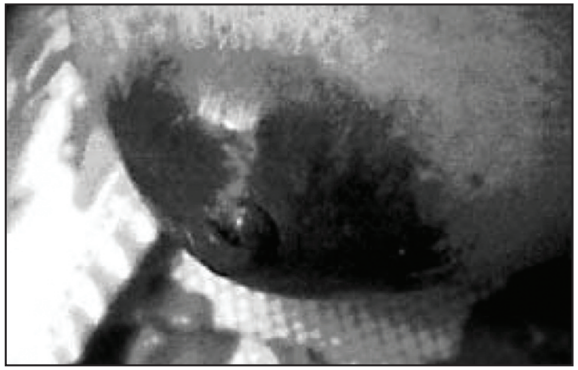
Note: on the first day or two infants may only feed 2 to 3 times

See video:

- ☐ Breast engorgement: https://globalhealthmedia.org/portfolio-items/breast-engorgement/?portfolioID=10861

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

8. Breast condition: Sore or Cracked Nipples



- Breast/nipple pain
- Cracks across top of nipple or around base
- Occasional bleeding
- May become infected

- ☐ Look for good attachment
- ☐ Look for effective suckling
- ☐ Ask about frequency of breastfeeds: 8 – 12 times in 24 hours
- ☐ Stop any supplements: infant should receive no water, other drinks or foods
- ☐ Do not stop breastfeeding
- ☐ Begin to breastfeed on the side that hurts less
- ☐ Change breastfeeding positions
- ☐ Let infant come off breast by him/herself
- ☐ Hand express to start the flow of milk before putting infant to breast
- ☐ Apply drops of breastmilk to nipples
- ☐ Do not use soap or cream on nipples
- ☐ Do not wait until the breast is full to breastfeed
- ☐ Do not use feeding bottles
- ☐ If sore is large and infected after applying these measures, refer to facility
- ☐ If mother is HIV positive she should not breastfeed from the breast with a cracked or bleeding nipple; she can express milk from damaged breast and discard until nipple heals, or heat-treat expressed breast milk

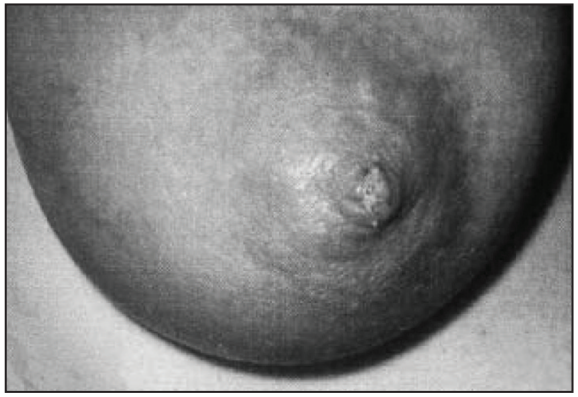
Note: If baby is known to be living with HIV, a mother with cracked nipples and mastitis still needs to heat-treat expressed breast milk to prevent re-infection.

See video:

- ☐ Nipple pain: https://globalhealthmedia.org/portfolio-items/what-to-do-about-nipple-pain/?portfolioID=10861

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

9. Breast condition: Plugged Ducts and Mastitis



Plugged Ducts:

- Lump, tender, localized redness, feels well, no fever

Mastitis:

- Hard swelling
- Severe pain
- Redness in one area
- Generally, not feeling well
- Fever
- Sometimes, an infant refuses to feed as milk tastes more salty

- ☐ Look for good attachment
- ☐ Look for effective suckling
- ☐ Ask about frequency of breastfeeds: 8 – 12 times in 24 hours
- ☐ Stop any supplements: infant should receive no water, other drinks or foods
- ☐ Do not stop breastfeeding (if milk is not removed, risk of abscess increases; let infant feed as often as he or she wants)
- ☐ Apply warmth (water, hot towel)
- ☐ Hold infant in different positions, so that the infant's tongue/chin is close to the site of the plugged duct/mastitis (the reddish area). The tongue/chin will massage the breast and release the milk from that part of the breast.
- ☐ Get support from the family to perform non-infant care chores
- ☐ Breastfeed on demand, and let infant finish/come off breast by him/herself
- ☐ Avoid holding the breast in scissors hold
- ☐ Avoid tight clothing
- ☐ For plugged ducts: apply gentle pressure to breast with flat of hand, rolling fingers towards nipple; then express milk or let infant feed every 2-3 hours day and night
- ☐ Rest (mother)
- ☐ Drink more liquids (mother)
- ☐ If no improvement in 24 hours, refer
- ☐ If mastitis: express if too painful to suckle; expressed breastmilk may be given to infant; If mastitis, seek treatment (mother may need antibiotics)
- ☐ If there is pus, discard by expressing and continue breastfeeding

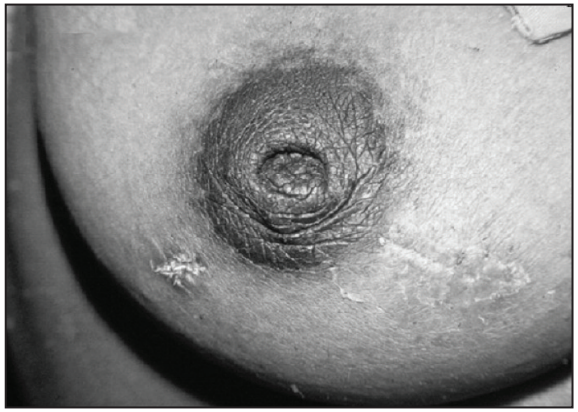
See video:

- Breast pain: https://globalhealthmedia.org/portfolio-items/what-to-do-about-breast-pain/?portfolioID=10861

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

10. Breast condition: Flat, inverted, large or long nipples

Inverted Nipple



Observe nipple appearance

Flat, inverted, large or long nipples are managed using the same techniques:

- ☐ Listen to the mother's concerns
- ☐ Give extra help with attachment; make certain that as the mother is putting the infant on her breast she:
  - gently touches the infant's lips to encourage him/her to open widely and take a big mouthful of breast
  - aims the infant's lower lip well below her nipple, so that the nipple goes to the top of the infant's mouth and the infant's chin touches her breast (see additional information under 'Good Attachment' Section A: 1)
  - for long nipples, place infant in a semi-sitting position to breastfeed
- ☐ Encourage mother to give the infant plenty of skin-to-skin contact near the breast, with frequent opportunities to find his or her own way of taking the breast into his/her mouth (mother should not force infant to take the breast, or force infant's mouth open)
- ☐ Encourage mother to try different breastfeeding positions (e.g., lying down, holding infant in underarm position, or lying or leaning forward so that her breast falls towards the infant's mouth
- ☐ Teach mother to express her milk at least 8 times a day and to feed the expressed milk to the infant with a cup (see 'Breast Milk Expression, Cup Feeding, and storage of breastmilk')
- ☐ Keep on trying. Most babies want to suckle, and they will find out how to open their mouths wide enough to take the nipple eventually. It may take a week or two.
- ☐ For an inverted nipple: If it is possible to get a 20 ml plastic syringe, it can be used to pull out an inverted nipple in the following way:
  - Cut off the adaptor end, and put the plunger in backwards
  - Put the smooth (uncut) end of the syringe over the nipple and draw out the plunger. This will stretch out the nipple
  - Do this for half a minute to make the nipple stand out just before each breastfeed.

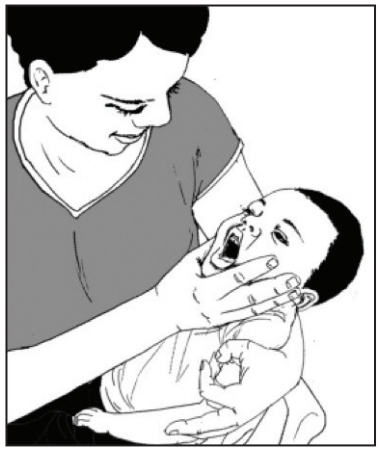
See video:

- Large breasted mothers: https://www.youtube.com/watch?v=584nv1oNxvw

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

11. Oral thrush: Infant

Inverted Nipple



- Infant's symptoms:
  - white patches inside check or on tongue
  - maybe rash on baby's bottom
  - baby repeatedly pulls off the breast or refuses to breastfeed

- ☐ Both counsellor and mother wash hands
- ☐ Teach the mother to identify and treat thrush at home:
  - Show mother how to look for ulcers or white patches in the mouth of infant
  - Explain to mother: it is necessary to carry out the treatment four times daily for 5 days after the thrush has cleared
  - Explain to mother that the ulcers/white patches are the thrush, and teach her how to treat the thrush at home
- ☐ Give the mother an antifungal liquid (nystatin)
- ☐ Demonstrate to mother how to paint (part of the infant's) mouth with nystatin using a soft cloth wrapped around the fingers
- ☐ Continue four times a day until five days after the thrush has cleared.
- ☐ Ask her if she has any questions, and have her show you how to paint the other part of the child's mouth
- ☐ Ask mother to return after 2 days

Follow-up care:

After 2 days:

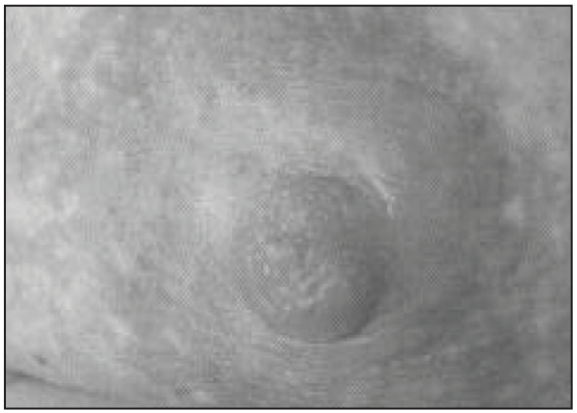
- ☐ Look for ulcers or white patches in the mouth. If thrush is worse, check that treatment is being given correctly
- ☐ Reassess infant's feeding
- ☐ If infant has problems with attachment or suckling, refer to facility

See video:

- Thrush: https://globalhealthmedia.org/portfolio-items/thrush/?portfolioID=5638

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

12. Maternal Nipple Thrush



- Mother's symptoms:
  - sore nipples with pain continuing between feeds, pain like sharp needles going deep into the breast, which is not relieved by improved attachment
  - there may be a red or flaky rash on the areola, with itching and de-pigmentation

- ☐ Examine the infant's mouth for white spots, and the infant's bottom for a spotty red rash. These are signs that the infant may have thrush, which is also affecting the mother's nipples.
- ☐ Treat infant as explained above
- ☐ Treat mother: apply nystatin cream on mother's nipples
- ☐ The mother can continue breastfeeding during the treatment; the medicine on her nipples will not harm the infant; do not use pacifiers or feeding bottles
- ☐ Discourage use of soap or ointments on the nipples. Use ordinary washing as for the rest of the body.

13. Low Weight Infant

- Low weight for length
- Low weight for age

For ALL breastfeeding mothers with low weight infants:

- ☐ If not well attached or not suckling effectively, demonstrate and assist mother to correctly position and attach infant (specify cross-arm/cross-cradle hold), and identify signs of effective suckling
- ☐ If not able to attach well immediately, demonstrate breastmilk expression and feeding by a cup: Section A: 16
- ☐ If attached but not suckling, hand-express drops of milk into infant's mouth to stimulate suckling
- ☐ If breastfeeding less than 8 times in 24 hours, counsel to increase frequency of breastfeeding
- ☐ Counsel the mother to breastfeed as often and as long as the infant wants, day and night
- ☐ Counsel mother on establishing exclusive breastfeeding
- ☐ If infant is receiving water, other drinks or foods, counsel the mother about breastfeeding more, reducing water, other drinks or foods, and using a cup rather than a bottle if infant has been bottle-fed
- ☐ Low weight infants fatigue easily and may fall asleep after few minutes; try again after a break.
- ☐ Help mother to increase her breastmilk supply; see "Not enough" breastmilk Section A: 5
- ☐ Counsel mother to wait until the infant releases one breast before switching to the other breast

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Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

- ☐ Mother may need to spend more time feeding, perhaps at times with a cup using only expressed breastmilk
- ☐ Mother may need to share some of her other household duties with others for a month or two
- ☐ For the mother who has breastfed in the past and is interested in re-establishing breastfeeding: see Relactation Section A:17
- ☐ Show mother how to provide stimulation and play to make her infant more alert.
- ☐ Weigh each infant weekly until weight gain is established (at least 125 g/week, 500 g/month) and appetite improves.
- ☐ Give mother frequent reassurance, praise and help, to build her confidence

See video:

- Cup Feeding Your Small Baby: https://globalhealthmedia.org/portfolio-items/cup-feeding-your-small-baby/?portfolioID=13325

Kangaroo Mother Care improves breastfeeding

- ☐ Provide skin to skin contact as much as possible, day and night. For skin to skin contact, demonstrate Kangaroo Mother Care:
  - Dress the infant in a warm shirt open at the front, a nappy, hat and socks.
  - Place the infant in skin to skin contact on the mother's chest between her breasts. Keep the infant's head turned to one side.
  - Cover the infant with mother's clothes (and an additional warm blanket in cold weather).
- ☐ When not in skin to skin contact, always keep the young infant clothed or covered. Dress the young infant with extra clothing including hat and socks, loosely wrap the young infant in a soft dry cloth and cover with a blanket.
- ☐ Keep the room warm (at least 25°C) with home heating device (if available) and make sure there is no draught of cold air
- ☐ Close windows/cover window spaces at night
- ☐ Avoid bathing the low weight infant. When washing or bathing, do it in a very warm room/at a warm time of the day with warm water, dry immediately and thoroughly after bathing and clothe the young infant immediately.
- ☐ Change clothes (e.g. nappies) whenever they are wet.
- ☐ Check frequently if the hands and feet are warm. If cold, re-warm the infant using skin to skin contact.
- ☐ Breastfeed the infant frequently (or give expressed breastmilk by cup).
- ☐ Give a hot drink to the adult providing Kangaroo Mother Care for relaxation and production of more body heat.

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

14. Satisfactory Slow Weight Gain

- Gain in weight and length consistent and continuous although below growth chart lines
- Satisfactory slow weight gain has the following characteristics:
  - Frequent feeds
  - Active suckling and swallowing
  - Mother experiences regular let-downs
  - Pale urine: 6 or more diapers soaked daily
  - Seedy or soft stools, frequency within normal ranges
  - Infant is alert and active
  - Appropriate developmental milestones met
  - Good muscle tone and skin turgor

- ☐ Check attachment and breastfeeding positions
- ☐ Listen for deep suckles and audible swallowing
- ☐ Counsel mother to breastfeed frequently
- ☐ Encourage mother to continue to exclusively breastfeed
- ☐ Praise and reassure mother, build her confidence

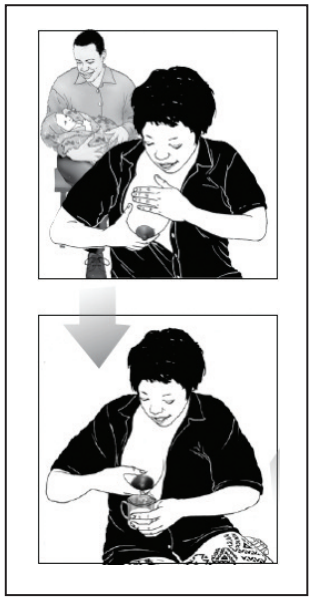
15. Mother expresses concerns about working or being away from her infant and her ability to breastfeed her infant

Mother is concerned about being away from her infant and her ability to feed her infant exclusively on breastmilk

- ☐ Listen to mother's concerns
- ☐ Explain to mother: if she must be separated from her infant, she can express her breastmilk and leave it to be fed to her infant while she is absent
- ☐ Help mother to express her breastmilk and store it safely to feed the infant while she is away (see 'Breast milk expression, cup feeding and storage of breastmilk': Section A:16)
- ☐ Mother should allow infant to feed frequently at night and whenever she is at home.
- ☐ Mother who can keep her infant with her at the work site or go home to feed the infant should be encouraged to do so and to feed her infant frequently.
- ☐ Reassure mother that any amount of breastmilk will contribute to the infant's health and development, even if she cannot practice exclusive breastfeeding.

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

16. Breast milk expression, cup feeding and storage of breastmilk



If infant not able to attach immediately, demonstrate breastmilk expression, cup feeding and storage of breastmilk

Ask the mother to:

- ☐ Wash her hands thoroughly
- ☐ Make herself comfortable
- ☐ Hold a wide necked clean container under her nipple and areola
- ☐ Stimulate breast with light stroking or gentle circular motion around whole breast
- ☐ Place her thumb on top of her breast and the first 2 fingers on the underside of her breast so that they are opposite each other
- ☐ With thumb and fingers press back to chest wall, press and hold together (compress) and release
- ☐ Repeat the action: press back to chest wall, press and hold together and release. Note: this should not hurt
- ☐ Compress and release all the way around the breast, with thumb and fingers the same distance from the nipple. Be careful not to squeeze the nipple or to rub the skin or move thumb or finger on the skin
- ☐ Express one breast until the flow of milk is very slow; express the other breast
- ☐ Alternate between breasts 5 or 6 times, for at least 20 to 30 minutes

See video:

- How to express breastmilk: https://globalhealthmedia.org/portfolio-items/how-to-express-breastmilk/?portfolioID=10861

Cup Feeding

Assess readiness for cup feeding: rest the cup against the infant's lips, with milk touching infant's top lip. Wait and watch for infant response. If no response, try at next feed. If no response after 2-3 trials, then refer to a facility where infant can be 'supported' to suckle.

Ask the mother or caregiver to:

- ☐ Put a cloth on the infant's front to protect his/her clothes as some milk can spill
- ☐ Hold the infant upright or semi-upright on the lap
- ☐ Put a measured amount of milk in the cup or pour only amount to be used at one feeding into the cup
- ☐ Hold the cup resting on the lower lip and tip the cup so that the milk touches the infant's upper lip
- ☐ Wait for the infant to draw in or suckle in the milk
- ☐ Allow the infant to take the milk himself. DO NOT pour the milk into the infant's mouth
- ☐ Caregiver should pause and let infant rest after every few suckles
- ☐ Caregiver should pay attention to infant, look into infant's eyes and be responsive to infant's cues for feeding
- ☐ Do not reuse any milk the infant does not drink for another feeding

See video:

- Cup feeding: https://globalhealthmedia.org/portfolio-items/cup-feeding/?portfolioID=13325

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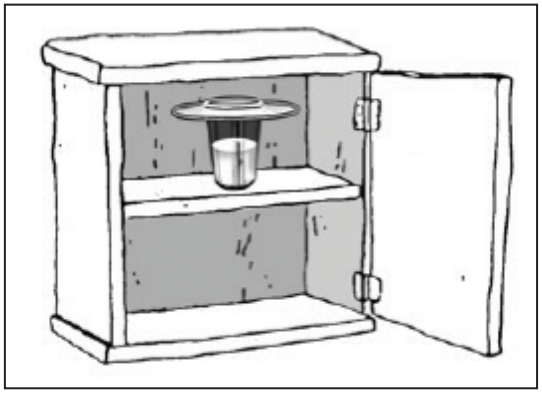
Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions
		**Storage of breastmilk** Ask the mother to: ☐ Use a clean and covered glass or plastic container ☐ Store only enough for one feeding in each container ☐ Each container should be labelled with date and time ☐ Store breastmilk in the coolest possible place; breastmilk can be left in a room at room temperature (<26 °C, in the shade) for 6 to 8 hours. ☐ Store in refrigerator at back of lowest shelf for 5 days (if milk remains consistently cold) ☐ Store frozen for 2 weeks ☐ Use oldest milk first ☐ To warm the milk, put the container of milk in a bowl of warm water; don't heat on the stove Use a cup to feed the infant expressed breastmilk See video: • Storing breastmilk safely: https://globalhealthmedia.org/portfolio-items/storing-breastmilk-safely/?portfolioID=10861

17. Relactation

Mother/ wet nurse interested in re-establishing breastfeeding	Relactation: Mother/caregiver expresses interest in re-establishing breastfeeding after she has stopped, whether in the recent or distant past.	**Note:** Relactation can be started at home if there is no supplemental feeding involved. **Reassure the mother/wet nurse:** ☐ Most women can re-establish breastfeeding. It will be easier if the mother/wet nurse has stopped breastfeeding recently and her infant still suckles occasionally, but relactation can still be accomplished, even by older and postmenopausal women who stopped breastfeeding a long time ago. **Prepare the mother/wet nurse:** ☐ Discuss how her infant will be fed while she re-establishes her breastmilk production (expressed breastmilk or infant formula given by cup) ☐ To relactate, mother/wet nurse must be motivated and believe that relactation is possible ☐ Mother/wet nurse's breasts must be stimulated frequently – ideally, by the infant's suckling, and/or by hand-expressing breastmilk. Reassure her that she will receive the support that she needs from skilled helpers.

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Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions
		☐ Inform the mother/wet nurse how long it may take, and discuss the need for her to be patient and persistent - If an infant has stopped breastfeeding, it may take 1 to 2 weeks or more before much breastmilk comes. - It is easier for a mother/wet nurse to relactate if an infant is very young (less than 2 months) than if s/he is older. However, it is possible at any age. ☐ Discuss the importance of avoiding any practices that can interfere with breastfeeding: - Periods of separation from the infant - Feeding at fixed times, or using a pacifier or bottle (explain the need to feed on demand) - Medicines that can reduce breastmilk production (e.g., oestrogen-containing contraception: provide a non-oestrogen method, if appropriate) ☐ If possible, introduce her to other women who have relactated and can encourage her ☐ Explain to the woman's family and friends that she needs practical help and relief from other duties for a few weeks so that she can breastfeed often and take care of her infant: hold the infant close to her, sleep with the infant, and give skin-to-skin contact as often as possible. ☐ Ensure mother/wet-nurse gets enough to eat and drink ☐ Explain to the mother that resting can help her to breastfeed frequently **Starting relactation** Encourage the mother/wet nurse to: ☐ Stimulate her breasts with gentle breast massage ☐ Put the infant to the breast frequently, as often as s/he is willing (every 1-2 hours if possible, and at least 8-12 times every 24 hrs) ☐ Sleep with the infant so s/he can breastfeed at night ☐ Let the infant suckle on both breasts, and for as long as possible at each feed – at least 10-15 minutes on each breast ☐ Offer each breast more than once if the infant is willing to continue suckling ☐ Make sure that the infant is well attached to the breast

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

18. Mother expresses concerns about her diet

Mother/ wet nurse interested in re-establishing breastfeeding

- Mother thinks her diet affects her ability to produce enough good quality breastmilk
- Enrolled in Supplementary Feeding Programme (SFP) and/or similar food-related/social protection services if appropriate

- ☐ Listen to mother's concerns about her diet and her ability to breastfeed
- ☐ Remind mother that breastmilk production is not affected by her diet:
  - No one special food or diet is required to provide adequate quantity or quality of breastmilk
  - No foods are forbidden
  - Mother should limit alcohol and avoid smoking
- ☐ Encourage mother to eat more food to maintain her own health:
  - Eat two extra small meals or 'snacks' each day
  - Continue eating a variety of foods
  - Use iodized salt
  - 'Drink to satisfy thirst'
  - Consume local dietary sources of vitamin A
  - Attend nutrition education (family, child; cooking demonstrations)
- ☐ In some communities, certain drinks are said to help 'make milk'; these drinks usually have a relaxing effect on the mother and can be taken (but are not necessary)
- ☐ **Link pregnant and lactating women with registration for other service such as general food distribution (GFD), SFP, targeted cash/voucher schemes, social protection schemes, etc.**
  - The additional rations distributed to breastfeeding women contribute to mother's own nutrition while she continues to breastfeed

19. Twin delivery

A mother can exclusively breastfeed both infants

- ☐ The more an infant suckles and removes milk from the breast, the more milk the mother produces
- ☐ Mothers of twins produce enough milk to feed both infants if the infants breastfeed frequently and are well attached
- ☐ The twins need to start breastfeeding as soon as possible after birth – if they cannot suckle immediately, help the mother to express and cup feed. Build up the milk supply from very early to ensure that breasts make enough for two infants
- ☐ Explain different positions – cross cradle, one under arm, one across, feed one by one etc. Help mother to find what suits her

Responsive Feeding and Care Practices

- ☐ Pay attention to infant(s): look at infant(s); look into infant's eyes; respond to infant

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

20. Adolescent mother

	Extra care, more food and more rest than an older mother	☐ Adolescent mothers need extra care, more food and more rest than an older mother ☐ Adolescent mothers need to nourish their own bodies, which are still growing, as well as their growing infant's ☐ Adolescent mothers need calcium. **Note:** as calcium is not present in the multiple micronutrient (MMN) supplement, **1g of Calcium/day** should be added to the **1 tablet MMN/day** (or IFA), needed to promote continuation of growth (especially pelvis bones) during pregnancy ☐ All pregnant and lactating **adolescents *(< 19 years)*** should receive food supplements regardless of their anthropometry for better foetal and maternal outcomes

21. Mother tested positive for HIV

	A mother can exclusively breastfeed both infants	☐ Mother and infant should be counselled & treated according to national guidelines anti-retroviral drugs (ARVs) ***Mother who tests negative or mother of unknown status:*** ☐ Exclusively breastfeed for up to 6 months, add complementary foods at 6 months and continue breastfeeding for 2 years and beyond with periodic re-testing (test & re-test & re-test & re-test for as long as a mother's results are negative and she is breastfeeding) ***Mother living with HIV whose infant tests HIV negative or is of unknown HIV status:*** ☐ Exclusively breastfeed from birth up to 6 months together with anti-retroviral drugs (ARVs) for the mother (the infant will receive ARVs regardless of feeding method); add complementary foods at 6 months and continue breastfeeding for 2 years ☐ Breastfeeding and ART should continue until 12 months and may continue up to 24 months or longer (similar to the general population) ***Mother living with HIV whose infant is tested and also found to be living with HIV:*** ☐ Treatment for the infant should be initiated immediately ☐ Exclusively breastfeed for up to 6 months, add complementary foods at 6 months and continue breastfeeding for 2 years and beyond

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

Supplementary Suckling to help mother relactate (inpatient care only, this is not a C-MAMI intervention)

Observe breastfeeding:

A breastfeeding supplementer consists of a tube which leads from a cup of supplement (expressed breastmilk or formula) to the breast, and which goes along the nipple and into the infant's mouth.

- Avoids using feeding bottles or pacifiers
- For infants who are not willing to suckle at the breast, mother uses the supplementary suckling technique
- Whenever the infant wants to suckle, he or she does so from the breast

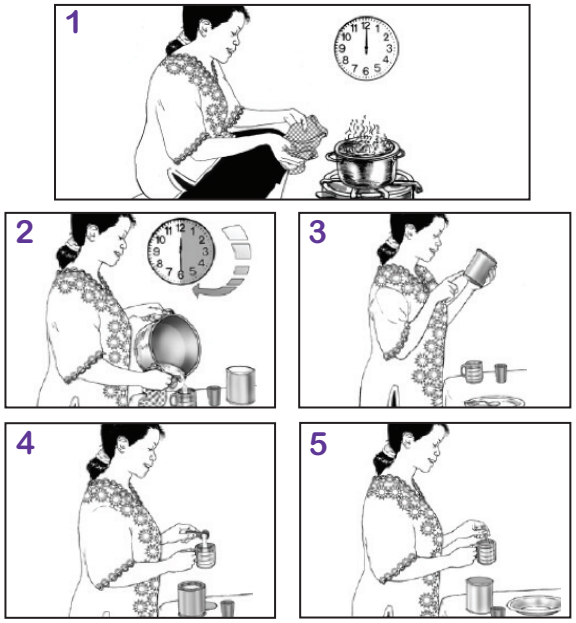
While encouraging the infant to resume breastfeeding, ask the mother to:

- ☐ Go to the health facility for supervision of practice.
- ☐ Explain that the infant suckles and stimulates the breast at the same time drawing the supplement (expressed breastmilk or formula) through the tube and is thereby nourished and satisfied. A fine nasogastric tube (gauge 8) or other fine plastic tubing should be used.
- ☐ The mother can express her breastmilk into the infant's mouth, touching the infant's lips to simulate the rooting reflex and encourage the infant to open his or her mouth wider.
- ☐ Mother controls the flow by raising or lowering the cup so that the infant suckles for about 30 minutes at each feed.
- ☐ If the tube is wide, a knot can be tied in it, or it can be pinched.
- ☐ The cup and tube should be cleaned and sterilized each time mother uses them.
- ☐ Encourage the mother to let the infant suckle on the breast at any time that he or she is willing – not just when she is giving the supplement.

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions
1. Mother absent		
	• Designated carer for infant • Wet nurse identified OR • Established supply of appropriate BMS where wet nurse is not available	Establish the reasons for an absent mother: ☐ Temporary (at work, minding other children, minor illness) ☐ Permanent (seriously ill, maternal death) ☐ Identify and support a wet nurse: this is especially a priority for young infants (e.g. <2 months of age) ☐ Relactation: Section A: 17 support if necessary ☐ Where a wet nurse is not available, provide the necessary supports for using an appropriate breastmilk substitute (see below)
2. Use infant formula as breastmilk substitute (BMS)		
	• Designated carer for infant • Wet nurse identified OR • Established supply of appropriate BMS where wet nurse is not available	Establish the reasons for an absent mother: ☐ Temporary (at work, minding other children, minor illness) ☐ Permanent (seriously ill, maternal death) ☐ Identify and support a wet nurse: this is especially a priority for young infants (e.g. <2 months of age) ☐ Relactation: Section A: 17 support if necessary ☐ Where a wet nurse is not available, provide the necessary supports for using an appropriate breastmilk substitute (see below)

Image	Symptoms/signs/ indicators of practice	Counselling and Support Actions

3. Preparing infant formula



- Designated carer for infant
- Wet nurse identified OR
- Established supply of appropriate BMS where wet nurse is not available

Ask the mother or caregiver to:

- ☐ Wash hands with soap and water before preparing formula and feeding infant.
- ☐ Wash the utensils with clean water and soap, and then boil them to kill the remaining germs.
- ☐ Discuss cost/availability with mother of infant formula: an infant needs about 40 tins of 500g in formula for the first 6 months**
- ☐ Always read and follow the instructions that are printed on the tin very carefully. Ask for more explanation if she does not understand.
- ☐ Use clean water to mix with the infant formula. If possible, prepare the water that is needed for the whole day. Bring the water to a rolling boil for at least 2 minutes and then pour into a flask or clean covered container specially reserved for boiled water.
- ☐ Keep or carry boiled water and infant formula powder separately to mix for the next feeds, if the mother is working away from home and infant accompanies her, or for night feeds.
- ☐ Use only a clean cup to feed the infant. Even a newborn infant learns quickly how to drink from a cup. Avoid using bottles, teats or spouted cups as they are much more difficult to clean.
- ☐ Store the formula tin in a safe clean place.
- ☐ Only prepare enough infant formula for one feed at a time and use the formula within one hour of preparation.
- ☐ Refer to health facility if infant has diarrhoea or other illness or mother has difficulty obtaining sufficient formula.

4. Cup-feeding

- Mother/caregiver feeds infant with cup, and does not use bottles, teats, or spouted cups*

Assess readiness for cup feeding: rest the cup against the infant's lips, with milk touching infant's top lip. Wait and watch for infant response. If no response, try at next feed. If no response after 2-3 trials, then refer to a facility where infant can be 'supported' to suckle.

Ask the mother or caregiver to:

- ☐ Put a cloth on the infant's front to protect his clothes as some milk can spill.
- ☐ Hold the infant upright or semi-upright on the lap.
- ☐ Put a measured amount of milk in the cup.
- ☐ Hold the cup resting on the lower lip and tip the cup so that the milk touches the infant's upper lip.
- ☐ Wait for the infant to draw in or suck in the milk.
- ☐ Allow the infant to take the milk himself. DO NOT pour the milk into the infant's mouth.
- ☐ Caregiver should pause and let infant rest after every few sucks.
- ☐ Caregiver should pay attention to infant, look into infant's eyes and be responsive to infant's cues for feeding.
- ☐ Do not reuse any milk the infant does not drink for another feeding.

See also A: 16 for guidance on cup feeding that can be applied to non-breastfed infants

*Note: If bottle feeding is practised, provide specific advice and support on hygiene and feeding practice. See Infant Feeding in Emergencies (IFE) Module 2, Chapter 9, When infants are not breastfed (see Key Additional Material, p3). www.ennonline.net//ifemodule2

**Note: Amount of milk calculated - 150ml/kg body weight/day

Image	Counselling and Support Actions

1. Health Education/information and Social Support

- ☐ Health education sessions (beyond infant feeding)
- ☐ Nutrition education (family, infant, child; cooking demonstrations)
- ☐ Mother's own health: basic information about sexually transmitted diseases STDs and HIV, reproductive health
- ☐ Early childhood development: including importance of play and psychosocial stimulation to child development)
- ☐ Effects of poor hygiene and pollution
- ☐ What to do when child becomes ill

2. Group Support (or organised support)

- ☐ The group is facilitated by an experienced and trained facilitator/mother who listens and guides the discussion
- ☐ A safe environment of respect, attention, trust, sincerity, and empathy is created
- ☐ Group participants share their experiences, information and provide mutual support
- ☐ 'Confidentiality' is a key principle of a Support Group: "what is said in the group stays in the group".
- ☐ The facilitator guides the discussion, but the discussion is not directed only to the facilitator, but among the participants ("cross-talk")
- ☐ The sitting arrangement allows all participants to have eye-to-eye contact
- ☐ The group size varies from 3 to 12
- ☐ The facilitator and the participants decide the length and frequency of the meetings (number per month)

Image	Counselling and Support Actions

3. Family/Partner Support

During pregnancy:

- ☐ Accompany expectant mother to antenatal clinics (ANC)
- ☐ Remind her to take her iron/folate tablets
- ☐ Provide extra food during pregnancy and lactation

During labour and delivery:

- ☐ Make sure there is a trained birth attendant
- ☐ Make arrangements for safe transportation to facility for birth
- ☐ Encourage breastfeeding immediately after birth and skin-to-skin contact

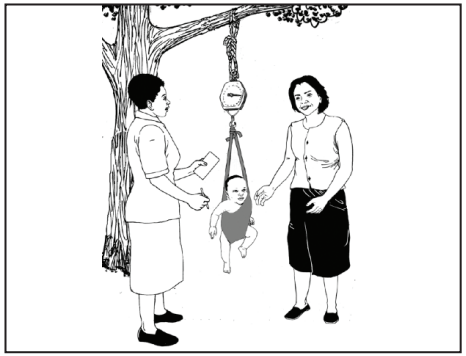
After birth:

- ☐ Help with non-infant household chores, and caring for other children
- ☐ Make sure the infant exclusively breastfeeds for the first 6 months
- ☐ Support the mother so that she has time to breastfeed
- ☐ Pay attention to infant: look at infant; look into infant's eyes; respond to infant's responses; asks: what is infant thinking?
- ☐ Pay attention to/observe the signs/cues of hunger and learn to respond to the infant/young child: smile, go to infant, talk to infant to encourage infant to communicate his/her wishes, show infant that you/mother are preparing to feed
- ☐ Discuss child spacing with wife/partner
- ☐ Accompany wife/partner to the health facility when infant/child is sick, for infant/child's Growth Monitoring Promotion (GMP) and immunisations
- ☐ Provide bed-nets for family in endemic malaria areas

An adolescent pregnant woman/lactating mother: needs extra care, more food and more rest than an older mother. The adolescent pregnant woman/lactating mother needs to nourish her own body, which is still growing, as well as her growing infant's.

Image	Counselling

4. Community Support



Mothers of acutely malnourished infants can receive support from the following community institutions/programmes:

- ☐ Trained Birth Attendants: at every contact with a pregnant woman in the community, and at delivery
- ☐ During postpartum and/or family planning sessions in the community
- ☐ At immunisation sessions (immunisation during health days in the community)
- ☐ During well baby community sessions (Community Growth Monitoring Promotion – GMP)
- ☐ At every contact with mothers or caregivers of a sick infant/child
- ☐ Therapeutic feeding centres (TFCs)
- ☐ Supplementary feeding programmes (SFPs)
- ☐ Agriculture: food diversification, food security, women's farmers clubs
- ☐ Micro-Credits
- ☐ Community Nutrition
- ☐ Sanitation
- ☐ During general ration distribution (GRD) or general food distribution (GFD)
- ☐ Churches/mosques; government offices
- ☐ Schools

Credits for Images

The images come from the following:

- WHO/UNICEF *Infant and Young Child Feeding Counselling: an Integrated Course* (The source for redrawn B&W images is work submitted for the revision to the 'Integrated Course').
- Laid-Back Breastfeeding or Biological Nurturing: La Leche League International.
- The 'breast problem' images and 'cup-feeding' image came originally from the WHO/UNICEF *Breastfeeding Counselling: a Training Course*, but were used also in the *'Integrated Course'* and in the UNICEF *Community IYCF Counselling Package*.
- The 'grey-scale' images (more African in appearance) come from the *UNICEF Community IYCF Counselling Package*.
- Oral thrush image: *Infant and Young Child Feeding: a Community-Focused Approach*. CARE & URC/CHS. 2007.
- Supplementary suckling image: I*nfant and young child feeding: model chapter for textbooks for medical students and allied health professionals*. World Health Organization, 2009.