

Mother-to-Mother Support Groups

FACILITATOR'S MANUAL WITH DISCUSSION GUIDE



Photos: PATH/Evelyn Hockstein

This document was produced through support provided by the United States Agency for International Development, under the terms of Cooperative Agreement No. GPO-A-00-06-00008-00. The opinions herein are those of the author(s) and do not necessarily reflect the views of the United States Agency for International Development.

For more information, please contact:

**The Infant & Young Child Nutrition
(IYCN) Project**

455 Massachusetts Ave. NW, Suite 1000
Washington, DC 20001 USA
Tel: (202) 822-0033
Fax: (202) 457-1466
Email: info@iycn.org
www.iycn.org

PATH

ACS Plaza, 4th Floor
Lenana Road
P.O. Box 76634-00508
Nairobi, Kenya
Tel: 254-20-3877177
Email: kenyainfo@path.org

IYCN is implemented by PATH in collaboration with CARE;
The Manoff Group; and University Research Co., LLC.

Acknowledgments

This manual was originally prepared by PATH in Kenya with funding support from the United Nations Children’s Fund (UNICEF) and technical review and oversight from the Kenya Ministry of Public Health and Sanitation. The Infant & Young Child Nutrition (IYCN) Project updated this manual to reflect the 2010 World Health Organization (WHO) *Guidelines on HIV and Infant Feeding*.

Content for this manual is based on several key mother-to-mother support and infant and young child feeding publications including:

- *Training of Trainers for Mother-to-Mother Support Groups* (LINKAGES)
- *Behavior Change Communication for Improved Infant Feeding – Training of Trainers for Negotiating Sustainable Behavior Change* (LINKAGES)
- *Community-Based Breastfeeding Support: A Training Curriculum* (Wellstart International)
- *Infant Feeding Counselling: An Integrated Course* (WHO/UNICEF)
- *Preparation of Trainer’s Course: Mother-to-Mother Support Group Methodology, and Breastfeeding and Complementary Feeding Basics Instructional Planning Training Package*. (CARE/Window of Opportunity Project)

We are grateful to these authors for excellent information and activities. Complete citations are available in the reference section of this manual.

About PATH

PATH is an international nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that change the way people think and act. PATH’s work improves global health and well-being.

For more information, please visit www.path.org.

About the Infant & Young Child Nutrition Project

The IYCN Project is the United States Agency for International Development’s flagship project on infant and young child nutrition. Begun in 2006, the five-year project aims to improve nutrition for mothers, infants, and young children, and prevent the transmission of HIV to infants and children. IYCN builds on 25 years of the United States Agency for International Development leadership in maternal, infant, and young child nutrition. Our focus is on proven interventions that are effective during pregnancy through the first two years of life.

For more information, please visit www.iycn.org.

Table of contents

Acknowledgments.....	ii
Notes to mother-to-mother support group facilitators	1
Purpose of this discussion guide	1
Mother-to-mother support groups overview	1
Understanding mother-to-mother support groups.....	2
Support group structure.....	3
Facilitator responsibilities	5
Facilitation tips.....	5
Discussion guide	7
First mother-to-mother support group meeting.....	8
Advantages of exclusive breastfeeding.....	11
Starting breastfeeding immediately	14
Breastfeeding success	16
Lactational amenorrhea method (LAM)	19
Expressing breastmilk.....	21
Mother-to-child transmission of HIV	26
Infant feeding and HIV	30
Feeding babies at 6 months.....	32
Giving other foods after 6 months	34
Feeding your child	37
Eating during pregnancy and breastfeeding.....	39
Infant feeding beliefs and myths.....	41
Feeding HIV-exposed children from 6 months	42
Background notes.....	45
Advantages of exclusive breastfeeding.....	45
Additional information on benefits of breastfeeding	46
Start breastfeeding immediately after giving birth	46
Positioning and attachment	46
Exclusive breastfeeding	48
Lactational amenorrhea method (LAM)	48
Special situations affecting breastfeeding.....	54
Expressing breastmilk.....	56
Mother-to-child transmission of HIV	58
Infant feeding and HIV	61
Feeding babies at 6 months.....	62
Complementary feeding.....	63
Preparing foods safely.....	64
Helping children to eat.....	64
Feeding children of HIV-positive mothers from 6 months of age.....	65
Planning and reporting tools	68
References.....	70

Notes to mother-to-mother support group facilitators

Purpose of this discussion guide

This guide was developed at the request of mother-to-mother support group facilitators in Western Kenya. It is meant to provide more detailed background information on possible support group topics for facilitators to use to prepare for meetings, or to do research if mothers have questions that facilitators do not know the answers to.

The sample sessions in this guide are not meant to be presented as “health talks” during support group meetings. Support group meetings are successful when the facilitator raises a topic and then asks questions to prompt discussion among the members. Using this discussion guide as the basis for a lecture would discourage group members from expressing their own ideas and sharing their strategies for implementing optimal infant and young child nutrition practices. The sample sessions can be read beforehand to help a facilitator feel better prepared for her support group meeting.

Mother-to-mother support groups overview

Mother-to-mother support groups (MtMSG) are groups of women, of any age, who come together to learn about and discuss issues of infant and young child nutrition (IYCN). These women also support each other as they care for children ages 0–5 years. One member of each group will be trained on IYCN, as well as on basic group facilitation techniques. This person will be responsible for engaging group members in discussion about IYCN and providing basic health education in an interactive, participatory manner.

To maximize the effectiveness and sustainability of such groups, mobilization efforts should focus on identifying and recruiting existing community groups with women members instead of forming entirely new groups. Groups should be recruited based on their interest in IYCN and their regular meeting times, as well as their ability to identify one key member who can undergo training on IYCN.

Possible groups for mobilization include:

- Women’s groups
- Church groups
- Married adolescent groups
- Breastfeeding groups
- Groups for preventing mother-to-child transmission (PMTCT) of HIV
- Groups for people living with HIV/AIDS (PLHA)

By using groups of women who already meet on a regular basis, we can tap into sustainable, ongoing mechanisms to spread additional information about IYCN. The women get together for other reasons, but can supplement this work with additional sessions and information on IYCN.

If forming a completely new group, it’s important that women understand the purpose of these sessions and feel confident they can manage their own group. MtMSG will not be financially sustained in any way. It’s a group formed for the purpose of providing support and sharing information about IYCN.

Understanding mother-to-mother support groups

Feeling **support** usually means that we feel a sense of trust, acceptance, self-worth, value, and respect. When we are supported we can share information better, learn new skills, talk about our thoughts and feelings, and feel connected to others.

A support group is formed when people come together with a common interest or life experience. It may be informal or formal, but includes the following:

- Safe environment
- Sense of respect
- Sharing information
- Availability of practical help
- Sharing responsibility
- Acceptance
- Learning together and from each other
- Emotional connection

A mother-to-mother support group is a meeting where pregnant women and mothers with young children, as well as other people with similar interests, come together in a safe place to exchange ideas, share experiences, give and receive information, and at the same time, offer and receive support in breastfeeding, child rearing, and women's health. Mother-to-mother support group activities can take place within an existing women's support group.

Mother-to-mother support groups have the following characteristics:

- Groups have up to 15 participants.
- Members decide how often they meet.
- Members decide how long their meetings are.
- Members support each other through sharing experiences and information.
- The group is made up of pregnant and lactating women and other interested people
- Facilitation is by a breastfeeding counselor with experience (with a co-facilitator who has less experience).
- The group is open, allowing for new members.
- Members decide on the topics to be discussed.

Facilitator responsibilities include:

- Identifying future participants.
- Choosing the date, time, and meeting place.
- Preparing for the topic.
- Inviting participants to the meeting.

Choosing the meeting time and place:

- **Time:** It should not interfere with the primary activities of the members (preparation of meals, washing, market days, chores, work schedules, etc.).
- **Accessibility:** If it is a home, it should not be more than 15–25 minutes walking distance from the homes of members. If the community is spread out, the health centre, church, or school could be a good alternative.
- **Place:** The place should be safe so that members can bring their children.

Preparing for a meeting:

- Think of who was invited and prepare a topic that would be of interest to them and that they are able to discuss.
- Prepare questions that will generate a discussion.
- Think about questions new mothers usually have about their experiences.
- Review the content so you feel prepared to answer questions.

Facilitating the first meeting:

- At the beginning of the meeting, the facilitator greets and welcomes everyone.
- She explains the objectives of the meeting.
- She asks each participant to introduce themselves, tell the others how they feel about being there, what they expect from the group, and to answer a question as an ice breaker. For example: Share an experience when you felt truly supported.
- After introductions, the participants make agreements about how the group will function.

Suggested rules (or agreements) for support groups:

- Any personal experience or information shared during the groups should not be discussed outside the group.
- Each person has the right to express themselves, give suggestions, and propose activities or topics.
- No one should dominate the conversation.
- Each person defines the type of support she needs in the group—for example, advice, support, information, or just being listened to.
- Each person has the right to be listened to and the duty to listen to others.

Support group structure

Support group meetings can focus on one topic or be open. When the support group is open, the facilitator asks each participant if she would like a turn doing the introduction and may make a list of people who wish to participate during that meeting. Participants then take turns discussing topics of personal interest, sharing information, or requesting support from each other. The participants in the group may decide they wish to have an agreed topic for each meeting and they decide on the topic. Groups may decide to have a combination with some meetings open for discussion and some meetings structured, or meetings that have times that are structured and times that are open. Whatever the decisions, they should be made and agreed upon by the group as part of the process to set rules for the meeting. For example:

- If a group has an open structure, the facilitator may ask for any announcements that participants have, ask people how they are feeling, and whether they would like to have a turn to speak.
- If the group is more structured, the facilitator may announce the topic, give a brief introduction, and then ask a question to generate a discussion.
- Topics are decided based on the interests of the group members.

Encouraging participation:

- Ask other questions to encourage discussion.
- When there is a question, the counselor should direct it to the group to see if another member can answer it.

- Facilitators should talk only when there are questions that the group cannot answer or to offer an explanation or correct information to clarify some confusion.
- The best support group meeting is one when the members have spoken more than the facilitator.

Support groups for improved infant feeding:

- Support groups allow us to reach a larger number of mothers (and interested community members) in order to offer them information and support.
- Information and support are given to help prevent problems and barriers to exclusive breastfeeding and can lead to the timely introduction of complementary foods.
- Sharing experiences helps women to overcome these barriers; a supportive environment helps mothers to adopt and continue optimal infant feeding practices.
- Mother support groups have been shown to be an effective way to improve infant feeding practices all over the world.

Characteristics of a mother-to-mother support group

1. Provides a safe environment of respect, attention, trust, sincerity, and empathy.
2. Allows women to:
 - Share breastfeeding information and personal experiences.
 - Mutually support each other through their own experiences.
 - Strengthen or modify certain attitudes and practices.
 - Learn from each other.
3. Allows women to reflect on their experiences, doubts, difficulties, popular beliefs, myths, information, and adequate breastfeeding practices. In this safe environment the mother has the knowledge and confidence needed to decide to either strengthen or modify her breastfeeding practices.
4. Is not a LECTURE or CLASS. All participants play an active role.
5. Focuses on the importance of mother-to-mother communication. In this way all the women can express their ideas, knowledge, and doubts, share experiences and receive and give support to the other women who make up the group.
6. Has a seating arrangement that allows all participants to have eye-to-eye contact.
7. Varies in size from 3 to 15 participants.
8. Is facilitated by an experienced breastfeeding mother who listens and guides the discussion.
9. Is open, allowing the admission of all interested pregnant women, mothers who are breastfeeding, women with older toddlers, and other interested women.
10. The facilitator and the participants of the mother-to-mother support group decide on the length of the meeting and the frequency of the meetings (number per month).

Facilitator responsibilities

1. Greet and welcome all who are attending.
2. Create a comfortable atmosphere in which women feel free to share their experiences.
3. Lead introductions.
4. Explain the objectives of the meeting and give a brief introduction of the topic.
5. Listen actively to the participants and give each one full attention.
6. Maintain eye contact and exhibit other appropriate body language.
7. Ask questions to generate a discussion.
8. Raise other questions to stimulate discussion when necessary.
9. Direct questions to other participants of the group.
10. Limit interruptions and outside distractions.
11. Talk only when there are questions that the group cannot answer; offer explanations and correct or clarify information.
12. Briefly summarize the theme of the day.

Facilitation tips

Participation and dialogue are essential. When facilitating a workshop, think of it as a discussion – not a lecture. Be sure to involve participants in the discussion, listen to them with interest and respect, and ask them questions. Talking about health topics can be uncomfortable. Try to talk in a way that makes people feel comfortable and encourages them to ask questions and listen closely. It is important that people feel respected and safe.

The following facilitation tips can help engage participants:

- Thank participants when they contribute to the discussion or share their views or experiences. People need to feel that their comments and questions are valued.
- Try to have as many different people participate in the discussion as possible. To encourage participation, say, “Is there anyone else who has something to share?” Never call on an individual directly as it can make her uncomfortable.
- Listen closely when people are talking. Demonstrating that you are listening can help participants feel confident and comfortable when speaking in front of the group.
- Do not interrupt people when they are speaking. If someone is talking for too long and you must interrupt them, be sure to apologize.

Mother-to-mother support group observation checklist

Community: _____ Place: _____

Date: _____ Time: _____ Theme: _____

Group facilitator(s): _____

- The facilitator(s) introduce themselves to the group.
- The facilitator(s) clearly explain the day's theme.
- The facilitator(s) ask questions that generate participation.
- The facilitator(s) motivate the quiet women to participate.
- The facilitator(s) apply communication skills.
- The facilitator(s) adequately manage content.
- The facilitator(s) adequately distribute the tasks between themselves.
- Mothers share their own experiences.
- The participants sit in a circle.
- The facilitator(s) fill out the information sheet on their group.
- The facilitator(s) invite women to attend the next mother-to-mother support group (place, date, and theme).
- The facilitator(s) thank the women for participating.
- The facilitator(s) ask women to talk to a pregnant woman or breastfeeding mother in their community before the next meeting, share what they have learned, and report back.

Discussion guide



Photo: Evelyn Hockstein

First mother-to-mother support group meeting

Objectives

By the end of this discussion, participants will be able to:

- Agree on group norms.
- Identify topics for future sessions.

Session guide

1. Greet and welcome all participants. Ask participants to join you and sit in a circle at the same level. Ask each participant to introduce themselves and talk about what they expect from the group.

2. Ask: What does the word “support” mean to you?

3. Encourage several participants to respond and then share the following:

Feeling support usually means that we feel a sense of trust, acceptance, self-worth, value, and respect. When we are supported we can share information better, learn new skills, talk about our thoughts and feelings, and feel connected to others.

4. Ask a few participants to share an experience when they felt truly supported.

5. Explain that in order for us to support each other, it is important that our group is a safe place for all members. Ask: How can we make sure that our group functions with safety and trust for all members? Encourage participants to discuss.

6. Review the following suggestions for group norms or rules for support groups:

- Any personal experience or information shared during the groups should not be discussed outside the group.
- Each person has the right to express themselves, give suggestions, and propose activities or topics.
- Each person defines the type of support she needs in the group—for example, advice, support, information, or just being listened to.
- Each person has the right to be listened to and the duty to listen to others.

Ask: Are there any other rules or agreements that should be added?

7. Present the following information:

Support group meetings can focus on one topic or be open. When the support group is open, I will ask each of you if you wish to participate during that meeting. You will then take turns discussing topics of personal interest, sharing information, or requesting support from each other. You all may decide to have an agreed topic for each meeting and choose the topic. Groups may decide to have a combination, with some meetings open for discussion and some meetings structured, or meetings that have times that are structured and times that are open. Whatever the decisions, we can make them as a group as part of the process to set rules for the meeting.

8. Share the following information:
 - At each meeting I will ask for any announcements that you may have, ask how you all are feeling, and ask whether there is something you would like to discuss.
 - Then I will announce the topic (we will decide on topics as a group, based on our interests), give a brief introduction, and then ask a question to generate a discussion on that topic.

9. Explain that in these meetings we will focus on issues about how best to feed babies and young children, but we can talk about any health topic you are interested in. How children are fed is important because:
 - More than half of all child deaths are associated with children not eating well and growing properly. When babies and children do not eat well, are sick often, or are not cared for properly, it can make their bodies weak and unable to fight illness.
 - If a woman does not eat well during pregnancy, or if her child does not eat well during the first two years of life, the child's physical and mental growth and development may be slowed. This cannot be made up when the child is older—it will affect the child for the rest of his or her life.

10. Explain that there is a lot of incorrect information about how best to feed babies and young children and that we will use these meetings to share accurate information and address challenges to properly feeding our children.

11. Ask participants to stand in the middle of the meeting space. Explain that you will read a statement; if they agree they should move to the right side (point to this side). If they disagree they should move to the left side. Encourage everyone to move to a side— if they do not feel strongly they can go to the side that is closest to how they feel.

Note: This activity is an opportunity for you as the group facilitator to get a better understanding of participants' attitudes and beliefs about infant feeding for you to keep in mind as you facilitate sessions over the next several months. It can also help you to prioritize which topics to discuss first. If participants have questions about whether or not something is correct, you can provide them with correct information, but let them know that these topics will be discussed in detail during future sessions.

12. Read the following statements one at a time. After participants have moved, ask a few from each side to explain why they are standing on that side.
 - Breastmilk is best for babies when they are first born, but after 2–3 months, babies start to become hungry and need to eat other foods.
 - Cow's milk is a good substitute for breastmilk when a woman is away from her baby or does not have enough breastmilk.
 - Breastfeeding should be discouraged for women who are HIV positive because HIV can be transmitted through breastmilk.
 - It is important to give water to young babies, especially when the weather is very hot.
 - There are many reasons why women are unable to give only breastmilk for the first 6 months—it is very difficult.
 - It is better to throw away the first milk that comes in since it is watery and does not help the baby.
 - Most children born to mothers who are HIV infected will become infected with HIV.

13. Explain that over the course of our meetings we will talk about common beliefs and practices related to infant feeding and support each other to feed and care for our children in the best and safest way possible.

14. Ask: What are some issues around infant feeding and child health that you would like to discuss during our future meetings? Use the space below to write down the topics that participants have.

15. Answer any questions that participants have about mother-to-mother support groups and remind participants of the next meeting time.

Advantages of exclusive breastfeeding

Objectives

By the end of this session, participants will be able to:

- List the benefits of exclusive breastfeeding for the baby.
- List the benefits of exclusive breastfeeding for the mother.
- List the benefits of exclusive breastfeeding for the family.
- List the benefits of exclusive breastfeeding for the community.

Session guide

1. Ask: What does exclusive breastfeeding mean?
2. Explain that exclusive breastfeeding means giving only breastmilk (and no other foods or liquids—not even water) whenever the baby wants for the first 6 months.
3. Divide participants into three groups and assign one of the following to each group:
 - Advantages of exclusive breastfeeding for the baby
 - Advantages of exclusive breastfeeding for the mother
 - Advantages of exclusive breastfeeding for the family and community
4. After 5 to 10 minutes, ask a representative from each group to share all of the advantages they discussed. Ask: Were any advantages not mentioned?
5. Review the advantages participants identified and add any of the following that were not listed:

BENEFITS OF EXCLUSIVE BREASTFEEDING		
Baby	Mother	Family and community
Supplies everything the baby needs to grow well during the first 6 months of life	Reduces blood loss after birth (immediate breastfeeding)	Is available 24 hours a day
Digests easily and does not cause constipation	Is always ready at the right temperature	Reduces the need to buy medicine because the baby is sick less often
Protects against diarrhea and pneumonia	Saves time and money	Is always ready at the right temperature
Provides antibodies to illnesses	Makes night feedings easier	Delays new pregnancy, helping to space and time pregnancies
Protects against infection, including ear infections	Delays return of fertility	Reduces time lost from work to care for a sick baby
During illness helps keep baby well-hydrated	Reduces the risk of breast and ovarian cancer	Children perform better in school
Reduces the risks of allergies	Promotes bonding	More children survive
Increases mental development		
Promotes proper jaw, teeth, and speech development		
Suckling at breast is comforting to baby when fussy, overtired, ill, or hurt		
Promotes bonding		
Is the baby's first immunization		

6. Explain that the Government of Kenya is committed to promoting, protecting, and supporting optimal infant and young child feeding practices, including exclusive breastfeeding for the first 6 months, because feeding children properly can have important health, social, and economic benefits. One optimal infant feeding practice that we will focus on today is exclusive breastfeeding. The Government of Kenya and international health experts recommend giving babies only breastmilk (and nothing else) from the time they are born until they are 6 months old. Ask: Why do you think this is recommended? Encourage participants to discuss and remember the advantages we discussed earlier.
7. Present the following information:
 - Breastmilk is the perfect food for a baby during the first 6 months. It has everything a baby needs in the right amounts to grow and develop.
 - Breastmilk is made to perfectly meet the needs of baby humans, just as cow milk is made to meet the needs of baby cows and goat milk is made to meet the needs of baby goats. We never see baby goats drinking cow milk because animal milks are different for each animal.
 - Animal milk is different from breastmilk. Animal milk can be too strong for a baby's digestive system. Breastmilk is much easier for a baby to digest.
 - It is dangerous to give animal milks to babies before 6 months of age.
 - Breastmilk also has certain things that animal milks do not. Breastmilk has fats that help a baby's growing brain and eyes. These fats are not in animal milk.
 - Breastmilk helps protect a baby against many infections (including diarrhea, respiratory illness, pneumonia, ear infections, meningitis, and urinary tract infections).
 - Research from all over the world shows that babies who are given only breastmilk for the first 6 months are much less likely to have diarrhea. Babies who are not exclusively breastfed have diarrhea more often, partly because other feeds do not have the protective factors of breastmilk, and partly because these other feeds are often made with ingredients and utensils that are contaminated with harmful germs.
 - Babies who take only breastmilk grow better, fall sick less often, and perform better in school than children who are not exclusively breastfed.
8. Ask: Other than animal milks, are there other foods or liquids that babies are given during the first 6 months? Participants should mention water, porridge/uji, fruits, and others.
9. Ask: Are these other foods and liquids good for babies before 6 months? Encourage participants to discuss.
10. Present the following information:
 - Other foods and liquids can be difficult for a baby to digest. During the first 6 months, babies' digestive systems are still developing, so foods that are healthy after 6 months can be difficult for babies to eat before 6 months. For example, if a baby eats paw paw (which is a healthy food for babies after 6 months because it has many vitamins that help protect against illness and help a baby to develop well), the body will not be ready to use all of the vitamins and instead they will just pass through the baby.
 - Giving other foods and liquids, even water, can make the baby full and reduce the amount of breastmilk that a baby takes.
 - Giving water, other liquids, and foods is dangerous and can cause diarrhea because the ingredients and utensils can be contaminated with harmful germs.

- For the first 6 months of life, feeding a baby only breastmilk will help a baby to grow up healthy, strong, and smart.
11. Ask: Do breastfed babies need to drink water? Encourage participants to discuss.
 12. Explain that one of the main ingredients in breastmilk is water. There is enough water in breastmilk to quench the baby's thirst even when the weather is very hot. This is why breastfed babies do not need water, juices, or any other liquids during the first 6 months of life.
 13. Ask: If exclusive breastfeeding has so many benefits, why do children in our community receive other foods and liquids before 6 months of age? What are the risks of giving children other foods and liquids before 6 months? Encourage participants to discuss.
 14. Encourage participants to share their experiences feeding their babies from birth to 6 months of age. Use the following questions to facilitate the discussion:
 - What are some of the challenges to practicing exclusive breastfeeding?
 - What are suggestions for overcoming these challenges?
 - How can we overcome common practices in our community that keep women from breastfeeding exclusively?
 - What kind of support do women need to breastfeed exclusively?
 15. Answer any questions participants may have.

Starting breastfeeding immediately

Objectives

By the end of this session, participants will be able to:

- List the benefits of starting breastfeeding immediately.

Session guide

1. Facilitate a discussion with participants about practices in their communities using the following questions. Allow several participants to share their thoughts and experiences:
 - Who is with the woman when she gives birth?
 - What do family members do to prepare before birth and at the time of the birth?
 - Who delivers the baby?
 - What is done with the baby immediately after birth?
 - Where is the baby placed?
 - What is given to the baby to eat or drink as soon as it is born? Why?
 - When does a mother start to breastfeed? Why?
2. Ask: What do the breasts make during the first three days after a woman gives birth?
3. Listen to participants' responses and explain that during the first three days the breasts make a yellow, thick liquid that is the first milk. This first milk is called colostrum. Ask: What is this first milk called in your mother tongue?
4. Ask: Why is it important for the baby to have this first milk?
5. After participants discuss, add:
 - It helps protect babies against viruses and bacteria. It is like the baby's first immunization.
 - It cleans the baby's stomach and helps protect the digestive track.
 - It has all the food and water the baby needs.
 - Putting the baby in skin-to-skin contact helps regulate the baby's temperature.
6. Present the following information:
 - Health workers recommend that women begin to breastfeed within the first 30 minutes of birth.
 - There are many benefits to mothers and babies if breastfeeding is started very soon after giving birth.
 - Early initiation of breastfeeding helps stop bleeding.
 - The earlier you put the child to the breast, the faster the milk comes. This will help mothers to make enough breastmilk.
 - Starting breastfeeding soon after birth helps reduce the risk of newborns dying.
7. Facilitate a discussion about starting to breastfeed immediately, giving colostrum, and prelacteal feeds using the following questions:
 - Do women in our community start to breastfeed as soon as recommended? Why or why not?

- Are babies given other liquids when they are first born, before they start to breastfeed? What is given?
- What was your experience after giving birth? Did you breastfeed immediately? Was anything given to your baby?
- What are your plans for when you next give birth?

Breastfeeding success

Objectives

By the end of this session, participants will be able to:

- Describe how the breast makes milk.
- Explain proper positioning and attachment.

Session guide

1. Ask: Does the size of a woman's breast affect how much milk she can make for her baby? Encourage participants to discuss.
2. Ask: Do you think it is possible for a woman to make enough breastmilk to exclusively breastfeed a baby for 6 months?
3. Ask: Is it common for women to feel like they are not making enough milk? Encourage participants to share their experiences and those of their relatives and friends.
4. Share the following information.
 - Almost all women can make enough milk to feed their baby only breastmilk for 6 months and continue breastfeeding until their baby is 2 years or older.
 - The size of a woman's breast does not affect how much milk she can make.
 - Even women who are sick or thin can make enough milk for their baby.
 - When a baby suckles at the breast, the tongue and the mouth touch the nipple. The (nerves in the) nipple sends a message to the mother's brain that the baby wants milk. The brain responds and tells the body to make the milk flow for this feed and to make milk for the next feed. The more the baby suckles, the more milk is produced.
 - How a mother feels and what she thinks can affect how her milk flows. If a woman is happy and confident that she can breastfeed, her milk flows well. But if she doubts whether she can breastfeed, her worries may stop the milk from flowing.
5. Ask: Has anyone ever noticed how your thoughts and feelings affect your milk? Encourage participants to share their experiences.
6. Ask: What advice would you give to a woman who says that she cannot make enough milk?
7. Ask: Is the way a mother holds her baby while she is breastfeeding important? Why? Encourage participants to discuss.
8. Explain that the way a mother holds her baby (positioning) affects the way the baby attaches to her breast. For proper attachment, a baby should take the nipple deeply with mouth open wide, and more of the areola should be seen above the baby's mouth than below. Ask: Why is it important for the baby to attach onto the breast in a particular way?
9. Explain that bad positioning and attachment in the first couple of months can cause:

- The baby to not get enough milk, which can cause the baby to grow poorly or the mother's breasts to become engorged.
 - The mother to be uncomfortable or in pain.
 - Breast sores, which are very dangerous for mothers who are HIV positive because it can increase the risk of transmission.
10. Ask: What are signs that a mother might have trouble with positioning and attachment? (Possible answers: she is in pain, her child is growing poorly.)
11. Explain that even though most mothers in our community breastfeed, it is common for women to have difficulties with proper positioning and attachment, which can cause problems. Explain that it is important for mothers to receive help with positioning and attachment.
12. Ask for a volunteer to sit in the front with a “baby.” Ask these questions to the participants and encourage them to provide advice to the “mother.” They can go up and offer suggestions for how the mother could change her position or move the baby. If it is necessary to touch the mother or baby, be sure to ask permission first and do so gently :
- *Where should the baby's head be?*
The baby's head and body should be in a straight line. A baby cannot suckle or swallow easily if his head is twisted or bent.
 - *Where should the baby's stomach be?*
The baby's stomach should be against the mother's stomach.
 - *Where should the mother's arms be?*
The baby's whole body should be supported with the mother's arm along the baby's back. This is particularly important for newborns and young babies. For older babies, support of the upper part of the body is usually enough. A mother needs to be careful about using the hand of the same arm, which supports her baby's back, to hold his bottom. Holding his bottom may result in her pulling him too far out to the side, so that his head is in the crook (bend) of her arm. He then has to bend his head forward to reach the nipple, which makes it difficult for him to suckle.
13. Review the following information about holding a baby in the right position:
- Mother should be sitting (or lying) somewhere comfortable so she is relaxed. If it helps, she can support a baby on a cushion.
 - Baby should be facing the breast.
 - Baby and mother should be stomach to stomach.
 - Baby's back and head should be in a straight line.
 - Mother should bring the baby to the breast, not her breast to the baby.
 - Mother should support baby's buttocks with her palm.
 - Hold the baby at the back of his shoulders—not the back of his head. Be careful not to push the baby's head forward.
14. Ask: How do you know that a baby is properly attached to the breast? Present the following information:
- Hold the baby with his nose opposite the nipple, so that he approaches the breast from underneath the nipple.
 - Touch the baby's lips with the nipple, so that he opens his mouth, puts out his tongue, and reaches up.

- Wait until baby's mouth is opening wide, before moving the baby to breast. His mouth needs to be wide open to take a large mouthful of breast.
- It is important to use the baby's reflexes, so that he opens his mouth wide to take the breast himself. Do not try to force a baby to suckle by pulling his chin down to open his mouth.
- Quickly move the baby to the breast, when he is opening his mouth wide.
- Bring the baby to the breast—do not move the breast to the baby.
- When bringing the baby to the breast, aim the baby's lower lip below the nipple, with his nose opposite the nipple, so that the nipple aims towards the top of the baby's mouth, his tongue goes under the areola, and his chin will touch her breast.
- Baby's mouth should be wide open.
- Baby should take the areola, not only the nipple, in her/his mouth.
- Baby's lower lip should be curled outward.
- Baby will take slow, deep sucks if attachment is correct.
- Baby may be heard swallowing.
- Baby is calm at the breast.

15. Summarize this session by presenting the following:

- It often takes several tries to get a baby well attached.
- If you are having problems, try a different position that is more comfortable. There are many positions that work well for breastfeeding.
- In any position, the important thing is for the baby to take enough of the breast into his mouth so that he can suckle well.
- If you continue to have difficulties breastfeeding, go to the health facility for additional advice and support.
- Feeding a baby with a bottle can cause babies to not attach properly. Improper attachment causes breast problems (sores, cracked nipples, etc.) for the mother. These breast problems are especially dangerous for women who are HIV infected. Bottles are also dangerous because they are very difficult to clean properly. If a woman is not breastfeeding, the child should be fed liquids using a cup (even small babies can be fed using a cup).
- Positioning and attaching the baby correctly at the breast helps prevent breast sores and reduces the risk of transmitting HIV to the baby.

16. Explain that even though breastfeeding is common in Kenya, we know that almost all babies take other foods and liquids in addition to breastmilk before 6 months. However, it is very dangerous for the baby's health to do this. Babies should not be given any other foods or liquids before the age of 6 months. Almost every mother can exclusively breastfeed successfully, which is why proper positioning and attachment are so important.

17. Ask: Has this advice been challenging for anyone to follow? Encourage participants to share their experiences. After each participant shares her experience, ask if other participants have had similar problems and how they have addressed them. Ask other participants to offer advice and examples from their own lives for how to overcome these challenges.

Lactational amenorrhea method (LAM)

Objectives

By the end of this session, participants will be able to:

- List the three criteria for LAM.
- Describe the benefits to mothers and children of waiting to become pregnant again.

Session guide

1. Explain that one of the benefits of exclusive breastfeeding is that it can help prevent pregnancy. Ask: Have you heard that breastfeeding can prevent pregnancy? Do you know anyone who has experienced this? Allow participants to discuss.
2. Present the following information:
 - Breastfeeding alone does not prevent pregnancy, but exclusive breastfeeding is one of three criteria that must be met for preventing pregnancy. The lactational amenorrhea method (LAM) is a contraceptive method based on natural infertility resulting from exclusive breastfeeding. To use LAM, a woman must meet three criteria:
 1. The woman's menstrual periods have not resumed.
 2. The baby must be exclusively breastfed on demand, frequently, day and night.
 3. The baby must be under 6 months old.When any one of the three criteria changes another contraceptive method must be started immediately.
 - Explain what each of the words mean
 - Lactational = exclusive breastfeeding, on demand, day and night.
 - Amenorrhea = no menstrual bleeding after 2 months post-partum.
 - Method = a modern, temporary (6 months post-partum) contraceptive method.
 - Exclusive breastfeeding on demand changes a woman's body by delaying ovulation and menstruation during the first 6 months after giving birth. Since a woman is not ovulating she cannot become pregnant. However, after 6 months, the chance of ovulation increases. Research has shown LAM to be very effective at preventing pregnancy. For example, if 100 women use LAM during the first 6 months post-partum, 1 or at most 2 women will become pregnant.
3. Explain that for the health of the mother and the baby it is recommended that mothers wait two years after giving birth before becoming pregnant again. Ask: Why do you think this is recommended? Allow participants to discuss.
4. Explain that waiting to become pregnant again has benefits for mothers and for babies. Present the following information:
 - Mothers are less likely to die in childbirth.
 - Mothers are less likely to miscarry
 - Their newborns are less likely to die, be underweight, or be born early.

- Babies grow up bigger, stronger, and healthier.
 - Older children are more likely to be healthy and grow well.
5. Answer any questions participants may have.

Expressing breastmilk

Objectives

By the end of this session, participants will be able to:

- List the steps of expressing breastmilk by hand.
- Demonstrate how to select and prepare a container for expressed breastmilk.
- Describe how to store breastmilk.

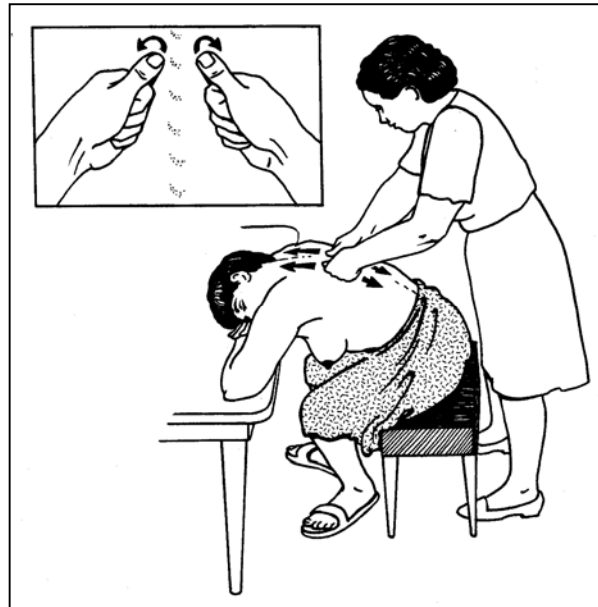
Note: This session would be good for other family members to attend, particularly if grandmothers are helping care for babies when mothers are working.

Session guide

1. Ask: What are some of the reasons that women find it difficult to breastfeed exclusively for 6 months? [Participants should mention being away from their baby, other demands on their time.]
2. Ask: Do you know women who express their breastmilk? What are some reasons why women would express their breastmilk? Allow participants to discuss. Participants may mention the following:
 - Leave breastmilk for a baby when his mother goes out or goes to work.
 - Feed a low-birth-weight baby who cannot breastfeed.
 - Feed a sick baby, who cannot suckle enough.
 - Keep up the supply of breastmilk when a mother or baby is ill.
 - Prevent leaking when a mother is away from her baby.
 - Help a baby to attach to a full breast.
 - Help with breast health conditions (engorgement).
3. Explain the following:
 - There are many situations in which expressing breastmilk is useful and important to help a mother to start or to continue breastfeeding.
 - All mothers should learn how to express their milk, so that they know how if needed.
 - Breastmilk can be stored for about eight hours at room temperature (or up to 24 hours in a refrigerator).
4. Ask: Has anyone ever expressed breastmilk to leave for their baby? Do you know anyone who has expressed their breastmilk and left it for their baby? Encourage participants to share their experiences.
5. Explain that a mother's milk may not flow as well when she expresses as when she breastfeeds. Ask: What can a mother do to help her milk flow?
6. Wait for a few replies, but participants should mention all of the following. Present them if they do not.
 - Be confident that you can do it.
 - Try to reduce any sources of pain or worry.
 - Think good thoughts about the baby.

- Sit quietly and privately or with a supportive friend. Some mothers can express easily in a group of other mothers who are also expressing for their babies.
 - Hold the baby with skin-to-skin contact if possible. Hold the baby on your lap while you express. If this is not possible, look at the baby. If this is not possible, sometimes even looking at a photograph or thinking of the baby helps.
 - Warm your breasts. For example, apply a warm compress, or warm water, or have a warm shower. Be sure to test the temperature to avoid burning yourself.
 - Stimulate the nipples. Gently pull or roll the nipples using your fingers.
 - Massage or stroke the breasts lightly. Some women find that it helps if they stroke the breast gently with finger tips or with a comb. Some women find that it helps to gently roll their closed fist over the breast towards the nipple.
 - Ask a helper to rub your back.
7. Demonstrate how to rub a mother's back with a volunteer. As you are demonstrating, explain the following:
- She should sit at the table resting her head on her arms, as relaxed as possible.
 - The volunteer remains clothed, but explain that with a mother it is important for her breasts and her back to be naked.
 - Make sure that the chair is far enough away from the table for her breasts to hang free.
 - Explain what you will do, and ask her permission to do it.
 - Rub both sides of her spine with your thumbs, making small circular movements, from her neck to her shoulder blades (as shown in the picture below).
 - Ask her how she feels, and if it makes her feel relaxed.
 - Ask participants to work in pairs and briefly practice the technique of rubbing a mother's back.

Figure 1. Helping mothers relax before expressing breastmilk



From: WHO, UNICEF, UNAIDS. Infant and Young Child Feeding Counselling: An Integrated Course. WHO: Geneva; 2006.

8. Make these points:

- Hand expression is the most useful way to express milk. It needs no appliance, so a woman can do it anywhere, at any time.
- Express your own breastmilk. The breasts are easily hurt if another person tries.
- It is important to prepare a container for the expressed breastmilk—a cup, glass, jug, or jar with a wide mouth will work:
 - Wash the cup in soap and water.
 - Pour boiling water into the cup, and leave it for a few minutes. Boiling water will kill most of the germs.
 - When ready to express milk, pour the water out of the cup.

9. Review the following steps for expressing breastmilk.

- Wash your hands thoroughly.
- Sit or stand comfortably, and hold the container near your breast.
- Put your thumb on your breast ABOVE the nipple and areola, and your first finger on the breast BELOW the nipple and areola, opposite the thumb. Support the breast with your other fingers.
- Press your thumb and first finger slightly inward towards the chest wall. Avoid pressing too far or you may block the milk ducts.
- Press the breast behind the nipple and areola between your finger and thumb. Press on the larger ducts beneath the areola. Sometimes in a lactating breast it is possible to feel the ducts. They are like pods, or peanuts. If you can feel them, press on them.
- Press and release, press and release. This should not hurt—if it hurts, the technique is wrong.
- At first no milk may come, but after pressing a few times, milk starts to drip or flow out. Press the areola in the same way from the SIDES, to make sure that milk is expressed from all segments of the breast.

- Avoid rubbing or sliding your fingers along the skin. The movement of the fingers should be more like rolling.

Figure 2. Manual expression



From: Ministry of Health and Social Welfare [Kingdom of Lesotho].
 Infant Feeding Counseling Cards.
 Maseru; 2008.

- Avoid squeezing the nipple itself. Pressing or pulling the nipple cannot express the milk. It is the same as the baby sucking only the nipple.
- Express one breast for at least 3–5 minutes until the flow slows, and then express the other side; then repeat both sides. She can use either hand for either breast and change when they tire.
- Explain that to express breastmilk adequately takes 20–30 minutes, especially in the first few days when only a little milk may be produced. It is important not to try to express in a shorter time.

10. Ask: How often should a mother express her breastmilk? Encourage participants to discuss and add the following as needed.
 - Usually as often as the baby would breastfeed, but it depends on the reason for expressing the milk.
 - To establish lactation to feed a low-birth-weight or sick newborn you should start to express milk on the first day, as soon as possible after delivery. You may only express a few drops of colostrum at first, but it helps breastmilk production to begin, in the same way that a baby suckling soon after delivery helps breastmilk production to begin.
 - Express as much as you can as often as your baby would breastfeed. This should be at least every three hours, including during the night. If you express only a few times, or if there are long intervals between expressions, you may not be able to make enough milk.
 - To keep up your milk supply to feed a sick baby, express at least every three hours.
 - To build up your milk supply, if it seems to be decreasing after a few weeks, express very often for a few days (every two hours or even every hour), and at least every three hours during the night.
 - To leave milk for a baby while you are out at work, express as much as possible before you go to work, to leave for the baby. It is also very important to express while at work to help keep up your supply.
 - To relieve symptoms, such as engorgement, or leaking at work, express only as much as is necessary.
11. Ask: Why are cups safer and better than bottles for feeding a baby? Allow participants to discuss and share any of the points below that have not been mentioned.
 - Cups are easy to clean with soap and water, if boiling is not possible.

- Cups are less likely than bottles to be carried around for a long time giving bacteria time to breed.
- Cup-feeding is associated with less risk of diarrhea, ear infections, and tooth decay.
- A cup cannot be left beside a baby, for the baby to feed himself. The person who feeds a baby by cup has to hold the baby and look at him, and give him some of the contact that the baby needs.
- A cup does not interfere with suckling at the breast.

12. Facilitate a discussion with the following questions:

- Would expressing breastmilk be a helpful technique for you? Why or why not?
- Are there any cultural beliefs that might keep women from expressing their milk? How can we address these beliefs and practices in our families and community?

Mother-to-child transmission of HIV

Objectives

By the end of this session, participants will be able to:

- List how HIV can be transmitted from infected mothers to their children.
- Explain that most babies born to HIV-infected mothers will not be infected with HIV.
- Explain that there are ways to reduce the risk of mother-to-child transmission.
- Describe what they can do in their community to help reduce the risk of mother-to-child transmission.
- Encourage all women to be tested for HIV during pregnancy.

Session guide

1. Ask: When can HIV be transmitted from HIV-infected mothers to their children? Allow participants to answer. [Participants should mention: during pregnancy, during labour and delivery, and through breastfeeding.]
2. Ask: Will most children born to mothers who are HIV infected become infected with HIV themselves? Encourage participants to discuss.
3. Ask 20 participants to stand up in the front of the meeting space. [*Note: If there are fewer than 20 participants, ask 10 to come to the front and raise both hands. The hands can represent the babies.*] Present the following:
 - Imagine that each person standing up is a baby who was born to an HIV-infected mother.
 - How many of these 20 babies do you think will become infected with HIV during pregnancy, labor, or birth? *Encourage several participants to discuss.*
 - *After participants discuss, ask five people to raise their hands.*
 - About 5 out of the 20 babies will be infected with HIV during pregnancy, labor, or birth. These are the numbers based on women who do not go for prevention of mother-to-child transmission (PMTCT) services during pregnancy. The number of babies who would be infected is lower if women use PMTCT services.
 - How many of these 20 babies do you think will become infected with HIV through breastfeeding? *Encourage several participants to discuss.*
 - *After participants discuss, ask three **other** people to raise their hands.*
 - About 3 out of 20 babies would be infected during breastfeeding. A baby's risk of HIV infection depends on how he or she is breastfed. When mothers breastfeed AND give other foods and liquids before 6 months (which is how most children in our community are fed) it almost doubles the risk of passing HIV to the baby.
 - In summary, out of 20 babies born to HIV-positive mothers, around 8 would be infected with HIV, even if their mothers do not use PMTCT services or practice safer infant feeding.
4. Ask the same 20 participants to stay in front of the room. Present the following:
 - Now imagine that each person standing up is a baby who was born to an HIV-infected mother, but this time the mother and baby take antiretrovirals and practice exclusive breastfeeding.

- How many of these 20 babies do you think will become infected with HIV during pregnancy, labor, or birth? *Encourage several participants to discuss.*
 - *After participants discuss, ask two people to raise their hands.*
 - About 2 out of the 20 babies will be infected with HIV during pregnancy, labor, or birth. The number is lower because these women used PMTCT services.
 - How many of these 20 babies do you think will become infected with HIV through breastfeeding? *Encourage several participants to discuss.*
 - *After participants discuss, ask one **other** person to raise his/her hand.*
 - About one baby would be infected during breastfeeding if a mother breastfeeds exclusively for 6 months.
 - In summary, out of 20 babies born to HIV-positive mothers, around 3 would be infected with HIV if their mothers use PMTCT services and practice exclusive breastfeeding. So by taking these preventive actions, mothers can reduce the risk of transmission to their baby by more than half.
5. Explain that even when women do not use PMTCT services, most children will not become infected. But because there are ways to reduce the risk of HIV transmission, it is important for all pregnant women to be tested so that if they are positive, they can learn how to reduce the risk of HIV transmission to their baby. Women who are negative need to protect themselves from HIV infection during pregnancy and breastfeeding.
 6. Ask: Why do some babies who are born to HIV-infected women become infected with HIV while others do not? Encourage participants to discuss.
 7. After participants discuss, present the following information:
 - Research has shown that there are many factors that can increase the risk that mothers will pass HIV to their babies. These factors include:
 - Recently infected, or re-infected with HIV while pregnant or breastfeeding.
 - Being in labor for a long time.
 - The mother is very sick with HIV (the stage of her illness).
 - Mother has breast problems while breastfeeding, including cracked nipples, swollen breasts, or mastitis.
 - The baby has oral thrush or sores in his or her mouth.
 - The baby breastfeeds and receives other foods or liquids at the same time.
 8. Ask: What can be done to help prevent or reduce the risk of an HIV-infected woman passing HIV to her baby? Encourage participants to discuss. They should mention the following:
 - All pregnant women and their partners should go for HIV testing and seek health care services if they are positive.
 - Women who are positive should give birth in a health facility.
 - Women who are positive should attend PMTCT services.
 - Women who are positive should take antiretroviral drugs (ARVs) during labor and give ARVs to their baby when it is born.
 - For most HIV-positive women in the community, exclusive breastfeeding is the best way to feed their babies for the first 6 months, with continued breastfeeding through at least 12 months.

- Sleep under an insecticide-treated net during pregnancy. These nets are available for all pregnant women for free or at a subsidized fee (Kshs. 40) at the antenatal care (ANC) clinic.

If men are at the meeting, ask: How can men support women who are HIV positive and pregnant? Allow participants to discuss.

Explain that husbands and partners can help pregnant women stay healthy and reduce the risk of HIV transmission to the child by:

- Going for voluntary counseling and testing (VCT) together.
- Making sure the woman goes to the health facility for ANC regularly and receives early treatment of infections and illness.
- Supporting the woman to exclusively breastfeed the baby for 6 months and continue breastfeeding for at least 12 months to minimize the risks of HIV and other illnesses and ensure the baby grows well.
- Using condoms during sexual intercourse to prevent infection or re-infection.
- Making sure the woman delivers in the health facility or with a skilled and trained attendant.
- Encouraging the woman to eat healthy meals and extra food during pregnancy and breastfeeding.
- Encouraging her to sleep under an insecticide-treated mosquito net.
- Supporting her to take her ARVs (if recommended by her doctor).

9. Ask: If a pregnant woman is already positive, does she still need to protect herself against HIV? Allow participants to discuss.

10. Explain that a woman who is infected or re-infected with HIV during pregnancy or breastfeeding is more likely to pass the virus to her child. Unprotected sexual intercourse while pregnant or breastfeeding places a woman at risk of HIV infection, and increases the risk of HIV infection to her child. When someone is newly infected or re-infected with HIV, the amount of HIV in her blood is very high, increasing the risk of mother-to-child transmission.

11. Ask: Where can women and their partners access PMTCT services in our community? Encourage participants to discuss?

12. Ask participants to imagine a woman relative comes to them for advice with the following problem:

I am a pregnant and I fear that I may be HIV positive. I am afraid to go for antenatal care because I do not want to be tested for HIV. I think it will be better to try to eat healthy foods during my pregnancy and get some rest so I can stay healthy. I plan to deliver my baby at home. I am worried that my husband will throw me and the baby out if I test positive. I have heard that there are services for HIV-positive pregnant women, but I am so worried about my husband's reaction, I do not want to go for ANC.

Facilitate a discussion with participants using the following questions

- What advice would you give to the pregnant woman? [Encourage several participants to give advice.]
- Do you think most pregnant woman will follow the advice?
- Is this scenario similar to what happens in our community?

Infant feeding and HIV

Objectives

By the end of this session, participants will be able to:

- Explain how to make breastfeeding safer for HIV-positive mothers.
- Describe the safest options for HIV-positive mothers to feed their babies.
- Describe how to feed an HIV-positive child.
- Know where to access PMTCT services in their community.

Session guide

1. Ask: When can HIV be transmitted from HIV-infected mothers to their children? Allow participants to answer [during pregnancy, during labor and delivery, and through breastfeeding].
2. Ask: What advice would you give to a pregnant woman about how to feed her baby? Encourage participants to share their thoughts.
3. Ask: Will most children born to mothers who are HIV infected become infected with HIV themselves? Allow participants to discuss.
4. Explain that even when women do not use PMTCT services most children will not become infected. There are ways to reduce the risk of HIV transmission, which is why it is important for all pregnant women to be tested so they can learn how to reduce the risk of HIV transmission to their baby. Women who are negative need to protect themselves from HIV infection during pregnancy and breastfeeding.
5. Share the following information:
 - For most HIV-positive women in our community, exclusive breastfeeding is the best way to feed their babies for the first 6 months, with continued breastfeeding through at least 12 months.
 - Although giving only formula (and never breastfeeding) can reduce the risk of HIV transmission, it can double the number of children who become sick and die from other illnesses. For this reason, exclusive breastfeeding for the first 6 months, and continued breastfeeding through at least 12 months, is the safest option for most women in our community.
 - We need to support HIV-positive women to exclusively breastfeed and be sure that people know about the dangers of giving other foods and liquids while breastfeeding before 6 months. At 6 months, HIV-positive mothers should introduce complementary foods and continue breastfeeding through 12 months. At 12 months, mothers should talk with a health worker again about how best to feed their babies and about whether stopping breastfeeding would be appropriate.
 - If, despite recommendations to exclusively breastfeed, mothers think that they can safely feed their children using infant formula and not breastfeeding, they should talk with a health worker to learn if this would be an appropriate option for them and how to do this safely.

6. Ask: Why do you think mixed feeding is so dangerous? Why do you think giving formula is so dangerous?
7. Explain that now HIV testing is available for 6-week-old children born to HIV-positive women. Ask: What advice would you give to a woman who has a child who tests positive for HIV? [The recommendations for children who test HIV-positive is to exclusively breastfeed, even if they were being fed formula before—this way they can benefit from all of the protective qualities in breastmilk.]
8. Facilitate a discussion about infant feeding and HIV with the following questions:
 - What kind of support do HIV-positive women need to exclusively breastfeed for 6 months?
 - What kind of support do HIV-positive women need to give appropriate other foods after six months?
 - What kind of support do HIV-positive women need to continue to breastfeed for at least 12 months?
 - What services are available in our community to help women who are HIV positive?
 - What challenges do HIV-positive women face related to infant feeding?
 - How can women overcome these challenges?

Feeding babies at 6 months

Objectives

By the end of this session, participants will be able to:

- Explain when children should start to eat food in addition to breastmilk.
- Describe the importance of feeding children properly at 6 months.
- Explain that breastfeeding continues to be important for children until 2 years of age and beyond.

Session guide

1. Use the following questions to facilitate a discussion with participants about foods and liquids children eat other than breastmilk:
 - When do babies begin to eat something else other than breastmilk?
 - What do babies eat?
 - How much do babies eat at each meal?
 - How many times a day do babies eat?
 - How is the food prepared?
 - What is done to make sure that the food is clean and safe?
 - What, if any, utensils do mothers or caregivers use to feed children?
 - Do children have a separate dish?
 - Does someone help them to eat? Who?
 - How do caregivers know if children are hungry? Had enough to eat?
2. Explain that in Kenya, almost one out of every three children under the age of 5 is too short for their age. When children are short for their age it means that they are malnourished, which is permanent and affects intelligence. How children are fed from 6–24 months affects their health, growth, and development.
3. Facilitate a discussion using these additional questions:
 - What are the signs of a healthy, well-nourished child?
 - Why are some children short for their age?
 - Why are some children sick more often than others?
 - Why do some young children have a blank or listless look?
 - What happens to children who did not eat properly?
4. Share the following information:
 - At 6 months, children start to need a variety of other foods in addition to breastmilk; this is called complementary feeding.
 - Before 6 months, breastmilk provides everything a baby needs, but at 6 months and as babies continue to grow they need other foods.
 - Breastmilk continues to be an important source to help children grow well and protect them from illnesses until 2 years and beyond.
 - The foods that are given to children at 6 months are called complementary foods, because they complement breastmilk—they do not replace breastmilk.
 - Appropriate complementary feeding helps children to continue to grow and develop well.

- Appropriate complementary feeding involves continued breastfeeding and giving the right amount of good quality foods.
- Babies 6–12 months old are especially at risk, because they are just learning to eat. Babies this age must be fed soft foods frequently and patiently. These foods should be given in addition to breastmilk; they do not replace breastmilk.
- When children do not eat well, it affects their health and intelligence.
- Weight gain is a sign of good health and nutrition. It is important to continue to take children to the health facility for regular check-ups and immunizations and to monitor growth and development.
- After 6 months of age, children should receive vitamin A supplements twice a year or take multiple micronutrients on a daily basis. Talk with a health care provider for the proper advice.
- If a mother is HIV positive, it is important for her to consult a health care provider when her baby is 12 months old for counseling on infant feeding options, such as safer breastfeeding or the use of other suitable milks.

Answer any questions participants have.

Giving other foods after 6 months

Objectives

By the end of this session, participants will be able to:

- List good first foods for children.
- Divide foods into food groups.
- Explain how much children should eat at different ages.
- List ways to overcome challenges to appropriate complementary feeding.

Session guide

1. Explain that when we talk about complementary feeding we often talk about giving a variety of foods. What do we mean by variety?
2. Explain that foods are often categorized in different groups:
 - Body-building, make children strong
 - Energy-giving, give children energy
 - Protecting, prevent and fight illness
3. Ask participants to name examples of common foods that are available in their communities and to say what group they belong to. Refer to the table below:

Body-building Make children strong	Energy-giving Give children energy	Protecting Prevent and fight illness
Beans, dengu, meat, chicken, fish, and egg yolks	Rice, potatoes, ugali, maize, millet, and matoke	Fruits and vegetables like leafy greens, carrots, pumpkin, oranges, mangoes, and paw paws

4. Explain that when you feed children, try to give food from at least two different food groups at each meal. Do you think this is possible? What are some possible combinations based on foods that you normally prepare for your family? What are foods that you have given to your children? Some foods are better than others, what foods are especially good for children and why?
5. Facilitate a discussion with the following questions:
 - How should food be prepared for children? [Mashed, soft, etc.]
 - Should uji be thin or thick? Why? [It should be thick enough to stay on the spoon. Otherwise it is too watery and will not give children enough energy and they will become full with water rather than food.]
6. Explain that as children grow they need to eat more. To be sure they are eating enough, mothers can breastfeed more often, give more food, feed children more often, and give foods that have a lot of energy even in small amounts (like fats and oils).

7. Present the following information about how much food to give at different ages:

6 months

- Two to three tablespoons at each meal
- Two meals each day

7–8 months

- One-half cup at each meal
- Three meals each day

9–11 months

- Three-fourths of a cup at each meal
- Three meals each day
- One snack

12–24 months

- One cup at each meal
- Three meals each day
- Two snacks

Explain that the kinds of foods given to babies and children 6–12 and 12–24 months are similar; they are often just prepared in a different way, and older children eat more food, more often.

8. Ask: Is this how much you feed your children at these ages?

9. Ask: What are some of the challenges that women and families in our communities face that prevent them from feeding their 6–24-month-old children appropriately? [Possible answers: lack accurate information, heavy workloads limit time to help feed children, perception that there is not enough food.] For each challenge mentioned, ask: How can we help women to overcome this challenge? Encourage participants to share their thoughts and experiences.

10. Explain there are many cultural beliefs about what foods can and cannot be given to babies. Ask: What are some beliefs about feeding children in our community? Are these correct or are these myths?

11. Ask: How do you know if a child is growing well? Where can you take your child to be weighed and measured? How often should you take your child to be weighed and measured? Do most mothers in our community take their children to be weighed and measured as often as they should?

12. Imagine that a neighbor comes to you with the following situation:

She is a mother with a 9-month-old baby. This is her first child. She has been giving watery uji in a bottle, she still breastfeeds, and she gives pieces of chapati and sometimes mashed mangoes. She took her child to be measured and the nurse told her that he was not growing properly and had not grown since last month. She is very worried and upset. She does not know what to do.

Facilitate a discussion using the following questions:

- What advice would you give to this mother?
- Does anyone have any suggestions for improving this advice?

13. Encourage participants to share their own experiences feeding their children. Ask them to focus on ways they have overcome challenges or improved their feeding practices.

Feeding your child

Objectives

By the end of this session, participants will be able to:

- Describe how to safely store, clean, prepare, and serve food.
- List times when mothers/caregivers should wash their hands.
- Describe how to encourage young children to eat.
- Explain why responsive feeding is important.

Session guide

1. Explain that not only are the types and amounts of foods that we give to our children important, but how we prepare and feed our children also helps them to grow and develop well and to be healthy. In this session we will talk about preparing food safely and how best to feed children.
2. Explain that how we store, clean, prepare, and cook food is also important. Ask: Why is this important? What are the risks if we do not handle food properly? Encourage participants to discuss. After participants discuss, explain that more than half of all illnesses and deaths among young children are caused by germs that get into their mouths through food or water or dirty hands.
3. Ask: How can we store, clean, prepare, and cook food safely? Encourage participants to discuss. Correct any incorrect information, and mention the following additional information as needed:
 - Cooked food should be eaten without delay or thoroughly reheated.
 - Store cooked food in a covered container and use it within 1 hour. Always reheat food well if it has been sitting.
 - Wash all bowls, cups, and utensils with clean water and soap.
 - Only use water that is from a safe source or is purified. Water containers need to be kept covered to keep the water clean.
 - Raw or leftover food can be dangerous. Raw food should be washed or cooked.
 - Food, utensils, and food-preparation surfaces should be kept clean. Food should be stored in covered containers.
 - Safe disposal of all household rubbish helps prevent illness.
4. Explain that washing our hands with clean, running water and soap is very important. When are the times that we should wash our hands? Allow participants to discuss and mention the following as needed: before cooking food, before and after feeding a baby, after changing nappies or going to the toilet, and after touching animals.
5. Facilitate a discussion by asking the following questions. Encourage participants to share their own experiences:
 - Are these behaviors common in our community? Why or why not?
 - What can we do to ensure that our families practice these behaviors?

6. Ask participants to imagine a young child eating. What comes to mind? Participants may mention the following:
 - When a child is learning to eat, he often eats slowly and is messy. He may be easily distracted.
 - He may make a face, spit some food out, and play with the food. This is because the child is learning to eat.
 - A child needs to learn how to eat, to try new food tastes and textures.
 - A child needs to learn to chew, move food around in the mouth and swallow food.
 - A child needs to learn how to get food effectively into the mouth, how to use a spoon, and how to drink from a cup.

Explain that it is very important for caregivers to encourage the child to learn to eat the foods offered.

7. Facilitate a discussion by asking the following questions:
 - How do you encourage your children to eat?
 - How do you know your child has eaten enough?
8. Summarize the discussion and share the following information:
 - Feed infants directly and assist older children when they feed themselves.
 - Offer favorite foods and encourage children to eat when they lose interest or have depressed appetites.
 - If children refuse many foods, experiment with different food combinations, tastes, textures, and methods for encouragement.
 - Talk to children during feeding.
 - Look at children when you are feeding.
 - Feed slowly and patiently and minimize distractions during meals.
 - Do not force children to eat.
9. Emphasize these points:
 - A child needs food, health, and care to grow and develop. Even when food and health care are limited, good care-giving can help make best use of these limited resources.
 - Care refers to the behaviors and practices of the caregivers and family that provide the food, health care, stimulation, and emotional support necessary for the child's healthy growth and development.

Eating during pregnancy and breastfeeding

Objectives

By the end of this session, participants will be able to:

- Describe how women need to eat at different stages in their life.
- List key messages on maternal nutrition.

Session guide

1. Ask participants to name important stages in a woman's life when she should change how she eats. [Participants should mention during adolescence, during pregnancy, and during breastfeeding as times when women need to eat more.]
2. Ask participants to discuss how a woman should eat at each of these points and why. Ask: What are the consequences of not making these changes?
3. Be sure that participants discuss all of the following information:

At any age women should

- Eat more food if underweight to protect health and establish reserves for pregnancy and lactation.
- Eat a variety of foods to get all of the vitamins and nutrients needed.
- Eat several fruits and vegetables daily.
- Eat animal products as often as possible.
- Use iodized salt.

During adolescence and before pregnancy women should

- Eat more food for the adolescent "growth spurt" and for energy reserves for pregnancy and lactation.
- Delay the first pregnancy to help ensure full growth and nutrient stores (after age 18).

During pregnancy women should

- Eat an extra meal a day for adequate weight gain to support foetal growth and future lactation.
- Take iron/folic acid tablets daily.

During breastfeeding women should

- Eat an extra, healthy meal (made of a variety of foods) each day.
- Take two high-dose vitamin A capsules (200,000 IU) within 24 hours of each other, as soon after delivery as possible, but no later than 8 weeks post-partum, to build stores, improve the vitamin A content of breastmilk, and reduce infant and maternal morbidity. This helps women to recover from childbirth and prevents illness.

4. Ask: Do women follow the recommendations that we just discussed? Why not?
5. Ask: What are the consequences of women not eating properly, especially during pregnancy and lactation?

6. Ask: What advice would you give to women to help them eat properly during pregnancy and lactation? Encourage participants to share experiences and ask each other questions.
7. Remind participants that even if breastfeeding mothers cannot eat an ideal diet they are still able to make enough, good quality breastmilk for their baby. The food they eat will not change the overall quality or quantity of their breastmilk. The amount of breastmilk they produce is based on how often they breastfeed their baby, not the foods they eat.

Infant feeding beliefs and myths

Objectives

By the end of this session, participants will be able to:

- Name three popular beliefs and myths about breastfeeding and explain how they relate to optimal breastfeeding practices.
- Respond to popular beliefs and myths about breastfeeding that participants or community members acknowledge.

Session guide

1. Brainstorm the breastfeeding beliefs and myths that participants and community members acknowledge. Divide these beliefs into those that do not affect breastfeeding, those that are positive, and those that are negative. Discuss beliefs and myths that affect breastfeeding practices.
2. Ask participants to explain how they would address these topics if a participant wanted to talk about it in a support group.
3. Ask: Have you ever heard of parents waiting to take their child to a health facility (or taking children to traditional healers) and the child dying?
4. Explain that it is common for caregivers to wait to take children for care at a facility. Share the following information:
 - Young infants can become ill suddenly and may need to be seen and treated urgently by a health provider.
 - If a child is not feeding well, has fever or diarrhea, is vomiting, is losing weight or becoming thin, has difficulty breathing, or has other signs that he or she may not be well, it is important to have him or her examined at the nearest health centre or hospital.
 - It is also important for caregivers to take children for routine immunizations, vitamin A supplementation twice yearly, and continued growth monitoring until they are 5 years of age.
 - Women who are HIV positive can take their children for HIV testing at 6 weeks of age to learn if they are infected with HIV and begin to receive treatment and care.
5. Ask: How can we encourage families to take their children to a health facility for treatment?

Feeding HIV-exposed children from 6 months

Objectives

By the end of this session, participants will be able to:

- Explain when children of HIV-positive mothers should begin to eat solid foods.
- Give advice to a woman who is HIV positive on how to feed her 6-month-old baby
- List special considerations for a baby born to a mother with HIV.

Session guide

1. Ask: What advice would you give to a woman who is HIV positive about how to feed her baby when the baby is 6 months old? Allow participants to discuss.
2. After participants discuss, present the following:
 - At 6 months it is important for an HIV-positive mother to introduce complementary foods and continue breastfeeding to 12 months of age.
 - A mother should continue breastfeeding after 6 months so that her baby can continue to get the benefits of breastmilk.
 - It is especially important for children with mothers who are HIV infected to eat the right kinds and right amounts of safely prepared foods in addition to breastfeeding. The information we discussed earlier about complementary feeding in general can be shared with women who are HIV positive.
3. Ask: At what age can a baby be tested for HIV? [Answer: 6 weeks.]
4. Explain the following:
 - All babies have antibodies passed on from their mothers as a natural way to protect babies while they are developing their own immune systems. All babies born to HIV-infected mothers have HIV antibodies from their mothers, regardless of whether the babies are HIV infected themselves. Their mothers' antibodies will stay in their bodies for 12 to 18 months. HIV antibody tests on babies younger than 18 months will only show if the mother is infected, and cannot tell the difference between infected and uninfected children.
 - There is now a test that can check babies for the virus itself. This test can be used with babies who are as young as 6 weeks. To test for the virus in children, a small needle prick is performed on the child's foot and the blood is dripped onto paper. The blood dries and the paper is transported in a sealed bag or envelope to a lab where the specimen is tested for HIV. Babies who test negative should be brought back for repeat testing at 12 and 18 months.
 - Testing at 6 weeks is used to help identify children who are HIV positive so they can start to receive treatment. It should not be used to change infant feeding decisions. For example, if an HIV-positive woman is exclusively breastfeeding, she should continue to breastfeed even if the child tests negative. The child's status does not change what is safest.
5. Ask: What infant feeding advice would you give to an HIV-positive woman who brought her baby in for testing at 6 weeks and when the results came learned that her baby is HIV positive? Encourage participants to discuss.

6. Explain that the recommendation for children who test HIV positive is to exclusively breastfeed until the baby is 6 months old, even if they were being fed formula before—this way the baby can benefit from all of the protective qualities in breastmilk. At 6 months a mother should continue breastfeeding and start to give complementary foods. Also, if her baby tests negative, a mother who is breastfeeding should continue to breastfeed.
7. Ask: What can caregivers do to help keep children born to HIV-positive women healthy, even before learning the child’s status?
8. Present the following information:
 - Be brought for routine well-baby and immunization visits. Waiting until a child falls ill can be too late. Children’s immune systems are not as developed as adults’ and they can get sick quicker.
 - Receive routine immunizations (including measles and BCG) according to the recommended schedule.
 - Bringing children to be weighed each month is important for all babies, but it is especially important for HIV-exposed children. Many HIV-infected children are underweight during the course of their illness. Research shows that an HIV-infected child’s nutritional status is closely related to the child’s survival.
 - It is important for caregivers to know the signs and symptoms most commonly associated with HIV infection in children so they can get treatment immediately.
 - If a child has a fever, diarrhea, ear infections, or is not growing well, it is important for the caregivers to bring all children (and non-exposed children) to a facility immediately.
 - Safe infant feeding in the first 2 years of life or longer is important for child survival and development.
 - Giving only breastmilk for the first 6 months—which means giving no other foods or liquids, not even water—will be the safest choice for most women in our community. HIV-positive women who choose to breastfeed should be encouraged and supported to do so exclusively.
 - It is important for parents and caregivers to understand the risks of giving babies born to HIV-positive mothers other foods and liquids while breastfeeding during the first 6 months. This is called mixed feeding and can significantly increase the risk of HIV transmission and the risk of death from diarrhea, pneumonia, and other infections.
 - It is important for women and caregivers who want to give formula (despite the recommendation to exclusively breastfeed for 6 months) to talk with a health worker about whether or not this can be done safely. For most families in our community, exclusive breastfeeding for the first 6 months is the safest option.
 - Babies and children born to mothers with HIV can live healthy lives. It is important for them to be tested early for HIV (from 6 weeks of age using a special HIV-testing method, and again at 12 months and 18 months).
 - Practice good personal and food hygiene to prevent common infections, and encourage mothers to seek prompt treatment for any infections or other health-related problems.
 - There is medicine that can be given to babies and children to help prevent common illnesses and infections in children who are HIV exposed.
 - This medicine is called Cotrimoxazole, Bactrim, Septra, or Septrin.

- Cotrimoxazole can help prevent the most common cause of death in young children with HIV—pneumonia—as well as protect against malaria and bacterial infections.
 - Cotrimoxazole is recommended for all HIV-exposed infants from 6 weeks through at least 1 year of age.
 - Cotrimoxazole is given once a day, from 6 weeks of age until the age of 12 months and can be continued for longer periods if recommended by a health worker.
9. Explain that many HIV-positive women in our community who choose to breastfeed when their baby is born stop breastfeeding before their child reaches 6 months of age. Ask: What are the risks of stopping breastfeeding early?
10. After participants discuss, explain that:
- When mothers try to stop breastfeeding before 6 months of age they often continue to breastfeed while they start feeding their babies other food or fluids. This is mixed feeding, which can cause diarrhea and increase the risk of HIV transmission.
 - It is very challenging for mothers to be able to provide a safe and nutritious diet without breastmilk. It is important for mothers to consider the risk of HIV transmission compared with the many risks of not breastfeeding. Formula-fed infants have a higher risk of illness and death. Also, studies have shown that stopping breastfeeding early (at 4 to 6 months) increases the risk of illness and death, does not improve HIV-free survival, and is challenging for mothers.
 - Breastmilk saves babies, even when their mothers are HIV positive.
 - At 12 months, mothers should talk with health care providers again about how best to feed their babies. If a mother cannot safely provide an adequate diet to replace breastmilk, she should continue to breastfeed.
 - When a baby is 12 months old, stopping breastfeeding may become less difficult for the mother, less likely to cause disapproval or stigma, and less expensive than at an earlier age.
 - For some HIV-positive mothers, 12 months is a good time to stop breastfeeding. For many others, it may be better to continue breastfeeding when starting to give soft foods.
 - The right time to stop breastfeeding must always be a mother's choice and is best made by talking with a health worker.
11. Explain that babies born to mothers who are HIV infected can live long and healthy lives if they receive medical care and treatment early. It is important to bring HIV-exposed children to a health facility often and to find out if a child is HIV infected so that medical interventions can be taken to help the baby. However, many families wait to seek treatment until a child becomes very ill, and many do not want to bring their children in for testing.
12. Ask: What can you do in your community to help children born to mothers who are HIV positive to stay healthy and receive treatment early? Encourage participants to discuss.

Background notes

Even though breastfeeding is common in Kenya, we know that almost all babies take other foods and liquids in addition to breastmilk before 6 months. This means that every day most babies in Kenya face a risk of illness, malnutrition, and death. Almost every mother can exclusively breastfeed successfully. Those who might lack the confidence to breastfeed need the encouragement and practical support of the baby’s father and their family, relatives, and neighbours, and the wider community. Everyone should have access to information about the benefits of exclusive breastfeeding. This is why mother-to-mother support groups are so important.

Advantages of exclusive breastfeeding

The Government of Kenya is committed to promoting, protecting, and supporting optimal infant and young child feeding practices, because feeding children properly can have important health, social, and economic benefits.

During the first 6 months, optimal infant and young child feeding practices include:

- Starting to breastfeed within the first 30 minutes to 1 hour of birth.
- Giving only breastmilk (and no other foods or liquids—not even water) whenever the baby wants for the first 6 months.

These optimal infant feeding practices are necessary to ensure that babies start to grow and develop properly. After the first 6 months breastmilk continues to be important for a child’s growth and development. We will talk more about feeding children after 6 months in future sessions.

BENEFITS OF EXCLUSIVE BREASTFEEDING		
Baby	Mother	Family and community
Supplies everything the baby needs to grow well during the first 6 months of life	Reduces blood loss after birth (immediate breastfeeding)	Is available 24 hours a day
Digests easily and does not cause constipation	Is always ready at the right temperature	Reduces the need to buy medicine because the baby is sick less often
Protects against diarrhea and pneumonia	Saves time and money	Is always ready at the right temperature
Provides antibodies to illnesses	Makes night feedings easier	Delays new pregnancy, helping to space and time pregnancies
Protects against infection, including ear infections	Delays return of fertility	Reduces time lost from work to care for a sick baby
During illness helps keep baby well-hydrated	Reduces the risk of breast and ovarian cancer	Children perform better in school
Reduces the risks of allergies	Promotes bonding	More children survive
Increases mental development		
Promotes proper jaw, teeth, and speech development		
Suckling at breast is comforting to baby when fussy, overtired, ill, or hurt		
Promotes bonding		
Is the baby’s first immunization		

Additional information on benefits of breastfeeding

Breastfeeding reduces blood loss after giving birth

Breastfeeding immediately after giving birth (within the first 30 minutes to 1 hour) will help the uterus (womb) to contract, which decreases the amount of bleeding. Nipple stimulation caused by breastfeeding sends a message to the brain to make the uterus contract. Breastfeeding helps to limit blood loss from the uterus after giving birth.

Breastfeeding delays fertility

Breastfeeding exclusively (day and night) can delay the return of ovulation and menstruation after giving birth. When a mother starts to give other foods and liquids, she is likely to start to ovulate and menstruate again. The lactational amenorrhea method (LAM) is a contraceptive method that takes advantage of the natural infertility that breastfeeding mothers experience.

To use LAM, a woman must meet three criteria:

1. The woman's menstrual periods have not returned.
2. She must be exclusively breastfeeding, whenever the baby wants, day and night.
3. The baby must be under 6 months old.

When any one of these three criteria changes, another contraceptive method must be started immediately. For details, refer to the section on LAM a little later in this discussion guide.

Start breastfeeding immediately after giving birth

During the first three days the breasts make a yellow, thick liquid that is the first milk. This first milk is called *colostrum* and is very good for babies.

- It helps protect babies against viruses and bacteria. It is like the baby's first immunization.
- It cleans the baby's stomach and helps protect the digestive track.
- It has all the food and water the baby needs.
- Putting the baby in skin-to-skin contact helps regulate the baby's temperature.
- The Government of Kenya recommends that women begin to breastfeed within the first 30 minutes of birth.
- There are many benefits to mothers and babies if breastfeeding is started very soon after giving birth.
- Early initiation of breastfeeding helps the mother stop bleeding.
- The earlier the child is put to the breast, the faster the milk comes. This will help mothers to make enough breastmilk.
- Starting breastfeeding soon after birth helps reduce the risk of newborns dying.

Positioning and attachment

How to help a mother position her baby:

- Ask how breastfeeding is going.
- Watch her breastfeed her baby.
- Explain what might help, and ask if she would like you to show her.
- Make sure that she is comfortable and relaxed.
- Sit down yourself in a comfortable, convenient position.
- Explain how to hold her baby, and show her if necessary.

The **four key points** are:

- Baby's head and body in line.

- Baby held close to mother's body.
- Baby's whole body supported.
- Baby approaches breast, nose to nipple.

Show her how to support her breast:

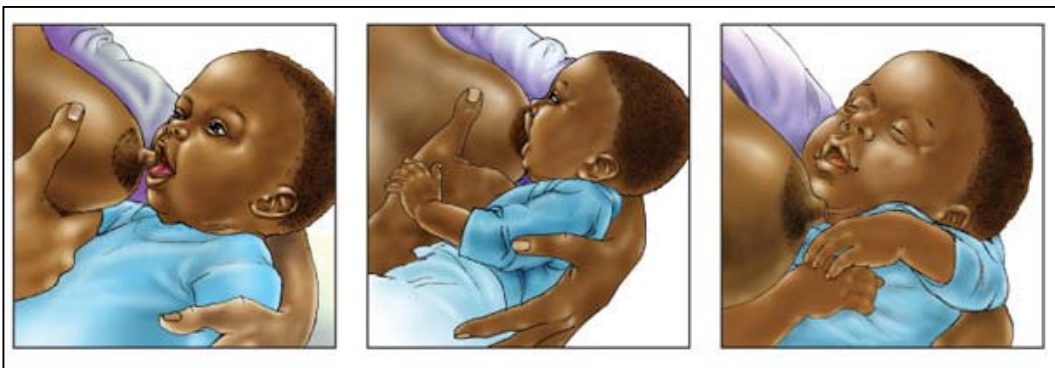
- With her fingers against her chest wall below her breast.
- With her first finger supporting the breast.
- With her thumb above.
- Her fingers should not be too near the nipple.

Explain or show her how to help the baby to attach:

- Touch her baby's lips with her nipple.
- Wait until her baby's mouth is opening wide.
- Move her baby quickly onto her breast, aiming his lower lip below the nipple.
- Notice how she responds and ask her how her baby's suckling feels.
- Look for signs of good attachment. If the attachment is not good, try again.
- Let the mother do as much as possible herself. Be careful not to 'take over' from her.
- Explain what you want her to do. If possible, demonstrate on your own body to show her how.

Make sure that she understands what you do so that she can do it herself. Your aim is to help her to position her own baby. It does not help if you can get a baby to suckle, if the mother cannot.

Figure 3. Proper attachment



From: Ministry of Health and Social Welfare [Kingdom of Lesotho]. Infant Feeding Counseling Cards. Maseru; 2008.

Good attachment helps both mother and baby. Good attachment helps to ensure that the baby suckles well and helps the mother produce a good supply of breastmilk. Good attachment helps to prevent sore and cracked nipples. Breastfeeding should not be painful.

There are four signs of good attachment:

- Baby's mouth is wide open.
- You can see more of the darker skin (areola) above the baby's mouth than below.
- Baby's lower lip is turned outward.
- Baby's chin is touching mother's breast.

If the baby is well-attached at the breast and getting the milk easily, it is called “effective suckling.” The signs are:

- The baby takes slow deep suckles, sometimes pausing.
- You may be able to see or hear the baby swallowing after one or two suckles.
- Suckling is comfortable and pain-free for the mother.
- The baby finishes the feed, releases the breast, and looks contented and relaxed.
- The breast is softer after the feed.
- Effective suckling helps mothers to produce milk and satisfy the baby.

Remind mothers that after the baby releases one breast, offer the other breast. This will help stimulate milk production in both breasts, and also ensure the baby gets the most nutritious and satisfying milk.

Exclusive breastfeeding

- Breastmilk is the perfect food for babies. It has everything that a baby needs to grow and develop for the first 6 months.
- Babies who take only breastmilk grow better, fall sick less often, and perform better in school than children who are not exclusively breastfed.
- For the first 6 months, babies do not need any other foods or liquids, not even animal milk, water, porridge, or fruits. Breastmilk has enough water so even babies in hot climates do not need water.
- Giving other foods and liquids (including animal milk and water) to babies during the first 6 months is very dangerous for their health and can make them sick.
- Human breastmilk is perfect for human babies, just as cow’s milk is perfect for baby cows and goat’s milk is perfect for baby goats. We never see baby goats drinking cow’s milk because animal milks are different for each animal.
- Almost all women can make enough milk to feed their baby only breastmilk for 6 months and continue breastfeeding until their baby is 2 years or older.
- The size of a woman’s breast does not affect how much milk she can make.
- Even women who are sick or thin can make enough milk for their baby.
- When a baby suckles at the breast, the tongue and the mouth touch the nipple.
- The (nerves in the) nipple sends a message to the mother’s brain that the baby wants milk.
- The brain responds and tells the body to make the milk flow for this feed and to make milk for the next feed. The more the baby suckles, the more milk is produced.
- How a mother feels and what she thinks can affect how her milk flows. If a woman is happy and confident that she can breastfeed, her milk flows well. But if she doubts whether she can breastfeed, her worries may stop the milk from flowing.

Lactational amenorrhea method (LAM)

The lactational amenorrhea method (LAM) is a contraceptive method based on natural infertility that women experience when they practice exclusive breastfeeding.

- Lactational = exclusive breastfeeding, on demand, day and night.
- Amenorrhea = no menstrual bleeding after 2 months post-partum.
- Method = a modern, temporary (6 months post-partum) contraceptive method.

To use LAM, a woman must meet three criteria:

1. The woman's menstrual periods have not started again.

Following childbirth, the return of menstrual periods is a sign that a woman is fertile again. During the first 3 to 6 months after giving birth, a woman who is exclusively breastfeeding is unlikely to ovulate before her menstrual period resumes. However, once a woman starts to menstruate, there is a probability that ovulation has resumed. Bleeding during the first 2 months post-partum is not considered menstrual bleeding. Menstruation may be considered to have returned when the woman experiences 2 days of consecutive bleeding or when she thinks her menstrual bleed has returned.

2. The baby is exclusively breastfed frequently day and night.

During the first 6 months the baby only breastfeeds. That means the baby does not receive any water, other liquids, or foods. Whenever the baby shows signs of wanting to be fed (by sucking on his hand, by moving or opening his mouth, or by moving his head about), be it day or night, the mother breastfeeds her baby. This is called breastfeeding "on demand." All of a baby's thirst, hunger, nutritional, and sucking needs are met at the breast. The baby is nursed frequently for as long as he wants to remain on the breast. Exclusive breastfeeding means a minimum of eight feeds during a 24-hour period in the early days and weeks and at least one feeding during the night without any intervals greater than 4 to 6 hours.

3. The baby is less than 6 months old.

At 6 months of age, the baby needs to begin receiving complementary foods while continuing to breastfeed. Introduction of water, liquids, and foods can reduce the amount of sucking at the breast, triggering the hormonal mechanism that causes ovulation and menses to start again.

Exclusive breastfeeding on demand changes a woman's body by delaying ovulation and menstruation during the first 6 months after giving birth. Since a woman is not ovulating she cannot become pregnant. Exclusive breastfeeding, day and night, causes the first menstrual period to happen before a woman ovulates (it is a sign that fertility is returning). If a mother is not exclusively breastfeeding she will ovulate before her first menstrual period. The absence of menstrual periods and frequent breastfeeding day and night during the first 6 months after giving birth are what make LAM work. When any one of the above three criteria is no longer met, another family planning method must be introduced for birth spacing.

Research has shown LAM to be very effective at preventing pregnancy. For example, if 100 women started LAM and used it according to the criteria, 1 or at most 2 women would become pregnant. LAM is as effective as any other reversible contraceptive method. Encourage women to talk with a health worker about LAM and whether it is the right contraceptive choice for them.

Waiting to become pregnant again has benefits for mothers and for babies.

- Mothers are less likely to die in childbirth.
- Mothers are less likely to miscarry.
- Their newborns are less likely to die, be underweight, or be born early.
- Babies grow up bigger, stronger, and healthier.
- Older children are more likely to be healthy and grow well.

Checklist for common breastfeeding difficulties: Engorgement

Engorgement	
Prevention	<ul style="list-style-type: none"> <input type="checkbox"/> Correct positioning and latch-on. <input type="checkbox"/> Breastfeeding immediately after birth. <input type="checkbox"/> Breastfeeding on demand (as often and as long as baby wants) day and night, a minimum of 8 times per 24 hours.
Symptoms	<ul style="list-style-type: none"> <input type="checkbox"/> Swelling, tenderness, warmth, redness, throbbing, pain, low-grade fever, and flattening of the nipple. <input type="checkbox"/> Taut skin on breast(s). <input type="checkbox"/> Usually begins 3–5 days after birth.
Counseling	<ul style="list-style-type: none"> <input type="checkbox"/> Apply cold compresses to breasts to reduce swelling; apply warm compresses to “get milk flowing.” <input type="checkbox"/> Breastfeed more frequently or longer. <input type="checkbox"/> Improve infant positioning and attachment. <input type="checkbox"/> Massage breast(s). <input type="checkbox"/> Apply cabbage leaves. <input type="checkbox"/> Express some milk. <input type="checkbox"/> Apply a warm jar.

Checklist for common breastfeeding difficulties: Sore or cracked nipples

Sore or cracked nipples	
Prevention	<ul style="list-style-type: none"> <input type="checkbox"/> Correct positioning of baby. <input type="checkbox"/> Correct latch-on and suckling. <input type="checkbox"/> No use of soap on nipples.
Symptoms	<ul style="list-style-type: none"> <input type="checkbox"/> Breast or nipple pain. <input type="checkbox"/> Cracks in the nipples. <input type="checkbox"/> Occasional bleeding. <input type="checkbox"/> Reddened nipples.
Counseling	<ul style="list-style-type: none"> <input type="checkbox"/> Make sure baby latches on to the breast correctly. <input type="checkbox"/> Apply drops of breastmilk to nipples and allow to air dry. <input type="checkbox"/> Remove the baby from the breast by breaking suction first. <input type="checkbox"/> Expose breasts to air and sunlight. <input type="checkbox"/> Begin to breastfeed on the side that hurts less. <input type="checkbox"/> Do not stop breastfeeding. <input type="checkbox"/> Do not use soap or cream on nipples. <input type="checkbox"/> Do not wait until the breast is full to breastfeed. <input type="checkbox"/> If breast is full, express some milk first.

Checklist for common breastfeeding difficulties: Insufficient breastmilk

Insufficient breastmilk	
Prevention	<ul style="list-style-type: none"> <input type="checkbox"/> Breastfeed more frequently. <input type="checkbox"/> Exclusively breastfeed day and night. <input type="checkbox"/> Breastfeed on demand. <input type="checkbox"/> Correct positioning of baby. <input type="checkbox"/> Breastfeed at least every 3 hours. <input type="checkbox"/> Encourage family to support mother by performing household chores. <input type="checkbox"/> Avoid bottles and pacifiers.
Symptoms	<ul style="list-style-type: none"> <input type="checkbox"/> Insufficient weight gain. <input type="checkbox"/> Insufficient number of wet diapers (fewer than six a day). <input type="checkbox"/> Dissatisfied (frustrated and crying) baby. <input type="checkbox"/> Mother “thinking” she does not have enough milk.
Counseling	<ul style="list-style-type: none"> <input type="checkbox"/> Withdraw any supplement, water, formulas, or tea. <input type="checkbox"/> Feed baby on demand, day and night. <input type="checkbox"/> Increase frequency of feeds. <input type="checkbox"/> Wake the baby up if baby sleeps throughout the night or longer than 3 hours during the day. <input type="checkbox"/> Make sure baby latches on to the breast correctly. <input type="checkbox"/> Reassure mother that she is able to produce sufficient milk. <input type="checkbox"/> Explain growth spurts. <input type="checkbox"/> Empty one breast first (baby takes fore and hind milk).

Checklist for common breastfeeding difficulties: Plugged ducts that can lead to mastitis

Plugged ducts that can lead to mastitis	
Prevention	<ul style="list-style-type: none"> <input type="checkbox"/> Encourage family to support mother by performing household chores . <input type="checkbox"/> Ensure correct attachment. <input type="checkbox"/> Breastfeed on demand. <input type="checkbox"/> Avoid holding the breast in scissors hold. <input type="checkbox"/> Avoid tight brassieres. <input type="checkbox"/> Avoid sleeping on stomach (mother). <input type="checkbox"/> Use a variety of positions to hold the baby to rotate pressure points on breasts.
Symptoms (mastitis)	<ul style="list-style-type: none"> <input type="checkbox"/> Breast pain. <input type="checkbox"/> Redness in one area of the breast. <input type="checkbox"/> Swelling. <input type="checkbox"/> Warmth to touch. <input type="checkbox"/> Hardness with a red streak. <input type="checkbox"/> General feeling of malaise. <input type="checkbox"/> Fever (at times), flu-like symptoms.
Counseling	<ul style="list-style-type: none"> <input type="checkbox"/> Apply heat before the start of breastfeeding. <input type="checkbox"/> Massage the breasts before breastfeeding. <input type="checkbox"/> Increase maternal fluid intake. <input type="checkbox"/> Rest (mother). <input type="checkbox"/> Breastfeed more frequently. <input type="checkbox"/> Seek medical treatment; antibiotics if necessary. <input type="checkbox"/> Position baby properly.

Special situations affecting breastfeeding

When baby is sick

- Baby under 6 months: If the baby has diarrhea or fever the mother should breastfeed exclusively and frequently to avoid dehydration or malnutrition in the baby.
- Breastmilk contains water, sugar, and salts in adequate quantities, which will help the baby recover quickly from diarrhea.
- If the baby has severe diarrhea and shows any signs of dehydration, the mother should continue to breastfeed and provide oral rehydration solution (ORS) either with a spoon or cup.
- Baby older than 6 months: If the baby has diarrhea or fever, the mother should breastfeed frequently to avoid dehydration or malnutrition. She should also offer the baby bland food (even if the baby is not hungry).
- If the baby has severe diarrhea and shows any signs of dehydration, the mother should continue to breastfeed and add frequent sips of ORS.

When mother is sick

- When the mother is suffering from headaches, backaches, colds, diarrhea, or any other common illness, she should continue to breastfeed her baby.
- The mother needs to rest and drink a large amount of fluids to help her recover.
- If the mother does not get better, she should consult a doctor and say that she is breastfeeding.

Premature baby

- Mother needs support for correct latch-on.
- Breastfeeding is advantageous for pre-term infants; supportive holds may be required.
- Direct breastfeeding may not be possible for several weeks, but a premature baby can receive expressed breastmilk.
- Mother should watch baby's sleep and wake cycle and feed during quiet-alert states.
- Note: Crying is the last sign of hunger. Cues of hunger include rooting, licking movements, flexing arms, clenching fists, tensing body, and kicking legs.

Malnourished mothers

- Malnutrition does not significantly change the composition or amount of milk.
- Mothers can produce milk if the baby suckles.
- Mother needs to eat extra food for her own health.
- In rare, very extreme cases, milk quality may decrease and supply may eventually decrease and stop.

Twins

- The mother can exclusively breastfeed both babies.
- The more a baby breastfeeds, the more milk is produced.
- Breastfeeding twins does not depend on milk supply but on time and support to the mother.

Mother who is separated daily from her infant

- The mother should express or pump milk and store it for use while separated from the baby; the baby should be fed this milk at times when he/she would normally feed.

- The mother should frequently feed her baby when she is at home.
- A mother who is able to keep her infant with her at the work site should feed her infant frequently.

Pregnancy

- A pregnant mother can continue to breastfeed her baby.
- Encourage a pregnant breastfeeding mother to eat more times a day for her own health and to support both breastfeeding and the new pregnancy.
- If baby is under 1 year of age when the mother becomes pregnant, it is important for the baby to continue breastfeeding to stay healthy and to grow and develop well.
- Some babies who are breastfeeding while the mother is pregnant may have more bowel movements than usual. This does not mean they have diarrhea. This is a normal reaction of the milk the mother is producing and will last only a few days.
- After the new baby is born, it is perfectly safe to breastfeed two babies and will not harm either baby – there will be enough milk for two

Inverted nipples

- If nipples are FLAT she can breastfeed normally.
- If mother notices inverted nipples during pregnancy reassure her that the only help needed is to help baby to attach after delivery – nothing useful before delivery; nipples often improve at the time of birth.
- Test if nipple can be pulled out. If it can, then baby can pull it out too. If it goes in, still try to attach baby. Leaning over baby can help.
- Help baby to attach as early as possible before milk comes in and risk of engorgement. Suckling immediately after the baby is born can help. Stimulating the nipple at that time may help it to stand out more.
- Express milk until baby able to attach – send to more experienced counselor.

Stress

- Breastmilk does not spoil because if a mother feels stress.
- She will not make less milk, but milk may not flow well temporarily. If mother continues to breastfeed, the milk flow will start again.
- Keep baby in skin-to-skin contact with mother if possible.
- Find reassuring companions to listen, give mother an opportunity to talk, and provide emotional support practical help.
- Try to relax and breastfeed baby
- Drink a warm beverage such as tea or warm water, to help relax and assist the let down reflex.
- If necessary, provide temporary artificial feeds by cup.

Cleft lip and/or palette

- Babies with clefts have varying degrees of success with breastfeeding. Some babies with clefts are able to breastfeed successfully.
- To breastfeed babies need to make a seal on the breast and keep the breast in the mouth. Mothers can try to position the breast so the breast fills the space in the lip or try to close the lip area with her fingers.
- A mother may need to express milk after feeding the baby to maintain and increase her milk supply.

- If a baby is unable to breastfeed mothers can be encouraged and supported to express and feed her baby by cup.

Expressing breastmilk

There are many reasons why a woman may express breastmilk:

- Leave breastmilk for a baby when his mother goes out or goes to work.
- Feed a low-birth-weight baby who cannot breastfeed.
- Feed a sick baby, who cannot suckle enough.
- Keep up the supply of breastmilk when a mother or baby is ill.
- Prevent leaking when a mother is away from her baby.
- Help a baby to attach to a full breast.
- Help with breast health conditions (engorgement).

All mothers should learn how to express their milk, so that they know how if needed.

Breastmilk can be stored for about eight hours at room temperature (or up to 24 hours in a refrigerator).

Help the mother psychologically:

- Build her confidence.
- Try to reduce any sources of pain or anxiety.
- Help her to have good thoughts and feelings about the baby.

Help the mother practically. Help or advise her to:

- Sit quietly and privately or with a supportive friend. Some mothers can express easily in a group of other mothers who are also expressing for their babies.
- Hold her baby with skin-to-skin contact if possible. She can hold her baby on her lap while she expresses. If this is not possible, she can look at the baby. If this is not possible, sometimes even looking at a photograph of her baby helps.
- Warm her breasts. For example, she can apply a warm compress, or warm water, or have a warm shower. Warn her that she should test the temperature to avoid burning herself.
- Stimulate her nipples. She can gently pull or roll her nipples with her fingers.
- Massage or stroke her breasts lightly. Some women find that it helps if they stroke the breast gently with finger tips or with a comb. Some women find that it helps to gently roll their closed fist over the breast towards the nipple.
- Ask a helper to rub her back.

How to rub a mother's back:

- She should sit at the table resting her head on her arms, as relaxed as possible.
- If you are demonstrating with a volunteer, she remains clothed, but explain that with a mother it is important for her breasts and her back to be naked.
- Make sure that the chair is far enough away from the table for her breasts to hang free.
- Explain what you will do, and ask her permission to do it.
- Rub both sides of her spine with your thumbs, making small circular movements, from her neck to her shoulder blades (see Figure 1, earlier in this guide).

How to express breastmilk.

- Wash her hands thoroughly.

- Sit or stand comfortably, and hold the container near her breast.
- Put her thumb on her breast ABOVE the nipple and areola, and her first finger on the breast BELOW the nipple and areola, opposite the thumb. She supports the breast with her other fingers (see Figure 2, earlier in this guide).
- Press her thumb and first finger slightly inward toward the chest wall. She should avoid pressing too far or she may block the milk ducts.
- Press her breast behind the nipple and areola between her finger and thumb. She should press on the larger ducts beneath the areola. Sometimes in a lactating breast it is possible to feel the ducts. They are like pods, or peanuts. If she can feel them, she can press on them.
- Press and release, press and release. This should not hurt—if it hurts, the technique is wrong.
- At first no milk may come, but after pressing a few times, milk starts to drip out or it may flow in streams.
- Press the areola in the same way from the SIDES, to make sure that milk is expressed from all segments of the breast.
- Avoid rubbing or sliding her fingers along the skin. The movement of the fingers should be more like rolling.
- Avoid squeezing the nipple itself. Pressing or pulling the nipple cannot express the milk. It is the same as the baby sucking only the nipple.
- Express one breast for at least 3–5 minutes until the flow slows, and then express the other side; then repeat both sides. She can use either hand for either breast, and change when they tire.
- Explain that to express breastmilk adequately takes 20–30 minutes, especially in the first few days when only a little milk may be produced. It is important not to try to express in a shorter time.

How to feed a baby by cup:

- Wash your hands.
- Hold the baby sitting upright or semi-upright on your lap.
- Place the estimated amount of milk for one feed into the cup.
- Hold the small cup of milk to the baby's lips.
- Tip the cup so that the milk just reaches the baby's lips.
- The cup rests lightly on the baby's lower lip, and the edges of the cup touch the outer part of the baby's upper lip.
- The baby becomes alert, and opens his mouth and eyes.
- A low-birth-weight baby starts to take the milk into his mouth with his tongue.
- A full term or older baby sucks the milk, spilling some of it.
- DO NOT POUR the milk into the baby's mouth. Just hold the cup to his lips and let him take it himself.
- When the baby has had enough, he closes his mouth and will not take any more. If he has not taken the calculated amount, he may take more next time, or you may need to feed him more often.
- Measure his intake over 24 hours, not just at each feed.

Mother-to-child transmission of HIV

HIV can be transmitted from mothers to their children during pregnancy, during labour and delivery, or through breastfeeding.

Pregnancy: Normally, the mother and the fetus (fetus is the medical word for a baby before it is born) do not share the same blood. The placenta allows food and other helpful substances to pass from the pregnant woman to the fetus, and blocks most germs and toxins. As long as the pregnant woman stays healthy, the placenta helps protect the fetus from infection. If the pregnant woman has other infections or illnesses, if her HIV infection is new, if she has HIV and is sick, or if she is not eating enough, the placenta may not be able to protect the fetus from HIV. Infections like malaria and sexually transmitted infections (STIs) may keep the placenta from working properly, making it easier for HIV to pass to the fetus.

Labor and delivery: Most HIV transmission takes place during labor and delivery, when the baby can come in contact with maternal blood and fluids. If a woman gives birth in a health facility, there are actions health workers can take to help reduce the risk of transmission to the baby.

Breastfeeding: HIV is in breastmilk and can be transmitted to a baby through breastfeeding. For many HIV-positive women in our community, breastfeeding is the safest option. There are ways to make breastfeeding safer. During the first 6 months, mothers should give only breastmilk. The risk of transmission is much higher if babies are breastfed and given other foods and liquids (even water) at the same time.

Risk of transmission: The most important risk factor for mother-to-child transmission is the amount of HIV in the mother's blood. This is called the viral load. The risk of transmission to the baby is greatest when the viral load is high. Women who have recently been infected with HIV or have late-stage HIV or AIDS often have high viral loads. ARV treatment can reduce viral load.

Some of the risk factors for transmission are the same and some are different during pregnancy, labor and delivery, and breastfeeding.

Maternal factors that may increase the risk of HIV transmission		
Pregnancy	Labor and delivery	Breastfeeding
High maternal viral load (new or advanced HIV/AIDS)	High maternal viral load (new or advanced HIV/AIDS)	High maternal viral load (new or advanced HIV/AIDS)
Viral, bacterial, or parasitic infection (like malaria)	Water break (rupture of membranes) more than 4 hours before labor begins	Breastfeeding and giving other foods and liquids at the same time during the first 6 months
Sexually transmitted infections (STIs)	Invasive delivery procedures that increase contact with the mother's blood or body fluids (like episiotomies)	Breast infections, sores, or cracked nipples
Maternal malnutrition	First baby in multiple birth	When baby has mouth sores or thrush
	Bacterial infection of the membrane (from untreated STI or other infection)	Maternal malnutrition

Risk of transmission in different situations

Imagine 20 babies born to HIV-infected mothers. About 5 out of the 20 babies will be infected with HIV during pregnancy, labor, or birth. These are the numbers based on women who do not go for prevention of mother-to-child transmission (PMTCT) services during pregnancy. The number of babies who would be infected is lower if women use PMTCT services.

About 3 out of 20 babies would be infected during breastfeeding. A baby's risk of HIV infection depends on how he or she is breastfed. When mothers breastfeed and give other foods and liquids before 6 months (which is how most children in our community are fed) it almost doubles the risk of passing HIV to the baby.

In summary, out of 20 babies born to HIV-positive mothers, around 8 would be infected with HIV, even if their mothers do not use PMTCT services or practice safer infant feeding.

Now imagine these same 20 babies are born to HIV-infected mothers, but this time the mother and baby take antiretrovirals and practice exclusive breastfeeding. About 2 out of the 20 babies will be infected with HIV during pregnancy, labor, or birth. The number is lower because these women used PMTCT services.

If a mother breastfeeds exclusively for 6 months, about 1 baby would be infected during breastfeeding.

In summary, out of 20 babies born to HIV-positive mothers, around 3 would be infected with HIV if their mothers use PMTCT services and practice exclusive breastfeeding. So by taking these preventive actions, mothers can reduce the risk of transmission to their baby by more than half.

Even when women do not use PMTCT services, most children will not become infected. But because there are ways to reduce the risk of HIV transmission, it is important for all pregnant

women to be tested so that if they are positive, they can learn how to reduce the risk of HIV transmission to their baby. Women who are negative need to protect themselves from HIV infection during pregnancy and breastfeeding.

Research has shown that there are many factors that can increase the risk that mothers will pass HIV to their babies. These factors include:

- The mother was recently infected or re-infected with HIV while pregnant or breastfeeding.
- The mother is in labor for a long time.
- The mother is very sick with HIV (the stage of her illness).
- The mother has breast problems while breastfeeding, including cracked nipples, swollen breasts, or mastitis.
- The baby has oral thrush or sores in his or her mouth.
- The baby breastfeeds and also receives other foods or liquids.

To prevent or reduce the risk of an HIV-infected woman passing HIV to her baby:

- All pregnant women and their partners should go for HIV testing and seek health care services if they are positive.
- Women who are positive should give birth in a health facility.
- Women who are positive should attend PMTCT services.
- Women who are positive should take antiretroviral drugs (ARVs) during labour and give ARVs to their baby when it is born.
- For most HIV-positive women in the community, exclusive breastfeeding is the best way to feed their babies for the first 6 months, with continued breastfeeding through at least 12 months.
- Women should sleep under an insecticide-treated net during pregnancy.

Husbands and partners can help pregnant women stay healthy and reduce the risk of HIV transmission to the child by:

- Going for voluntary counseling and testing (VCT) together.
- Making sure the woman goes to the health facility for ANC regularly and receives early treatment of infections and illness.
- Supporting the woman to exclusively breastfeed for 6 months, introduce complementary foods at 6 months, and continue breastfeeding through at least 12 months.
- Using condoms during sexual intercourse to prevent infection or re-infection.
- Making sure the woman delivers in the health facility or with a skilled and trained attendant.
- Encouraging the woman to eat healthy meals and extra food during pregnancy and breastfeeding.
- Encouraging her to sleep under an insecticide-treated mosquito net.
- Supporting her to take her ARVs (if recommended by her doctor).

A woman who is infected or re-infected with HIV during pregnancy or breastfeeding is more likely to pass the virus to her child. Unprotected sexual intercourse while pregnant or breastfeeding places a woman at risk of HIV infection, and increases the risk of HIV infection to her child. When someone is newly infected or re-infected with HIV, the amount of HIV in her blood is very high, increasing the risk of mother-to-child transmission.

Infant feeding and HIV

Mothers who are HIV positive have two recommended options for how to feed their children: giving only breastmilk or giving only commercial infant formula (called replacement feeding because it replaces breastmilk) for the first 6 months. The Government of Kenya promotes exclusively breastfeeding for 6 months with continued breastfeeding through at least 12 months for HIV-positive mothers.

- For exclusive breastfeeding, although there is a risk of HIV infection through breastfeeding, there is new information that shows that exclusive breastfeeding lowers the risk of HIV transmission by half as compared with mixed feeding (mixed feeding means breastfeeding and also giving other foods and liquids to an infant younger than 6 months).
- For replacement feeding, there is double the chance that a baby will die from other infections (diarrhea or pneumonia) by 6 months. There is no difference in the chance of HIV infection and death between a child who is exclusively breastfed and a child who is exclusively replacement-fed.
- Because it can be difficult for women to feed their baby replacement foods in a clean and safe way and never breastfeed, exclusive breastfeeding is often the safest choice for HIV-positive mothers in our community.

Most babies in our community are breastfed and given other foods and liquids at the same time before they are 6 months old. This is called mixed feeding and puts babies at a much higher risk of illness, death, and HIV infection. Mixed feeding – the most common practice – has the greatest risk of HIV infection and death from other illnesses.

As a mother-to-mother support group facilitator, you can help support women to feed their babies safely regardless of the option they choose.

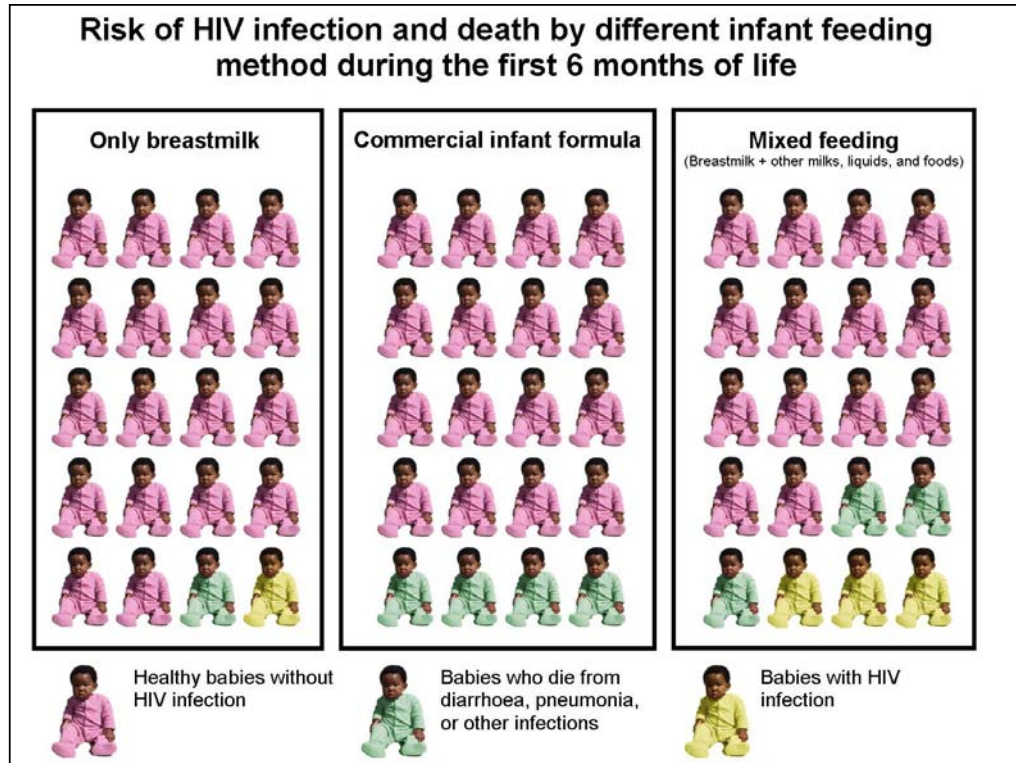
- For most HIV-positive women in our community, **exclusive** breastfeeding is the best way to feed their babies for the first 6 months.
- Although giving only formula (and never breastfeeding) can reduce the risk of HIV transmission, it can double the number of children who become sick and die from other illnesses. For this reason, exclusive breastfeeding for the first 6 months is the safest option for most women in our community.
- We need to support HIV-positive women to exclusively breastfeed and be sure that people know about the dangers of giving other foods and liquids while breastfeeding before 6 months. At 6 months, HIV-positive mothers should introduce complementary foods and continue to breastfeed until 12 months. At 12 months, they should talk with a health worker again about how best to feed their babies and about whether stopping breastfeeding would be appropriate.
- If mothers think that they can safely feed their children using infant formula, they should talk with a health worker to learn if this would be an appropriate option for them and how to do this safely.

Figure 4 shows the risks of different feeding options for women who are HIV positive:

- Looking at the 20 children fed only breastmilk, 1 will die from diarrhea, pneumonia, or other infections, and 1 will be infected with HIV.
- Looking at the 20 children fed only replacement milk, 4 will die from diarrhea, pneumonia, or other infections, and none will be infected with HIV.

- Looking at the 20 children fed breastmilk and other foods and liquids, 3 will die from diarrhoea, pneumonia, or other infections, and 3 will be infected with HIV.
- Mixed feeding has the greatest risk.

Figure 4. Risk of different feeding methods



Adapted from: Republic of Kenya, Ministry of Health/Division of Nutrition and National AIDS/STI Control Programme (NAS COP). Infant and Young Child Feeding in the Context of HIV and AIDS: Kenyan National Counselling Cards. Nairobi; 2008.

Feeding babies at 6 months

- One way to tell if a child is healthy is to see if he or she is growing properly (gaining enough weight).
- Before 6 months, breastmilk provides everything a baby needs, but at 6 months, and as babies continue to grow, they need other foods.
- At 6 months children start to need a variety of other foods while continuing to breastfeed.
- Breastmilk continues to help children grow well and protect them from illnesses until 2 years and beyond. Mothers should be supported to breastfeed often even after babies start to eat other foods.
- The foods that are given to children at 6 months are called complementary foods, because they complement breastmilk—they do not replace breastmilk.
- The amount and types of complementary foods that babies and young children eat are responsible for their health, growth, and development.
- Appropriate complementary feeding promotes growth and prevents stunting among children 6–23 months old. Stunting (when children are short for their age), which

shows that children are malnourished, is permanent if not corrected by 2 years of age and affects intelligence.

- Rates of malnutrition are usually highest from 6 to 23 months of age, when babies start to eat foods other than breastmilk. If babies are not fed well during this time it can have lifelong consequences.
- Appropriate complementary feeding involves continued breastfeeding and giving the appropriate amount of good-quality foods.
- Babies 6–12 months old are especially vulnerable, because they are just learning to eat. Babies this age must be fed on soft foods frequently and patiently. These foods should be given in addition to breastmilk; they do not replace breastmilk.
- Malnutrition affects health, intelligence, productivity, and ultimately a country’s potential to develop.
- Adequate weight gain is a sign of good health and nutrition. It is important to continue to take children to the health facility for regular check-ups and immunizations and to monitor growth and development.
- After 6 months of age, children should receive vitamin A supplements twice a year.
- If a mother is HIV positive, it is important for her to consult a health care provider when her baby is 12 months old for counseling on infant feeding options, such as safer breastfeeding or the use of other suitable milks.

Complementary feeding

There are three different food groups. It is important for children to eat a variety of foods from each of the groups each day.

Body-building Make children strong	Energy-giving Give children energy	Protecting Prevent and fight illness
Beans, dengu, meat, chicken, fish, and egg yolks	Rice, potatoes, ugali, maize, millet, and matoke	Fruits and vegetables like leafy greens, carrots, pumpkin, oranges, mangoes, and paw paws

As children grow they need to eat more. To be sure they are eating enough, mothers can breastfeed more often, give more food, feed children more often, and give foods that have a lot of energy even in small amounts (like fats and oils).

Recommended amounts of foods to give at different ages:

6 months	7–8 months	9–11 months	12–24 months
Two to three tablespoons at each meal Two meals each day	One-half cup at each meal Three meals each day	Three-fourths of a cup at each meal Three meals each day One snack	One cup at each meal Three meals each day Two snacks

When sharing information with mothers and caregivers it might help to first talk with them about what they are doing and then help them to decide what they could realistically do to improve their current practices—for example, give more food, feed more often, give more

variety, give thicker porridge. Telling mothers to make many changes at once is not likely to lead to positive changes in behavior.

Preparing foods safely

Store, clean, prepare, and cook food safely:

- Cooked food should be eaten without delay or heated again, making it very hot. Do not give food that has been sitting for more than 1 hour, unless it has been kept very hot or very cold.
- Store cooked food in a covered container and use it within 1 hour. Always reheat food well after 1 hour.
- Wash all bowls, cups, and utensils with clean water and soap. If bowls, cups, or utensils are used for raw food they must be washed again before using them for cooked food.
- Only use water that is from a safe source or is purified. Water containers need to be kept covered to keep the water clean.
- Raw or leftover food can be dangerous. Raw food should be washed or cooked.
- Utensils used to cut or handle raw food should be cleaned before using them to cut or handle cooked food.
- Food, utensils, and food-preparation surfaces should be kept clean. Food should be stored in covered containers.
- Dispose of all household trash in a safe way (by burying or burning trash every day) to help prevent illness.
- Wash hands with clean, running water before cooking food, before and after feeding a baby, after changing nappies or going to the toilet, and after touching animals.

Helping children to eat

A child needs food, good health, and proper care to grow and develop. Even when food and health care are limited, good care-giving can help make best use of these limited resources. Care refers to the behaviors and practices of the caregivers and family that provide the food, health care, stimulation, and emotional support necessary for the child's healthy growth and development.

- When a child is learning to eat, he often eats slowly and is messy. He may be easily distracted.
- He may make a face, spit some food out, and play with the food. This is because the child is learning to eat.
- A child needs to learn how to eat, to try new food tastes and textures.
- A child needs to learn to chew, move food around in the mouth, and swallow food.
- A child needs to learn how to get food effectively into the mouth, how to use a spoon, and how to drink from a cup.

It is very important for caregivers to encourage the child to learn to eat the foods offered. Help encourage children to eat by:

- Feeding infants directly and assisting older children when they feed themselves.
- Offering favorite foods and encouraging children to eat when they lose interest or have depressed appetites.

- Giving different food combinations, tastes, textures, and methods for encouragement (especially if children refuse many foods).
- Talking to children during feeding.
- Looking at children when you are feeding them.
- Feeding slowly and patiently and minimizing distractions during meals.
- Not forcing children to eat.

Feeding children of HIV-positive mothers from 6 months of age

- At 6 months, it is important for an HIV-positive mother to introduce complementary foods and continue breastfeeding to 12 months of age.
- A mother should continue breastfeeding after 6 months so that her baby can continue to get the benefits of breastmilk.
- It is especially important for children with mothers who are HIV infected to eat the right kinds and right amounts of safely prepared foods in addition to breastfeeding.
- Information about complementary feeding in general can be shared with women who are HIV positive.

Children of HIV-positive women must receive early treatment for illnesses and careful growth monitoring to make sure they are healthy. Mothers and caregivers can:

- Be sure the baby receives ARVs immediately after birth to reduce the risk of HIV transmission.
- Bring the baby for follow-up visits.
- Make sure the baby receives all immunizations by the time he or she is 1 year old.
- Bring the baby to the health facility if the baby has a fever, diarrhea, chronic cough, malaria, hookworm, or other infections.

HIV-infected children are at a high risk of getting sick and being underweight. HIV-infected infants need to eat more even if they do not have any symptoms. It is important that the following problems receive medical attention:

- Not eating enough (poor appetite, eating very little, or only liking certain foods).
- Stomach pain.
- Feeding difficulties (poor sucking, swallowing, or breathing).
- Nausea, vomiting, diarrhea.
- Weight loss or failure to gain weight adequately.

All babies have antibodies passed on from their mothers as a natural way to protect babies while they are developing their own immune systems. All babies born to HIV-infected mothers have HIV antibodies from their mothers, regardless of whether the babies are HIV infected themselves. Their mothers' antibodies will stay in their bodies for 12 to 18 months. HIV antibody tests on babies younger than 18 months will only show if the mother is infected, and cannot tell the difference between infected and uninfected children.

There is now a test that can check babies for the virus itself. This test can be used with babies who are as young as 6 weeks. To test for the virus in children, a small needle prick is performed on the child's foot and the blood is dripped onto paper. The blood dries and the paper is transported in a sealed bag or envelope to a lab where the specimen is tested for HIV. Babies who test negative should be brought back for repeat testing at 12 and 18 months.

Testing at 6 weeks is used to help identify children who are HIV positive so they can start to receive treatment. It should not be used to change infant feeding decisions. For example, if an HIV-positive woman is exclusively breastfeeding, she should continue to breastfeed even if the child tests negative. The child's status does not change what is safest.

The recommendation for children who test HIV positive is to exclusively breastfeed, even if they were being fed formula before—this way they can benefit from all of the protective qualities in breastmilk. At 6 months a mother should continue breastfeeding and start to give complementary foods. Also, if her baby tests negative, a mother who is breastfeeding should continue to breastfeed.

To help keep children born to HIV-positive women healthy, even before learning the child's status, caregivers can ensure that children:

- Are brought for routine well-baby and immunization visits. Waiting until a child falls ill can be too late. Children's immune systems are not as developed as adults' and they can get sick quicker.
- Receive routine immunizations (including measles and BCG) according to the recommended schedule.
- Are brought to be weighed each month. This is important for all babies, but it is especially important for HIV-exposed children. Many HIV-infected children are underweight during the course of their illness. Research shows that an HIV-infected child's nutritional status is closely related to the child's survival.

It is important for caregivers to know the signs and symptoms most commonly associated with HIV infection in children so they can get treatment immediately. If a child has a fever, diarrhea, ear infections, or is not growing well, it is important for the caregivers to bring HIV-exposed children (and non-exposed children) to a facility immediately.

Safe infant feeding in the first 2 years of life or longer is important for child survival and development. Giving only breastmilk for the first 6 months—which means giving no other foods or liquids, not even water—will be the safest choice for most women in our community. HIV-positive women who choose to breastfeed should be encouraged and supported to do so exclusively.

It is important for parents and caregivers to understand the risks of giving babies born to HIV-positive mothers other foods and liquids while breastfeeding during the first 6 months. This is called mixed feeding and can significantly increase the risk of HIV transmission and the risk of death from diarrhea, pneumonia, and other infections.

It is important for women and caregivers who want to give formula (despite the recommendation to exclusively breastfeed for 6 months) to talk with a health worker about whether or not this can be done safely. For many families in our community, exclusive breastfeeding for the first 6 months is the safest option.

Babies and children born to mothers with HIV can live healthy lives. It is important for them to be tested early for HIV (from 6 weeks of age using a special HIV-testing method, and again at 12 months and 18 months).

There is medicine that can be given to babies and children to help prevent common illnesses and infections in children who are HIV exposed:

- This medicine is called Cotrimoxazole, Bactrim, Septra, or Septrin.
- Cotrimoxazole can help prevent the most common cause of death in young children with HIV—pneumonia—as well as protect against malaria and bacterial infections.
- Cotrimoxazole is recommended for all HIV-exposed infants from 6 weeks through at least 1 year of age.
- Cotrimoxazole is given once a day, from 6 weeks of age until the age of 12 months and can be continued for longer periods if recommended by a health worker.

Risks for HIV-positive mothers who stop breastfeeding before 6 months:

- When mothers try to stop breastfeeding before 6 months of age they often continue to breastfeed while they start feeding their babies other food or fluids. This is mixed feeding, which can cause diarrhea and increase the risk of HIV transmission.
- It is very challenging for mothers to be able to provide a safe and nutritious diet without breastmilk. It is important for mothers to consider the risk of HIV transmission compared with the many risks of not breastfeeding. Formula-fed infants have a higher risk of illness and death. Also, studies have shown that stopping breastfeeding early (at 4 to 6 months) increases the risk of illness and death, does not improve HIV-free survival, and is challenging for mothers.
- Breastmilk saves babies, even when their mothers are HIV positive.
- At 12 months, mothers should talk with health care providers again about how best to feed their babies. If a mother cannot safely provide an adequate diet to replace breastmilk, she should continue to breastfeed.
- When a baby is 12 months old, stopping breastfeeding may become less difficult for the mother, less likely to cause disapproval or stigma, and less expensive than at an earlier age.
- For some HIV-positive mothers, 12 months is a good time to stop breastfeeding. For many others, it may be better to continue breastfeeding when starting to give soft foods.
- The right time to stop breastfeeding must always be a mother's choice and is best made by talking with a health worker.

Babies born to mothers who are HIV infected can live long and healthy lives if they receive medical care and treatment early. It is important to bring HIV-exposed children to a health facility often and to find out if a child is HIV infected so that medical interventions can be taken to help the baby. However, many families wait to seek treatment until a child becomes very ill, and many do not want to bring their children in for testing.

Planning and reporting tools

Mother-to-mother support group activity plan

Facilitator's name:

Nearest health facility:

Name of group:

District:

Sub-location:

Goal:

Objective:

Activity	Dates	Resources available	Measures of success

Objective:

Activity	Dates	Resources available	Measures of success

Mother-to-mother support group reporting form

Facilitator's name:

Nearest health facility:

Name of group:

District:

Sub-location:

Meeting date	Topic	Number of participants

Challenges:

Questions:

Successes:

References

- Cadwell K, Turner Maffei C. *Pocket Guide to Lactation Management*. Sudbury, MA: Jones and Bartlett Publishers; 2008.
- CARE/Window of Opportunity Project. *Preparation of Trainer's Course: Mother-to-Mother Support Group Methodology, and Breastfeeding and Complementary Feeding Basics Instructional Planning Training Package*. Atlanta: CARE; Draft.
- LINKAGES. *Behavior Change Communication for Improved Infant Feeding – Training of Trainers for Negotiating Sustainable Behavior Change*. Washington, DC: AED; 2004.
- LINKAGES. *Mother-to-Mother Support for Breastfeeding: Frequently Asked Questions*. Washington, DC: AED; 2004.
- LINKAGES. *Training of Trainers for Mother-to-Mother Support Groups*. Washington, DC: AED; 2003.
- Measure DHS. *Nutrition of Young Children and Mothers in Kenya*. Africa Nutrition Chartbooks. Calverton, MD: ORC Macro; 2004.
- Ministry of Health and Social Welfare [Kingdom of Lesotho]. *Infant Feeding Counseling Cards*. Maseru; 2008.
- Ministry of Health. *National Strategy on Infant and Young Child Feeding 2007–2010*. Nairobi, Kenya; 2007.
- Ministry of Health, National AIDS/STI Control Programme (NASCO). *Infant and Young Child Feeding in the Context of HIV and AIDS: Kenyan National Counselling Cards*. Nairobi, Kenya; 2008.
- Ministry of Public Health and Sanitation. “*Giving Our Children the Best*” A National Strategic Communication & Advocacy Plan for Infant & Young Child Feeding Practices in Kenya [draft].
- Pan American Health Organization (PAHO). *Guiding Principles for Complementary Feeding of the Breastfed Child*. Washington, DC: PAHO; 2001.
- PATH. *APHIA II Western: Community Health Workers' Manual*. Nairobi, Kenya; PATH; 2007.
- United Nations Children's Fund (UNICEF). *Facts for Life*. New York, NY: UNICEF; 2002.
- Wellstart International. *Community-Based Breastfeeding Support: A Training Curriculum*. San Diego, CA: Wellstart International; 1996.
- World Health Organization (WHO). *Complementary Feeding: Family Foods for Breastfed Children*. Geneva, Switzerland: WHO; 1998.

World Health Organization (WHO). *Guidelines on HIV and infant feeding. 2010. Principles and recommendations for infant feeding in the context of HIV and a summary of evidence.* Geneva World Health Organization: WHO; 2010.

World Health Organization (WHO), United Nations Children's Emergency Fund, Joint United Nations Program on HIV/AIDS (UNAIDS). *Infant and Young Child Feeding Counselling: An Integrated Course.* Geneva, Switzerland: WHO; 2006.