

MODULE 5

Strategies to Address Feeding Difficulties for Infants with Disabilities

(Total time: 175 minutes)

5.1 Addressing Feeding Difficulties in Infants with Disabilities

Time: 130 minutes

Preparation & materials required: Slide Deck, flipchart, markers, dolls, blankets/cloths/scarves, C-IYCF Counseling Cards, Applying Strategies during Feeding activity sheet and answer key, Breastfeeding Positions handout.

Objectives: At the end of this module, learners will be able to:

- Apply IYCF breastfeeding support actions for infants with disabilities.
- Describe strategies to address feeding difficulties for infants with disabilities to support safe and successful feeding.

Key message(s) to take away for learners:

1. Managing alertness and tone are important ways to support an infant for feeding.
2. A variety of breastfeeding positions may support an infant with disabilities to achieve and maintain good attachment during feeding.
3. Breastfeeding support actions can be applied to support infants with disabilities and their mothers.
4. Infant feeding recommendations should aim to improve safe and effective feeding for both the infant and mother, always prioritizing the principle of "do no harm."
5. Understanding an infant's communication and cues equips mothers to provide responsive care and discern if their infant is getting enough or experiencing any discomfort after feeding.

Activity 5.1.1 (35 minutes)

Strategies to prepare infants with disabilities before feeding

Activity Summary	Key message(s)	Slides & Material(s)
Swaddling activity	1	Slides 184-198 Dolls, blanket, cloth or scarf for each doll

Instructions

- *Note: Prior to training, prepare a flipchart to help you and participants keep track of the various feeding aspects and strategies within this section. On the flipchart, ready three columns with Before, During, and After. As you go through each section, add the aspects you are discussing and then after discussing them, briefly list the strategies discussed. This will be helpful throughout this session and can be referred back to during activities later in the training, as well.*
- Introduce the module:
 - Once you have identified that an infant with disabilities is at risk for feeding difficulties, you may need to closely observe the infant during breastfeeding to understand more about specifically where the issues are. By paying close attention to the infant before, during and after feeding, you can gather important information to help you select targeted interventions to address the feeding difficulties identified.
 - We will discuss some key strategies to address feeding challenges for infants with disabilities before, during and after feeding.
 - In this section, we're going to begin by talking about some things you can do even *before* feeding begins to support an infant for successful breastfeeding including managing the infant's alertness, addressing muscle tone, and strategies to support comfort or non-feeding sucking.

Managing alertness

- Explain managing alertness:
 - Infants transition between states of alertness multiple times per day. Mothers can help their infant learn the skills to eat well by feeding them when they are in the appropriate state of alertness. Here are four key states for infants:
 - *Drowsy*: The infant's eyes start to close and the infant may doze.
 - *Quiet, alert*: The infant's eyes are open wide and face is bright, but their body is quiet.
 - *Active, alert*: The infant's face and body are actively moving.
 - *Crying*: The infant cries, or perhaps, screams. The infant's body moves in irregular ways.
 - The most ideal state for feeding is a **quiet, alert state** when the infant is calm and attentive to their environment.
 - Before feeding, one of the first areas of intervention is managing the infant's alertness.
- Facilitate a conversation about strategies to manage an infant's alertness using the following questions as prompts and then referring to the notes below to offer additional suggestions:
 - What kind of strategies do you use/recommend to alert a drowsy or sleepy infant?
 - What kind of strategies do you use/recommend to calm an agitated or crying infant?
 - What do you think would happen if infants with feeding difficulties are fed while sleepy/asleep? Why could this be a problem?
- Present the following strategies to help manage an infant's alertness:
 - You can help an infant transition to a better state for feeding by changing the environment or amount of stimulation the infant is given.
 - If the infant is *drowsy or sleepy*, then they may need to be alerted. Try the following strategies:
 - Change the environment. For example, turn on a light or move to a brighter space.

- Offer the infant something to see, hear, or suck to help rouse the infant to a more alert state.
- Remove layers of blankets.
- Hold the infant upright and rock gently side-to-side.
- Use firm but gentle pressure/damp cloth to touch the baby on the face, extremities or chest.
- If the infant is very *active, agitated, or crying*, then they may need to be calmed. Try the following strategies:
 - Dim the lights or move to a space that is darker or shaded and not so bright.
 - Remove distractions (e.g., visual and sounds) to promote a calm, quiet state.
 - Wrap the infant in a cloth (swaddle).
 - Apply skin-to-skin contact.
 - Gently pat the infants back rhythmically (avoid bouncing).
- Many infants, especially in the first few months, will still suck on the breast in a drowsy state. For infants with feeding difficulties, however, feeding when drowsy or sleepy may make it difficult to achieve good attachment and increase risk for aspiration. In addition, when feeding in this state, the infant is not actively engaged and learning feeding skills.

Managing tone

- Explain managing tone:
 - Muscle tone is the tension in a muscle at rest. It is important for balance, posture, and preparing muscles to move. Certain conditions can impact an infant's muscle tone, which may have an impact on feeding.
 - *High tone (hypertonia)*: when there is too much tension at rest. High tone can make feeding difficult. An infant with high tone appears stiff with muscles that feel "tight." The infant's tongue may be bunched up or pulled to the back of the mouth and their jaw may be clenched. The infant may have difficulty controlling jaw and tongue movements for sucking and swallowing, difficulty maintaining positioning, and tends to burn a lot of calories requiring more feeding to meet their nutritional needs.
 - *Low tone (hypotonia)*: when there is not enough tension at rest. Low tone can make feeding difficult. A child with low tone appears floppy and muscles seem flexible. The infant's arms may fall to the side or appear limp. Their mouth may be mostly open and the tongue may be sticking out or touching the roof of the mouth. Infants with low tone may have difficulty swallowing and digesting, have muscles that tire easily, and have difficulty maintaining positioning.
 - Tone that is too high or too low may also impact the infant's ability to signal hunger with cues such as difficulty bringing hands to mouth.
 - Managing tone is an important strategy to support safe and effective breastfeeding for infants with high or low muscle tone.
- Present information about good positioning and managing tone:
 - Unlike older children, infants' body structures for feeding and breathing allow them to feed in a semi-reclined position. However, feeding an infant lying flat on their back can lead to increased risk for ear infections, choking, and aspiration.
 - A developmentally supportive position for young infants with disabilities is a flexed, or more curled-up, position with the arms at midline.

- All infants need support for good positioning during feeding, but infants with high or low muscle tone may need extra support to maintain a good body position for feeding.
- During feeding, infants with high and low tone should be held with the body fully supported. The infant needs to focus on breastfeeding and use energy for this, rather than for maintaining their position. A good position will help the infant to achieve a better latch and feed effectively. The key parts of the body for positioning infants during feeding are the head, shoulders, and trunk:
 - **Head:** Supported in a neutral position with chin slightly tucked towards the chest and resting in the middle, not turned to one side or the other. This neutral head position is especially important for some infants with disabilities, for whom too much turning of the head to one side (*cervical rotation*) can lead to high tone.
 - **Shoulders:** Relaxed and symmetrical, the same on both sides.
 - **Trunk:** Elongated, not leaning to one side, arching back, and in a straight line from the hips.
- **Swaddling** with a cloth can be an effective way to provide stability and additional support during feeding for infants with low and high tone. Swaddling is often recommended for young infants, especially in the first few weeks of life, to help calm and soothe them. Because swaddling is often used to soothe infants, this strategy may not be helpful for some infants who tend to be very sleepy during feeding.

Activity (15 minutes):

- Ask for a volunteer to demonstrate to the group how to swaddle an infant.
- Present the following steps to support proper swaddling:
 - Spread a blanket out flat with one corner folded toward the center of the blanket.
 - Lay the infant, face up, on the blanket with their head above the folded corner.
 - Use the blanket to snugly wrap the infant. Bring the infant's arms toward the middle of the chest. Fold one side of the blanket over the infant's body and tuck it under the other side.
 - Bring the bottom corner up over the infant's feet. Make sure the hips and feet can move and that the blanket is snug, but not too tight.
 - Wrap the remaining corner across the body and tuck it under the infant's body. You want to be able to get at least two to three fingers between the infant's chest and the swaddle.
- Divide participants into groups and provide each group with a doll and a blanket or cloth.
- Provide these key reminders:
 - Do not swaddle too tightly around the infant's chest, legs, or hips.
 - Do not swaddle with a heavy blanket.
 - Do not swaddle once the infant can roll over.
 - Do not swaddle infants who are already drowsy while feeding.
- Ask participants to take turns swaddling the doll until everyone in each group has had a chance to try it. Walk around the room offering support as needed.

Non-feeding suck

- Explain non-feeding suck (*comfort suck*):
 - This is the sucking that infants do without the intake of nutrients. That is, when there is no breast milk to swallow. It is usually done for comfort. This kind of sucking is typically more rapid than the pattern used for feeding. It also does not require as much coordination because there is nothing to swallow.

- *Note: Non-feeding suck, also called non-nutritive sucking, can be especially helpful for infants in the NICU or born pre-term. Research has shown that it can help improve feeding skills, help physiological stability, may support digestion, and potentially supports pain management for minor discomfort.*
- Present information about one possible strategy to support non-feeding suck:
 - Infants with feeding difficulties may need support to initiate sucking or to maintain rhythmical sucking. Sucking can improve with practice. In fact, research has shown that practicing non-feeding sucking can support an infant to improve sucking for feeding, too.
 - Introducing sucking on a clean, gloved finger or a gloved finger dipped in breast milk (*if the infant can safely swallow*), can help the infant to practice sucking skills. (*Note: proper hygiene is critical for this strategy*)
 - Begin with a gloved finger. Gently stroke the infant's tongue or palate to initiate a suck. Some infants may benefit from dipping the gloved finger into breast milk to elicit a stronger suck. *Please note: if you are unable to elicit a suck at all despite multiple attempts, referral to a medical provider for additional assessment may be necessary, especially for infants under 4 months of age.*
 - Once the infant is active and continuously sucking on the finger with organized and coordinated sucking, try breastfeeding.
 - Some infants may benefit from this "practice" for several feeds.
- Conclude this section:
 - Ask a few participants to explain in their own words one strategy they can do *before* feeding to prepare infants with disabilities to breastfeed successfully?

Activity 5.1.2 (60 minutes)

Strategies to support infants with disabilities during feeding

Activity Summary	Key message(s)	Slides & Material(s)
Demonstrating/describing breastfeeding positions Applying strategies during feeding brainstorm (options 1 & 2)	2, 3, & 4	Slides 199-212 Dolls C-IYCF Counselling Cards for Breastfeeding Positions (Card 6) and Good Attachment (Card 7) Mod 05_Handout_Breastfeeding Positions Mod 05_Activity Sheet_Applying Strategies During Feeding (<i>option 1 only</i>) Mod 05_Activity Sheet_Applying Strategies During Feeding_Answers <i>Note: C-IYCF Counseling Card numbers may differ by country and the version used. Update prior to training.</i>

Instructions

- Introduce this section by telling participants that in this section, we're going to talk about some things you can do *during* feeding to support an infant for successful breastfeeding including supporting proper latch, facilitating more effective sucking, and ensuring you support safe swallowing.

Latch

- During feeding, the first aspect we will discuss is latch or attachment.
- Present information about good attachment:
 - A proper latch, or how the infant attaches to the breast, is important for infants to feed safely and adequately. A good latch helps the infant extract the most breast milk efficiently.
 - A poor latch can increase the amount of air the infant swallows and can cause pain and damage to the mother's nipples.
 - This is a component of feeding that you may be familiar with assessing.
 - Ask:
 - Can you name 4 signs of a good latch? (*Refer to C-IYCF counseling card for Good Attachment*)
 - The infant's mouth is wide open.
 - You can see more darker skin (areola) above the infant's mouth than below.
 - The infant's lower lip is turned outward.
 - The infant's chin is touching mother's breast.
 - Positioning can be an effective way to support improved latch. Some breastfeeding positions may work better for specific circumstances or conditions. However, different mothers and infants may have different experiences depending on breast size, milk flow, and the infant's skills, so it is good to encourage mothers to try different positions to identify their most successful option.

Activity (10 minutes):

Note: Positions described in this activity, except for reclined and upright, are included on the C-IYCF counselling card for Breastfeeding Positions: cradle hold, cross cradle, under arm, and side lying.

- Show each position named below using the images in the PowerPoint slides.
- Invite a participant to volunteer to demonstrate the position that is pictured on the slide using the dolls.
- Use the content below to name and discuss each position:
 - *Cradle hold*: this may be the most familiar position, but it gives the mother less control of the infant's head. It works better when the infant is bigger and easy to handle or has already learned to breastfeed effectively. It does not work as well for small infants, infants that need additional positioning support, or if the mother's breasts are large.
 - *Cross cradle*: this position supports the infant's body well and gives the mother more control of the infant's head position. It often works well for infants that are small or in need of additional support for body position. The mother is able to provide support along the infant's body to help promote and maintain a good latch.
 - *Underarm*: this position gives the mother a good view of the infant's attachment. It works well with infants with very low tone (floppy) or infants with tight or small jaws. This position gives the mother good control of the infant's head to help achieve and maintain a good latch.

- *Side lying*: this position helps mother to rest while breastfeeding. The infant's nose should be level with mother's nipple, so that they do not need to bend their neck to reach the nipple. This position works well for infants who are larger.
- *Reclined (not shown in C-IYCF counseling card)*: this position is good for skin to skin and closeness that can help calm the infant. In addition, gravity may help the infant to attach deeply in this position.
- *Upright (not shown in C-IYCF counseling card)*: The mother holds the infant upright, facing toward her breast. The mother should provide plenty of support to the infant's body. She places the infant on her lap or with legs straddling the mother's thigh. This position works well for older infants, but when provided with adequate support, it can also be helpful for smaller and younger infants with difficulty coordinating sucking and swallowing, frequent reflux, tongue tie, or low tone.
- Distribute handout on breastfeeding positions to participants.
- Check for questions and clarify understanding before continuing to the next section.

Sucking

- The next aspect we will look at during feeding is *sucking*. You are familiar with the supports and key messages to support effective sucking from the C-IYCF counselling cards.
- To review, ask: What are signs of effective sucking? (*Refer to C-IYCF counseling card for Good Attachment*)
 - Slow, deep suckles; sometimes pausing
 - You can see or hear the infant swallow, after 1-2 suckles
 - Suckling is comfortable and pain free for the mother
 - The infant finishes the feed, releases the breast, and looks contented and relaxed
 - The breast is softer after the feed
- Explain:
 - When you observe an infant breastfeeding and notice concerns with sucking, such as weak suck, disorganized suck, long pauses, poor endurance, or wide-open jaw movements, then additional strategies may be helpful to support effective feeding.
- Today, we will discuss two strategies to address concerns with sucking: breast compression/massage and the dancer hold.
- Present information about each of the strategies:
 - *Breast compressions/massage*: If the infant has a weak suck or takes long pauses, try using breast compressions or massage to stimulate milk flow. Breast compressions should be tested before the infant is on the breast to know how much milk flow it may generate. Too much milk flow for an infant that cannot coordinate sucking and swallowing could increase the risk for aspiration.
 - For breast compression, instruct the mother to use one hand to gently squeeze the breast.
 - For breast massage, instruct the mother to massage her breast with downward and inward strokes. For some infants, alternating massage at the base of the breast with the infant's bursts of sucking can increase efficiency.
 - *Dancer hold*: (*Note: this position is also called "Dancer hand" or "Dancer position"*) This position can help an infant to achieve and maintain a complete seal. If the infant is using wide-open jaw movements, use the dancer position to support the infant's jaw and cheeks.
 - Instruct the mother to use one hand to support the breast with four fingers on one side and her thumb on the other. Have her slide the hand that is under the breast forward, so the hand is supporting the breast with three fingers rather than four. Tell her to form a U-shape with the thumb and forefinger to cradle the infant's chin and support the jaw and cheeks.

- Check for questions and clarify understanding before continuing to the activity.

Activity (25 minutes):

- Divide participants into at least four small groups. Assign each group one of the following conditions:
 - Down syndrome
 - Cleft lip
 - Cerebral palsy
 - Spina bifida/hydrocephalus

Option 1:

- Distribute the Applying Strategies During Feeding Activity Sheet, which includes each of the conditions listed above and a list of potential challenges during feeding.
- Instruct each group to review the challenges during feeding that they might anticipate for an infant with the assigned condition. Based on their discussion, the group should:
 - discuss which position(s) or strategy they would recommend a mother to try, and
 - be ready to explain the reason for their recommendation.
- Move about the room to answer questions as needed.
- After 10 minutes, invite each of the groups to share their answers. There may not be a single correct answer for each condition.
- Use the Answer Key to clarify or expand on the participant's answers.
- Distribute the Answer Key as a handout.

Option 2:

- Distribute the Applying Strategies During Feeding Answer Key. *Note: In this option, you will only use the answer key and not the activity sheet.*
- Instruct participants to review the answer key and discuss the anticipated challenges during feeding, recommended positions and strategies, and the reasons for the recommendations. Each group will then have the opportunity to present what they learned to the large group and demonstrate the recommended techniques.
- Move about the room to answer questions as needed.
- After 10 minutes, invite each group to present about their assigned condition.
- Use the Answer Key to clarify or expand on the participant's answers.

Swallowing

- The final aspect during feeding we will discuss is swallowing.
- Present information about safety and swallowing:
 - Recall that a safe swallow involves the timely and coordinated movement of breast milk from the mouth to the stomach. A delayed or uncoordinated swallow may lead to aspiration.
 - It is important to note that when we recommend changes, we are aiming to improve safe and effective feeding for the infant and the mother. To do this well, we must always remember to **do no harm**. That is, do not accidentally make a situation worse with the changes you are recommending. Always be responsive to the infant's communication to ensure that the strategies or support actions are helping.
 - Here are a few tips to ensure that you support safe swallowing:
 - If the infant is not swallowing, do not feed orally and refer for further evaluation.
 - If an infant is not pausing from sucking and swallowing to occasionally just breathe, instruct the mother to insert a clean finger in the corner of the infant's mouth to break the seal. This will make the infant pause and breathe.

- If the infant is often fatigued and having difficulty consistently when they are tired (e.g., always starts coughing as they get tired), try feeding the infant more frequently and for shorter durations.
- If the infant has persistent coughing or respiratory problems, referral for additional assessment may be necessary.
- Check for questions and clarify understanding before concluding this section.
- Conclude this section:
 - There are certain positions that may be well suited for particular feeding challenges. A good position is both comfortable for the mother and helps the infant attach well. However, there is no single correct way to position an infant for breastfeeding, so it may require trials to figure out what works best for each mother and infant pair.
 - Applying breastfeeding support actions for infants with disabilities can support mothers to address challenges during feeding.
 - Always be responsive to an infant's communication to ensure that the strategies or support actions are helping and being well-tolerated by the infant.

Activity 5.1.3 (35 minutes)

Strategies to support infants with disabilities after feeding

Activity Summary	Key message(s)	Slides & Material(s)
Group discussion	5	Slides 213-227
Review game		Flipchart, markers

Instructions

- Introduce this section:
 - We will now consider strategies to address challenges *after* feeding.
 - Observing an infant's state and for signs of discomfort after feeding are an important part of the process of addressing feeding difficulties.
 - An infant's state after feeding can provide critical information about the infant's skills and challenges. Infants will communicate when they are full or satisfied and they will communicate if they are experiencing stress, fatigue, or discomfort.
 - Supporting a mother to recognize her infant's cues is a key strategy to foster responsive care and improved feeding. This is especially important for infants with disabilities, some of whom may communicate their needs differently than their peers.

Activity (20 minutes):

- Facilitate a group discussion about signs that an infant is getting enough to eat, signs of fullness, signs of dehydration, and signs of discomfort.
- Use information below as needed to clarify or expand the conversation:
 - *Signs of getting enough:*
 - Soiled diapers: Several bowel movements per day; yellow stools by day 4
 - Wet diapers: 5-7 wet diapers per day by day 5 until about 6 months of age (Note: Dark yellow or strong-smelling urine may be sign of dehydration)
 - Weight gain: Gaining ½-1 oz. (14-28 grams) per day
 - Mood and appearance: Calm/active when awake and satisfied after a feeding (not lethargic)

- *Signs of fullness:*
 - Encourage mothers to stop a feeding when the infant indicates fullness. This will reinforce the infant's communication skills and may help reduce discomfort from overfeeding.
 - Fullness cues say, "I'm done."
 - A relaxed body shows us the infant is calm and satisfied. This can include fists opening, arms lying low across the body, falling asleep with the body relaxed (not lethargic or fatigued).
- *Signs of dehydration:* A dehydrated infant needs urgent referral to a hospital for clinical care.
 - Infant has not urinated for over 6 hours
 - No tears when infant cries
 - Mouth feels dry and sticky
 - "Soft spot" on top of head is flat or sunken
 - Infant is acting confused
- *Signs of discomfort & Vomiting:* Infants may communicate discomfort in a number of ways including crying, agitation, and fussing. Vomiting frequently or in large amounts could mean the infant has had too much milk, they are not tolerating the milk or the amount, their gut is immature, they have reflux, or the infant swallowed too much air while feeding. Infants with feeding difficulties may experience vomiting more often. Frequent vomiting can cause infants to become sensitive to touch in and around the mouth and gag easily, leading to refusal to feed and dehydration.
 - For infants that vomit frequently:
 - Try increasing the frequency of feeds, but feeding for shorter durations so the infant is likely to take a smaller volume each feed.
 - Position the infant upright after feeding for at least 10-15 minutes.
 - Avoid wrapping the infant tightly in a cloth or securing diapers too tightly, especially right after feeding.
 - Position the infant on the left side after feeding. (*Do not leave unattended*)
 - For some infants, referral for additional assessment may be necessary.
- Conclude this section with a review activity.

Activity (10 minutes):

- Tell participants that they will now test their knowledge about addressing feeding difficulties by playing a game.
- Explain the rules of the game and give an example if needed:
 - Stand up if you are able to.
 - I will read a true/false statement about identifying feeding difficulties.
 - If you think the statement is true, place your hands on your head.
 - If you think the statement is false, place your hands on your hips.
 - *Note: if participants are not comfortable or able to stand, you can select different gestures for each answer. For example, place your hands on your head for true and your hands on the table for false.*
 - Listen to my statement carefully before making the gesture to indicate your answer.
- Read each statement one by one [*answers are between brackets*]:
 1. The most ideal state for feeding an infant is a quiet, alert state. [*True*]

2. An infant with a stable body position can achieve a better latch and feed effectively *[True]*
 3. The cradle hold is the most common breastfeeding position because it is effective for most infants and gives the mother control of the infant's head. *[False, the cradle hold is a familiar hold, but it gives the mother less control of the infant's head and may be more effective for bigger infants or infants who have already learned to effectively breastfeed.]*
 4. A delayed or uncoordinated swallow may lead to aspiration. *[True]*
 5. High tone is when muscles appear floppy or flexible. *[False, high tone is when muscles appear tight or stiff.]*
 6. It is only important to pay attention to an infant's state before feeding. *[False, the infant's state after feeding can provide critical information about the infant's skills and challenges.]*
 7. Breast compressions or massage can be used to support an infant with a weak suck or who takes long pauses. *[True]*
 8. Infants may communicate discomfort or pain by crying or fussing. *[True]*
- Continue playing until all statements have been read out. If all participants are seated before all the statements have been read, invite everyone to stand up again and continue the game.
 - The last person or group standing wins a round of applause – or a small prize if available.



Check before proceeding.

These are the key messages for this module. Have these been explicitly addressed and learners appear to have a good understanding of them?

1. Managing alertness and tone are important ways to support an infant before feeding.
2. A variety of breastfeeding positions may support an infant with disabilities to achieve and maintain good attachment during feeding.
3. Breastfeeding support actions can be applied to support infants with disabilities and their mothers.
4. Infant feeding recommendations should aim to improve safe and effective feeding for both the infant and mother, always prioritizing the principle of "do no harm."
5. Understanding an infant's communication and cues equips mothers to provide responsive care and discern if their infant is getting enough or experiencing any discomfort after feeding.

5.2 Other Feeding Considerations for Infants with Disabilities

Time: 45 minutes

Preparation & materials required: Slide Deck, flipchart, markers, dolls, small cups, drinking water, Counseling Cards, Global Health Media video

Objectives: At the end of this module, learners will be able to:

- Explore alternatives to breastfeeding for infants with disabilities.

Key message(s) to take away for learners:



Save the Children

1. Cup and spoon feeding may be appropriate alternative methods to feed infants with disabilities and require careful observation for readiness, skills, and any signs of difficulty or aspiration.
2. Tube feeding may be necessary for infants who are medically unstable, consistently not alert during feeding, show aspiration signs, or have poor weight gain and urine output.
3. If infants can safely feed by mouth, follow this order: first breastfeed, then cup feed, and lastly tube feed.

Activity 5.2.1 (40 minutes)

Alternative methods for feeding

Activity Summary	Key message(s)	Slides & Material(s)
Cup feeding simulation	1, 2, & 3	Slides 228-244 Flipchart, markers, small cups, water, dolls C-IYCF counselling card for how to hand express breast milk and cup feed (Card 9) “Cup Feeding Your Small Baby” video from Global Health Media (0:00-5:06)

Instructions

- Introduce this section by telling participants If the infant is unable to breastfeed or unable to fully breastfeed, alternative feeding methods may be necessary.
- In this section, we will discuss alternative methods for feeding, like spoon, cup or tube feeding for infants with disabilities.
- Facilitate a conversation about participants’ current practices around cup feeding:
 - Do you use cup feeding for some infants?
 - Describe some of the circumstances where you recommend cup feeding.
 - What guidelines do you have, if any?
 - If necessary, prompt additional details with questions like: Are all the infants cup fed? Is this before or after trying to breastfeed? When is it used instead of breastfeeding? How are the volumes determined?
- Listen to responses and note words or phrases to summarize the circumstances on a flipchart.
- Expand or clarify the conversation by explaining when to use cup feeding:
 - Cup feeding may be used when:
 - An infant’s mother is unavailable
 - An infant is alert and can suck but is unable to latch onto the breast
 - An infant is not able to effectively breastfeed or is only able to partially breastfeed

Activity (15 minutes):

- Write these key words/phrases on a flipchart as a reminder about the topics you will ask questions about: readiness, mother's steps before, how infant feeds, stopping signs, and spoon feeding.
- Tell participants:
 - You will watch a video clip that demonstrates cup and spoon feeding. (Note: You can show the video and ask all the questions OR show the cup feeding first (0:00-4:32) and ask questions then show the spoon feeding (4:33-5:06) and ask the last question)
- Explain the activity:
 - During the video, I want you to watch and listen carefully. Pay attention to what happens before and during feeding. Listen for information about signs that the infant is ready for cup feeding, the steps the mother should take, how the infant feeds from the cup, and how the infant signals they are done with feeding. After each part, I will ask you some questions.
- After the video has concluded, ask participants the questions listed below. Reference the notes provided below each question to provide additional information:
 - When is the infant ready to cup feed?
 - If he can swallow milk without coughing, choking or turning blue.
 - What are some key steps the mother must take before feeding?
 - Practice first with guidance from a trained health worker.
 - Recognize the infant's feeding signals.
 - Wash hands
 - Pour milk into a small cup
 - Wrap the infant and position nearly upright.
 - During the first example, what do you notice in the video about the small infant's pace of cup feeding?
 - The infant pauses, sometimes for longer periods of time.
 - The infant laps the milk from the cup.
 - The infant controls moving the liquid into their mouth
 - During the first example, what signs did the small infant give that it was done feeding?
 - The infant held his hand up
 - The infant starts to fall asleep
 - Why does cup feeding help prepare the infant for breastfeeding?
 - It uses a similar tongue movement or action.
 - When is spoon feeding a good alternative method to cup feeding?
 - According to the video, especially in the first few days when the infant only needs a very small amount of milk.
 - Spoon feeding is an alternative to cup feeding that can give the infant more time to swallow, as they can more easily take breaks between sips. This method could be used as an introduction to cup feeding to help the infant and feeder learn the rhythm of feeding and giving breaks.
- Explain that the C-IYCF Counselling cards outline some steps and tips for successful cup feeding, as well. Explain that these steps are important when cup feeding an infant with disabilities. Additional consideration may be necessary depending on the infant's positioning, tone, feeding skills, and risk for aspiration.
- Present these key tips for successful cup feeding for all infants including infants with disabilities:
 - The infant should be alert and able to suckle. Never cup or spoon feed a sleeping infant.
 - Use a small cup, such as a medicine cup (30 ml).

- Instruct the mother to hold the infant close to her body. Position the infant upright with adequate support for a good body position. Never feed the infant lying flat on their back.
- Present the cup to the infant's lips and bring the liquid to the rim of the cup.
- Do not pour milk into the mouth!
- Avoid applying too much pressure on the infant's lip.
- Avoid putting the cup too far inside the infant's mouth.
- Observe the infant closely for swallowing. It is best to keep the cup at the infant's mouth, however, if the infant is having difficulty coordinating suckling and swallowing, try offering single sips and moving the cup away from the mouth to observe for a swallow. As the infant can manage it, you can allow the infant to suck and swallow for 3 or 4 sips and then provide a short break.
- *Cup feeding may be risky if not done correctly*, especially if the infant cannot control the milk in their mouth. Watch the infant closely for signs of aspiration and discontinue cup or spoon-feeding trials if signs increase or persist.
- *Stop cup feeding immediately if:*
 - the infant is not responsive (e.g., no lips or jaw movement),
 - milk remains in the mouth then pours out (i.e., not swallowing), or
 - the infant is coughing, gasping, change in color.

Activity (10 minutes):

- Introduce activity by telling participants that they will now practice cup feeding together.
- Divide participants into pairs or small groups.
- Provide each participant with their own small cup.
- Instruct participants to practice cup feeding:
 - Use dolls to practice positioning an infant for cup feeding.
 - Use water to practice bringing water to the edge of the cup.
 - If comfortable, practice presenting water to each other by bringing water to the edge of the cup without pouring the liquid into their partner's mouth.
- After groups have had time to practice, bring the large group back together to discuss the experience.

Tube feeding

- Tell participants that another alternative method of feeding is tube feeding.
- Facilitate a conversation about tube feeding practices that participants are familiar with:
 - Is tube feeding available at health facilities in communities where you work?
 - Raise your hand if you are familiar with the protocols of using tube feeding in children?
 - If the group is not familiar, present information about tube feeding.
 - If some participants are familiar, ask: What can you tell me about how decisions are made to start or stop tube feeding?
- Listen to responses and, if appropriate, make notes or summarize on a flipchart.
- Present information about tube feeding:
- An infant needs tube feeding if they are:
 - medically unstable
 - consistently not alert at breast/cup
 - consistently unable to consume an adequate amount for healthy growth by breast/cup
 - showing signs of aspiration or respiratory distress while/after feeding
 - not gaining weight
 - not passing urine
- If an infant is safe and able to breastfeed, but still needs tube or cup feeding, try the following sequence:

- First, breastfeed.
 - Then, cup feed.
 - Lastly, tube feed.
- Present briefly about specialized feeders used in certain contexts:
 - In some contexts, where proper hygiene is possible and access to specialized equipment is available, specialized infant feeders or bottles may be used to feed infants before resorting to tube feeding. These specialized feeders were originally designed to meet the needs of infants with cleft lip and/or palate, but in some contexts may be used with other infants with disabilities who have difficulty achieving adequate suction for efficient breastfeeding. The slide contains images of specialized feeders. It is recommended to try several feeding strategies and cup feeding before using specialized bottles.
- Conclude this section:
 - Ask participants to reflect on their experiences with alternative methods of feeding in the past and how these methods may also be used to support infants with disabilities.
 - Invite participants to share about their own reflections or remaining questions.



Check before proceeding.

These are the key messages for this module. Have these been explicitly addressed and learners appear to have a good understanding of them?

1. Cup and spoon feeding may be appropriate alternative methods to feed infants with disabilities and require careful observation for readiness, skills, and any signs of difficulty or aspiration.
2. Tube feeding may be necessary for infants who are medically unstable, consistently not alert during feeding, show aspiration signs, or have poor weight gain and urine output.
3. If infants can safely feed by mouth, follow this order: first breastfeed, then cup feed, and lastly tube feed.

