Preparation of Trainer’s Course:

Mother-to-Mother Support Group Methodology, and
Breastfeeding and Complementary Feeding Basics

Instructional Planning Training Package

(4.5-Day Course)
Preparation of Trainer’s Course:

Mother-to-Mother Support Group Methodology, and Breastfeeding and Complementary Feeding Basics

Introduction

In June 2004, a private family foundation provided a donation to CARE USA for a three year initiative to ‘Increase Capacity to Improve Infant and Young Child Nutrition in Emergency Settings’. A key objective was to enhance the capacity of stakeholders at all levels within CARE and the larger community of humanitarian agencies to support appropriate infant and young child feeding practices during emergencies.

As part of this initiative, CARE supported programming in several program sites, including the Dadaab refugee camps in northeastern Kenya, where the majority of refugees are Somali. In Dadaab, CARE provided technical support to an interagency IYCF Team whose members include CARE Kenya, UNHCR, GTZ, the National Council of Churches of Kenya (NCCCK), and the World Food Programme (WFP). Activities undertaken in Dadaab include the development of an integrated training strategy, curricula, expanded counselling package and job aids for use with low literacy community workers.

Following the roll-out of the training for community-based IYCF counsellors, support for IYCF was integrated into already ongoing facility- and community-based health activities. The IYCF team subsequently identified training for the facilitators of mother-to-mother support groups as the next steps in a strategy to effectively harness the collective power of women as agents of change in their communities. Peer support allows the program to reach more pregnant women and mothers of children less than 2 years of age and to catalyze behavior change. Support groups provide peer counselling within a group setting. A non-formal and experiential learning approach allows women to examine their values and attitudes, discover assumptions and patterns of behavior, ask questions, and learn new ways of thinking about the feeding and care of young children. The aim of the support groups is to empower women to make better decisions and build their self-confidence through activities that encourage them to identify and solve their own problems.

The IYCF counsellors and support group facilitators, all of whom live in the camps, have the advantage of being peers, speaking the same language and knowing the community. A package to support the training of Mother-to-Mother Support Group facilitators has subsequently been developed.
Acknowledgements

The instructional planning and training package entitled Preparation of Trainer's Course: Mother-to-Mother Support Group Methodology, and Breastfeeding and Complementary Feeding Basics was developed and piloted under the CARE Infant and Young Child Feeding in Emergencies (IYCF-E) Initiative and is produced by CARE's Window of Opportunity Program. The package builds on experiences and the past work of several agencies and many individuals. Parts of the package are adapted from approaches developed by La Leche League International and The LINKAGES Project. The instructional package builds upon materials from the training curriculum Infant and Young Child Feeding Counselling: A Community-Focused Approach developed in collaboration with URC/CHS for use with lower-literacy audiences.

In addition to the members of the CARE USA IYCF-E Project and Window of Opportunity teams, we would like to acknowledge the active participation of the following agencies and individuals in the development or piloting of this material:

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Overview of Training Package

The Preparation of Trainer’s Course: Mother-to-Mother Support Group Methodology, and Breastfeeding and Complementary Feeding Basics training package provides an instructional package detailing the daily activities and the accompanying handouts for the 4.5 day course. The training content addresses the basics of infant and young child feeding through activities that are organized to move women through the basic steps of behaviour change: awareness, information, intention, and trying new behaviours; maintenance of new behaviours; and advocacy.

The training activities cover listening and facilitation skills, group dynamics and a review of technical content that includes the pattern of breastfeeding, management of breastfeeding difficulties, practical help, and complementary feeding practices using local, available, appropriate and affordable foods. Pregnant women and mothers of young children are also supported to practice skin-to-skin contact at birth, early initiation of breastfeeding, and adequate nutritional behaviours for themselves – e.g., additional food intake during pregnancy and lactation.

Participants receive instructions on designing and developing activities, support plans and a time frame for the training of support group facilitators and the formation of Mother-to-Mother Support Groups post-training. A final activity is to help the newly trained facilitators develop action plans to train facilitators and to form and support mother-to-mother support groups in their local community settings.
Learning Objectives

A. Breastfeeding and complementary feeding basics review

At the end of the training the participants will be able to:

- Name 3 advantages of breastfeeding for the baby, the mother and the family/community
- State why early initiation of breastfeeding is important
- Name 5 optimal breastfeeding practices
- Identify 3 common conditions/difficulties of breastfeeding and their prevention, symptoms, and solutions
- Name the 3 Lactational Amenorrhea Method (LAM) criteria
- Identify at what age to begin the introduction of complementary foods
- Describe what are baby’s first foods (local, available and affordable)
- Counsel on 3 common situations that may affect breastfeeding
- Name 3 popular beliefs/myths of breastfeeding and explain how they relate to optimal breastfeeding practices

B. Mother-to-Mother Support Groups

At the end of the training the participants will be able to:

- Name 4 characteristics of a mother-to-mother support group
- Name 3 characteristics of the role of a mother-to-mother support group facilitator
- Name 3 necessary components to organize mother-to-mother support groups
- Explain why an information system is important
- Facilitate an infant and young child feeding (IYCF) mother-to-mother support group
- Train mother-to-mother support group facilitators
- Mentor all mother-to-mother support group facilitators to enhance their skills
Preparation of Trainer’s Course:

Mother-to-Mother Support Group Methodology, and Breastfeeding and Complementary Feeding Basics

Outline of Daily Activities

DAY 1:
1.1 Pre-assessment
1.2 Advantages of breastfeeding for baby, mother and family/community
1.3 Mother-to-Mother Support Group experience on “Breastfeeding Experience and the Advantages of Breastfeeding”
1.4 Discussion of the support group experience, and Characteristics of a Mother-to-Mother Support Group and Role of a Mother-to-Mother Support Group facilitator
1.5 Listening and Learning Skills
1.6 Early initiation of breastfeeding
1.7 How does the breast make milk?
1.8 Good attachment and positioning techniques

DAY 2:
2.1 Optimal breastfeeding practices
2.2 Training, follow-up and support plans for the participants
2.3 Mother-to-Mother Support Group experience on “The Early Days of Breastfeeding”
2.4 Discussion of the support group experience, and question: Who should be a Mother-to-Mother Support Group Facilitator?
2.5 Common difficulties of breastfeeding and how to overcome them
2.6 Discussion of LAM

DAY 3:
3.1 Mother-to-Mother Support Group experience on “The Common Conditions/Difficulties of Breastfeeding and How to Overcome Them”
3.2 Discussion of the support group experience
3.3 Complementary Feeding: what foods to introduce to the infant and when?
3.4 Review of global recommendations on optimal complementary feeding practices
3.5 Popular beliefs/myths of breastfeeding
3.6 Breastfeeding counselling in common situations that may affect breastfeeding
3.7 Organization of support groups: themes for Mother-to-Mother Support Groups; support group structure (where, when, duration and promotion of Mother-to-Mother Support Groups; information system (what information to collect on the Mother-to-Mother Support Groups, how to collect the information, and who collects it?)
DAY 4:
4.1  Mother-to-Mother Support Group experience in community setting on “Advantages of Breastfeeding, and Exclusive Breastfeeding”
4.2  Discussion of the support group experience
4.3  Share action plans for training facilitators, and forming Mother-to-Mother Support Groups
4.4  Post-assessment and Evaluation of Training

DAY 5:
5.1  Results of pre and post assessment
5.2  Mother-to-Mother Support Group experience in community setting on “Complementary Feeding”
5.3  Discussion of the support group experience
5.4  Closing and Certificates
**Preparation of Trainer’s Course:**

**Mother-to-Mother Support Group (MtMSG) Methodology, Breastfeeding and Complementary Feeding Basics**

**Instructional Plans for Daily Activities**

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<thead>
<tr>
<th>Time</th>
<th>Content and Skills</th>
<th>Methodology</th>
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<tbody>
<tr>
<td>8:30 - 9:00</td>
<td><strong>Welcome, norm setting (ground rules), logistics, and time keeping</strong></td>
<td>Infant feeding pictures are cut in 2 pieces; each participant is given a picture portion and must find her/his match; pairs introduce each other’s names, expectations of the training, and favourite colour</td>
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<td></td>
<td><strong>Introductions</strong></td>
<td>(Match sticks, stones, leaves, etc.)</td>
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<td></td>
<td><strong>Brief explanation of methodology (modelling for community training - no writing)</strong></td>
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<td>1. Sufficient pairs of infant feeding pictures or shapes</td>
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### Day 1

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<tr>
<td>9:00 - 9:30</td>
<td><strong>1.1: Pre-assessment and objectives</strong>&lt;br&gt;  - Test knowledge of participants in breastfeeding and complementary feeding basics and Mother-to-Mother Support Group methodology&lt;br&gt;  - Compare training objectives and expectations</td>
<td><strong>Methodology</strong>&lt;br&gt;  - Ask participants to form a circle and sit so that their backs are facing the center&lt;br&gt;  - Explain that questions will be asked and ask participants to raise one hand (with open palm) if they think the answer is “Yes”, to raise one hand (with closed fist) if they think the answer is “No”, and to raise one hand (pointing 2 fingers) if they “Don't know”&lt;br&gt;  - One facilitator reads the statement and another facilitator records the answers and notes which topics (if any) present confusion&lt;br&gt;  - Advise participants that these topics will be discussed in greater detail during the training&lt;br&gt;  - Read each question and allow time so that each participant can respond individually&lt;br&gt;  - Clarify doubts on what each question means, but do not influence any of the responses nor allow the participants to talk among themselves&lt;br&gt;  - Introduce learning objectives&lt;br&gt;  - Compare the objectives with the stated expectations of the participants&lt;br&gt;  - Distribute folders to participants containing Instructional Plan and Handouts</td>
<td><strong>Materials</strong>&lt;br&gt;  1. Handout 1: Pre-assessment&lt;br&gt;  2. Handout 2: Objectives of Course&lt;br&gt;  3. Participants’ folders with Instructional Plan and Handouts</td>
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## Day 1

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<tr>
<td>9:30 - 10:15</td>
<td><strong>1.2: Reflect on the multiple advantages of breastfeeding</strong></td>
<td>• All training takes place in a circle</td>
<td>1. Tokens of 3 colours (blue, black and red) – bottle caps with above colours marked inside</td>
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<tr>
<td></td>
<td>• For baby</td>
<td>• Hand out coloured tokens to form 3 working groups to discuss:</td>
<td>2. Handout 3: Advantages of breastfeeding</td>
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<tr>
<td></td>
<td>• For mother</td>
<td>1. <strong>Blue:</strong> advantages for the baby</td>
<td></td>
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<td></td>
<td>• For family/community</td>
<td>2. <strong>Green:</strong> advantages for the mother</td>
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<td>3. <strong>Red:</strong> advantages for the family/community</td>
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<td>• Give groups 15 minutes to discuss</td>
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<td>• Each group presents the advantages they discussed to the whole group</td>
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<td>• Ask participants from other groups to give feedback to each group</td>
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<td>• Ask participants to turn to Handout 3: Advantages of breastfeeding</td>
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<td>• Summarize advantages of breastfeeding</td>
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<td>10:15 - 10:30</td>
<td><strong>Tea Break</strong></td>
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<td>10:30 - 11:30</td>
<td><strong>1.3: PRACTICE:</strong> Mother-to-Mother Support Group on Breastfeeding Experience and the Advantages of Breastfeeding</td>
<td>• Demonstrate the characteristics of a Support Group</td>
<td>Note: Participants including workshop facilitator(s) sit at same level in a circle</td>
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<td>• Demonstrate the role of Support Group facilitator with the theme Breastfeeding Experience and the Advantages of Breastfeeding</td>
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<td>• Ask participants to count off numbers 1, 2, and 3</td>
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<td>• Ask participants with number 2 to join 2 facilitators to form a support group</td>
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<td>• 2 facilitators and 6-7 participants form a “fish bowl” and conduct a support group, sharing their own (or wife’s, mother’s, sister’s) experience on breastfeeding and the advantages of breastfeeding. (Only those in the “fish bowl” are permitted to talk; this is not a role play)</td>
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<td>• Other participants observe “fish bowl” experience</td>
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<td>11:30-12:15</td>
<td><strong>1.4: Discussion of the Support Group experience</strong>&lt;br&gt;• Characteristics of a Mother-to-Mother Support Group&lt;br&gt;• Role of a Mother-to-Mother Support Group facilitator</td>
<td><strong>Ask participants (from the 1st support group and their observers) to reflect and describe the characteristics of a Mother-to-Mother Support Group (MtMSG) by answering the following questions:</strong>&lt;br&gt;1. What did you like about the Support Group?&lt;br&gt;2. How was this different than an educational talk?&lt;br&gt;3. How would you describe the environment of the support group?&lt;br&gt;4. What was the role of the facilitator?&lt;br&gt;5. Were doubts about breastfeeding answered?&lt;br&gt;6. Was there anything you didn’t you like about the MtMSG?&lt;br&gt;7. When might you use a group education vs. mother-to-mother support group?&lt;br&gt;<strong>Go through Handout 4: Characteristics of a MtMSG with the participants and point out characteristics that were made and those not mentioned</strong>&lt;br&gt;<strong>Discuss and fill-in gaps</strong>&lt;br&gt;<strong>Ask participants (from the support group and the observers) what they observed as the role of the MtMSG facilitators</strong>&lt;br&gt;<strong>Go through Handout 5: Observation MtMSG Checklist with the participants</strong>&lt;br&gt;<strong>Discuss and fill-in gaps</strong></td>
<td>1. Handout 4: Characteristics of MtMSG&lt;br&gt;2. Handout 5: Observation MtMSG Checklist</td>
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<td>12:15-12:45</td>
<td><strong>1.5: Review Listening and Learning Skills</strong></td>
<td><strong>Ask participants: what listening and learning skills were demonstrated during the support group? (with closed folders)</strong>&lt;br&gt;<strong>Review handout 6: Listening and Learning Skills with the whole group and decide together which skills were demonstrated in the MtMSG</strong></td>
<td>1. Handout 6: Listening and Learning Skills</td>
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<td>12:45 -</td>
<td>Lunch</td>
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<td>2:00 -</td>
<td><strong>1.6: Initiation of breastfeeding:</strong></td>
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<td>2:30</td>
<td>• Working Group discussion - 15 min</td>
<td>• Form 4 working groups with a workshop facilitator in each</td>
<td>1. Handout 7: Questions (workshop facilitator with each group to read)</td>
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<td>• Summary and key messages on initiation of breastfeeding - 15 min</td>
<td>group</td>
<td>2. Counselling Cards 2a and 2b, and Messages</td>
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<td><strong>Messages:</strong></td>
<td>• Ask 2 groups to respond to the following questions which are</td>
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<td>1. After delivery, place mother and baby skin-to-skin</td>
<td>read by the facilitator present in the group:</td>
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<td>2. Breastfeed within the first hour after delivery</td>
<td>• What are the general practices of the community with</td>
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<td>3. The baby’s suckling helps the womb to contract, which pushes out the placenta</td>
<td>regards to:</td>
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<td>and reduces bleeding</td>
<td>1. Who is with the woman when she gives birth? And what is the</td>
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<td>4. The first milk that comes is called colostrum. It is yellow and sticky and full</td>
<td>2. What is done with the baby immediately after birth?</td>
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<td>of good things which help to protect a baby. Make sure that your baby takes the</td>
<td>• Ask 2 other groups to respond to the following questions which</td>
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<td>colostrum.</td>
<td>which are read by the facilitator present in the group:</td>
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<td>5. Breastfeeding from birth helps the milk to &quot;come in&quot; and ensure plenty of</td>
<td>• What are the general practices of the community with regards</td>
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<td>breastmilk.</td>
<td>to:</td>
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<td>Other messages</td>
<td>3. What is given to the baby to eat or drink as soon as it is</td>
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<td>• Stomach size at birth is directly related to the amount of colostrum produced</td>
<td>born? Why?</td>
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<td>• Baby’s brain sleep cycles (waking every 1-1.5 hrs) directly related to high</td>
<td>4. What is given to the mother to eat or drink after the birth</td>
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<td>frequency of breastfeeding of newborn</td>
<td>of the baby?</td>
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<td>• Early initiation skin-to-skin contact, and feeding frequency in the early days</td>
<td>• Ask groups 1 and 3 to report back to the whole group and other</td>
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<td>help to establish good breastfeeding practices</td>
<td>groups to add additional points</td>
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<td>• Ask groups to observe counselling cards 2a and 2b to recall</td>
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<td>the messages</td>
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<td>• Look at Messages Booklet and review messages on early</td>
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<td>initiation of breastfeeding</td>
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<td>2:30 - 3:00</td>
<td><strong>1.7: How does the breast make milk?</strong></td>
<td>• Form 5 working groups</td>
<td>1. Paper flip chart</td>
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<td><strong>Message:</strong></td>
<td>• Ask each group to draw:</td>
<td>2. Markers</td>
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<td>• Suckling at the nipple stimulates nerve pathways and sends a message to the brain</td>
<td>- The breast as it looks on the outside</td>
<td>3. Training Aid: How milk is produced</td>
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<td>to make milk and to “let down” the milk</td>
<td>- The breast as it looks from the inside</td>
<td></td>
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<td>• The more the baby suckles and removes the milk, the more milk is produced</td>
<td>• In plenary, each group explains their drawings and describes how milk is</td>
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<td></td>
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<td>produced</td>
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<td>• Discussion and fill-in gaps</td>
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| 3:00 -   | 1.8: Good attachment and positioning techniques  
Message: Breastfeed frequently day and night (on demand) for as often and as long as baby wants | - Using a doll, ask one participant to demonstrate good attachment and positioning at the breast using a doll  
- Ask other participants for feedback  
- Discuss in plenary session of the most important key messages  
  Good attachment  
  - Baby’s mouth is wide open  
  - Baby’s lower lip is turned outwards  
  - Baby’s chin is touching breast  
  - More areola above the baby’s mouth than below  
  Good positioning  
  - The baby’s whole body is facing the breast and is close to the mother.  
  - The baby’s head, back, and buttocks are in a straight line.  
  - The baby’s face is close up to the breast.  
  - The infant should be able to look up at the mother’s face.  
  - The baby is brought to the breast with buttocks supported.  
- Form groups of 5 with a facilitator in each group  
- Give a doll to each group and ask them to **practice** good attachment and positioning  
- Distribute Counselling Cards 7 and 8 and Message Booklet and ask groups to review | 1. Dolls  
2. Handout 8: Illustration of good attachment  
3. Handout 9: Signs of Good Attachment and Positioning, and Effective Suckling  
4. Counselling Cards 7 and 8, and Messages |
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| 3:45 - 4:00 | Evaluation of day’s activities | • Form buzz groups of 3  
• Ask buzz groups to discuss among themselves the following questions:  
  1. Something you liked today  
  2. Something you learned today  
  3. Something you would change  
• Ask groups to share with the entire group responses to the questions |           |
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<tr>
<td>8:30 - 8:45</td>
<td>• Review of the key topics from Day 1:</td>
<td>• Divide the participants into 2 circles</td>
<td>1. 2 Balls (using any available</td>
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<td>- Advantages of breastfeeding to baby, mother, and family/community</td>
<td>• A facilitator in each circle throws a ball to a participant and asks that participant a question (on yesterday's content)</td>
<td>round objects)</td>
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<td>- Characteristics of a Mother-to-Mother Support Group</td>
<td>• The participant who catches the ball answers the question</td>
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<td></td>
<td>- Role of a facilitator</td>
<td>• When participant answers the question to the satisfaction of the other members of the circle, s/he throws a ball to another participant and asks another question</td>
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<tr>
<td></td>
<td>- Listening and learning skills</td>
<td>• Continue throwing and catching until the majority of participants have asked and answered a question</td>
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<td></td>
<td>- Early initiation of breastfeeding messages</td>
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<td></td>
<td>- How does the breast make milk?</td>
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<td></td>
<td>- Good attachment and positioning</td>
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## Day 2

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<tr>
<th>Time</th>
<th>Content and Skills</th>
<th>Methodology</th>
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<tbody>
<tr>
<td>8:45 -</td>
<td>2.1: Optimal breastfeeding practices</td>
<td>• Divide participants into five groups</td>
<td>1. Handout 10: Recommendations on Optimal Breastfeeding Practices</td>
</tr>
<tr>
<td>9:45</td>
<td>• Introduction - 5 minutes</td>
<td>• Distribute Counselling Cards 4 and 5 to each group</td>
<td>2. Counselling Cards 4 &amp; 5 and Messages</td>
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<td></td>
<td>• Discussion in working groups - 15 min.</td>
<td>• Ask groups to discuss and recall optimal breastfeeding messages</td>
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<td></td>
<td>• Summary and key messages on optimal breastfeeding practices - 25 min.</td>
<td>• Ask one group to share with the whole group, and the other working groups</td>
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<td></td>
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<td>to only add additional points</td>
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<td></td>
<td><strong>Messages:</strong></td>
<td>• Discussion with whole group</td>
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<tr>
<td></td>
<td>1. Mother initiates breastfeeding within 1 hour of birth.</td>
<td>• Distribute and discuss Handout 10: Recommendations for Optimal Breastfeeding</td>
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<td></td>
<td>2. Mother breastfeeds frequently, day and night.</td>
<td>• Summarize optimal breastfeeding practices</td>
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<td>3. Mother gives infant only breastmilk for the first 6 months.</td>
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<td>4. Mother continues breastfeeding when either she or the infant is sick.</td>
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<td>5. Mother attaches and positions infant correctly at the breast.</td>
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<td>6. Mother offers second breast after infant releases the first.</td>
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<td></td>
<td>7. The mother should eat more than usual, (one additional meal) and her diet should</td>
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<td>be varied (add vegetables and fruits).</td>
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<td>8. By the age of six months, mother or caregiver adds complementary food in addition</td>
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<td>to breastfeeding.</td>
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<td>9. Mother continues breastfeeding until the child is 2 years of age or older.</td>
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<td>9:45 -</td>
<td>2.2: Each community begins to develop action plans for setting target number of</td>
<td>Explanation given for design of action plan to include: target number of</td>
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</tr>
<tr>
<td>10:15</td>
<td>Mother-to-Mother Support Groups and training facilitators</td>
<td>trained MtMSG facilitators needed/block, activity, person(s) responsible,</td>
<td>1. Handout 11: Sample action plan</td>
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<tr>
<td></td>
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<td>venue, time line, collaborators and follow-up</td>
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<td>10:15-</td>
<td><strong>Tea Break</strong></td>
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<td>10:30</td>
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| 10:30-11:30| **2.3: PRACTICE: Mother-to-Mother Support Group experience on The Early Days after Birth** | • Ask participants to count off numbers 1, 2, and 3  
• Form 3 MtMSGs: 6 Course facilitators (2 per group) demonstrate the role of Support Group facilitators with the theme The Early Days after Birth  
• 2 facilitators and 6-7 participants form a support group, sharing their own (or wife’s, mother’s, sister’s) experience on The Early Days after Birth  
• **Note: this is not a role play**  
• All participants experience attendance at a support group | Note: Participants including facilitator(s) sit at same level in a circle |
| 11:30-12:45| **2.4: Discussion of the Support Group experience on The Early Days after Birth**  
• Who should be a mother-to-mother support group facilitator? | • Discussion in plenary session: reflect on the following questions:  
  1. What did you like about the Support Group?  
  2. How did the facilitator conduct the Support Group (use Handout 5: Observation MtMSG Check as a guide)  
  3. Were doubts about breastfeeding answered?  
  4. Who should be a MtMSG facilitator?  
• Go through Handout 12: Who should be a facilitator of a MtMSG?  
• Discussion and fill-in gaps | 1. Handout 5: Observation MtMSG Checklist  
2. Handout 12: Who should be a facilitator of a MtMSG? |
<p>| 12:45 - 2:00|                                                                                     |                                                                                                                                                |                                                                                               |</p>
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| 2:00 - 2:45| 2.5: Common conditions/difficulties of breastfeeding and how to overcome them | • Form 4 groups asking each group to discuss a common breastfeeding condition/difficulty with regards to: prevention, symptoms, and treatment  
- Engorgement (give image to group)  
- Sore/cracked nipples (give image to group)  
- Blocked ducts that can lead to breast infection (mastitis) [give image to group]  
- Low milk supply  
• Ask each group to present their common breastfeeding condition/difficulty  
• Discussion and fill-in gaps using Handout 13: Common Breastfeeding Conditions/ difficulties, and Insufficient Milk  
• Ask the following questions  
- What other difficulties have you or other women in your communities experienced?  
- What are the breastfeeding community resources?  
- Where and to whom can referrals be made? | 1. Images or engorgement, sore/cracked nipples, and blocked ducts that can lead to mastitis  
2. Handout 13: Common Breastfeeding Conditions/ difficulties, and Insufficient Milk |
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</table>
| 2:45 – 3:45| **2.6: Discussion of the Lactational Amenorrhea Method (LAM)** | • Ask participants the following question: in your experience (or from your community) do you think there is a relationship between breastfeeding and fertility?  
• Participants walk to one side of room if they agree or the other side of the room if they disagree  
• With participation from the group, define LAM and describe the 3 criteria of LAM (participatory lecture)  
• Go through together Handouts 15 and 16  
• Refer participants to Handout 10: Global Recommendations for Optimal Breastfeeding Practices and Counselling Card 6  
• Form groups of 4 participants  
• Facilitator in each group reads the case studies and participants decide if woman can use LAM  
• With the whole group, ask each group (one by one) shares their answers of the case studies  
• Discussion and fill-in gaps | 1. Handout 14: Illustration of LAM criteria  
2. Handout 15: Illustration of BF and Fertility  
3. Handout 10: Global Recommendations for Optimal Breastfeeding Practices  
4. Handout 16: Case Studies to identify LAM criteria  
5. Handout 17: Case Studies – Answer Key  
6. Counselling Card 6, and Messages |
| 3:45 – 4:00| • Review the key messages:  
- Optimal breastfeeding practices  
- Who should be a MtMSG facilitator?  
- Common conditions/difficulties of breastfeeding and how to overcome them  
- LAM criteria  
• Evaluation of day’s activities | • Form buzz groups of 3  
• Ask buzz groups to discuss among themselves the following questions:  
  4. Something you liked today  
  5. Something you learned today  
  6. Something you would change  
• Ask groups to share with the entire group responses to the questions |
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</table>
| 8:30 - 8:45| Review of the **key messages** from Day 2:  
• Optimal breastfeeding practices  
• Who should be a MtMSG facilitator?  
• Common conditions/difficulties of breastfeeding and how to overcome them  
• LAM criteria                                                                 | • Form 2 rows (each row is a team) with a participant from one row throwing a ball and asking a question pertaining to yesterday's content to a participant in the other row  
• Participant answers question (can consult her team)  
• When participant answers question to the satisfaction of all s/he in turn asks a question to another in the opposite row  
• Continue until the majority of participants have had the opportunity to ask and answer a question | Ball       |
| 8:45-9:45  | **3.1: PRACTICE:** Mother-to-Mother Support Group experience on The Common Difficulties of Breastfeeding and How to Overcome Them | • Review Handout 5: Observation MtMSG Checklist with the participants prior to MtMSG  
• Ask participants to count off numbers 1, 2, and 3  
• Form 3 MtMSGs: 6 participants (2 per group) demonstrate the role of Support Group facilitators  
• **Note: this is not a role play**  
• All participants experience attendance at a support group | Note: Participants including facilitators sit at same level in a circle  
1. Handout 5: Observation MtMSG Checklist |
| 9:45-10:15 | **3.2: Discussion of the Support Group experience on The Common Difficulties of Breastfeeding** | Discussion in plenary session:  
1. What did you learn about facilitating a support group?  
2. What can a MtMSG facilitator do to make the meeting run smoothly? (tips for dealing with the participant who talks too much, and the timid participant) |                                                                                                                                                                                                                                                                                                                                                   |           |
<p>| 10:15-10:30|                                                                                   | <strong>Tea Break</strong>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |</p>
<table>
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</table>
| 10:30-11:30 | **3.3: Complementary Feeding:**  
- Working Group discussion  
- Summary and key messages  
**Messages**  
- At 6 months, besides breastfeeding, begin to give other foods: thick staple food (*porridge, potatoes*)  
- Increase frequency of feedings (3 – 5 times a day) from 6 – 12 months  
- FACVAH: Frequency, Amount, Consistency, Variety, Active Feeding, and Hygiene  
- Continue to breastfeed for up to 2 years and beyond | • Brainstorm the answer to the question: What are the possible signs that an infant is ready to eat foods?  
• Review together Handout 18: Discussion tool: Possible Signs that an Infant is Ready to Eat Foods  
• Form 4 working groups and ask each group to respond to the questions in Handout 19 (facilitator accompanies each group and reads questions to group)  
• Distribute Counselling Cards 10 – 14, and Messages  
• Ask one group to report back to the whole group and other groups to add additional points  
• Demonstrate proper consistency of cereal (by preparing a cereal that is too thin and one of good consistency)  
• Pass demonstration cereals so that the participants can compare them  
• Discussion and fill-in gaps | 1. Handout 18: Discussion tool: Possible Signs that an Infant is Ready to Eat Foods  
2. Handout 19: Questions for the working groups (or workshop facilitator with each group to read)  
3. Counselling Cards 10 – 14, and Messages |
| 11:30-12:00 | **3.4: Review global recommendations on optimal complementary feeding practices** | Facilitator reads the heading of each global recommendation on complementary feeding and asks participants: What questions do you have? and What comments do you have? | 1. Handout 20: Global Recommendations on Optimal Complementary Feeding Behaviours |
| 12:00-12:45 | **3.5: Reflect on the popular beliefs/myths of breastfeeding** that participants and/or community members acknowledge. | • Brainstorm the breastfeeding beliefs/myths that participants and community members acknowledge  
• Divide them into beliefs that do not affect breastfeeding, positive beliefs, and negative beliefs  
• Discuss those beliefs/myths that negatively affect breastfeeding practices | 1. Handout 21: Common breastfeeding beliefs/myths |
| 12:45-2:00  | Lunch                                                                                   |                                                                             |                                                                           |
### Day 3

<table>
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<tr>
<th>Time</th>
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<th>Methodology</th>
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<tbody>
<tr>
<td>2:00-3:00</td>
<td><strong>3.6: Reflect on the common situations that may affect breastfeeding:</strong></td>
<td>• Divide participants into two groups</td>
<td>1. 2 sets of images representing a common situation or belief that can affect breastfeeding</td>
</tr>
<tr>
<td></td>
<td>• Sick baby or mother</td>
<td>• Give each group a set of images representing a common situation or belief that may affect breastfeeding</td>
<td>2. Handout 22: Common situations or beliefs that may affect breastfeeding</td>
</tr>
<tr>
<td></td>
<td>• Low birth weight baby</td>
<td>• Each group is divided into 2 teams</td>
<td>3. Counselling Cards 9, 15 and 16, and Messages</td>
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<td></td>
<td>• Kangaroo Mother Care (KMC)</td>
<td>• Place cards face down in the center of the two teams</td>
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<tr>
<td></td>
<td>• Malnourished mother</td>
<td>• One participant from team 1 is asked to “pick a card”, looks</td>
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<td></td>
<td>• Twins</td>
<td>answers the question of how a woman with this situation or belief can be</td>
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<td></td>
<td>• Inverted nipples</td>
<td>supported to successfully breastfeed her baby</td>
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<td></td>
<td>• Baby who refuses the breast</td>
<td>• Switch from one team to the other until all ‘common situations or beliefs that may affect breastfeeding' have been picked up</td>
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<td></td>
<td>• New pregnancy</td>
<td>• With the whole group review counseling cards 9, 15 and 16</td>
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<td></td>
<td>• Mother who is away daily from her infant</td>
<td>• Discussion and summary</td>
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<td></td>
<td>• Stress: to be discussed separately without an image representation</td>
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| 3:00-3:45 | **3.7: Discussion on Organization of mother-to-mother support groups** | • Divide participants into 6 groups and ask each group to discuss one of the 6 outlined questions: (facilitator accompanies group to read question)  
1. What are possible themes for a Mother-to-Mother Support Group  
2. How do you inform mothers about Support Groups/advertise the Support Groups?  
3. Where do you hold the MtMSG meetings, when do you conduct them, and what is their duration?  
4. What information needs to be collected at the Support Group?  
5. Who collects the data at the Mother-to-Mother Support Group?  
6. Why does information need to be collected, and who uses the collected information?  
• Ask each group to present to the whole group  
• Discussion and summary with the entire group  
• Read together Handout 23: Possible themes for Mother-to-Mother Support Groups  
• Review and discuss the monitoring form to record attendance at a mother-to-mother support group  
• Read together Handout 24: Monitoring form to record attendance at a mother-to-mother support group | 1. Handout 23: Possible themes for Mother-to-Mother Support Groups  
2. Handout 24: Monitoring form to record attendance at a mother-to-mother support group |

**Note:** In a MtMSG, remember to meet the needs of any woman who wants to address a particular issue (whatever the theme of the day)
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| 3:45 - 4:00 | • Review the key messages of complementary feeding:  
  - Introduction of solids  
  - **FACVAH:** Frequency, Amount, Consistency, Variety, Active Feeding, and Hygiene  
  - What foods do you introduce to the infant and when?  
  • Popular beliefs/myths of breastfeeding  
  • Common situations that can affect breastfeeding  
  • Organizations of support groups: themes, structure, information system  
  • Evaluation of day’s activities | Ask participants to fill-in mood meter with bottle caps |           |
<table>
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<tbody>
<tr>
<td>8:30 -</td>
<td>Review of the <strong>key messages</strong> from Day 3:</td>
<td>• Divide the participants into 2 circles</td>
<td>2 Balls (using any available round objects)</td>
</tr>
<tr>
<td>8:45</td>
<td>• Review the key messages of complementary feeding:</td>
<td>• A facilitator in each circle throws a ball to a participant and asks that participant a question (on yesterday's content)</td>
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<tr>
<td></td>
<td>- Introduction of solids</td>
<td>• The participant who catches the ball answers the question</td>
<td></td>
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<td></td>
<td>- <strong>FACVAH:</strong> Frequency, Amount, Consistency, Variety, Active Feeding, and Hygiene</td>
<td>• When participant answers the question to the satisfaction of the other members of the circle, s/he throws a ball to another participant and asks another question</td>
<td></td>
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<tr>
<td></td>
<td>- What foods to introduce to the infant and when?</td>
<td>• Continue throwing and catching until the majority of participants have asked and answered a question</td>
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<td></td>
<td>• Popular beliefs/myths of breastfeeding</td>
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<td></td>
<td>• Common situations that can affect breastfeeding</td>
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<td></td>
<td>• Organizations of support groups: themes, structure, information system</td>
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<tr>
<td>8:45 -</td>
<td><strong>4.1: PRACTICE:</strong> Mother-to-Mother Support Group experience with women in the community: theme - Advantages of Breastfeeding, and Exclusive Breastfeeding</td>
<td>• Ahead of time, arrange with community the invitation of pregnant women and mothers who are breastfeeding to attend the mother-to-mother support groups (time, number and location)</td>
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<tr>
<td>12:45</td>
<td>Practice in community</td>
<td>• In community settings, form the number of Mother-to-Mother Support Groups (6 – 8 attendees each) that will allow two course participants to facilitate each Mother-to-Mother Support Group</td>
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<td>• Pair 2 participants to act as co-facilitators of mother-to-mother support group</td>
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<td>• One acts as main facilitator in today’s practise and the other as main facilitator in tomorrow’s practise</td>
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<td>Note: Participants including course facilitators sit at same level in a circle</td>
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<td><strong>Tea Break</strong></td>
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<td>4.2:</td>
<td>**Discussion of the Support Group experience on Advantages of Breastfeeding, and</td>
<td>• Discussion in plenary session</td>
<td>Handout 5: Observation MtMSG Checklist</td>
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<td></td>
<td>Exclusive Breastfeeding**</td>
<td>• What did you like about the Support Group?</td>
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<td>• How do you feel about your role as facilitator?</td>
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<td>• How did the co-facilitator feel about the facilitation skills of the main</td>
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<td>facilitator?</td>
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<td>• What would you like to change about the facilitation skills?</td>
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<td>• How would you describe the environment of the support group?</td>
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<td>• Were any doubts about breastfeeding answered?</td>
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<td>• Encourage mother to bring their babies to the meetings</td>
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<td>12:45-</td>
<td><strong>Lunch</strong></td>
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<td>2:00-3:00</td>
<td>4.3: Share action plans for organizing and facilitating Mother-to-Mother Support</td>
<td>Action plans to include: target number of trained MtMSG facilitators</td>
<td>Handout 11: Sample action plan</td>
</tr>
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<td></td>
<td>Groups, and training facilitators</td>
<td>needed/block, activity, person(s) responsible, venue, time line,</td>
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<td></td>
<td></td>
<td>collaborators and follow-up activity</td>
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<p>| 27 |</p>
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<th>Time</th>
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</table>
| 3:00-  | **4.4: Post-assessment** | • Ask participants to form a circle and sit so that their backs are facing the center  
• Explain that questions will be asked and ask participants to raise one hand (with open palm) if they think the answer is “Yes”, to raise one hand (with closed fist) if they think the answer is “No”, and to raise one hand (pointing 2 fingers) if they “Don't know”  
• One facilitator reads the statement and another facilitator records the answers and notes which topics (if any) still present confusion  
• Read each question and allow time so that each participant can respond individually  
• Clarify doubts on what each question means, but do not influence any of the responses nor allow the participants to talk among themselves | Handout 25: Post-assessment  |
| 3:30-  | **4.5: Evaluation of training** | • Ask participants to form buzz groups of 3  
• Explain that questions will be asked and that each group should discuss among themselves what they think.  
• Have one facilitator read the following questions.  
  1. How has your idea of mother-to-mother support groups been changed or modified?  
  2. What did you learn in the practice session of facilitating mother-to-mother support groups in the community?  
  3. Do you feel ready to facilitate MtMSGs in infant and young child feeding? Why?  
  4. What suggestions do you have to improve the training?  
  5. Do you have any other comments? Please share.  
• Ask buzz groups to share their comments (another facilitator records the answers). |
## Day 5

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<th>Notes</th>
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<tbody>
<tr>
<td>8:30-10:30</td>
<td><strong>5.1: Results of pre and post assessment</strong>&lt;br&gt;Facilitator presents results of pre and post assessments and reviews with participants knowledge and skills gaps</td>
<td></td>
<td>Flip charts and marker pens</td>
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<td></td>
<td><strong>5.2: PRACTICE: Mother-to-Mother Support Group experience with women in the community – theme: Complementary feeding</strong>&lt;br&gt;&lt;br&gt;Practice in community</td>
<td>• Ahead of time, arrange with community the invitation of pregnant women and mothers who are breastfeeding to attend the mother-to-mother support groups (time, number and location)&lt;br&gt;• In community settings, form the number of Mother-to-Mother Support Groups (6 – 8 attendees each) that will allow two course participants to facilitate each Mother-to-Mother Support Group&lt;br&gt;• Co-facilitators switch roles from yesterday: main facilitator in today’s practise was co-facilitator in yesterday’s practise</td>
<td>Note: Participants including workshop facilitators sit at same level in a circle</td>
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<tr>
<td>10:30-11:00</td>
<td><strong>5.3: Discussion of the Support Group experience on Complementary Feeding</strong>&lt;br&gt;Discussion in plenary session&lt;br&gt;What did you like about the Support Group?&lt;br&gt;How do you feel about your role as facilitator?&lt;br&gt;How did the co-facilitator feel about the facilitation skills of the main facilitator?&lt;br&gt;What would you like to change about the facilitation skills?&lt;br&gt;Were any doubts about breastfeeding answered?&lt;br&gt;How would you describe the environment of the support group?&lt;br&gt;Encourage mother to bring their babies to the meetings</td>
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<td>11:00-11:30</td>
<td><strong>5.4: Closing and Certificates</strong>&lt;br&gt;Presentation of Course Certificates</td>
<td></td>
<td>Certificates – Handout 26</td>
<td></td>
</tr>
</tbody>
</table>
Preparation of Trainer’s Course:

Mother-to-Mother Support Group
Methodology, and
Breastfeeding and Complementary Feeding Basics

Accompanying Handouts

(4.5-Day Course)
**Handout 1:**

**Pre-assessment**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>To produce enough milk, a mother should breastfeed frequently, day and night.</td>
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<tr>
<td>2.</td>
<td>At 4 months, infants need water and other drinks in addition to breastmilk.</td>
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<td>3.</td>
<td>Telling a mother what to do is the best way to improve how she feeds her child.</td>
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<td>4.</td>
<td>A baby from 9 – 11 months needs complementary foods 4 times a day.</td>
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<td>5.</td>
<td>Correct knowledge is enough to change behaviour.</td>
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<td>6.</td>
<td>The newborn baby’s chin touching the mother’s breast is a sign of good attachment.</td>
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<td>7.</td>
<td>Breastfeeding benefits the baby, but not the mother.</td>
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<td>8.</td>
<td>Even though a mother thinks she does not have enough milk, she can still successfully breastfeed her baby.</td>
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<td>9.</td>
<td>A mother can prevent sore and cracked nipples by correctly attaching her baby to the breast.</td>
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<td>10.</td>
<td>When a mother begins to give foods to a baby, she needs to start with thin porridge.</td>
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<td>11.</td>
<td>A 7–8 month old baby needs to eat 3 times a day.</td>
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<td>12.</td>
<td>When feeding a child the mother or the caregiver should be patient and interact actively with the child.</td>
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<tr>
<td>13.</td>
<td>A mother-to-mother support group is the same as an educational talk.</td>
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<tr>
<td>14.</td>
<td>The mother should wait until the sick child is healthy before giving him/her more food.</td>
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<tr>
<td>15.</td>
<td>Children 12–23 months old need to eat 5 times a day.</td>
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<tr>
<td>16.</td>
<td>Breastfeeding is the same as the Lactational Amenorrhoea Method (LAM) of child spacing.</td>
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</tbody>
</table>
Handout 2:

Learning Objectives

A. Breastfeeding and complementary feeding basics review

At the end of the training the participants will be able to:
• Name 3 advantages of breastfeeding for the baby, the mother and the family/community
• State why early initiation of breastfeeding is important to the baby and the mother
• Name 5 optimal breastfeeding practices
• Identify 3 common conditions/difficulties of breastfeeding and their prevention, symptoms, and solutions
• Name the 3 Lactational Amenorrhea Method (LAM) criteria
• Identify at what age to begin the introduction of complementary foods
• Describe what are baby’s first foods (local, available and affordable)
• Counsel on 3 common situations that may affect breastfeeding
• Name 3 popular beliefs/myths of breastfeeding and explain how they relate to optimal breastfeeding practices

B. Mother-to-Mother Support Groups

At the end of the training the participants will be able to:
• Name 4 characteristics of a mother-to-mother support group
• Name 3 characteristics of the role of a mother-to-mother support group facilitator
• Name 3 necessary components to organize mother-to-mother support groups
• Explain why an information system is important
• Facilitate a breastfeeding mother-to-mother support group
• Train mother-to-mother support group facilitators
• Mentor all mother-to-mother support group facilitators to enhance their skills
Handout 3:

Benefits of Breastfeeding for the infant/young child, mother, family

Benefits of Breastmilk for the Baby
• Saves babies’ lives.
• The baby benefits from the colostrum, which protects him/her from diseases.
  The colostrum acts as a laxative cleaning the baby’s stomach.
• Has all the baby needs for the first 6 months.
• Contains enough water for the baby’s first 6 months.
• Promotes adequate growth and development.
• Enhances brain development
• Protects against diseases, especially against diarrhoea and respiratory infections.
• Is always clean, ready, and at the right temperature.
• Is easy to digest.

Benefits of Breastfeeding for the Mother
• Putting the baby to the breast immediately after birth helps expel the placenta, and reduces bleeding after delivery.
• The baby’s suckling stimulates uterine contractions.
• Breastfeeding the baby immediately and frequently stimulates milk production.
• Breastfeeding the baby immediately and frequently prevents engorgement.
• Breastfeeding stimulates bonding between a mother and her baby.
• Breastfeeding is good for maternal health.
• Breastfeeding protects against early pregnancy (promotes child spacing).
• Breastfeeding reduces risk of breast cancer in pre-menopausal women.

Benefits of Breastfeeding for the Family
• Decreased sickness
• Decreased medical expenses
• Breastfeeding is economical.
• Protection against early pregnancy
• Breastfeeding contributes to food security.
Handout 4:
Characteristics of a Breastfeeding Mother-to-Mother Support Group

1. An environment of ease and respect

2. Women can:
   • share breastfeeding information and personal experiences
   • mutually support each other
   • strengthen or modify certain attitudes and practices
   • learn from each other

3. Women can reflect on their experiences, doubts, difficulties, popular beliefs, myths, information and adequate breastfeeding practices.

4. In this environment mother has the knowledge and confidence needed to decide to strengthen or modify her breastfeeding practices.

4. Breastfeeding mother-to-mother support groups are not LECTURES or CLASSES. All participants play an active role.

5. Support groups focus on the importance of mother-to-mother communication. All the women can express their ideas, knowledge and doubts, share experiences and receive and give support.

6. The sitting arrangement allows all participants to have eye-to-eye contact.

7. The group size varies from 3 - 12 participants.

8. The mother-to-mother support group is conducted by a trained facilitator who listens and guides the discussion.

9. All interested pregnant women, mothers who are breastfeeding, women with older toddlers, grandmothers, and other interested women can attend.

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’s Name: ____________________________________________________

Mentor’s Name: _____________________________________________________

Discussion Topic: _____________________________________________________

<table>
<thead>
<tr>
<th>Role of the facilitator:</th>
<th>✓</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Invites women to sit in a circle.</td>
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<td>2. Introduces herself to the group.</td>
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<td>3. Clearly explains the day’s theme.</td>
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<td>4. Asks questions that generate participation.</td>
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<td>5. Motivates women to share their own experiences.</td>
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<td>6. Motivates the quiet women to participate.</td>
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<td>7. Applies listening and learning, and building confidence skills.</td>
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<td>8. Asks women to talk to a pregnant woman or breastfeeding mother before the next meeting, share what they have learned, and report back.</td>
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<td>9. Invites women to attend the next mother-to-mother support group.</td>
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<td>10. Provides a day and morning or afternoon time for the next mother-to-mother support group.</td>
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<td>11. Thanks the women for attending the mother-to-mother support group.</td>
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<td>12. Fills out the attendance sheet on their group.</td>
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</table>

Briefly describe the mentoring feedback you provided to the facilitator:
Handout 6:

Listening and Learning Skills

1. Use helpful non-verbal communication
   a. Keep your head level with mother/parent/caregiver
   b. Pay attention (eye contact)
   c. Remove Barriers (tables, notes)
   d. Take time
   e. Appropriate Touch

2. Ask open questions

3. Use responses and gestures that show interest

4. Reflect back what the mother says

5. Avoid using words that sound judging
Handout 7:

Initiation of Breastfeeding

In your community:

1. Who is with the woman when she gives birth? And what is the role of that person?

2. What is done with the baby immediately after birth?

3. What is given to the baby to eat or drink as soon as it is born? Why?

4. What is given to the mother to eat or drink after the birth of the baby?

5. After birth does the mother look at her baby or does she ignore the baby and appear uninterested?
Handout 8:

Illustration of Good Attachment
Handout 9:

Good Attachment and Positioning*, and Effective Suckling

**Good attachment**
- The infant’s mouth is wide open.
- The infant’s lower lip is turned outwards.
- The infant’s chin is touching mother’s breast.
- There is more areola showing above the baby’s mouth than below.

**Good positioning**
- The baby’s whole body is facing the breast and is close to the mother.
- The baby’s head, back, and buttocks are in a straight line.
- The baby’s face is close up to the breast.
- The infant should be able to look up at the mother’s face.
- The baby is brought to the breast (and not breast to the baby) with buttocks supported.

**Effective suckling**
- The infant takes slow deep suckles, sometimes pausing
- The mother may be able to see or hear her baby swallowing after one or two suckles
- Suckling is comfortable and mother does not feel nipple pain
- Baby finishes the feed, releases breast and looks contented and relaxed
- The breast is softer after the feed

Handout 10:

Recommendations on Optimal Breastfeeding Practices

1. **Behaviour: Mother initiates breastfeeding within 1 hour of birth.**
   - Protects infant from diseases by providing the thick yellowish first milk (colostrum), the infant’s first vaccine
   - Helps expel the placenta more rapidly and reduces blood loss
   - Helps expel meconium, the infant’s first stool
   - Stimulates breastmilk production
   - Keeps newborn warm through skin-to-skin contact

2. **Behaviour: Mother breastfeeds frequently, day and night.**
   - Mother allows infant to breastfeed on demand (as often as infant wants). This means feeding every 2–3 hours (8–12 times per 24 hours) or more frequently if needed, especially in the early months.
   - Breastmilk is perfectly adapted to the infant’s small stomach size because it is quickly and easily digested.
   - Mother breastfeeds frequently to stimulate milk production.

3. **Behaviour: Mother gives infant only breastmilk for the first 6 months.**
   - Breastmilk contains all the water and nutrients that an infant needs to satisfy hunger and thirst.
   - Infants are likely to have fewer diarrhoea, respiratory, and ear infections.
   - Exclusive breastfeeding helps space births by delaying the return of fertility.

4. **Behaviour: Mother continues breastfeeding when either she or the infant is sick.**
   - If **mother** is sick with a cold, flu, or diarrhoea, she may continue to breastfeed because breastmilk still protects the infant against illness.
   - If **infant** is sick, mother may breastfeed more often (or express her milk if the infant cannot breastfeed) so that infant recuperates faster.
   - Breastmilk replaces needed water and nutrients lost through frequent loose stools, and is the most easily digestible food for the sick infant.
5. **Behaviour: Mother attaches and positions infant correctly at the breast.**
   - Mother attaches (infant latches on) infant correctly to help prevent sore or cracked nipples, and stimulate her milk supply.
   - Signs that infant is properly attached:
     a. Infant’s mouth is wide open.
     b. Infant’s lower lip is turned outwards.
     c. Infant’s chin is touching mother’s breast.
     d. Mother’s entire nipple and a good portion of the areola (dark skin around the nipple) are in infant’s mouth. More areola is showing above the baby’s mouth than below.
   - Signs that infant is properly positioned:
     a. Infant’s whole body is facing the mother and is close to her.
     b. Mother holds infant’s entire body, not just the neck and shoulders.

6. **Behaviour: Mother offers second breast after infant releases the first.**
   - Mother allows the infant to release the first breast before offering the second breast so that infant receives both “fore” milk (which has a high water content to quench the infant’s thirst) and “hind” milk (which is rich in fat and nutrients).
   - Mother does not give bottles and pacifiers (dummies) to her breastfed infant because they can interfere with breastfeeding and cause diarrhoea and other common infections.

7. **Behaviour: The mother should eat more than usual, (one additional meal) and her diet should be varied (add vegetables and fruits).**

8. **Behaviour: By the age of six months, mother or caregiver adds complementary food (enriched and varied - increasing the quantity, frequency and density) in addition to breastfeeding.**

9. **Behaviour: Mother continues breastfeeding until the child is 2 years of age or older.**
Handout 11:

Action Plan

Camp: ____________ Health Post: ____________ Target Number of Trained MtMSG Facilitators: _______

<table>
<thead>
<tr>
<th>Activities</th>
<th>People responsible</th>
<th>Where (place)</th>
<th>When (time)</th>
<th>Materials needed</th>
<th>Follow-up (Who &amp; when)</th>
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Handout 12: Who should be a Mother-to-Mother Support Group Facilitator

1. Preferably, a mother with experience in breastfeeding her infant (at least one year)

2. Desire to share breastfeeding experiences with pregnant women and other mothers

3. Good communication skills and the ability to listen

4. Caring, considerate and respectful

5. Desire to learn and share her breastfeeding knowledge

6. Available to facilitate group discussions and also ready to help other mothers outside meetings

7. Support from her husband/partner and family to be a facilitator

8. Lives in the community and would be accepted by her community and health personnel
Handout 13:

Common Breastfeeding Conditions/difficulties, and Insufficient Milk

<table>
<thead>
<tr>
<th>Breast Condition</th>
<th>Prevention</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engorgement</strong></td>
<td>• Correct attachment</td>
<td>1. Apply cold compresses to breasts to reduce swelling; apply warmth to help milk to flow.</td>
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<tr>
<td></td>
<td>• Start breastfeeding within an hour of birth</td>
<td>2. Breastfeed more frequently.</td>
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<tr>
<td></td>
<td>• Breastfeed frequently on demand (as often and as long as baby wants) day and night: 10 – 12 times per 24 hours</td>
<td>3. Improve attachment.</td>
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<td></td>
<td>• Warmth,</td>
<td>4. Gentle stroking of breasts helps to stimulate milk flow.</td>
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<td></td>
<td>• Slight redness</td>
<td>5. Press around areola to reduce oedema, to help baby to attach.</td>
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<tr>
<td>Symptoms:</td>
<td>• Swelling</td>
<td>6. Express milk to relieve pressure until baby can suckle.</td>
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<td></td>
<td>• Tenderness</td>
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<td></td>
<td>• Warmth,</td>
<td><strong>Warmth may be warm water, shower or bath if possible, warm dry cloth, not necessarily compress</strong></td>
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<tr>
<td></td>
<td>• Slight redness</td>
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<tr>
<td></td>
<td>• Pain</td>
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<td></td>
<td>• 24 hour fever</td>
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<td>• Skin shiny, tight and nipple flattened</td>
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<td></td>
<td>• Usually begins on the 3\textsuperscript{rd} – 5\textsuperscript{th} day after birth</td>
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<tr>
<td><strong>Sore or Cracked Nipples</strong></td>
<td>• Correct attachment of baby</td>
<td>1. Do not stop breastfeeding</td>
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<tr>
<td>Symptoms:</td>
<td>• Do not use bottles</td>
<td>2. Improve attachment</td>
</tr>
<tr>
<td></td>
<td>• Do not use soap or creams on nipples</td>
<td>3. Let baby come off breast by him/herself</td>
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<td></td>
<td></td>
<td>4. Apply drops of breastmilk to nipples and allow to air dry</td>
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<td>5. Remove the baby from the breast by breaking suction first</td>
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<td>6. Begin to breastfeed on the side that hurts less</td>
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<td>7. Do not use bottles</td>
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<tr>
<td></td>
<td></td>
<td>8. Do not use soap or cream on nipples</td>
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<td>9. Do not wait until the breast is full to breastfeed.</td>
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<tr>
<td>Breast Condition</td>
<td>Prevention</td>
<td>Solutions</td>
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<tr>
<td><strong>Plugged Ducts and Mastitis</strong></td>
<td>• Lump, tender, localized redness, feels well, no fever</td>
<td>1. Do not stop breastfeeding (if milk is not removed risk of abscess increases; let baby feed as often as s/he will)</td>
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<td>• Hard swelling</td>
<td>2. Apply warmth (water, hot towel, warm sun etc)</td>
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<td>• Severe pain</td>
<td>3. Apply gentle pressure to breast with flat of hand, rolling fingers towards nipple</td>
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<td>• Redness in one area</td>
<td>4. Then express milk or let baby feed every 2-3 hours day and night.</td>
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<td>• Generally not feeling well</td>
<td>5. Hold baby in different positions, and ensure good attachment</td>
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<td>• Fever</td>
<td>6. Rest (mother)</td>
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<td>• Sometimes a baby refuses to feed as milk tastes more salty.</td>
<td>7. Give mother analgesics (ibuprofen, or paracetomol)</td>
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<td>8. Ensure that she drinks plenty</td>
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<td>9. If no improvement in 24 hours refer for antibiotics</td>
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<tr>
<td><strong>Insufficient Breastmilk</strong></td>
<td><strong>Prevention</strong></td>
<td><strong>Solutions</strong></td>
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<tr>
<td><strong>Perceived by mother</strong></td>
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<tr>
<td>• Mother “thinking” she</td>
<td>• Start breastfeeding within an hour of birth</td>
<td>1. Listen to mother’s concerns and why she thinks she does not have enough milk</td>
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<tr>
<td>does not have enough milk</td>
<td>• Keep mother and baby together</td>
<td>2. Decide if there is a clear cause of the difficulty (poor breastfeeding pattern, mother’s mental condition, baby or mother ill)</td>
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<tr>
<td>• (Baby restless or</td>
<td>• Ensure good attachment</td>
<td>3. Check baby’s weight and urine output (if poor weight gain refer)</td>
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<td>unsatisfied)</td>
<td>• Encourage frequent demand feeding</td>
<td>4. Build mother’s confidence – reassure her that she can produce enough milk</td>
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<td>First decide if the baby is</td>
<td>• Let baby finish first breast first</td>
<td>5. Explain what the problem may be - growth spurts</td>
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<td>getting enough or not</td>
<td>• Breastfeed exclusively day and night</td>
<td>6. Explain fore and hind milk</td>
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<td>(weight, urine output)</td>
<td>• Avoid bottles</td>
<td>7. Check and improve attachment</td>
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<td>• Encourage use of non-oestrogen family planning methods</td>
<td>8. Suggest stopping any supplements water, formulas, tea, or liquids</td>
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<td>9. Avoid separation from baby and care of baby by others</td>
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<td>10. Suggest improvements to feeding pattern. Feed baby frequently on demand, day and night.</td>
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<td>11. Finish the first breast first – let the baby come off the breast by itself</td>
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<td>12. Ensure mother gets enough to drink</td>
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<tr>
<td>**Baby not getting enough</td>
<td>• Same as above</td>
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<tr>
<td>Breastmilk**</td>
<td></td>
<td><strong>Solutions</strong></td>
</tr>
<tr>
<td>• Insufficient weight gain</td>
<td></td>
<td>• Same as above</td>
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<tr>
<td>• Fewer than 6 wets/day</td>
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<td>• If no improvement in weight gain after 1 week</td>
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<td></td>
<td></td>
<td>• Refer mother and baby to nearest health post</td>
</tr>
</tbody>
</table>
Handout 14: Illustration of LAM Criteria

The woman’s menstrual periods have not resumed.

The baby is exclusively breastfed, frequently day and night.

The baby is less than six months old.

Source: AED Manual de Lactancia Materna
Handout 15: Breastfeeding and fertility

Adapted from: Manual de Lactancia Materna, AED and Lactancia Materna: Materiales para Capacitación.
Handout 16: Case studies to identify LAM criteria

Can this woman rely on LAM?

1. A mother has a four-month-old baby and has not had her menstrual periods. She does the laundry for three hours and leaves the baby with his brothers and sisters. She breastfeeds her baby exclusively.

2. Mother with a three-month-old baby who exclusively breastfeeds and has already had her menstrual period.

3. Mother with a two-week-old baby; breastfeeds exclusively, has vaginal bleeding.

4. Mother with a two-month-old baby; has not had a menstrual period; she breastfeeds him and gives him a bottle of sugar-water three times every day.

5. Mother with a four-month-old baby; she fully breastfeeds him and the baby sleeps from 12 midnight to 6 a.m. She has not had a menstrual period.

6. Mother with a three-month-old baby, she breastfeeds exclusively; she had her menstrual period last week.

7. Mother with a four-month-old baby; she breastfeeds exclusively day and night and has not had a menstrual period yet.

8. Mother who is exclusively breastfeeding; her baby is four months old. She has seen a little spotting on one day last month.
Handout 17: Case studies to identify LAM criteria (answer key)

Can this woman rely on LAM?

1. A mother has a four-month-old baby and has not had her menstrual periods. She does the laundry for three hours and leaves the baby with his brothers and sisters. She breastfeeding her baby exclusively.
   A: Yes

2. Mother with a three-month-old baby who exclusively breastfeeds and has already had her menstrual periods.
   A: No, because her menstrual periods have returned.

3. Mother with a two-week-old baby; exclusively breastfeeds, has vaginal bleeding.
   A: Yes, bleeding during the first two months postpartum is not considered menstrual bleeding.

4. Mother with a two-month-old baby; has not had a menstrual period; she breastfeeds him and gives him a bottle of sugar-water three times every day.
   A: No, because breastfeeding is not exclusive.

5. Mother with a four-month-old baby; she fully breastfeeds him and the baby sleeps from 12 midnight to 6 a.m. She has not had a menstrual period.
   A: Yes, because she meets all of the criteria.

6. Mother with a three-month-old baby, she breastfeeds exclusively; she had her menstrual period last week.
   A: No, because her menstrual periods returned.

7. Mother with a four-month-old baby; she breastfeeds exclusively day and night and has not had a menstrual period yet.
   A: Yes, meets all three criteria.

8. Mother who is exclusively breastfeeding; her baby is four months old. She has seen a little spotting on one day last month.
   A: Yes, because menstruation as defined for use in LAM is two consecutive days of bleeding after two months postpartum, or when a woman perceives that she has had a bleed similar to her menstrual bleed.
Handout 18:

Discussion tool: Possible Signs that an Infant is Ready to Eat Foods

- Appearance of teeth
- Infant reaches for food
- Hand to mouth coordination
- Infant follows food with his/her eyes and opens mouth
- Infant can sit by him/herself
- Increase in frequency of breastfeeding in a healthy baby over 6 months
### Complementary Feeding Working Groups

<table>
<thead>
<tr>
<th></th>
<th>6 months</th>
<th>7 – 8 months</th>
<th>9 – 11 months</th>
<th>12 – 23 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>How many times a day should a baby and young child eat?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Amount</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much food should a baby and young child eat?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Variety/Diversity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What foods should a baby and young child eat?</td>
<td></td>
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</tr>
</tbody>
</table>
Global Recommendations on Optimal Complementary Feeding Behaviours

Both the quantity and quality of complementary food are important to ensure good health and development. Infants should eat a variety of nutrient-rich foods, including animal products, fruits, and vegetables. Because it is usually not possible for the infant to consume sufficient quantities of animal foods to meet the needs for iron, zinc, or calcium, a fortified food or micronutrient supplement should be considered if economically feasible.

1. **Behaviour: At 6 months, mother or caregiver introduces soft, appropriate foods and continues breastfeeding on demand.**
   - When infant is 6 months old, mother gives the infant complementary foods—foods in addition to breastmilk—to help the infant grow strong and healthy. After the infant is 6 months old, breastmilk alone cannot meet all the nutritional needs for growth and development.
   - Mother continues to give breastmilk as the main food throughout the infant’s first year. Breastmilk will continue to protect the child against illness.
   - Mother or caregiver begins complementary feeding by adding available, feasible, local foods to staple foods. Increase the amount of food as the child grows.

2. **Behaviour: Mother or caregiver increases the frequency of feedings and the amount of food as the child gets older. Mother or caregiver uses a separate bowl for the child. Mother continues frequent breastfeeding.**
   - Mother or caregiver gives small children small feeds frequently throughout the day because they have very small stomachs.
   - As child grows, mother or caregiver gives more food. One way to know children are getting enough food is to put their portions in separate bowls and to help them eat (responsive feeding).

3. **Behaviour: Mother or caregiver increases food thickness and variety as the child gets older, adapting to the child's nutritional requirements and physical abilities.**
   - At 6 months mother or caregiver gives infant pureed, mashed, and semi-solid foods: a) wheat flour, bulgur flour, maize meal, CSB, or potatoes; b) lentils, green grams, beans or yellow split peas, c) meat, poultry, eggs or fish, d) dark green vegetable, fruits such as mango, papaya, oranges or bananas, and e) oil or ghee.
   - By 12 months mother or caregiver gives child family foods.
   - Mother or caregiver gives child a variety of foods. During complementary feeding, mother or caregiver gradually accustoms child to family foods.
4. **Behaviour: Mother or caregiver interacts with child during feeding (active or responsive feeding)**
   - Mother or caregiver interacts with child during feeding to help child ingest food and stimulate child’s verbal and intellectual development.
     - Mother or caregiver feeds infant directly and helps older child eat.
     - Mother or caregiver experiments with food combinations, tastes, textures, and ways to encourage child who refuses many foods.
     - Mother or caregiver minimizes distractions during meals if child loses interest easily.
     - Mother or caregiver remembers that feeding times are periods of learning and love, talking to child during feeding with eye-to-eye contact.
   - Mother or caregiver is patient, encouraging but not forcing infant to eat. Sing songs, use games, or tell stories to make feeding enjoyable. Encourage everyone who feeds the child to do the same.

5. **Behaviour: Mother or caregiver practices good hygiene and safe food preparation.**
   - In resource-poor settings, mother or caregiver feeds liquids from a small cup or bowl. Bottles are difficult to keep clean, and contaminated bottles can cause diarrhoea.
   - Before feeding child, mother or caregiver washes her/his hands and child’s hands with soap and water and uses clean utensils and bowls or dishes to avoid introducing dirt and germs that might cause diarrhoea and other infections. Mother/caregiver can use her fingers (after washing) to feed child. Food can be contaminated as a result of poor basic hygiene, poor sanitation, and poor methods of food preparation and storage.
   - Mother or caregiver serves food immediately after preparation.

6. **Behaviour: Mother breastfeeds until child is at least 2 years old.**
   - Mother breastfeeds during the second year of life, when breastmilk continues to be an important source of energy, fat, protein, and micronutrients, especially vitamin A.
   - Mother continues to breastfeed to reduce the risk of infection in a young child.

7. **Behaviour: Mother continues to breastfeed when child is ill and encourages the child older than 6 months to eat during and after illness.**
   - Mother continues to breastfeed and feeds the child > 6 months soft, mashed favourite foods. Breastfeeding is extremely important during illness. Children who are ill often continue to breastfeed even if they refuse other foods.
   - After illness, mother or caregiver increases the quantity of food and feeds child more often so child will recover quickly. Children are often very hungry during recovery from illness and need more food to support catch-up growth and replace nutrient stores.
Handout 21:
Common Breastfeeding Beliefs/Myths

• “Rules” on what mother can and cannot eat/drink during breastfeeding

• Colostrum should be discarded because it is not good for the newborn baby

• Mother who is angry or scared should not breastfeed

• Ill mother should not breastfeed

• Mother who is pregnant should not breastfeed

• Breastmilk is too thin

• “Accumulated milk” - when there is a time away from baby, mother feels that the “accumulated milk” in her breasts should not be given to baby

• Every baby needs water

• Breastmilk gives allergies to some babies

• A mother who breastfeeds cannot take medications or a mother who takes medications cannot breastfeed

• Don’t breastfeed until the milk comes in/lets down

• Bottle fed babies grow faster, are fatter and healthier than breastfed babies

• Malnourished mother cannot breastfeed

• Babies need more than breast milk especially if they cry a lot

• If a baby is sick, s/he should stop breastfeeding

• Breastfeeding may spoil a woman’s figure (breasts sag)

• Once breastfeeding is stopped, breastfeeding cannot be started again
### Handout 22:

**Common Situations or Beliefs that May Affect Breastfeeding**

<table>
<thead>
<tr>
<th>Special Situation</th>
<th>Solutions</th>
</tr>
</thead>
</table>
| **Sick baby**                  | • Baby **under 6 months**: If the baby has diarrhoea or fever the mother should breastfeed exclusively and frequently to avoid dehydration or malnutrition.  
  • Breastmilk contains water, sugar and salts in adequate quantities, which will help the baby recover quickly from diarrhoea.  
  • Baby **older than 6 months**: If the baby has diarrhoea 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 diarrhoea and shows any signs of dehydration, the mother should continue to breastfeed and add ORS. |
| **Sick mother**                | • When the mother is suffering from headaches, backaches, colds, diarrhoea, 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 mother does not get better, she should consult a doctor and say that she is breastfeeding. |
| **Low birth weight baby**      | • Mother needs support for good attachment, and help with supportive holds.  
  • Feeding pattern: long slow feeds are OK – keep baby at the breast.  
  • Direct breastfeeding may not be possible for several weeks, but mothers should be encouraged to express breastmilk and feed the breastmilk to the infant using a cup.  
  • Crying is the last sign of hunger. Earlier signs of hunger include a COMBINATION of the following signs: being alert and restless, opening mouth and turning head, putting tongue in and out, sucking on hand or fist. One sign by itself may not indicate hunger. |
| **Kangaroo Mother Care**       | • Position (placed between mother’s naked breast with legs flexed and secured in a cloth that passes just under the infant’s ears and is tied around the mother’s chest)  
  – Skin-to-skin contact (SSC) |
<table>
<thead>
<tr>
<th>Special Situation</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Warmth</td>
</tr>
<tr>
<td></td>
<td>• Breastfeeding (early and exclusive breastfeeding by direct expression or expressed breastmilk given by cup)</td>
</tr>
<tr>
<td></td>
<td>• Mother and baby are rarely separated</td>
</tr>
<tr>
<td>Malnourished mother</td>
<td>• Mother needs to eat extra food FOR HER OWN HEALTH (“feed the mother and let her nurse the baby”)</td>
</tr>
<tr>
<td></td>
<td>• Mothers need to take Vitamin A within 6 weeks after delivery, and a daily multivitamin, if available.</td>
</tr>
<tr>
<td></td>
<td>• (Mothers can produce milk if the baby suckles).</td>
</tr>
<tr>
<td>Twins</td>
<td>• The mother can exclusively breastfeed both babies.</td>
</tr>
<tr>
<td></td>
<td>• “The more the baby suckles, the more milk is produced”.</td>
</tr>
<tr>
<td></td>
<td>• Mothers of twins produce enough milk to feed both babies if the babies breastfeed frequently and are well attached. They need to start breastfeeding as soon as possible after birth – if they cannot suckle immediately, help the mother to express and cup feed. Build up the milk supply from very early to ensure that breasts make enough for two babies.</td>
</tr>
<tr>
<td>Inverted nipples</td>
<td>• If nipples are FLAT feed normally.</td>
</tr>
<tr>
<td></td>
<td>• If mother detects 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.</td>
</tr>
<tr>
<td></td>
<td>• Test if nipple protractile (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.</td>
</tr>
<tr>
<td></td>
<td>• Help baby to attach as early as possible before milk comes in and risk of engorgement. Suckling early on the delivery table probably helps. Stimulating the nipple at that time may help it to stand out more.</td>
</tr>
<tr>
<td></td>
<td>• Express milk until baby able to attach – send to more experienced counsellor.</td>
</tr>
</tbody>
</table>
| Baby who             | • Let the baby have lots of skin-to-skin contact, do not pressure to breastfeed,
<table>
<thead>
<tr>
<th>Special Situation</th>
<th>Solutions</th>
</tr>
</thead>
</table>
| refuses the breast     | especially do not press back of head.  
• Express and feed by cup until baby is willing to suckle. Let baby try lots of different positions.  
• Let baby have a good experience just cuddling mother before pressing to suckle, as usually refusal is the result of bad experiences, such as pressure on the head. May also result from mastitis – changed taste of milk – more salty – or changed smell of mother.  
• Avoid giving the baby teats, bottles, pacifiers.  
• Wait for the baby to be wide awake and hungry (but not crying) before offering the breast.  
• Gently tease the baby’s bottom lip with the nipple until he/she opens his/her mouth wide. |
| New pregnancy           | • It is perfectly safe to breastfeed two babies and will not harm either baby – there will be enough milk for two  
• If baby is under 1 year of age, it may be more beneficial to the baby to continue breastfeeding to sustain health, growth, and development.  
• Mother needs to be encouraged to eat more times a day for her own health and to support both breastfeeding and the growth of the fetus. |
| Stress                  | • Breastmilk does not spoil because of mother’s stress, and production does not decrease, but milk may not flow well temporarily.  
• If mother continues to breastfeed, milk flow will start again.  
• Keep baby in skin-to-skin contact with mother if she will permit.  
• 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
<table>
<thead>
<tr>
<th>Special Situation</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>let down reflex.</td>
<td>• If necessary, provide temporary artificial feeds by cup.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother who will be away from her infant for an extended period expresses her breastmilk.</th>
<th>Mother expresses breastmilk by following these steps:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- a. Washes hands</td>
<td></td>
</tr>
<tr>
<td>- b. Prepares a clean container</td>
<td></td>
</tr>
<tr>
<td>- c. Stimulates the milk flow reflex by stimulating the nipples, and by getting someone to rub her back</td>
<td></td>
</tr>
<tr>
<td>- d. Positions her thumb on the upper edge of the areola and the first two fingers on the underside of the breast behind the areola</td>
<td></td>
</tr>
<tr>
<td>- e. Pushes slightly into the chest wall (Milk may start to flow in drops, or sometimes in fine streams – collect it in the container. If it is very small drops of colostrum, it may help to collect it in a syringe direct from the nipple)</td>
<td></td>
</tr>
<tr>
<td>- f. Avoids rubbing the skin, which can cause bruising; or squeezing the nipple, which stops the flow of milk.</td>
<td></td>
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<tr>
<td>- g. For large breasts, first lifts and then pushes into the chest wall</td>
<td></td>
</tr>
<tr>
<td>- h. Rotates the thumb and finger positions and compresses and releases all around the areola</td>
<td></td>
</tr>
<tr>
<td>- i. Expresses one breast for at least 3 – 5 minutes until the flow slows, then express other side, then repeat both sides again (20 – 30 minutes total)</td>
<td></td>
</tr>
</tbody>
</table>

<p>| Caregiver feeds expressed breastmilk from a cup. | • Mother stores breastmilk in a clean, covered container. Milk can be stored 8– |</p>
<table>
<thead>
<tr>
<th>Special Situation</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10 hours at room temperature in a cool place and 72 hours in the refrigerator.</td>
</tr>
<tr>
<td></td>
<td>• Mother or caregiver gives infant expressed breastmilk from a cup. Bring cup to the baby's lower lip and allow baby to take small amounts of milk. Do not pour the milk into baby's mouth.</td>
</tr>
<tr>
<td></td>
<td>• Bottles are unsafe to use because they are difficult to wash and can be easily contaminated.</td>
</tr>
</tbody>
</table>
Handout 23:

Possible Themes for Breastfeeding Mother-to-Mother Support Groups

- Advantages of breastfeeding for mother, baby, family (1 – 3 different topics)

- Techniques of breastfeeding: attachment and positioning

- Prevention, symptoms, and solutions of common breastfeeding conditions/difficulties: engorgement, cracked/sore nipples, blocked ducts that can lead to mastitis, and low milk supply

- Common situations or beliefs that can affect breastfeeding:
  - sick baby or mother
  - low birth weight baby
  - kangaroo mother care
  - malnourished mother
  - twins
  - inverted nipples
  - baby who refuses to breastfeed
  - new pregnancy
  - mother away from baby
  - stress

- Support to mothers of malnourished children in in-patient therapeutic feeding centres; support to mothers of malnourished children who are being treated in community-settings

- Beliefs/myths of breastfeeding: maternal concern about a) the effect of breastfeeding on breast size and shape; b) maternal diet and relationship to breastfeeding; and c) stress and breastfeeding

- Breastfeeding and the introduction of complementary foods after 6 months

- Working mothers: some possible solutions to help make breastfeeding feasible
Handout 24: Mother-to-Mother Support Groups

Date _____________ Camp _____________________ Block ___________

Group Leader Name______________________________ Facilitator Name ________________________________

___________________________                                           ________________________________

______________________________________________________________

______________________________________________________________
## Handout 25:

### Post-assessment

<table>
<thead>
<tr>
<th>#</th>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>To produce enough milk, a mother should breastfeed frequently, day and night.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>At 4 months, infants need water and other drinks in addition to breastmilk.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Telling a mother what to do is the best way to improve how she feeds her child.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>A baby from 9 – 11 months needs complementary foods 4 times a day.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Correct knowledge is enough to change behaviour.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>The newborn baby’s chin touching the mother’s breast is a sign of good attachment.</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>7.</td>
<td>Breastfeeding benefits the baby, but not the mother.</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>8.</td>
<td>Even though a mother thinks she does not have enough milk, she can successfully breastfeed her baby.</td>
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<td>X</td>
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<tr>
<td>9.</td>
<td>A mother can prevent sore and cracked nipples by correctly attaching her baby to the breast.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>When a mother begins to give foods to a baby, she needs to start with thin porridge.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>A 7–8 month old baby needs to eat 3 times a day.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>When feeding a child the mother or the caregiver should be patient and interact actively with the child.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>A mother-to-mother support group is the same as an educational talk.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>The mother should wait until the sick child is healthy before giving him/her more food.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Children 12–23 months old need to eat 5 times a day.</td>
<td>X</td>
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<tr>
<td>16.</td>
<td>Breastfeeding is the same as the Lactational Amenorrhoea Method (LAM) of child spacing.</td>
<td>X</td>
<td></td>
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</tbody>
</table>
Certificate of Attendance

Mother-to-Mother Support Group Methodology and Breastfeeding and Complementary Feeding Basics

________________________________________________

Has Completed this Training of Trainers Course
Insert Date Here

______________________________
Insert trainer’s name here

Mary Lung’aho, PhD
CARE’s Window of Opportunity Program
Blank page.
Key and Supporting Messages

COUNSELLING CARDS

[care] UNIVERSITY RESEARCH CO., LLC CENTER FOR HUMAN SERVICES
Antenatal

Key messages

1. Breastfeed your baby within 1 hour of birth. (counselling cards 2a and 2b)

2. Breastfeed your baby frequently, day and night, to establish your breastmilk supply. (counselling card 6)

3. Exclusively breastfeed your baby by giving only your own milk for the first 6 months. (counselling card 7)

4. Make sure your baby is well attached to the breast. (counselling card 4)

5. Make sure baby is in a comfortable position at the breast and is able to effectively suckle in the first weeks and months. (counselling card 5)

6. You should eat to hunger and drink to thirst to keep you and your baby healthy and to prepare your body for breastfeeding.

   - Increase food intake: “an additional meal, more food than usual, and a varied diet”.
   - Take vitamin A at delivery or within 6 weeks after delivery.
   - Eat foods rich in vitamin A (papaya, mangoes, carrots, pumpkins, liver).
   - Continue iron/folic acid supplementation to complete 6 months in total (during pregnancy and/or lactation).
   - Use iodized salt for the whole family.
   - Use treated bednets to reduce malaria infection.
   - If available, take de-worming treatment during 3rd trimester of pregnancy to reduce hookworm infection.
   - Reduce workload to ensure opportunity for rest to help conserve energy
Delivery in Facility (Card 2a)
Home Delivery (Card 2b)

Key Messages

- As soon as your baby is born, let the midwife put the naked baby between your breasts, cover him or her lightly and keep the baby there for at least an hour—or as long as you want. The baby may just rest for a time, keeping warm and learning how you feel and smell.

- Your baby will start showing signs of interest in breastfeeding and may try to move to the breast within the hour. Let the baby start suckling then—this is the best time for you and your baby to learn about breastfeeding and to bond.

- The baby’s suckling helps your womb contract, which pushes out the placenta and reduces bleeding. You may feel quite a strong contraction at this time; it is a good sign that things are working well.

- The first milk that comes is called colostrum. It is yellow and sticky and full of good things which help protect your baby. Make sure that your baby takes the colostrum.

- Breastfeeding from birth helps the milk “come in” and ensures plenty of breastmilk.
Supporting Messages

- It is easier for your baby to learn to suckle if/he starts early while the breast is still soft.
- The amount of colostrum may be small, but even a few drops help protect your baby.
- Colostrum will help your baby pass his/her first dark stool.
- Your baby does not need water or other foods given before breastfeeding (foods, sugar water or liquids/fluids). They can cause a delay in your milk “coming in” (or starting to flow) and can make your baby ill. Calves and baby goats do not need extra water after birth.
Grandmother Offering Food to Breastfeeding Daughter/Daughter-in-law

For the caregiver of mother:

Key Messages

- Keep the mother and baby together from birth. Staying together helps the mother and baby rest and recover, breastfeed on demand (as often as the baby wants), and bond.
- Ensure that the breastfeeding mother eats an additional meal each day because she is eating for two, herself and the baby.

Supporting Messages

- Ensure that the breastfeeding mother eats the porridge from the PLP (Pregnant and Lactating Programme) and part of the extra ration that is given when the baby is registered. Eating more helps her maintain her health and the health of the baby.
- Bring food and water to the mother and let her breastfeed the baby.
- Mothers need to be prioritized for family food and need help with household work.
- Mothers need to take advantage of all opportunities to eat more food.
How to Attach Baby to the Breast

Skills

• Start with the baby’s nose opposite your nipple, so that the baby has to reach up to the nipple.

• Touch the baby’s lower lip with the nipple. Wait until the baby’s mouth opens wide, and then quickly move the baby onto the breast.

• Aim the baby’s lower lip well below the nipple so that the nipple goes to the top of the baby’s mouth and the baby’s chin touches the breast (this helps to ensure that the baby’s tongue is under the areola so that the baby can press out the milk).

• From the outside there should be more areola showing above than below the nipple (this is easier for the counsellor to see than you who cannot see what is below the baby’s mouth).

• The baby’s lower lip should be turned outwards (this is easier for the counsellor to see than you who cannot see what is below the baby’s mouth).

Effective suckling

• To suckle well, a baby needs to be well attached at your breast.

• The baby’s mouth should be open wide, so that s/he can take in plenty of the areola and not just the nipple.

• The baby should be held close to the breast.

• The baby takes slow deep suckles, sometimes pausing.

• You may be able to see or hear your baby swallowing after one or two suckles.

• Suckling is comfortable and pain free for you.

• Baby finishes the feed, releases breast and looks contented and relaxed.

• The breast is softer after the feed.

• Suckling well helps you produce milk and satisfy your baby.

Risks of poor attachment

• Sore and cracked nipples.

• Poor milk release.

• Slow milk production.
Breastfeeding Positions

Skills

- To ensure good attachment, your baby needs to be well positioned at the breast. There are several different positions that you can use.
- You can breastfeed sitting or lying down or standing if you wish.
  - **Cradle position** (most common position)
  - **Opposite arm**—useful for newborns and small or weak babies, or any baby with a difficulty attaching
  - **Lying down** (useful soon after delivery and at any time to rest while breastfeeding)
  - **Under-arm position** (useful for twins, low-birth-weight babies)

Supporting Messages

- Whatever position you choose you need to be comfortable with your back supported.
- Bring the baby to you; do not lean forward to the baby.
- The baby’s body should be straight, not bent or twisted, but with the head slightly back.
- The baby’s body should be facing you and close to you so that you are supporting the baby’s whole body, not just the neck and shoulders, with your hand and forearm.
- The baby should be able to look up into your face, not held flat to your chest or abdomen.
- Hold your breast with your fingers in a “C shape”, with the thumb above the dark part of the breast (areola) and the other fingers below.
- Fingers should not be in “scissor hold” because this method tends to put pressure on the milk ducts and can pull the nipple out of the baby’s mouth.
Breastfeed on Demand, Both Day and Night

**Key Messages**
- Breastmilk provides all the nourishment your baby needs for the first 6 months.
- Breastfeed the baby often, at least 8–10 times, day and night, to produce lots of breastmilk and ensure that your baby grows healthy. (Depending on age of baby, s/he may not need 10 feeds a day if suckling effectively.)
- Let baby suckle as long as s/he wants—let baby come off the breast him/herself. Do not take the baby off.

**Supporting Messages**
- More suckling makes more breastmilk (provided baby is well attached), and if a baby suckles less, the breasts make less breastmilk.
- The breasts make as much milk as the baby takes—if baby takes more, the breasts make more (the breast is like a “factory”—the more demand for milk, the more supply).
- Signs that a baby wants to breastfeed:
  
  A combination of: (not just one alone)
  - Restlessness
  - Opening mouth and turning head from side to side
  - Putting tongue in and out
  - Sucking on fingers or fists

  *Note: Begin breastfeeding before the baby starts crying. Crying is a late sign of hunger.*

- Feeds that are regularly more than half an hour (except in the first week or so or when baby is low-birth-weight) or feeds that are very frequent (more often than every 1–1.5 hours all the time) may be a sign that your baby is not well attached. Ask the counsellor to watch the baby feed, and try to improve the attachment.
During the First 6 Months, Your Baby Needs ONLY Your Breastmilk

Key Messages

- Breastfeeding makes your baby grow strong and healthy and helps to prevent diarrhoea and respiratory infections.

- Breastmilk is the best food and it is all that your baby needs for the first 6 months.

- Giving other feeds can make your baby ill.

- Do not give anything else to your baby before 6 months, NOT even water (tea, sugar water, gripe water, other animal milks, infant formula or porridge).

- Even during very hot weather, breastmilk can satisfy your baby’s thirst during the first 6 months. You may need additional water to satisfy your own thirst.

Supporting Messages

- There is enough water for baby in your breastmilk.

- The risks of giving water to your baby are: Risk of diarrhea, baby’s stomach getting full with water and feeding less, loosing weight, malnutrition, infrequent feeding leading to decreased breastmilk production.

- If your baby takes water or other liquids, s/he suckles the breast less and you produce less milk. This leads to poor growth of your baby.

- If you feed any other foods or liquids to your breastfed baby, you risk becoming pregnant in the first months after you give birth.

- Baby camels and goats do not need extra water when they are born.

- Breastfeeding is a natural resource for food security.

- There are different ways to position the baby:
  - Cradle position (most common position)
  - Side-lying position (can be used right after delivery and to rest while breastfeeding)
  - Under-arm position (best used after a Caesarean section; when the nipples are painful; and to breastfeed twins)
How to Hand Express Breastmilk and Cup Feed

- Sometimes you need to express milk for your baby:
  - if your baby is too weak or small to suckle effectively
  - if your baby is taking longer than usual to learn to suckle, for example because of inverted nipples
  - if you have to be away from your baby for some hours
  - to feed a low-birth-weight baby who cannot breastfeed
  - to feed a sick baby, who cannot suckle enough
  - to keep up the supply of breastmilk when you or baby is ill
  - to relieve engorgement or blocked duct

- To express milk follow these steps:
  - Wash hands
  - Prepare a clean container
  - Gently massage breasts in a circular motion—light massage is skin stimulation for the reflex
  - Position thumb on the upper edge of the areola and the other fingers on the underside of the breast behind the areola
  - Press the areola behind the nipple between the fingers and thumb
  - Milk may start to flow in drops, or sometimes in fine streams—collect it in the container
  - If it is very small drops of colostrum, it may help to collect it in a syringe direct from the nipple
  - Avoid rubbing the skin, which can cause bruising; or squeezing the nipple, which stops the flow of milk
  - For large breasts, first lift the breast
  - Rotate the thumb and finger positions and compress and release all around the areola
- Express one breast for at least 3–5 minutes until the flow slows, then express other side, then repeat both sides again (20–30 minutes total)

- Store breastmilk in a clean, covered container. Milk can be stored 8–10 hours at room temperature in a cool place and 72 hours in the refrigerator.

- Give baby expressed breastmilk from a cup. Bring cup to the baby’s lower lip and allow baby to take small amounts of milk. Do not pour the milk into baby’s mouth.

- Bottles are unsafe to use because they are difficult to wash and can be easily contaminated.
Optimal Child Spacing

Key Messages

- Feeding your baby only breastmilk for the first 6 months can help space births in a way that is healthy for both you and your baby.
- Optimal child spacing helps ensure healthy children and also protects you.
- You are not likely to become pregnant when you meet the following 3 criteria:
  - you have no return of menses, and
  - you exclusively breastfed your baby for 6 months, and
  - your baby is younger than 6 months
- When you no longer meet one of these criteria, you need to start a family planning method to avoid pregnancy

Supporting Messages

- When you do not exclusively breastfeed from birth you can become pregnant as early as 6 weeks after delivery. Closely spaced pregnancies risk your health, and that of the older baby and the newborn.
- If you want further information about child spacing, please go to the family planning clinic.
Complementary Feeding
Starting at 6 Months

Key Messages

- Continue breastfeeding your baby on demand, day and night, to maintain his/her health and strength.
- Breastmilk continues to be the most important part of your baby’s diet.
- At about 6 months, your baby is developmentally ready and begins to need other foods in addition to breastmilk.
- Think of the following characteristics when giving complementary foods to your baby: F = Frequency, A = Amount, T = Thickness (consistency), V = Variety (different kinds of foods), A = Active/responsive feeding, and H = Hygiene (FATVAH)
- Introduce soft food (mashed potato, mashed banana or porridge) at 6 months of age, 2-to-3 times a day. (F)
- Start with 2-3 tablespoons per feed. (A)
- When possible use breastmilk, goat, camel, cow or sheep milk to prepare the soft food.
- The consistency of the soft food should be thick enough so that it does not run off the spoon. (T)
- Be patient and actively encourage your baby to eat. (A)
- Avoid using bottles to feed your baby. They are very difficult to keep clean and can make your baby sick with diarrhoea. (H)
- Foods given to the baby must be stored in hygienic conditions to avoid contamination and illness. (H)
Safe preparation and storage of complementary foods

Guideline: practice good hygiene and proper food handling by

- Wash your own and baby’s hands before food preparation and eating, and after using toilet and cleaning baby’s bottom
- Use clean utensils to prepare and serve food; clean surface, keep clean utensils covered; use clean cups and bowls to feed children
- Treat water for drinking; keep drinking water in clean covered container
- Serve foods immediately after preparation
- Store foods safely: keep in tightly covered containers, store foods dry if possible
Complementary Feeding from 6–8 Months

Key Messages

• Continue breastfeeding your baby on demand, day and night to maintain his/her health and strength.

• Breastmilk continues to be the most important part of your baby’s diet.

• Think of the following characteristics when giving complementary foods to your baby: F = Frequency, A = Amount, T = Thickness (consistency), V = Variety (different kinds of foods), A = Active/responsive feeding, and H = Hygiene (FATVAH)

• From 7 months onwards, feed your baby 3 times a day. (F)

• Gradually increase the amount of food to ½ of a 250 ml cup. Babies have small stomachs and can only eat small amounts at each meal. (A)

• Mash and soften the foods so the baby can easily chew and swallow; breastmilk or other animal milk can be used to prepare the soft food.

• Thicken the baby’s food as the baby grows older, making sure that it is still able to easily swallow without choking. (T)

• Try to include at least a small bit of a food from each group in at least one meal per day, or as often as possible: a) wheat flour, bulgur flour, maize meal, CSB, or potatoes; b) lentils, green grams, beans or yellow split peas, c) meat, poultry, or fish, d) eggs, e) dark green vegetable, fruits such as mango, papaya, oranges or bananas, and f) oil or ghee. (V)

• Animal milks (goat, camel, etc.) are also useful sources of nutrients.

• If possible, also include groundnuts that have been roasted and then ground or smashed into a fine powder.

• Be patient and actively encourage your baby to eat. Use a separate plate to feed the baby to make sure s/he eats all the food given. (A)

• Foods given to the baby must be stored in hygienic conditions to avoid diarrhoea and illness. (H)
Complementary Feeding from 9–11 Months

Key Messages

- Continue breastfeeding your young child on demand, day and night to maintain his/her health and strength.

- Breastmilk continues to be the most important part of your young child’s diet.

- Think of the following characteristics when giving complementary foods to your young child: F = Frequency, A = Amount, T = Thickness (consistency), V = Variety (different kinds of foods), A = Active/responsive feeding, and H = Hygiene (FATVAH)

- From 9 months onwards, feed your young child 4 times a day (3 meals and 1 snack). (F) Snacks:
  - extra foods between meals that are easy to prepare
  - these extra foods are in addition to the meals—they do not replace meals
  - good snacks provide energy and nutrients (not to be confused with sweets)
  - (give examples of local snacks)

- Give your young child ½ of a 250 ml cup/bowl at each feed. Young children have small stomachs and can only eat small amounts at each meal. (A)

- Thicken the young child’s food as the child grows older, making sure that it is still able to easily swallow without choking; breastmilk or other animal milk can be used to prepare the food. (T)

- By 9 months the young child should be able to begin eating finger foods such as pieces of ripe mango and papaya, banana and vegetables

- Try to include at least a small bit of a food from each group in at least one meal per day, or as often as possible: a) wheat flour, bulgur flour, maize meal, CSB, or potatoes; b) lentils, green grams, beans
or yellow split peas, c) meat, poultry, or fish, d) eggs, e) dark green vegetable, fruits such as mango, papaya, oranges or bananas, and f) oil or ghee. (V)

- Animal milks (goat, camel, etc.) are also useful sources of nutrients.
- If possible, also include groundnuts that have been roasted and then ground or smashed into a fine powder.
- Be patient and actively encourage your young child to eat. Use a separate plate to feed the young child to make sure s/he eats all the food given. (A)
- Foods given to the young child must be stored in hygienic conditions to avoid diarrhoea and illness. (H)
Complementary Feeding from 12–23 Months

Key Messages

- Continue breastfeeding your young child on demand, day and night to maintain his/her health and strength.

- In your young child's 2nd year, breastmilk continues to make up 1/3 of his/her diet.

- Think of the following characteristics when giving foods to your young child: F = Frequency, A = Amount, T = Thickness (consistency), V = Variety (different kinds of foods), A = Active/responsive feeding, and H = Hygiene (FATVAH)

- From 12 months onwards, feed your young child 5 times a day (3 meals and 2 snacks). (F)

Snacks

- extra foods between meals that are easy to prepare
- these extra foods are in addition to the meals—they do not replace meals
- good snacks provide energy and nutrients (not to be confused with sweets)
- (give examples of local snacks)

- Give your young child ¾ to 1 250 ml cup/bowl at each feed. (A)

- Cut the food into small pieces so the young child can easily chew and swallow.

- Thicken the young child's food as the child grows older, making sure that it is still able to easily swallow without choking. (T)

- By 12 months other solid foods can be give as many times as possible each day.
• Try to include at least a small bit of a food from each group in at least one meal per day, or as often as possible: a) wheat flour, bulgur flour, maize meal, CSB, or potatoes; b) lentils, green grams, beans or yellow split peas, c) meat, poultry, or fish, d) eggs, e) dark green vegetable, fruits such as mango, papaya, oranges or bananas, and f) oil or ghee. (V)

• Animal milks (goat, camel, etc.) are also useful sources of nutrients.

• If possible, also include groundnuts that have been roasted and then ground or smashed into a fine powder.

• Be patient and actively encourage your young child to eat. Use a separate plate to feed the young child to make sure s/he eats all the food given. Children eat more slowly than adults, so put the child’s portion of the family meal in his own bowl. (A)

• Young children should be supervised during mealtime to make sure they eat all the food put on their plate. (A)

• Foods given to the young child must be stored in hygienic conditions to avoid diarrhoea and illness. (H)
Hygiene: Wash Your Hands with Soap and Water

Key Messages

- Wash your hands with soap (or ash) and water before preparing food, before eating, and before feeding young children.
- Wash your child’s hands with soap (or ash) and water before s/he eats.
- Wash your hands with soap (or ash) and water after using the latrine or cleaning the baby’s bottom.
- Feed your young child using clean hands, clean utensils and clean cups. Avoid using feeding bottles, as this may cause your young child to get diarrhoea.
- Keep foods in covered containers and store food dry, if possible.
  - Food should be tightly covered to prevent insects and dirt getting into it.
  - Food can be kept longer when it is in a dry form than when it is in liquid or semi-liquid form.
Counseling Card 15

Breastfeeding a Sick Baby
Less than 6 Months

Key Messages

• Breastfeeding more during illness will help baby fight the sickness and not lose weight.

• Breastfeeding also provides comfort to a sick baby.

• If the baby is too weak to suckle, it is important to express breast milk to give the baby, either by cup or by expressing directly into the baby’s mouth. This will help the mother keep up her milk supply and prevent engorgement.

• Practice exclusive breastfeeding from 0–6 months.

Note: The mother may need support to re-establish exclusive breastfeeding.
Feeding a Sick Child Greater than 6 Months

Key messages

- During illness, increase the frequency of breastfeeding and offer additional food to your child to maintain his/her strength, reduce weight loss and recover faster. (Often ill young children breastfeed more frequently).
- Fluid and food requirements are higher during illness.
- Take time to patiently encourage your sick child to eat as his/her appetite may be decreased because of the illness.
- It is easier for a sick child to eat small frequent meals.
- Feed the child foods s/he likes in small quantities throughout the day.
- Offer the young child simple foods like porridge, even if s/he does not express interest in eating. Avoid spicy or fatty foods.
- Keep encouraging the young child to eat.

Feeding during recovery

- When your young child has recovered, give him/her one additional meal of solid food each day during the next two weeks. This will help the child regain weight lost during illness.
- Also breastfeed more frequently during two weeks after recovery.
- Take enough time to actively encourage your young child to eat this extra food and breastfeed more frequently when his/her appetite returns.
Signs that Require Mother/Caregiver/Family to Seek Care

**Take your baby or young child to health post if s/he shows the following signs**

- Anaemia (look for palmar pallor)
- Diarrhoea (blood in stool or persistent diarrhoea, sunken eyes)
- Fever (possible risk of malaria)
- Vomiting (cannot keep anything down)
- Respiratory infections (cough, pneumonia/chest in-drawing)
- Malnourished child: visible wasting or oedema
- Refusal to eat