

SESSION 1: ADDRESSING STRESS IN EMERGENCIES



LEARNING OBJECTIVES

1. Describe how the timing, duration and frequency of IYCF-E counseling is adapted to support caregivers who are stressed
2. Explain how stress impacts responsive feeding and describe strategies to mitigate those impacts
3. Apply self-care strategies to manage your own stress and regulate your emotions as a counselor



COUNSELING SKILLS FOCUS*

- Show that you understand how mother or caregiver feels (showing empathy).
- Recognize and praise what the mother or caregiver and baby are doing right.
- Use simple language.

**Reminder: The full 3A process and counseling skills set remain essential. The focus on these particular three skills is for practice and learning purposes.*

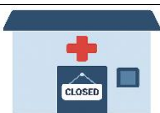
STEP 1: Set the Scene

Why are we discussing stress in emergencies?

- Emergencies create **intense stress** for caregivers.
- Stress affects **decision-making, communication, and caregiving**.
- When caregivers feel overwhelmed, it can impact **feeding practices and child well-being**.

Figure: Sources of stress specific to emergencies

Emergencies often bring multiple stressors at once:

	Environmental factors	Overcrowding, poor shelter, unsafe conditions, decreased access to safe drinking water and hygiene items, higher disease risk
	Social factors	Breakdown of community structures, loss of social networks, isolation, loss of friends, family, and loved ones
	Health system factors	Disrupted health services, longer distance to access, long wait times and overcrowd
	Financial factors	Loss of livelihood, lack of access to basic necessities
	Individual factors	Increased GBV risk; amplified challenges for individuals with a disability

These factors combine and increase stress, affecting caregivers' ability to care for and feed infants and young children.

Emergency context



Stress



Feeding practices



Scenario: Stress impacts feeding



Armed conflict has displaced thousands of civilians, who are staying for an average of two nights in a **crowded transit camp**. **Tents are shared**, **queues** for food and water **are long**, and sanitation is **inadequate**. A Mother-Baby Area (MBA) is available for pregnant and lactating women (PLW) and children 0–23 months.

Question:

How might the stress caregivers experience in these conditions impact IYCF-E practices?

Write key points from the group discussion below:

Consider caregivers with disabilities

Some caregivers or children may live with disabilities. In emergencies, their challenges can be magnified, for example:

- **Moving around is harder** in crowded camps.
- **Feeding in public spaces can feel additionally overwhelming** without privacy or quiet/calm.
- **Extra energy is needed for daily tasks**, adding to physical exhaustion.
- **Finding appropriate food or feeding support** can be difficult, especially for children with sensory needs or those who used a Breastmilk Substitute (BMS) before the emergency.

STEP 2: Strengthen key knowledge, concepts, and skills



LEARNING OBJECTIVE 1:

Describe how the timing, duration and frequency of IYCF-E counseling is adapted to support caregivers who are stressed

Timing, duration, frequency of counseling in emergencies

When, how long, and how often you provide counseling needs to be adapted in emergencies.

Table: Adapting counseling in emergencies – Timing, duration, frequency

When (timing)	How long (duration)	How often (frequency)
Challenge: Counseling may happen too early or too late (e.g. discussing complementary feeding when the infant is a newborn) → caregivers feel overwhelmed or frustrated.	Challenge: Caregivers under stress have less focus, and counselors have little time.	Challenge: Six standard contacts (as recommended by WHO) are rarely possible in emergencies
Adaptations: • Validate frustration from missed info. • Focus on what caregivers can do now. • Prioritize present needs. • Avoid overload. • Highlight strengths.	Adaptations: • Start with emotional connection. • Set one clear goal. • Break info into small steps and repeat. • End with next steps. • Leave on a positive note.	Adaptations: • Seize opportunities (queues, distributions). • Keep sessions short and focused. • Repeat key messages across contacts.

Why stress matters and small tips to adapt

- Stress reduces memory and decision-making capacity.
- Use **short, focused messages**, repeated over time.
- Combine verbal, written, and visual communication.
- **For caregivers with disabilities**
 - Use adapted written/visual formats: large print, pictorial cards, braille.
 - Involve a trusted support person if possible.
 - Adjust duration of sessions as needed - either allowing extra time or decreasing the duration based on the mother and child's specific needs.



Key learning points – Objective 1

- In emergencies, **when, how long, and how often** counseling happens must be flexible.
- Always start each session by creating **emotional safety and connection**, even when time is limited.
- Counseling may happen too late or too early; adapt by focusing on the most pressing current need.
- Use **shorter, more frequent contacts** and repeat key messages in multiple formats.
- Ensure **accessibility and inclusion** for caregivers with disabilities in all adaptations.



LEARNING OBJECTIVE 2:

Explain how stress impacts responsive feeding and describe strategies to mitigate those impacts

Activity: Common beliefs and practices



TRUE or FALSE?

Milk production <i>can</i> continue even in very stressful situations.	True	False
Maternal adrenaline inhibits the let-down reflex, slowing milk flow.	True	False
Infant behavior, such as crying or acting unsettled, during emergencies does not necessarily mean the baby is not getting enough milk.	True	False
Breastfeeding while stressed or sad can harm the infant, physically or emotionally.	True	False
Fathers and other family members have little influence on feeding practices.	True	False

These beliefs can **increase maternal stress, reduce confidence, and lead to behaviors which indirectly affect milk supply**. Understanding this helps the counselor approach a mother **with empathy and practical guidance**.

Keep in mind to:

- Acknowledge and respect the caregiver's feelings and experiences: validate her concerns without judgment.
- Provide accurate information gently: explain what the evidence says.

Refer to *Job Aid 1.1: Addressing common beliefs and practices in emergencies* for more detailed explanations and sample responses.

Responsive feeding

DEFINITION

Responsive feeding is the practice of feeding a child in response to their cues, such as signs of hunger, fullness, or a need for comfort, rather than on a strict schedule or through pressure.

Examples in practice:

For instance, a mother notices her baby turning their head toward her chest and opening their mouth. She offers the breast calmly and makes eye contact. When the baby turns away or slows sucking, she pauses feeding, recognizing the baby is full. Responsive feeding is about mutual communication where caregivers observe, respond, and adjust based on the child's signals.

Notice the baby's
call or cue

Understand the need

Respond calmly in an
appropriate and
timely manner

Key points:

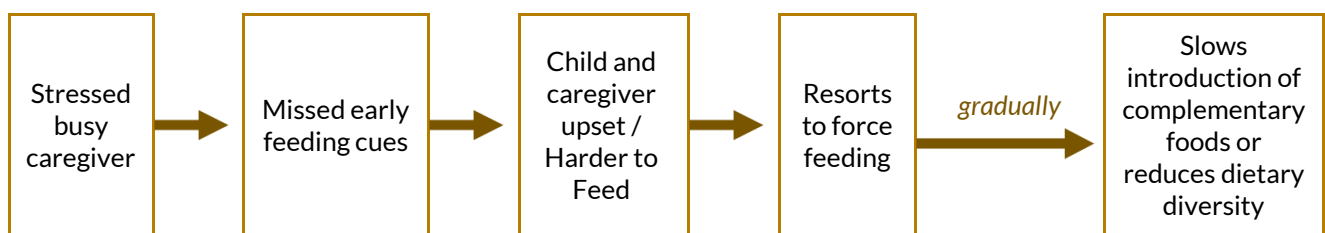
- Responsive feeding = recognizing and responding promptly and warmly to feeding cues.
- Responsiveness helps the child feel safe, builds trust, and supports emotional and physical growth.
- These positive interactions can reduce stress for both the mother and the child.

How stress affects responsive feeding

- Stress affects how caregivers notice and respond to their children's cues.
- When stressed, a caregiver may overlook early feeding cues, respond only to crying, shorten breastfeeding sessions, or try to rush or force-feed an older child.

Diagram: How missed cues affect breastfeeding over time

Why does supply decrease? Breast milk production works on a supply-and-demand system: the less milk that is removed from the breast, the less milk that is made. When stress leads to shorter or fewer feeds, it can gradually reduce milk production over time. Stress itself does not stop milk production.

Additional ways stress impacts feeding behaviors**Diagram:** How missed cues affect complementary feeding over time

- Stress can also cause:
 - Increased mother-child separation to attend to other priorities → reduced feeding opportunities
 - Misinterpretation of fussiness as 'not enough milk' or 'hunger' → introducing breastmilk substitutes or complementary foods too early
 - Heightened anxiety or worry → disrupted routines or missed feeding cues
- Infant behaviors may include:
 - Disrupted sleep and feeding routines → missed or shorter feeds; additional fussiness
 - Seeking extra comfort (*feeding all the time*) → frequent but less effective feeds (short, shallow), over consumption and/or reliance on junk foods.
- All these behaviors reduce effective milk removal → can gradually reduce milk supply.

Key points:

- It's the behaviors caused by stress—not stress itself—that impact milk supply.
- Supporting caregiver behaviors is crucial in emergencies.

Strategies to mitigate impact

Activity: Strategies to support mothers and caregivers under stress



Timing: 5 minutes

Group 1: What practical things can you do to help a mother or caregiver feel calmer, more supported, and less alone in this situation?

[illegible]

Group 2: *What tips can you give a mother to help her respond to her young child's feeding cues, even when life is stressful?*

[illegible]

Group 3: *What can you do to involve family or community members, so they support the mother and do not pressure her with myths or recommend harmful practices?*

[illegible]

Refer to *Job Aid 1.2: Practical strategies to support mothers under stress* and *Job Aid 1.3: Counseling cards*.



Key learning points – Objective 2

- **Stress does not stop milk production.** Less frequent or shorter feeds can reduce supply over time, not stress itself.
- **Stress affects behavior, not milk quality.** Breastmilk stays nutritious even when a mother is stressed.
- **Missed cues mean later, more challenging feeds.** When babies are fed late, they are upset, which makes feeding stressful for both the mother and baby.
- **Milk supply works on demand.** The more the mother breastfeeds, the more breast milk she will make.
- **Responsive feeding matters.** Watching for early hunger cues and responding warmly helps children feel safe and reduces stress for both the mother and child.
- Helping caregivers find manageable moments to feed attentively can protect recommended complementary feeding behaviors during emergencies.
- **Children's behavior changes in emergencies are normal.** Fussing or frequent feeding doesn't always mean that they do not have enough milk or that they are hungry.
- **Fathers and family members are influential to feeding behaviors.** Involve them to help mothers with feeding and reduce pressure or misconceptions.
- **Support can make a big difference.** Emotional reassurance, calming techniques, practical tips for responsive feeding, and family support all protect breastfeeding and healthy feeding behaviors.



LEARNING OBJECTIVE 3:

Apply self-care strategies to manage your own stress and regulate your emotions as a counselor

Stress regulation

Just as stress can make feeding harder for mothers, **your own stress can affect how you support them**. Learning ways to regulate your stress will help you stay calm, focused, and improve the effectiveness of counseling.

Key points:

- When you are well regulated: you are calm, you feel at ease, focused, and able to respond effectively.
- When you are dysregulated: you feel stressed, you may experience the following reactions:
 - Fight/flight response → irritable, anxious, frustrated
 - Freeze response → stuck, disengaged, uncertain

Table: Effects of regulation and dysregulation on counseling

When regulated You can...	When dysregulated You can...
Actively listen and empathize with caregivers	Feel impatient or frustrated when mothers don't follow advice, making connection harder
Build trust and rapport with caregivers (we are experienced as "safe")	Struggle to communicate clearly or stay focused during sessions
Take in information, see the bigger picture, concentrate, and remember details	Have difficulty analyzing information, seeing options, or solving problems
Communicate calmly and effectively	Avoid or withdraw from difficult conversations
Solve problems and make good decisions	Feel stuck when caregivers face many challenges; lose sense of purpose or effectiveness

Because stress affects how you connect, listen, and make decisions, caring for your own mental health and practicing regulation is essential for effective IYCF-E counseling.

Table: Self-regulation vs co-regulation

Self-regulation	Co-regulation
→ calming and grounding yourself first.	→ using your calm presence to help others (caregivers/babies) feel calm.
• Use when you notice signs of stress or disconnection. • Helps stabilize the nervous system, improving focus, emotional resilience, and ability to support others.	• Use with caregivers during counseling when they appear stressed or overwhelmed. • Can also be taught to mothers and caregivers to use with their children.

Remember: You cannot help others regulate if you are dysregulated yourself. Your calm presence supports caregivers, which in turn helps their children.

Regulation techniques

There are two main types of regulation practices. You can use them for self-regulation or to co-regulate with caregivers.

Two types of regulation practices

- **Soothing** → Use when tense, overwhelmed, nervous, or worried (e.g. after emotionally heavy discussions). Examples: Slow breathing, grounding, self-hug.
- **Activating** → Use when tired, withdrawn, lethargic, or sleepy (e.g. after lunch or long sessions). Examples: Stomping feet, shaking, gentle movement.

Different styles of practices

- **Orienting** → Create a sense of safety by noticing the present moment
- **Grounding** → Stabilize and anchor in the body and surroundings
- **Breathwork** → Calm and regulate the nervous system through breathing
- **Movement** → Release or boost energy through motion
- **Self-touch** → Notice the body and use hands for comfort and self-soothing (e.g., hand on chest, self-hold)
- **Resource-oriented** → Focus on internal and external strengths or supportive connections

Regularly practicing these techniques builds a “toolbox” you can draw on whenever you need to stay balanced. Refer to *Annex 1: Emotional regulation practices* for more examples at the end of the handbook.

Activity: Deep breathing

This exercise brings your focus to your breath and helps you to slow down.

ACTIVITY: DEEP BREATHING



- 1 Place one hand on your chest
- 2 Inhale for 4
- 3 Hold for 2
- 4 Exhale for 6

Repeat 3 time

How to use in daily work

- **Before counseling:** Pause, take a breath, set aside distractions
- **During sessions:** Model calmness, speak slowly, listen fully; your calm presence helps caregivers regulate too (co-regulation).
- **After difficult moments:** Reset using any practiced technique before moving to the next caregiver



Key learning points – Objective 3

- A counselor’s ability to **regulate stress** affects both the quality of counseling and their own well-being.
- **Co-regulation** can be used intentionally to strengthen counseling and can also be taught to mothers and caregivers to support their children.
- Practicing **simple self-regulation exercises** builds a “toolbox” you can draw on when needed.

STEP 3: Demonstrate

Listen and watch the demonstration of a case study based on the scenario introduced in Step 1. The demonstration illustrates the application of knowledge and skills from Step 2, focusing on the **ANALYZE** step.

You will observe the counselor using three key counseling skills:

- **Empathize:** show that you understand how the mother/caregiver feels.
- **Recognize and praise:** highlight what the mother/caregiver and baby are doing right.
- **Use simple language:** explain concepts clearly without jargon.

The counselor is an IYCF-E Counselor who has been referred to Hana.

Case study: Hana and Mariam



Mother / Caregiver: Hana

Child: Mariam, 4 months old

Location: Mother-Baby Tent - Transit Camp

Reason for contact: Counseling for BMS request and maternal stress

Current situation: Hana is considering introducing BMS. Mariam has been exclusively breastfed until now.

Instructions:

- Focus on observing how the counselor applies the skills, not on evaluating performance.
- Notice techniques, phrasing, and interactions that help Hana feel supported and understood.

Use this space to write notes, reflections, or key takeaways from the discussion

[illegible]

STEP 4: Role-Play

Now, it is your turn!

Before beginning the role play, take a moment to prepare yourself. Counseling in emergencies can feel intense, and it is important for counselors to be calm and centered in order to support caregivers effectively. A simple regulation exercise can help you settle, focus, and be more present.

Activity: 5-4-3-2-1 method

This exercise brings your attention to the present moment and the sensation in your body. In your mind, think of the following:



5 things you see



4 things you can feel



3 things you hear



2 things you smell



1 thing you taste

Role Play: Continuation of Hana's story



Timing: 10 minutes

Hana returns to the Mother-Baby Tent the next day. Yesterday, it was agreed that she would:

- Try to make a little private space with a sheet.
- Keep Mariam close so she can notice her signals early.
- Breastfeed more often, especially before Mariam cries.

She has been trying some of the ideas discussed with the counselor but still feels stressed and uncertain. Today, she is looking for more support and reassurance.

Instructions:

1. Review the Counseling Skills Checklist before beginning the role play.
2. In your groups of three, divide into specific roles:
 - One person will play the **counselor**,
 - One person will play **Hana** (the facilitator will give you a short role-play card with Hana's situation),
 - One person will be the **observer** (use the Counseling Skills Checklist below to note key strengths and areas for improvement. Do not write everything).

As you role play, counselors should focus on practicing three core counseling skills described below.



Reminders: Core counselling skills

- **Empathize:** Show that you understand how the mother or caregiver feels. This can be done by naming the emotions you hear and linking them to her situation. For example:
"What a difficult few weeks you've had."
"You're exhausted because you've had so much to do."
- **Recognize and praise:** Highlight what the mother or baby is doing well. Genuine praise builds confidence and encourages positive behaviors. For example:
"Mariam looks healthy and alert."
"You've worked hard to keep breastfeeding through such stressful times."
- **Use simple language:** Avoid jargon or technical terms. Explain concepts in a way that is clear and easy to understand. For example, instead of "responsive feeding" say:
"Feed your baby as soon as you notice small signs of hunger, before she cries."
"Stress does not stop your body from making milk."

Counseling Skills Checklist for the observer

Instructions: Tick **Yes**, **Partially**, or **No** for each skill or action you observe during the counseling session.

Counseling Skills Checklist			
Core counseling skills	Yes	Partially	No
Greeted the mother warmly and created emotional safety			
Adjusted speed, tone, and language appropriately			
Expressed understanding and empathy for the mother's feelings			
Praised positive behaviors observed in the mother or child			
Used simple, clear language, avoiding jargon			
Case-specific / Practical actions	Yes	Partially	No
Acknowledged the mother's progress since the last visit			
Offered feasible solutions or options for the mother to consider			
Addressed the mother's stress and concerns			
Corrected any beliefs or misinformation the mother may have			
Supported responsive feeding practices			
Discussed strategies for self-regulation and co-regulation			
Included family support in the discussion where appropriate			
Summarized a clear plan and agreed next steps with the mother			



Role-play debrief: Hana

1. **Acknowledge progress:** Hana has already made positive behavior changes: using a sheet for privacy, feeding more often, and watching Mariam's cues. A good counselor notices and praises these steps.
Sample lines:
 "It sounds like you made a real effort with the sheet, and it's helping you at night."
 "You're already feeding Mariam more often. That's a great way to help her stay calm."
 → **Advice:** Praise builds confidence and shows the mother her actions matter. Small progress should always be recognized before moving to new challenges.
2. **Show empathy for Hana's stress:** Hana feels stuck in a cycle: stress → fussiness → more stress. Instead of dismissing her worry, the counselor should validate her feelings.
Sample lines:
 "It must feel exhausting when Mariam fusses and you're worried she isn't getting enough."
 "Many mothers feel stressed in these moments. You are not alone."
 → **Advice:** Empathy means reflecting the mother's emotions back and normalizing them. It reduces shame and opens space for problem-solving.
3. **Address the stress myth:** Hana believes stress reduces her milk supply. The counselor should gently correct this misconception while staying supportive.
Sample lines:
 "Sometimes stress can slow the milk from coming at the very start of a feed, but it doesn't reduce the amount of milk you make."
 "Your milk is still there. It may just take a moment longer to flow."
 → **Advice:** Use simple, clear explanations. Avoid technical terms like "responsive feeding" or "let-down reflex." The goal is reassurance, not overwhelm.
4. **Support self-regulation and co-regulation:** Hana feels stressed before feeds, which makes Mariam fussier. The counselor can suggest calming strategies Hana uses before a feed and explain how her calm helps Mariam.
Sample lines:
 "Before you put Mariam to the breast, take a deep breath or hold her skin-to-skin for a moment. When you are calm, she feels it too."
 "Babies often settle more easily when their mother feels a little more relaxed. You and Mariam can calm each other."
 → **Advice:** Link this advice back to Hana's cycle of stress and fussiness. Show that calming techniques can break the cycle.
5. **Involve family support and address the formula myth:** Hana's husband suggested formula after complaints from other men about Mariam's crying. The counselor should validate his concern but also explain how he can help without formula.
Sample lines:
 "It sounds like your husband just wants things to be easier for you and Mariam. He might be able to help by setting up your space or holding her after a feed so you can rest."
 "Crying at night is common, even with infant formula. Responding promptly often helps the baby settle faster. Fathers and other supportive adults can help by checking if the baby is wet or uncomfortable, bringing the baby to the mother for feeding, or helping the mother rest by taking turns watching the baby."
 → **Advice:** Shift the husband from critic to ally. Show how formula won't solve the problem, but his support will.

- 6. Summarize clear next steps and follow-up:** The counselor should end by pulling the pieces together, giving Hana a plan, and scheduling follow-up.

Sample lines:

"You've made great progress already with the sheet and feeding more often. Let's try calming before feeds and asking your husband to help notice Mariam's early signs."

"You can talk with your husband about how he can support you. He's welcome to join the next session if he wants. Come back tomorrow and we can talk about how the conversation with your husband went.""

- **Advice:** A clear plan with follow-up reassures Hana she is not alone, makes progress feel achievable, and encourages family support to help both mother and baby.

STEP 5: Self-reflection

Take a few minutes to think about the session. You can write your answers in the space below.

Questions:

1. What is one key thing I learned in this session that I can apply in my counseling sessions?

2. What would I do differently next time when supporting a stressed mother?

3. How can I make sure I include and support caregivers with disabilities, or those caring for children with disabilities, who may face additional stress?

Additional notes:

Job Aid 1.1: Addressing common beliefs and practices in emergencies

Facts	Common belief	Impact on mother / caregiver	Sample sentences to say
Stress does not stop milk production. Milk remains nutritious even when a mother is worried or upset.	Milk “dries up” when a mother is stressed	• Mother may worry excessively and/or feel anxious or guilty. • Could stop breastfeeding too soon or use formula unnecessarily.	<i>“It is normal to feel worried or upset, but your milk is still good for your baby. Being stressed does not stop your milk from being healthy.”</i>
Stress hormones (adrenaline) may make milk flow a little slower at the start of a feed, but it does not reduce the amount of milk.	Adrenaline slows milk flow / let-down	• Mother may think she’s doing something wrong. • May panic during feeds or try unproven remedies.	<i>“Sometimes your milk may take a little longer to come out at the start of a feed. This is normal and your baby is still getting enough.”</i>
Crying is often a normal response to stress, change, or discomfort, not just hunger. Behaviors such as crying and fussing are not reliable signs of inadequate milk intake and hunger.	Crying means baby is not getting enough milk	• Mother may misinterpret normal baby behavior and feel incompetent. • May feed too often or give supplements unnecessarily.	<i>“Your baby may cry more when things are noisy or stressful. Crying does not always mean they are hungry.”</i>
Milk remains nutritious even if the mother feels stressed, sad, or has experienced trauma. Breastfeeding can calm both mother and baby.	Breastfeeding while stressed harms the baby	• Mother may avoid breastfeeding when upset. • Leads to less responsive feeding and missed mother-child bonding.	<i>“Even if you feel sad, scared, or worried, your milk is still good and feeding your baby will help both of you feel calmer.”</i>
Fathers and family members are exposed to many of the same common beliefs and practices as mothers themselves but may not have as many opportunities to correct their understanding.	Fathers and family have little influence on feeding practices	• Mother may feel isolated, pressured, or confused. • May follow family advice that conflicts with best practices.	<i>“Sometimes family members give advice that isn’t correct. Your milk is still the best for your baby.”</i>

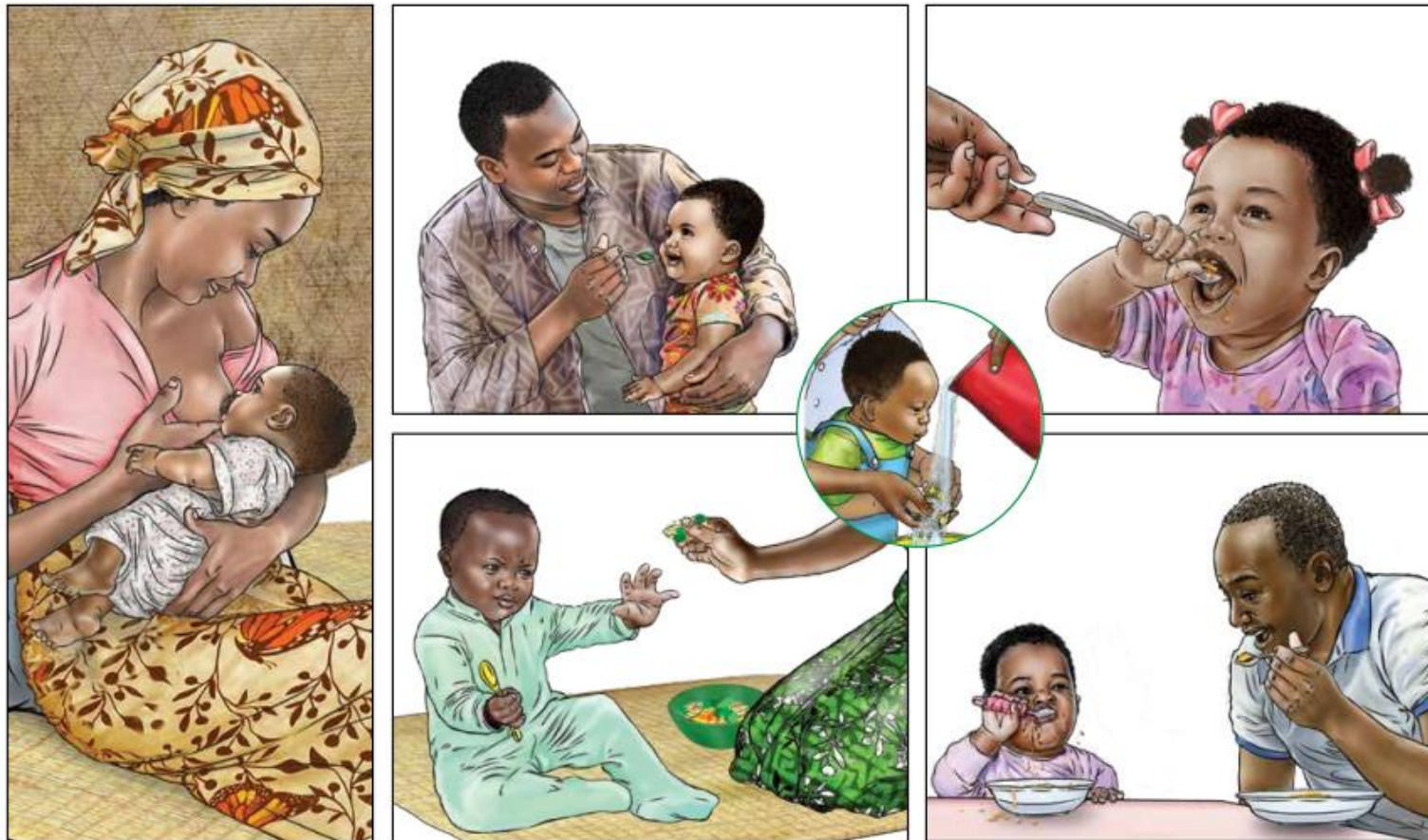
Job Aid 1.2: Practical strategies to support mothers under stress

Action area	Key strategies	Example phrases you can use
1. Support a mother / caregiver's emotional state	• Sit in a calm, safe space with the caregiver. • Listen without judgment and validate her feelings. • Normalize stress response: "It's normal to feel this way." • Encourage calming techniques before feeding: deep breathing, grounding exercises. • Promote skin-to-skin to calm both mother and baby. • Reassure her that stress does not stop milk production. • Encourage care-seeking if feelings do not go away. • Link to peer support or mother groups.	• "You're doing your best, and it's normal to feel stressed in this situation." • "Taking a few deep breaths before feeding can help both you and your baby feel calm." • "If these feelings don't go away, it's okay to ask for help, many mothers feel this way."
2. Strengthen responsive feeding	• Explain early vs late hunger cues • Encourage watching and listening for cues during mealtimes. Keep the child close and attentive to signals of readiness or fullness. • Minimize distractions: find a quiet space or use a privacy screen. • Support comfortable and safe feeding positions. Make sure the child is seated securely and comfortably for eating. • Encourage skin-to-skin to help bonding and relaxation. • Suggest baby-wearing or safe room-sharing to keep the baby close. Staying physically close helps the caregiver notice and respond to the baby's cues more easily, supporting bonding, comfort, and emotional regulation for both. • Reassure the caregiver that frequent feeding is normal in stress. • Reassure that picky eating or slow intake is normal, especially under stress. Encourage patience and repeated food exposures. • Promote positive, relaxed mealtimes. Engage with the child, talk, and offer foods gently to support bonding and calm.	• "Look for early signs your baby is hungry before crying, like rooting or sucking hands." • "Keeping your baby close helps you notice their signals more easily." • "Feeding often, even for comfort, is okay right now."
3. Engage family and community	• Invite family members to counseling sessions if possible. • Address beliefs respectfully.	• "You can help by taking care of meals or older children, so she has time to feed the baby."

	• Encourage family members to provide emotional support and avoid pressuring the mother. • Suggest practical help with chores, cooking, caring for older children. • Invite older siblings or fathers to help prepare food, bring the child to the table, or sit with the child during meals. • Promote positive messages: “Breastfeeding continues to provide important nutrition and comfort, even when you are stressed.” • Involve fathers in creating calm feeding spaces and supporting skin-to-skin. • Encourage the mother to reach out when feeling overwhelmed. • Suggest sharing experiences with a trusted confidant. • Link to mother-to-mother or peer support groups.	• “Breastfeeding continues to provide important nutrition and comfort, even when you are stressed. • “Your support makes a big difference, just listening and being present helps.”
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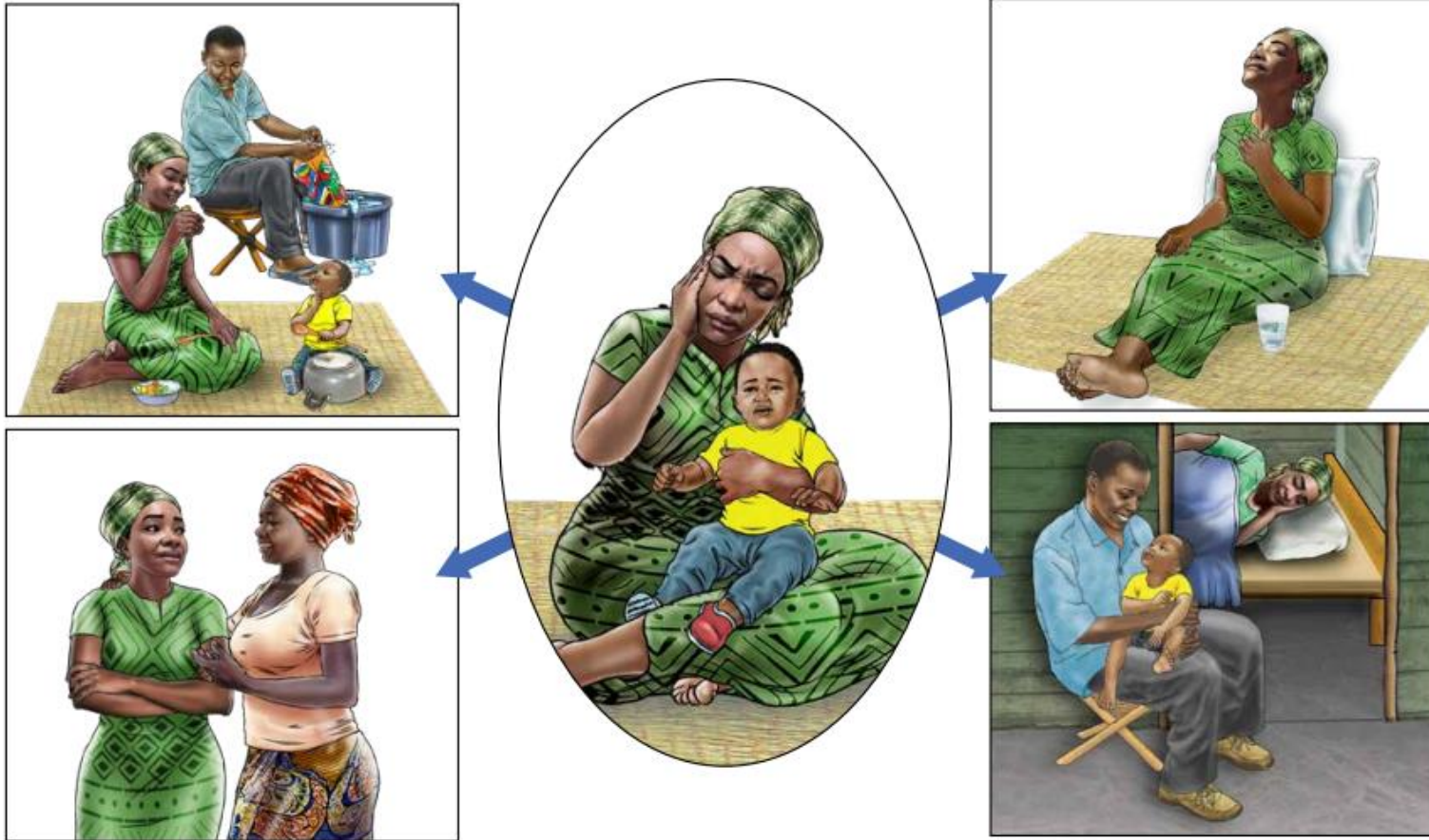
Job Aid 1.3: Counseling cards

Teach your child to eat with love and patience



Card 28

Take care of yourself to manage stress and fatigue



Card 33

UNICEF (2024). *Community Infant and Young Child Feeding Counseling Package: Counseling Cards*. New York: UNICEF.