

***Infant and Young Child Feeding
Counselling:
An Integrated Course***

Guidelines for Follow-up After Training



**World Health
Organization**

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CONTENTS – Guidelines for Follow-up After Training

1. Introduction to the follow-up after training.....	2
1.1 Objectives of follow-up after training	2
1.2 Competencies participants are expected to learn during training and follow-up.....	3
2. The follow-up visit	10
2.1 Overview of follow-up visit.....	10
2.2 Welcome and Introduction.....	10
2.3 Assessment of competencies.....	11
2.4 Forms to complete for assessment of competencies	12
2.5 Log of skills of participants.....	73
2.6 Log of difficulties experienced.....	75
2.7 Individual written exercises.....	77
3. Summary of assessment	89
3.1 Summary of assessment.....	89
3.2 Form to complete for overall assessment at one facility	90

1. Introduction

1.1. Objectives of follow-up after training

It is unlikely that participants will learn all the competencies, listed on page 4-9 of this document, during the course. Participants should have a sound theoretical knowledge at the end of the 5-day course, and have practised the counselling skills in many different situations. However, participants need time to practise the practical skills (e.g. helping a mother to position and attach her baby; helping a mother with engorged breasts to express her milk; counselling an HIV-positive mother about different feeding options) before they will become really confident. They also need to learn how to apply what they have learnt during the course to their normal working situation.

The objectives of follow-up after training are to:

- Reinforce the theoretical knowledge learnt in the course
- Reinforce the counselling and practical skills learnt in the course
- Identify problems faced by course participants in their work situation which affect implementation of infant feeding counselling
- Assess the theoretical, counselling and practical skills of participants after the course, in order to feedback to individual participants and also to feedback to the Course Director and Programme Officer at the Ministry of Health, to improve the implementation of the *Infant and Young Child Feeding Counselling: An Integrated Course*.

1.2 Competencies participants are expected to learn during training and follow-up

This course is based on a set of competencies which participants are expected to learn during training and follow-up. Competencies may be a concept that is new to trainers and participants. It is important to explain this clearly to the trainers on the training-of-trainers course and to the participants during the opening session and Session 39 of the participant's course. To become competent at something you need the necessary knowledge and the necessary skills. The knowledge required to be competent at a task is to know 'what to do and when to do it.' The table of competencies listed on the following pages (and also in the Introduction to the *Trainer's Guide* and Session 39 of the *Participant's Manual*) reflects the content of this course and the knowledge and skills on which the participants will be assessed. You will see that the table is divided into three columns: the competency, the knowledge required and the skills required.

Most people find that they acquire the 'knowledge' part of the competency more quickly than the 'skills' part. During a course like the *Infant and Young Child Feeding Counselling: An Integrated Course*, participants will gain a lot of knowledge, but knowledge on its own does not make someone competent at carrying out a task. For example, a participant may be able to list the steps of how to help a mother to cup-feed her baby but have never practised this skill herself, and so may not be competent to carry this out practically. Whilst participants on a course like this may not fully acquire all the skills listed they should all have a chance to practise these skills at least once during the course. Then they will understand how to continue practising these skills when they return to their place of work. If a participant has had the chance to successfully help a mother to position and attach her baby to the breast, she will feel more confident in continuing to improve on this skill when she returns to work after the course. It is essential that the trainers are competent at the counselling and technical skills required and that the groups are small enough (1 trainer per 3-4 participants) to ensure that the participants get as much practice as possible.

The table of competencies is arranged in a certain order. The competencies at the beginning of the table are those which are most commonly used, and on which later competencies depend. For example, to be able to help a mother who has flat or inverted nipples you need to have the basic competency to help a mother to position and attach her baby. You will also see that the counselling skills ('Listening and Learning' and 'Confidence and Support') are applied in many different situations.

Take time to read through this table of competencies before the course. All the theory ('knowledge') required is found in the *Trainer's Guide* and will be covered in the lecture sessions of the participant's course. The skills are practised in the classroom practical sessions, the exercises and the practical sessions in wards and clinical facilities. The follow-up assessment of participants at their facilities is based on these competencies.

Competency	Knowledge	Skills
1. Use Listening and Learning skills to counsel a mother	<ul style="list-style-type: none"> • List the 6 Listening and Learning skills • Give an example of each skill 	<ul style="list-style-type: none"> • Use the Listening and Learning skills appropriately when counselling a mother on feeding her infant or young child
2. Use Confidence and Support skills to counsel a mother	<ul style="list-style-type: none"> • List the 6 Confidence and Support skills • Give an example of each skill 	<ul style="list-style-type: none"> • Use the Confidence and Support skills appropriately when counselling a mother on feeding her infant or young child
3. Assess a breastfeed	<ul style="list-style-type: none"> • Explain the contents and arrangement of the BREASTFEED OBSERVATION JOB AID 	<ul style="list-style-type: none"> • Assess a breastfeed using the BREASTFEED OBSERVATION JOB AID • Recognize a mother who needs help using the BREASTFEED OBSERVATION JOB AID
4. Help a mother to position a baby at the breast	<ul style="list-style-type: none"> • Explain the 4 key points of positioning • Describe how a mother should support her breast for feeding • Explain the main positions – sitting, lying, underarm and across 	<ul style="list-style-type: none"> • Recognize good and poor positioning according to the 4 key points • Help a mother to position her baby using the 4 key points, in different positions
5. Help a mother to attach her baby to the breast	<ul style="list-style-type: none"> • Describe the relevant anatomy and physiology of the breast and suckling action of the baby • Explain the 4 key points of attachment 	<ul style="list-style-type: none"> • Recognize signs of good and poor attachment and effective suckling according to the BREASTFEED OBSERVATION JOB AID • Help a mother to get her baby to attach to the breast once he is well positioned
6. Explain to a mother about the optimal pattern of breastfeeding	<ul style="list-style-type: none"> • Describe the physiology of breast milk production and flow • Describe unrestricted (or demand) feeding, and implications for frequency and duration of breastfeeds and using both breasts alternatively 	<ul style="list-style-type: none"> • Explain to a mother about the optimal pattern of breastfeeding and demand feeding
7. Help a mother to express her breast milk by hand	<ul style="list-style-type: none"> • List the situations when expressing breast milk is useful • Describe the relevant anatomy of the breast and physiology of lactation • Explain how to stimulate the oxytocin reflex • Describe how to select and prepare a container for expressed breast milk • Describe how to store breast milk 	<ul style="list-style-type: none"> • Explain to a mother how to stimulate her oxytocin reflex • Rub a mother's back to stimulate her oxytocin reflex • Help a mother to learn how to prepare a container for expressed breast milk • Explain to a mother the steps of expressing breast milk by hand • Observe a mother expressing breast milk by hand and help her if necessary
8. Help a mother to cup-feed her baby	<ul style="list-style-type: none"> • List the advantages of cup-feeding • Estimate the volume of milk to give a baby according to weight • Describe how to prepare a cup hygienically for feeding a baby 	<ul style="list-style-type: none"> • Demonstrate to a mother how to prepare a cup hygienically for feeding • Practise with a mother how to cup-feed her baby safely • Explain to a mother the volume of milk to offer her baby and the number of feeds in 24 hours

Competency	Knowledge	Skills
9. Plot and interpret a growth chart	<ul style="list-style-type: none"> • Explain the meaning of the standard curves • Describe where to find the age and the weight of a child on a growth chart 	<ul style="list-style-type: none"> • Plot the weights of a child on a growth chart • Interpret a child's individual growth curve
10. Take a feeding history for an infant 0-6 months	<ul style="list-style-type: none"> • Describe the contents and arrangement of the FEEDING HISTORY JOB AID, 0-6 MONTHS 	<ul style="list-style-type: none"> • Take a feeding history using the job aid and appropriate counselling skills according to the age of the child
11. Teach a mother the 10 Key Messages for complementary feeding	<ul style="list-style-type: none"> • List and explain the 6 Key Messages about what to feed to an infant or young child to fill the nutrition gaps (Key Messages 1-6) • Explain when to use the food consistency pictures, and what each picture shows • List and explain the 2 Key Messages about quantities of food to give to an infant or young child (Key Messages 7-8) • List and explain the Key Message about how to feed an infant or young child (Key Message 9) • List and explain the Key Message about how to feed an infant or young child during illness (Key Message 10) 	<ul style="list-style-type: none"> • Explain to a mother the 6 Key Messages about what to feed to an infant or young child to fill the nutrition gaps (Key Messages 1-6) • Use the food consistency pictures appropriately during counselling • Explain to a mother the 2 Key Messages about quantities of food to give to an infant or young child (Key Messages 7-8) • Explain to a mother the Key Message about how to feed an infant or young child (Key Message 9) • Explain to a mother the Key Message about how to feed an infant or young child during illness (Key Message 10)
12. Counsel a pregnant woman about breastfeeding	<ul style="list-style-type: none"> • List the Ten Steps to Successful Breastfeeding • Describe how the International Code of Marketing of Breast-milk Substitutes helps to protect breastfeeding • Discuss why exclusive breastfeeding is important for the first six months • List the special properties of colostrum and reasons why it is important 	<ul style="list-style-type: none"> • Use counselling skills appropriately with a pregnant woman to discuss the advantages of exclusive breastfeeding • Explain to a pregnant woman how to initiate and establish breastfeeding after delivery, and the optimal breastfeeding pattern • Apply competencies 1, 2 and 6
13. Help a mother to initiate breastfeeding	<ul style="list-style-type: none"> • Discuss the importance of early contact after delivery and of the baby receiving colostrum • Describe how health care practices affect initiation of exclusive breastfeeding 	<ul style="list-style-type: none"> • Help a mother to initiate skin-to-skin contact immediately after delivery and to introduce her baby to the breast • Apply competencies 1, 2, 4 and 5
14. Support exclusive breast feeding for the first six months of life	<ul style="list-style-type: none"> • Describe why exclusive breastfeeding is important • Describe the support that a mother needs to sustain exclusive breastfeeding 	<ul style="list-style-type: none"> • Apply competencies 1 to 10 appropriately

Competency	Knowledge	Skills
15. Help a mother to sustain breastfeeding up to 2 years of age or beyond	<ul style="list-style-type: none"> Describe the importance of breast milk in the 2nd year of life 	<ul style="list-style-type: none"> Apply competencies 1, 2, 9 and 10, including explaining the value of breastfeeding up to 2 years and beyond
16. Help a mother with 'not enough milk'	<ul style="list-style-type: none"> Describe the common reasons why a baby may have a low breast milk intake Describe the common reasons for apparent insufficiency of milk List the reliable signs that a baby is not getting enough milk 	<ul style="list-style-type: none"> Apply competencies 1, 3, 9 and 10 to decide the cause Apply competencies 2, 4, 5, 6, 7 and 8 to overcome the difficulty, including explaining the cause of the difficulty to the mother
17. Help a mother with a baby who cries frequently	<ul style="list-style-type: none"> List the causes of frequent crying Describe the management of a crying baby 	<ul style="list-style-type: none"> Apply competencies 1, 3, 9 and 10 to decide the cause Apply competencies 2, 4, 5 and 6 to overcome the difficulty, including explaining the cause of the difficulty to the mother Demonstrate to a mother the positions to hold and carry a colicky baby
18. Help a mother whose baby is refusing to breastfeed	<ul style="list-style-type: none"> List the causes of breast refusal Describe the management of breast refusal 	<ul style="list-style-type: none"> Apply competencies 1, 3, 9 and 10 to decide the cause Apply competencies 2, 4 and 5 to overcome the difficulty, including explaining the cause of the difficulty to the mother Help a mother to use skin-to-skin contact to help her baby accept the breast again Apply competencies 7 and 8 to maintain breast milk production and to feed the baby meanwhile
19. Help a mother who has flat or inverted nipples	<ul style="list-style-type: none"> Explain the difference between flat and inverted nipples and about protractility Explain how to manage flat and inverted nipples 	<ul style="list-style-type: none"> Recognize flat and inverted nipples Apply competencies 2, 4, 5, 7 and 8 to overcome the difficulty Show a mother how to use the syringe method for the treatment of inverted nipples
20. Help a mother with engorged breasts	<ul style="list-style-type: none"> Explain the differences between full and engorged breasts Explain the reasons why breasts may become engorged Explain how to manage breast engorgement 	<ul style="list-style-type: none"> Recognize the difference between full and engorged breasts Apply competencies 2, 4, 5, 6 and 7 to manage the difficulty
21. Help a mother with sore or cracked nipples	<ul style="list-style-type: none"> List the causes of sore or cracked nipples Describe the relevant anatomy and physiology of the breast Explain how to treat candida infection of the breast 	<ul style="list-style-type: none"> Recognize sore and cracked nipples Recognize candida infection of the breast Apply competencies 2, 3, 4, 5, 7 and 8 to manage these conditions

Competency	Knowledge	Skills
22. Help a mother with mastitis	<ul style="list-style-type: none"> • Describe the difference between engorgement and mastitis • List the causes of a blocked milk duct • Explain how to treat a blocked milk duct • List the causes of mastitis • Explain how to manage mastitis, including indications for antibiotic treatment and referral • List the antibiotics to use for infective mastitis • Explain the difference between treating mastitis in an HIV-negative and HIV-positive mother 	<ul style="list-style-type: none"> • Recognize mastitis and refer if necessary • Recognize a blocked milk duct • Manage blocked duct appropriately • Manage mastitis appropriately using competencies 1, 2, 3, 4, 5, 6, 7, 8 and rest, analgesics and antibiotics if indicated. Refer to the appropriate level of care • Refer mastitis in an HIV-positive mother to the appropriate level of care
23. Help a mother to breastfeed a low-birth-weight baby or sick baby	<ul style="list-style-type: none"> • Explain why breast milk is important for a low-birth-weight baby or sick baby • Describe the different ways to feed breast milk to a low-birth-weight baby • Estimate the volume of milk to offer a low-birth-weight baby per feed and per 24 hours 	<ul style="list-style-type: none"> • Help a mother to feed her LBW baby appropriately • Apply competencies, especially 7, 8 and 9, to manage these infants appropriately • Explain to a mother the importance of breastfeeding during illness and recovery
24. Counsel an HIV-positive woman antenatally about feeding choices	<ul style="list-style-type: none"> • Explain the risk of mother-to-child transmission of HIV • Outline approaches that can prevent MTCT through safer infant feeding practices • State infant feeding recommendations for women who are HIV+ve and for women who are HIV-ve or do not know their status • List advantages and disadvantages of these feeding options 	<ul style="list-style-type: none"> • Apply competencies 1 and 2 to counsel an HIV-positive woman • Use the Flow Chart and the Counselling Cards to help an HIV-positive woman to come to her own decision about how to feed her baby
25. Support an HIV-positive mother in her feeding choice	<ul style="list-style-type: none"> • List the different types of replacement milks available locally and how much they cost • Explain how to prepare the milks • Describe hygienic preparation of feeds and utensils • Explain the volumes of milk to offer a baby according to weight • Explain exclusive breastfeeding and stopping early • Explain how to heat-treat and store breast milk • Describe the criteria for selection of a wet-nurse 	<ul style="list-style-type: none"> • Help a mother to prepare the type of replacement milk she has chosen • Apply competency 8 • Show a mother how to prepare replacement feeds hygienically • Practise with a mother how to prepare replacement feeds hygienically • Show a mother how to measure milk and other ingredients to prepare feeds • Practise with a mother how to measure milk and other ingredients to prepare feeds

Competency	Knowledge	Skills
		<ul style="list-style-type: none"> • Explain to a mother the volume of milk to offer her baby and the number of feeds per 24 hours • Apply competencies 1, 2, 3, 4, 5, and 6 to support a mother to breastfeed exclusively and optimally • Show a mother how to heat-treat breast milk and apply competencies 7 and 8 • Apply competencies 1, 2, 3, 4, 5 and 6 to support the wet-nurse • Use the Counselling Cards and Flyers appropriately
26. Follow-up the infant of an HIV-positive mother 0-6 months who is receiving replacement milk	<ul style="list-style-type: none"> • Describe hygienic preparation of feeds • Explain the volumes of milk to give to a baby according to weight • Explain when to arrange follow-up or when to refer • Explain about feeding during illness and recovery 	<ul style="list-style-type: none"> • Show a mother how to prepare replacement feeds hygienically • Practise with a mother how to prepare replacement feeds hygienically • Apply competency 8 • Recognize when a child needs follow-up and when a child needs to be referred • Explain to a mother how to feed her baby during illness or recovery • Use the Counselling Cards and Flyers appropriately
27. Help an HIV-positive mother to cease breastfeeding early and make a safe transition to replacement feeds	<ul style="list-style-type: none"> • Describe the difficulties a mother may encounter when she tries to stop breastfeeding over a short period of time • Explain how to manage engorgement and mastitis in a mother who stops breastfeeding over a short period of time • Show the ways to comfort a baby who is no longer breastfeeding • List what replacement feeds are available & how to prepare them • Explain when to arrange follow-up or when to refer 	<ul style="list-style-type: none"> • Explain to a mother how she should prepare to stop breastfeeding early • Practise with a mother how to prepare replacement feeds hygienically • Apply competencies 7 and 8 • Manage breast engorgement and mastitis in an HIV-infected woman who is stopping breastfeeding (competencies 20 and 22) • Explain to a mother ways to comfort a baby who is no longer breastfeeding
28. Help mothers whose babies are over six months of age to give complementary feeds	<ul style="list-style-type: none"> • List the gaps which occur after six months when a child can no longer get enough nutrients from breast milk alone • List the foods that can fill the gaps • Describe how to prepare feeds hygienically • List recommendations for feeding a non-breastfed child, including quantity, quality, consistency, frequency and method of feeding at different ages 	<ul style="list-style-type: none"> • Apply competencies 1, 2, 9 & 10 • Use the FOOD INTAKE JOB AID, 6-23 MONTHS to learn how a mother is feeding her infant or young child • Identify the gaps in the diet using the FOOD INTAKE JOB AID, 6-23 MONTHS and the FOOD INTAKE REFERENCE TOOL, 6-23 MONTHS • Explain to a mother what foods to feed her child to fill the gaps, applying competency 11 • Demonstrate preparation of a meal for an infant or young child at different ages (8, 10, 15 months)

Competency	Knowledge	Skills
		<ul style="list-style-type: none"> • Practise with a mother how to prepare meals for her infant or young child • Show a mother how to prepare feeds hygienically • Explain to a mother how to feed a non-breastfed child
29. Help a mother with a breastfed child over six months of age who is not growing well	<ul style="list-style-type: none"> • Explain feeding during illness and recovery • Describe how to prepare feeds hygienically 	<ul style="list-style-type: none"> • Apply competency 15 to help a mother to sustain breastfeeding up to 2 years of age or beyond • Apply competencies 1, 2, 9, 10 and 11 • Explain to a mother how to feed during illness and recovery • Demonstrate to a mother how to prepare feeds hygienically • Recognize when a child needs follow-up and when a child needs referral
30. Help a mother with a non-breastfed child over six months of age who is not growing well	<ul style="list-style-type: none"> • Explain about the special attention to give to children who are not receiving breast milk • List the recommendations for feeding a non-breastfed child, including quantity, quality, consistency, frequency and method of feeding • Explain feeding during illness and recovery • Describe how to prepare feeds hygienically 	<ul style="list-style-type: none"> • Apply competencies 1, 2, 9, 10 and 11 • Explain to a mother how to feed a non-breastfed child • Explain to a mother how to feed during illness and recovery • Demonstrate to a mother how to prepare feeds hygienically • Recognize when a child needs follow-up and when a child needs referral

2. The follow-up visit

2.1 Overview of follow-up visit

Follow-up after training should be conducted by a trainer on the *Infant and Young Child Feeding Counselling: An Integrated Course*. It should take place 1-3 months after the training course. The Course Director will give you details of the schedule for the follow-up visits at the end of the Training-of-Trainers course. The follow-up is designed to take one working day at the participant's work place. Ideally several participants from one facility, or area, can be assessed on the same day. The maximum number of participants to assess during one day is four. Alternatively, if participants come from distant places, they could be called back to a central place for the follow-up session.

It is important to emphasize to participants that this is not an exam, but it is a way for trainers to assess the training course, to help reinforce the skills learnt on the course, and to help with situations that participants have found difficult to manage since the course. Feedback will be given to the Programme Officer at the Ministry of Health and/or Course Director and suggestions made for ways to improve the training and strengthen the capabilities of the participants, when needed.

The schedule for the day is as follows:

- | | |
|---|-------------------------------|
| ■ Welcome and Introduction | 30 minutes |
| ■ Assessment of participants' competencies | 60-90 minutes per participant |
| ■ Review participant's log of skills and difficulties experienced | 30 minutes per participant |
| ■ Review individual written exercises | 30 minutes per participant |

2.2 Welcome and Introduction

As the visiting trainer you should meet briefly with the facility staff to explain the purpose of the visit and the activities which will take place during the day. Introduce yourself to the health worker in charge and explain the purpose of the visit. Identify the people you are going to assess. It may be helpful to ask the staff if they have observed any differences in the way those who were trained on the course are managing mothers and their infants since the training. Establish a friendly atmosphere for the visit.

In order to orientate yourself to the facility, ask to be shown the different areas where infant feeding counselling might take place – the postnatal ward, the delivery rooms, the outpatient department, the counselling rooms.

Identify a quiet area to conduct the 'classroom' parts of the follow-up session.

2.3 Assessment of competencies

There are too many competencies to assess all of these with each participant. If there are a number (1-4) of participants to be assessed in one facility they can be taken as a group for the practical session where appropriate. The assessment should take place in a similar way to the practical sessions during the course. The observers should remain silent and not interfere and interrupt the process. Feedback should be given to the participant immediately, in a similar way to the practical sessions in the course, starting with praise for the things the participant did well. Having the whole group present will make it feel more like the course and will enable all participants to gain from watching others counsel mothers. For some situations it may not be appropriate to have the whole group present – for example if an HIV-positive woman agrees to one of the participants counselling her on infant feeding options.

The following is a list of suggested situations in which to assess the participants' competencies. However, you may assess any of the competencies in the table. If possible each participant should be assessed on one competency for breastfeeding, one for HIV/infant feeding and one for complementary feeding.

- Help a mother to position her baby at the breast (competency 4) and attach her baby to the breast (competency 5)
- Help a mother to initiate breastfeeding (competency 13)
- Help a mother to express her breast milk by hand (competency 7)
- Help a mother to cup-feed her baby (competency 8)
- Take a feeding history for an infant or young child 0-6 months (competency 10)
- Teach a mother the 10 Key Messages for complementary feeding (competency 11)
- Counsel an HIV-positive woman antenatally about feeding choices (competency 24)
- Support an HIV-positive mother in her feeding choice (competency 25)

An alternative is to ask the participants which competencies they feel unsure of and to spend time on these skills at the follow-up session.

Before the assessment you, the trainer, will identify women, mothers and caregivers, who agree to take part. Make sure you arrive at the facility in enough time to find suitable people. Explain to them how the assessment will be conducted, and reassure them that they, themselves, are not being judged.

Explain to the participants how the session will be conducted. Take the participant (and observers if there is a group of participants to be assessed) to a suitable mother or caregiver, and explain to them what you would like them to do, for example: "(Participant's name) I would like you to show me how you would help this mother, (Mother's name), to cup-feed her baby." You may wish to give a further sentence or two to introduce the situation, for example: "This baby was born last night and was in the nursery, but the mother has been expressing her milk for him. This is his first cup-feed".

After the participant has completed the session give feedback in the same way as during the practical sessions in the course. Ask the participants how they felt they did, then ask any other participants to give feedback – starting with things to praise and then suggestions of how the participant could improve. You may wish to ask the participants some further questions from the 'knowledge' section of the competency. Do this away from the mother. For example, after you have observed a participant helping a mother to cup-feed her baby, you may not be sure whether the participant is clear about the volumes of milk to give to a baby per feed and in 24 hours. In addition, you may feel that the mother requires more help after the participant has finished. Again, you may help the mother afterwards, either with the participant present or later in the day.

2.4 Forms to complete for assessment of competencies

In this section you will find the different forms to be completed for the competencies listed in the table. In each case the knowledge and skills that you are expected to assess are listed. Choose the form for the competency you will assess. Photocopy the forms as necessary.

Each form is double-sided. On the reverse of each form is a page for additional comments. These may be used for giving individual feedback to participants and also for you to make additional notes to use when you report back.

Remember this is not a test for the participant. These forms are a reminder to you of what to look for when you assess a competency – what is the ‘knowledge’ the participants should know and what are the ‘skills’ they should demonstrate.

Competency 1: Use Listening and Learning skills to counsel a mother	
Knowledge	Assessment
<p>List the 6 Listening and Learning Skills:</p> <ol style="list-style-type: none"> 1. Helpful non-verbal communication 2. Open questions 3. Responses and gestures which show interest 4. Reflect back 5. Empathize 6. Avoid judging words 	
<p>Give an example of each skill:</p> <ol style="list-style-type: none"> 1. Helpful non-verbal communication 2. Open questions 3. Responses and gestures which show interest 4. Reflect back 5. Empathize 6. Avoid judging words 	
Skills	
<p>Use the Listening and Learning Skills appropriately when counselling a mother on feeding her infant or young child:</p> <ol style="list-style-type: none"> 1. Helpful non-verbal communication 2. Open questions 3. Responses and gestures which show interest 4. Reflect back 5. Empathize 6. Avoid judging words 	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 2: Use Confidence and Support skills to counsel a mother	
Knowledge	Assessment
<p>List the 6 Confidence and Support Skills:</p> <ol style="list-style-type: none"> 1. Accept what mother thinks and feels 2. Recognize and praise what mother and child doing right 3. Give practical help 4. Give relevant information 5. Use simple language 6. One of two suggestions, not commands 	
<p>Give an example of each skill:</p> <ol style="list-style-type: none"> 1. Accept what mother thinks and feels 2. Recognize and Praise what mother and child doing right 3. Give practical help 4. Give relevant information 5. Use simple language 6. One of two suggestions, not commands 	
Skills	
<p>Use the Confidence and Support Skills appropriately when counselling a mother on feeding her infant or young child:</p> <ol style="list-style-type: none"> 1. Accept what mother thinks and feels 2. Recognize and Praise what mother and child doing right 3. Give practical help 4. Give relevant information 5. Use simple language 6. One of two suggestions, not commands 	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 3: Assess a breastfeed	
Knowledge	Assessment
Explain the contents and arrangement of the BREASTFEED OBSERVATION JOB AID	
Skills	
Assess a breastfeed using the BREASTFEED OBSERVATION JOB AID	
Recognize a mother who needs help using the BREASTFEED OBSERVATION JOB AID	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 4: Help a mother to position a baby at the breast	
Knowledge	Assessment
<p>Explain the 4 key points of positioning:</p> <ol style="list-style-type: none"> 1. Baby's head and body in line 2. Baby held close to mother's body 3. Baby supported by head and neck 4. Baby approaches breast, nose to nipple 	
<p>Describe how a mother should support her breast for feeding</p>	
<p>Explain the main positions – sitting, lying, underarm and across</p>	
Skills	
<p>Recognize good and poor positioning according to the 4 key points:</p> <ol style="list-style-type: none"> 1. Baby's head and body in line 2. Baby held close to mother's body 3. Baby supported by head and neck 4. Baby approaches breast, nose to nipple 	
<p>Help a mother to position her baby using the 4 key points in one position: sitting, lying, underarm or across</p>	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 5: Help a mother to attach her baby to the breast	
Knowledge	Assessment
Describe the relevant anatomy and physiology of the breast and suckling action of the baby	
<p>Explain the 4 key points of attachment:</p> <ol style="list-style-type: none"> 1. More areola seen above baby's top lip 2. Baby's mouth open wide 3. Lower lip turned outwards 4. Baby's chin touches breast 	
Skills	
Recognize signs of good and poor attachment and effective suckling according to the BREASTFEED OBSERVATION JOB AID	
Help a mother to attach her baby to the breast once he is well positioned	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 6: Explain to a mother about the optimal pattern of breastfeeding	
Knowledge	Assessment
Describe the physiology of breast milk production and flow	
Describe unrestricted (or demand) feeding, and implications for frequency and duration breastfeeds and using both breasts alternatively	
Skills	
Explain to a mother about the optimal pattern of breastfeeding and demand feeding	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 7: Help a mother to express her breast milk by hand	
Knowledge	Assessment
List the situations when expressing breast milk is useful	
Describe the relevant anatomy of the breast and physiology of lactation	
Explain how to stimulate the oxytocin reflex	
Describe how to select and prepare a container for expressed breast milk	
Describe how to store breast milk	
Skills	
Explain to a mother how to stimulate her oxytocin reflex	
Rub a mother's back to stimulate her oxytocin reflex	
Help a mother to learn how to prepare a container for expressed breast milk	
Explain to a mother the steps of expressing breast milk by hand	
Observe a mother expressing breast milk by hand and help her if necessary	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 8: Help a mother to cup-feed her baby	
Knowledge	Assessment
List the advantages of cup-feeding	
Estimate the volume of milk to give to a baby according to weight	
Describe how to prepare a cup hygienically for feeding a baby	
Skills	
Demonstrate to a mother how to prepare a cup hygienically for feeding	
Practise with a mother how to cup-feed her baby safely	
Help a mother to cup-feed her baby safely	
Explain to a mother the volume of milk to offer her baby and the minimum number of feeds in 24 hours	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 9: Plot and interpret a growth chart	
Knowledge	Assessment
Explain the meaning of the standard curves	
Describe where to find the age and the weight of a child on a growth chart	
Skills	
Plot the weights of a child on a growth chart	
Interpret a child's individual growth curve	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 10: Take a feeding history for an infant 0-6 months	
Knowledge	Assessment
Describe the contents and arrangement of the FEEDING HISTORY JOB AID, 0-6 MONTHS	
Skills	
Take a feeding history using the FEEDING HISTORY JOB AID, 0-6 MONTHS and appropriate counselling skills according to the age of the child	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 11: Teach a mother the 10 Key Messages for complementary feeding	
Knowledge	Assessment
List and explain the 6 Key Messages about what to feed an infant or young child to fill the nutrition gaps (Key Messages 1-6)	
Explain when to use the food consistency pictures, and what each picture shows	
List and explain the 2 Key Messages about quantities of food to give an infant or young child (Key Messages 7-8)	
List and explain the Key Messages about how to feed an infant or young child (Key Message 9)	
List and explain the Key Message about how to feed an infant or young child during illness (Key Message 10)	
Skills	
Explain to a mother the 6 Key Messages about what to feed to an infant or young child to fill the nutrition gaps (Key Messages 1-6)	
Use the food consistency picture appropriately during counselling	
Explain to a mother the 2 Key Messages about quantities of food to give to an infant or young child (Key Messages 7-8)	
Explain to a mother the Key Message about how to feed an infant or young child (Key Message 9)	
Explain to a mother the Key Message about how to feed an infant or young child during illness (Key Message 10)	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 12: Counsel a pregnant woman about breastfeeding	
Knowledge	Assessment
List the Ten Steps to Successful Breastfeeding	
Describe how the International Code of Marketing of Breast-milk Substitutes helps to protect breastfeeding	
Discuss why exclusive breastfeeding is important for the first six months	
List the special properties of colostrum and reasons why it is important	
Skills	
Use counselling skills appropriately with a pregnant woman to discuss the advantages of exclusive breastfeeding	
Explain to a pregnant woman how to initiate and establish breastfeeding after delivery, and the optimal breastfeeding pattern	
Apply competencies 1, 2 and 6	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 13: Help a mother to initiate breastfeeding	
Knowledge	Assessment
Discuss the importance of early contact after delivery and of the baby receiving colostrum	
Describe how health care practices affect initiation of exclusive breastfeeding	
Skills	
Help a mother to initiate skin-to-skin contact immediately after delivery and to introduce her baby to the breast	
Apply competencies 1, 2, 4 and 5	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 14: Support exclusive breastfeeding for the first six months of life	
Knowledge	Assessment
Describe why exclusive breastfeeding is important	
Describe the support that a mother needs to sustain exclusive breastfeeding	
Skills	
Apply competencies 1-10 appropriately	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 15: Help a mother to sustain breastfeeding up to 2 years of age or beyond	
Knowledge	Assessment
Describe the importance of breast milk in the 2 nd year of life	
Skills	
Apply competencies 1, 2, 9 and 10, including explaining the value of breastfeeding up to 2 years and beyond	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 16: Help a mother with 'not enough milk'	
Knowledge	Assessment
Describe the common reasons why a baby may have a low breast milk intake	
Describe the common reasons for apparent insufficiency of milk	
List the reliable signs that a baby is not getting enough milk	
Skills	
Apply competencies 1, 3, 9 and 10 to decide the cause	
Apply competencies 2, 4, 5, 6, 7 and 8 to overcome the difficulty, including explaining the cause of the difficulty to the mother	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 17: Help a mother with a baby who cries frequently	
Knowledge	Assessment
List the causes of frequent crying	
Describe the management of a crying baby	
Skills	
Apply competencies 1, 3, 9 and 10 to decide the cause	
Apply competencies 2, 4, 5 and 6 to overcome the difficulty, including explaining the cause of the difficulty to the mother	
Demonstrate to a mother the positions to hold and carry a colicky baby	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 18: Help a mother whose baby is refusing to breastfeed	
Knowledge	Assessment
List the causes of breast refusal	
Describe the management of breast refusal	
Skills	
Apply competencies 1, 3, 9 and 10 to decide the cause	
Apply competencies 2, 4 and 5 to overcome the difficulty, including explaining the cause of the difficulty to the mother	
Help a mother to use skin-to-skin contact to help her baby accept the breast again	
Apply competencies 7 and 8 to maintain breast milk production and to feed the baby meantime	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 19: Help a mother who has flat or inverted nipples	
Knowledge	Assessment
Explain the difference between flat and inverted nipples and about protractility	
Explain how to manage flat and inverted nipples	
Skills	
Recognize flat and inverted nipples	
Apply competencies 2, 4, 5, 7 and 8 to overcome the difficulty	
Show a mother how to use the syringe method for the treatment of inverted nipples	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 20: Help a mother with engorged breasts	
Knowledge	Assessment
Explain the differences between full and engorged breasts	
Explain the reasons why breasts may become engorged	
Explain how to manage breast engorgement	
Skills	
Recognize the difference between full and engorged breasts	
Apply competencies 2, 4, 5, 6 and 7 to manage the difficulty	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 21: Help a mother with sore or cracked nipples	
Knowledge	Assessment
List the causes of sore or cracked nipples	
Describe the relevant anatomy and physiology of the breast	
Explain how to treat candida infection of the breast	
Skills	
Recognize sore and cracked nipples	
Recognize candida infection of the breast	
Apply competencies 2, 3, 4, 5, 7 and 8 to manage these conditions	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 22: Help a mother with mastitis	
Knowledge	Assessment
Describe the difference between engorgement and mastitis	
List the causes of a blocked milk duct	
Explain how to treat a blocked milk duct	
List the causes of mastitis	
Explain how to manage mastitis, including indications for antibiotic treatment and referral	
List the antibiotics to use for infective mastitis	
Explain the difference between treating mastitis in an HIV-negative and HIV-positive mother	
Skills	
Recognize mastitis and refer if necessary	
Recognize a blocked milk duct	
Manage blocked duct appropriately	
Manage mastitis appropriately using competencies 1, 2, 3, 4, 5, 6, 7, 8 and rest, analgesics and antibiotics if indicated. Refer to the appropriate level of care	
Refer mastitis in an HIV-positive mother to the appropriate level of care	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 23: Help a mother to breastfeed a low-birth-weight baby or sick baby	
Knowledge	Assessment
Explain why breast milk is important for a low-birth-weight baby or sick baby	
Describe the different ways to feed breast milk to a low-birth-weight baby	
Estimate the volume of milk to offer a low-birth-weight baby per feed and per 24 hours	
Skills	
Help a mother to feed her low-birth-weight baby appropriately	
Apply competencies, especially 7, 8 and 9, to manage these infants appropriately	
Explain to a mother the importance of breastfeeding during illness and recovery	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 24: Counsel an HIV-positive woman antenatally about feeding choices	
Knowledge	Assessment
Explain the risk of mother-to-child transmission of HIV	
Outline approaches that can prevent MTCT through safer infant feeding practices	
State infant feeding recommendations for women who are HIV+ve and for women who are HIV-ve or do not know their status	
List the advantages and disadvantages of these feeding options	
Skills	
Apply competencies 1 and 2 to counsel an HIV-positive woman	
Use the Flow Chart and the Counselling Cards to help an HIV-positive woman to come to her own decision about how to feed her baby	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 25: Support an HIV-positive mother in her feeding choice	
Knowledge	Assessment
List the different types of replacement milks available locally and how much they cost	
Explain how to prepare the milks	
Describe hygienic preparation of feeds and utensils	
Explain the volumes of milk to offer a baby according to weight	
Explain exclusive breastfeeding and stopping early	
Explain how to heat-treat and store breast milk	
Describe the criteria for selection of a wet-nurse	
Skills	
Help a mother to prepare the type of replacement milk she has chosen	
Apply competency 8	
Show a mother how to prepare replacement feeds hygienically	
Practise with a mother how to prepare replacement feeds hygienically	
Show a mother how to measure milk and other ingredients to prepare feeds	
Practise with a mother how to measure milk and other ingredients to prepare feeds	
Explain to a mother the volume of milk to offer her baby and the number of feeds per 24 hours	
Apply competencies 1, 2, 3, 4, 5 and 6 to support the mother to breastfeed exclusively and optimally	
Show a mother how to heat-treat breast milk and apply competencies 7 and 8	
Apply competencies 1, 2, 3, 4, 5 and 6 to support the wet-nurse	
Use the Counselling Cards and Flyers appropriately	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 26: Follow up the infant of an HIV-positive mother 0-6 months who is receiving replacement milk	
Knowledge	Assessment
Describe hygienic preparation of feeds	
Explain the volumes of milk to give to a baby according to weight	
Explain when to arrange follow-up or when to refer	
Explain about feeding during illness and recovery	
Skills	
Show a mother how to prepare replacement feeds hygienically	
Practise with a mother how to prepare replacement feeds hygienically	
Apply competency 8	
Recognize when a child needs follow-up and when a child needs to be referred	
Explain to a mother how to feed her baby during illness or recovery	
Use the Counselling Cards and Flyers appropriately	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 27: Help an HIV-positive mother to cease breastfeeding early and make a safe transition to replacement feeds	
Knowledge	Assessment
Describe the difficulties a mother may encounter when she tries to stop breastfeeding over a short period of time	
Explain how to manage engorgement and mastitis in a mother who stops breastfeeding over a short period of time	
Show the ways to comfort a baby who is not longer breastfeeding	
List what replacement feeds are available and how to prepare them	
Explain when to arrange follow-up or when to refer	
Skills	
Explain to a mother how she should prepare to stop breastfeeding early	
Practise with a mother how to prepare replacement feeds hygienically	
Apply competencies 7 and 8	
Manage breast engorgement and mastitis in an HIV-infected woman who is stopping breastfeeding (competencies 20 and 22)	
Explain to a mother ways to comfort a baby who is no longer breastfeeding	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 28: Help mothers whose babies are over six months of age to give complementary foods	
Knowledge	Assessment
List the gaps which occur after six months when a child can no longer get enough nutrients from breast milk alone	
List the foods that can fill the gaps	
Describe how to prepare feeds hygienically	
List recommendations for feeding a non-breastfed child, including quantity, quality, consistency, frequency and method of feeding at different ages	
Skills	
Apply competencies 1, 2, 9 and 10	
Use the FOOD INTAKE JOB AID, 6-23 MONTHS to learn how a mother is feeding her infant or young child	
Identify the gaps in the diet using the FOOD INTAKE JOB AID, 6-23 MONTHS and the FOOD INTAKE REFERENCE TOOL, 6-23 MONTHS	
Explain to a mother what foods to feed her child to fill the gaps, applying competency 11	
Demonstrate preparation of a meal for an infant or young child at different ages (8, 10, 15 months)	
Practise with a mother how to prepare meals for her infant or young child	
Show a mother how to prepare feeds hygienically	
Explain to a mother how to feed a non-breastfed child	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 29: Help a mother with a breastfed child over six months of age who is not growing well	
Knowledge	Assessment
Explain feeding during illness and recovery	
Describe how to prepare feeds hygienically	
Skills	
Apply competency 15 to help a mother to sustain breastfeeding up to 2 years of age or beyond	
Apply competencies 1, 2, 9, 10 and 11	
Explain to a mother how to feed during illness and recovery	
Demonstrate to a mother how to prepare feeds hygienically	
Recognize when a child needs follow-up and when a child needs to be referred	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

Competency 30: Help a mother with a non-breastfed child over six months of age who is not growing well	
Knowledge	Assessment
Explain about the special attention to give to children who are not receiving breast milk	
List the recommendations for feeding a non-breastfed child including quantity, quality, consistency, frequency and method of feeding	
Explain feeding during illness and recovery	
Describe how to prepare feeds hygienically	
Skills	
Apply competencies 1, 2, 9,10 and 11	
Explain to a mother how to feed a non-breastfed child	
Explain to a mother how to feed during illness and recovery	
Demonstrate to a mother how to prepare feeds hygienically	
Recognize when a child needs follow-up and when a child needs to be referred	

Additional notes

Participant name:

Date of assessment:

Place where assessment conducted:

Signed:

2.5 Log of skills

Each participant has been asked to keep a log of skills they have practised in their work setting since the course. This log is on page 227 of the Participants Manual. An abbreviated form of the log is included on page 74 of this document.

Instructions on how the participants should complete the log of skills are given in Session 39 of the course. The log has three columns. There is one column for skills, one column for the date and one column for any comments. When participants practise a skill at their facility they should list the skill and write the date next to it and any comments. For example: On the 1st July 2005 the participant practices the skill of assessing a breastfeed using the BREASTFEED OBSERVATION JOB AID. The participant should write the date in the first column and the skill in the second column. Perhaps the participant found that the mother was not holding her breast in the recommended way, but was using the scissor grip. She might have suggested to the mother that she tries to hold her breast in a different way. The participant should note this down in the third column. In addition, the participant should make particular notes of any difficult cases she had to deal with so that these can be discussed at the follow-up session.

Part of the assessment is for the trainer to go through this log of skills with each participant. This session can be done as a group if there are several participants being assessed from the same facility. Trainers should use this opportunity to facilitate a group discussion of skills that participants have found hard to learn and situations that they have found difficult to manage. If there are conditions in facilities that affect the implementation of infant feeding counselling then these should be discussed.

LOG OF SKILLS PRACTISED		
Date	Skill practised	Comments

2.6 Log of difficulties experienced

In addition participants have a form to complete where they can note down any difficulties they have experienced in trying to implement what they have learnt during the course. This is on page 229 of the *Participant's Manual* and an abbreviated version on page 76 of this document. For example, if they have had difficulty counselling mothers about complementary feeding practices because the clinic in which they work is too crowded and there are too few staff, they can make a note of this. The participant may have had difficulties trying to help mothers who have had a caesarean section to give the first breastfeed because their babies are kept in the nursery after delivery. Again, they should mark this down, to discuss at the follow-up session.

As part of your discussion of the participant's log of skills, you should discuss any difficulties the participants have experienced and any ways in which they have tried to solve these difficulties.

DIFFICULTIES EXPERIENCED		
Date	Difficulty experienced	Comments

2.7 Individual written exercises

These exercises take the same format as the exercises throughout this course and other WHO feeding counselling courses. The participant should have completed all the written exercises prior to the assessment. Trainers go through these exercises with the participant, individually. These exercises will help to reinforce both theoretical knowledge and counselling skills learnt on the course. It is important that trainers use counselling skills when giving feedback to the participant about their exercises.

There is no specific marking system for the exercises. However, make sure that the participant is clear about the correct answers when you have finished going through them.

EXERCISES TO BE COMPLETED

Participants should complete all these exercises before the follow-up session.

How to do the exercise:

Participants should read the stories and write their answers to the questions in pencil in the spaces. These exercises are based on Sessions 14 and 20 in the Manuals. The exercises also use the counselling skills from Sessions 5 and 10. Participants should refer to these sessions to help them with these exercises.

Example:

Mrs A says that both her breasts are swollen and painful. She put her baby to her breast for the first time on the third day, when her milk 'came in'. This is the sixth day. Her baby is suckling, but now it is rather painful, so she does not let him suck for very long. Her milk is not dripping out as fast as it did before.

What is the diagnosis?

Engorged breasts.

What may have caused the condition?

Delay starting to breastfeed.

How can you help Mrs A?

Help her to express her milk, and help her to position her baby at her breast, so that he can attach better.

To answer:

Mrs B says that her right breast has been painful since yesterday, and she can feel a lump in it, which is tender. She has no fever and feels well. She has started to wear an old bra which is tight, because she wants to prevent her breasts from sagging. Her baby now sometimes sleeps for 6-7 hours at night without feeding. You watch him suckling. Mrs B holds him close, and his chin is touching her breast. His mouth is wide open and he takes slow, deep sucks.

What could you say to empathize with Mrs B's worries about her figure?

"You are worried that breastfeeding may change your figure?"

What is the diagnosis?

Blocked duct.

What may be the cause?

Tight clothes, and a long interval between feeds at night. The baby's attachment to the breast is good.

What three suggestions would you give Mrs B?

1. Breastfeed her baby more often for a day or two.
2. Massage the lump gently while her baby is feeding.
3. Try to find a larger bra, that supports her breasts without blocking the ducts.

Mrs C has had a painful swelling in her left breast for three days. It is extremely tender, and the skin of a large part of the breast looks red. Mrs C has a fever and feels too ill to go to work today. Her baby sleeps with her and breastfeeds at night. By day, she expresses milk to leave for him. She has no difficulty in expressing her milk. But she is very busy, and it is difficult for her to find time to express milk, or to breastfeed her baby during the day.

What could you say to empathize with Mrs C?

“You really feel ill, don’t you?”

What is the diagnosis?

Mastitis. It is not possible to say if it is infective or non-infective.

Why do you think that Mrs C has this condition?

She is very busy, and she feeds and expresses in a hurry. There is a long time between feeds during the day.

How would you treat Mrs C?

Discuss the reasons why the condition has occurred. Help her to think of ways to breastfeed her baby more or to take more time to express her milk, especially during the day.

Because the symptoms are all severe, treat her in addition with antibiotics, rest, and analgesics.

Mrs D complains of nipple pain when her 6-week-old baby is suckling. You examine her breasts while her baby is asleep, and can see no fissures. When he wakes, you watch him feeding. His body is twisted away from his mother's. His chin is away from the breast, and his mouth is not wide open. He takes rapid, shallow sucks. As he releases the breast, you notice that the nipple looks squashed.

What is the cause of Mrs D's nipple pain?

Her baby is poorly attached to her breast.

What could you say to build Mrs D's confidence?

Possibilities include:

Praise her for breastfeeding exclusively

Give relevant information, in a positive way, using simple language:

"If your baby takes a bigger mouthful of breast, breastfeeding should soon be more comfortable".

What practical help could you give her?

Offer to help her to improve her baby's suckling position.

Mrs E's baby was born yesterday. She tried to feed him soon after delivery, but he did not suckle very well. She says that her nipples are inverted, and she cannot breastfeed. You examine her breasts, and notice that her nipples look flat. You ask Mrs E to use her fingers and to stretch her nipple and areola out a short way. You can see that the nipple and areola are protractile.

What could you say to accept Mrs E's idea about her nipples?

Something like: "I see" or "You are worried about your nipples?"

How could you build her confidence?

Praise the protractility of her breasts.

Give her relevant information. For example, explain how a baby suckles from the breast not the nipple, and he stretches the nipple out. He can get the milk if he takes a big mouthful of breast.

What practical help could you give Mrs E?

Offer to help her to get her baby to take more of her breast into his mouth.

Mrs F's baby is 3 months old. She says that her nipples are sore. They have been sore on and off since an attack of mastitis several weeks ago. The mastitis cleared up after a course of antibiotics. This new pain feels like needles going deep into her breast whenever her baby suckles. You watch her baby breastfeeding. His mouth is wide open, his lower lip is turned back, and his chin is close to the breast. He takes some slow deep sucks and you see him swallow.

What might be the cause of Mrs F's sore nipples?

Candida infection. Her baby is well attached to her breast.

What treatment would you give to her and her baby?

Give nystatin for her nipples.
Check and treat her baby's mouth and bottom for Candida.

How would you build Mrs F's confidence?

Possibilities include:
Praise the way in which her baby is suckling.
Give relevant information. Explain why her nipples are sore, and explain that breastfeeding should be comfortable again after the treatment.

Mrs G is 16 years old. Her baby was born 2 days ago, and is very healthy. She has tried to breastfeed him twice, but her breasts are still soft, so she thinks that she has no milk, and will not be able to breastfeed. Her young husband has offered to buy her a bottle and some formula.

What could you say to accept what Mrs G says about her breast milk?

"You think that there is no milk in your breasts?"

Why does Mrs G think that she will not be able to breastfeed?

She lacks confidence, and she lacks knowledge.
Her milk has not 'come in' yet - but this is normal.

What relevant information would you give her, to build her confidence?

Her breasts already have some milk, in the form of colostrum.
Explain that if her baby suckles more often, it will help more milk to come.
In a day or two, her breasts will feel full.

What practical help could you give Mrs G?

Offer to help her to put her baby to her breast. Help her when her baby shows, by restlessness or mouthing, that he is ready for a feed.

Mrs H says that her breast milk seems to be decreasing. Her baby is 4 months old, and has gained weight well from when he was born. Last month she started giving him cereal three times a day. She says that he is breastfeeding less often, and for a shorter time than before she started cereal feeds. Mrs H is at home all day, and her baby sleeps with her at night.

Why do you think that Mrs H's breast milk seems to be decreasing?

Her baby is suckling less, because she is giving the cereal feeds.

What are Mrs H and her baby doing right?

Her baby is gaining weight well.
She is breastfeeding him as much as he wants, and at night.

What could you suggest to Mrs H, so that she continues to breastfeed?

Breastfeed her baby first, before giving cereal feeds.
Make sure that he finishes a breastfeed, before she offers cereal. He may not need so much cereal before he is 6 months old.

Mrs I's baby is 7 weeks old. She says that her breast milk is not good. Her baby does not seem satisfied after breastfeeds. He cries and wants to feed again very soon, sometimes in half an hour, or an hour. He cries and wants to breastfeed often at night too, and Mrs I is exhausted. He passes urine about 6 times a day. When he breastfeeds, you notice that his lower lip is turned in, and there is more areola visible below his mouth than above it.

The baby weighed 3.7 kilos at birth. He now weighs 4.8 kilos.

Is Mrs I's baby getting as much breast milk as he needs?

Yes, he is getting as much as he needs.

What may be the reason for his behaviour?

He is poorly attached to the breast, so he is not suckling effectively. He needs to feed very often to get enough breastmilk.

What could you praise, to build Mrs I's confidence?

Her baby is getting all the breastmilk that he needs, and is growing well.

What practical help would you offer to Mrs I?

Offer to show her how to improve her baby's attachment at the breast.

Mrs J says that she is exhausted, and will have to bottle feed her 2-month-old baby. He does not settle after breastfeeds, and wants to feed very often - she cannot count how many times in a day. She thinks that she does not have enough breast milk, and that her milk does not suit her baby. While she is talking to you her baby wants a feed. He suckles in a good position. After about two minutes, he pauses, and Mrs J quickly takes him off her breast.

The baby's growth chart shows that he gained 250 g last month.

What could you say to show that you accept Mrs J's ideas about her milk?

"Yes, I see."

Is Mrs J's baby getting enough breast milk?

No. He is gaining weight very slowly.

What is the reason for this?

She does not let him suckle for long enough.

What can you suggest to help Mrs J?

Suggest that she lets her baby stay at the breast for longer at each feed. She should let her baby continue suckling until he releases the breast himself. If he pauses, let him just stay at the breast until he suckles again. If he stays at the breast longer at each feed, he will not need to feed so often.

Mrs K says that her 3-month-old baby is refusing to breastfeed. He was born in hospital and roomed-in from the beginning. He breastfed without any difficulty. Mrs K returned to work when her baby was 2 months old. Her baby has 2-3 bottle feeds while she is at work. For the last week, he has refused to breastfeed when she comes home in the evening. She thinks that her milk is not good, because she works hard and feels hot all day.

What could you say to accept Mrs K's ideas about her milk?

"Aha." Or: "You think that your milk is bad now?"

What might be the cause of her baby's refusal to breastfeed?

He is separated from his mother

What praise and relevant information could you give to build Mrs K's confidence?

Praise her for breastfeeding up till now, and for her baby's good health.

Relevant information: breast refusal is quite common when a baby's routine changes, and can be overcome.

What could you suggest that she does to breastfeed again, if she decides to try?

Suggest that if possible, she takes sick leave, and cares for him herself, with plenty of skin-to-skin contact, offering him her breast when he is willing. She should give the other feeds from a cup and not a bottle, so that her baby wants to suckle when she is with him.

Mrs L has a baby who is one month old. The baby was born in hospital, and was given three bottle feeds before he started to breastfeed. When Mrs L went home, her baby wanted to breastfeed often, and he seemed unsatisfied. Mrs L thought that she did not have enough milk. She continued to give bottle feeds, in addition to breastfeeding, and hoped that her breast milk supply would increase. Now her baby is refusing to breastfeed. When Mrs L tries to breastfeed, he cries and turns away. Mrs L wants very much to breastfeed, and she feels rejected by her baby.

What could you say to empathize with Mrs L?

"You are very upset that he seems not to want your breastmilk."

Why is Mrs L's baby refusing to breastfeed?

He started having bottle feeds before breastfeeding was established.

What relevant information might be helpful to Mrs L?

"Your baby is having difficulty getting the milk, so he is frustrated. He still wants you near him."

What four things would you offer to help Mrs L to do, so that she and her baby can enjoy breastfeeding again?

1. Suggest she stops using the bottle and rather feed him by cup
2. Keep her baby close, with skin-to-skin contact, and offer her breast whenever he is willing
3. Express her milk, and feed it to her baby
4. Make sure that she positions her baby so that he can attach well

3. Summary of assessment

3.1 Summary of assessment

At the end of the assessment you will be expected to prepare a report sheet (page 90 of this document) which will be used when you meet together with the Course Director, or other identified person, and other trainers at a follow-up meeting. There is no specific marking system for the participants or for your overall assessment. This is not a formal exam. It is to remind you of areas of strength and weakness to discuss with the Course Director.

The purpose of the meeting is to describe the progress of infant feeding training in the district and any important or recurring problems and any actions that are needed. You may note that participants are still weak at some of the competencies and you may arrange to do a further follow-up session with them.

3.2 Form to complete for overall assessment at one facility

Overall assessment form for participants at one facility	
Names of participants:	
Date and place of Infant and Young Child Feeding: An Integrated Course	
Overall assessment of competencies (poor, average, good, very good)	
Overall assessment of log of skills (poor, average, good, very good)	
Overall assessment of written exercises (poor, average, good, very good)	
Areas of weakness identified	