



# **Training of Trainers for Mother-to-Mother Support Groups**

**LINKAGES Project**

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## Table of Contents

Schedule of Training of Trainers in Breastfeeding and Complementary Feeding Basics and Mother-to-Mother Support Groups .....	3
Acknowledgements .....	6
Notes to the Trainer.....	7
1. Introductions and Pre-test .....	14
2. Local Health Situation .....	16
3. Advantages of Breastfeeding .....	17
4. Mother-to-Mother Support Group Practice: Advantages of Breastfeeding .....	18
5. Early Initiation of Breastfeeding.....	19
6. How Does the Breast Make Milk? .....	20
7. Proper Positioning and Attachment.....	21
8. Exclusive Breastfeeding .....	22
9. Mother-to-Mother Support Group Practice: The Early Days after Birth .....	23
10. Management of Common Breastfeeding Difficulties.....	24
11. Management of Breastfeeding in Special Situations .....	25
12. Training, Follow-up, and Support Plans .....	26
13. Lactational Amenorrhea Method (LAM).....	27
14. Mother-to-Mother Support Group Practice: Common Breastfeeding Difficulties and How to Overcome Them .....	29
15. Complementary Feeding: Signs That a Baby Is Ready.....	30
16. Complementary Feeding .....	31
17. Mother-to-Mother Support Group Practice: Complementary Feeding .....	32
18. Field Practice in a Community Setting: Breastfeeding Mother-to-Mother Support Groups .....	33
19. Baby-Friendly Hospital Initiative .....	34
20. Breastfeeding Beliefs and Myths.....	35
21. Mother-to-Child Transmission of HIV .....	36
22. Field Practice in a Community Setting: Breastfeeding Mother-to-Mother Support Groups .....	37
23. Themes for Mother-to-Mother Support Groups .....	38
24. Mother-to-Mother Support Groups Structure.....	39
25. Mother-to-Mother Support Follow up and Support System .....	40
Training in Communities, Day 1 .....	41
Training in Communities, Day 2 .....	43
Training in Communities, Day 3 .....	44
Training in Communities, Day 4 .....	45
26. Presentation of Action Plans .....	46
27. Post-test .....	47
28. Evaluation .....	48
Training of Trainers in Breastfeeding and Complementary Feeding Basics and Mother-to-Mother Support Groups: Handouts .....	49
Handout 1a: Pre-test .....	50
Handout 1b: Pre-test Answer Key .....	52
Handout 3: The Advantages of Breastfeeding to Baby, Mother, and Family.....	54
Handout 4a: Characteristics of a Breastfeeding Mother-to-Mother Support Group .....	55
Handout 4b: Modified Mother-to-Mother Support Group Checklist for Facilitator .....	56
Handout 4c: Observation Guide for Mother-to-Mother Support Groups .....	58

Handout 5: Initiation of Breastfeeding .....	59
Handout 7a: Signs That a Baby Is Suckling in a Good Position .....	60
Handout 7b: Illustration of Proper Attachment.....	61
Handout 8: Exclusive Breastfeeding Working Groups.....	62
Handout 9: Characteristics of a Facilitator in an Infant Feeding Support Group.....	63
Handout 10a: Checklist for Common Breastfeeding Difficulties: Engorgement.....	64
Handout 10b: Checklist for Common Breastfeeding Difficulties: Sore or Cracked Nipples .....	65
Handout 10c: Checklist for Common Breastfeeding Difficulties: Insufficient Breastmilk	66
Handout 10d: Checklist for Common Breastfeeding Difficulties: Plugged Ducts That Can Lead to Mastitis .....	67
Handout 11: Special Situations Affecting Breastfeeding .....	68
Handout 13a: Illustration of LAM Criteria.....	71
Handout 13b: Breastfeeding and Fertility .....	72
Handout 13c: Optimal Breastfeeding Behaviors.....	73
Handout 13d: Case Studies to Identify LAM Criteria .....	74
Handout 13e: Case Studies to Identify LAM Criteria (Answer Key).....	75
Handout 14: Requirements of a Mother-to-Mother Support Group Facilitator .....	77
Handout 15a. Discussion Tool: Signals that an Infant Is Ready to Eat Foods.....	78
Handout 15b: Complementary Feeding Working Groups Questions.....	79
Handout 16a: Complementary Feeding.....	80
Handout 16b: Recommended Practices for Breastfed Babies 6–24 Months Old .....	81
Handout 17: Responsibilities of the Mother-to-Mother Support Group Facilitator to the Community .....	82
Handout 19: Ten Steps to Successful Breastfeeding .....	83
Handout 20: Common Breastfeeding Beliefs and Myths.....	84
Handout 21: Increased Need to Protect, Promote, and Support Breastfeeding in the Context of Vertical Transmission of HIV.....	85
Handout 22: Possible Themes for Infant Feeding Mother-to-Mother Support Groups ..	87
Handout 27: Pre test .....	88
Handout 28. End-of-Training Evaluation .....	90

# Schedule of Training of Trainers in Breastfeeding and Complementary Feeding Basics and Mother-to-Mother Support Groups

## DAY 1

1. **Pre-test**
2. **Local health situation**
3. **Advantages** of breastfeeding for baby, mother, family, and community
4. **Mother-to-mother support group experience:** “The Advantages of Breastfeeding”  
**Discussion** of the support group experience: Characteristics of a mother-to-mother support group
5. **Early initiation** of breastfeeding
6. **How the breast makes milk**
7. Proper **positioning and attachment** techniques

## DAY 2

8. **Exclusive breastfeeding**
9. **Mother-to-mother support group experience:** “The Early Days of Breastfeeding”  
**Discussion** of the support group experience: Characteristics of a mother-to-mother support group **facilitator**
10. **Common difficulties** of breastfeeding and how to overcome them
11. Breastfeeding management in **special situations**
12. **Training, follow up, and support plans** for facilitators of mother-to-mother support groups
13. **Discussion of the lactational amenorrhea method**

## DAY 3

14. **Mother-to-mother support group experience:** “Common Difficulties of Breastfeeding and How to Overcome Them”  
**Discussion** of the support group experience: Selection and profile of a mother-to-mother support group facilitator
15. **Signs** that an infant is **ready** to eat foods
16. **Complementary foods:** Introduction of solids, **foods** to **introduce** to the infant and **when**
17. **Mother-to-mother support group experience:** “Complementary Feeding”  
**Discussion** of the support group experience: Organization of support groups, responsibilities of a mother-to-mother support group facilitator

## DAY 4

18. **Field visit: Mother-to-mother support group experience** in the community  
    **Discussion** of the support group experience
19. **Baby-Friendly Hospital Initiative**
20. **Popular beliefs and myths** about breastfeeding
21. **Breastfeeding and the HIV-positive mother**

## DAY 5

22. **Mother-to-mother support group experience** in the community  
    **Discussion** of the support group experience
23. **Themes** for mother-to-mother support groups
24. **Support group structure:** Venue and scheduling of mother-to-mother support groups, duration of meetings, and promotion of attendance
25. **Follow up and support system: Who and how often**  
    **Information system: What information to collect** on the mother-to-mother support groups, **how** to collect the information, and **who** should collect it

## DAY 6

### **Training community facilitators of mother-to-mother support groups (part I)**

1. Introduction game
2. Pre-test
3. Local health situation
4. Advantages of breastfeeding
5. Initiation of breastfeeding
6. How the breast makes milk
7. **Mother-to-mother group practice (advantages of breastfeeding)**
8. Key messages and assignment to review (song, story, or role play)
9. **Discussion and sharing** about the training

## Day 7

### **Training community facilitators of mother-to-mother support groups (part II)**

1. Key message review
2. Attachment and positioning techniques
3. Exclusive breastfeeding
4. **Mother-to-mother support practice (early days of breastfeeding)**
5. Common difficulties
6. Special situations
7. Key messages
8. **Discussion and sharing** about the training

## **Day 8**

### **Training community facilitators for mother-to-mother support groups (part III)**

1. Key message review
2. LAM criteria
3. Signs that the baby is ready for food.
4. Complementary feeding
5. What foods to introduce and when
6. **Mother-to-mother support group (common difficulties and how to overcome them)**
7. Popular beliefs/myths about breastfeeding
8. **Discussion and sharing** about the training

## **Day 9**

### **Training community facilitators for mother-to-mother support groups (part IV)**

1. Key message review
2. Complementary feeding
3. What foods to introduce and when (cooking demonstration)
4. **Mother-to-mother support group (complementary feeding)**
5. Post-test
6. **Discussion and sharing** of the training

## **Day 10**

26. Presentation of plans of action
27. Post-test
28. Evaluation and closing ceremony

## **Acknowledgements**

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# Notes to the Trainer

## Purpose and Audience

The purpose of this course is twofold: to train community health workers to facilitate infant feeding mother-to-mother support groups and to train trainers of community health workers in the methodology for facilitating mother-to-mother support groups related to infant feeding. The course emphasizes infant feeding technical content and mother-to-mother support group methodology. The training approach is geared toward the practice of conducting support groups. Participants are assumed to already have interpersonal communication and counseling skills.

## Design

The module contains two components: 1) a community training module that can be used to train community health workers in mother-to-mother support group methodology and infant feeding content and 2) a training of trainers (TOT) module to use in combination with the community module. The sessions on facilitating mother-to-mother support groups and infant feeding for the TOT are the same as those used in the community module. Because trainers often train as they are trained, it is important to use the community module to ensure that the participants in the TOT are familiar with the community module and able to replicate the training.

Four days of the second week are dedicated to practice training. As part of the TOT, participants practice (using learning sessions from the community module) training community health workers in facilitating mother-to-mother support groups and infant feeding content. The second week of practice ensures that the participants feel prepared to conduct training.

A sample training schedule for the TOT is included. This trainers' manual also includes content details, learning objectives, key messages, instructions, time, and materials and handouts for each learning activity for both community and TOT activities.

As in all training, consideration must be given to tasks to be completed before, during, and after training. The following table, from the LINKAGES training strategy, outlines these tasks, as well as the responsibilities of the organization, trainer, and trainee and the relationships among them.



### Training Tasks and Responsibilities

Personnel	Before training	During training	After training
<b>Organization's management or supervisor of trainee</b>	<ul style="list-style-type: none"> <li>• Know the problem</li> <li>• Commit resources</li> <li>• Collaborate with other organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Support the activity</li> <li>• Keep in touch</li> <li>• Receive feedback</li> <li>• Plan for later</li> </ul>	<ul style="list-style-type: none"> <li>• Mentor trainee</li> <li>• Reinforce behaviours</li> <li>• Plan practice activities</li> <li>• Expect improvement</li> <li>• Encourage networking among trainees</li> <li>• Be realistic</li> <li>• Utilize resources</li> </ul>
<b>Trainer</b>	<ul style="list-style-type: none"> <li>• Know audience (profile of trainee)</li> <li>• Design course content</li> <li>• Develop pre- and post-tests, guides, checklists</li> <li>• Select practice activities, training methods, materials</li> </ul>	<ul style="list-style-type: none"> <li>• Know audience (profile of trainee)</li> <li>• Foster trust, respect</li> <li>• Use many examples</li> <li>• Create identical situations</li> <li>• Use problem-centered training</li> </ul>	<ul style="list-style-type: none"> <li>• Provide follow up: refresher or problem-solving sessions</li> </ul>
<b>Trainee</b>	<ul style="list-style-type: none"> <li>• Know purpose of training, roles and responsibilities after training</li> <li>• Be motivated to expect training will help performance</li> <li>• Have community volunteers "self-select"</li> </ul>	<ul style="list-style-type: none"> <li>• Create an action plan</li> </ul>	<ul style="list-style-type: none"> <li>• Know what to expect and how to maintain improved skills</li> <li>• Be realistic</li> <li>• Practice to convert new skills into habits</li> </ul>
<b>Organization's management/supervisor of trainee/trainer</b>	<ul style="list-style-type: none"> <li>• Selection criteria</li> <li>• Establish evaluation criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback</li> <li>• Evaluate</li> </ul>
<b>Organization's management/supervisor of trainee/trainee</b>	<ul style="list-style-type: none"> <li>• Conduct situational analysis of training needs</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback</li> <li>• Evaluate</li> </ul>
<b>Organization's management/supervisor of trainee/trainee/trainer</b>	<ul style="list-style-type: none"> <li>• Conduct needs assessment</li> <li>• Goals</li> <li>• Objectives</li> <li>• Identify days, times, location</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback</li> <li>• Evaluate</li> </ul>
<b>Trainer/trainee</b>		<ul style="list-style-type: none"> <li>• Provide feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback</li> <li>• Evaluate</li> </ul>

## Methodology

Conduct the entire TOT (and the community health workers training) in a circle to reinforce the atmosphere of respect, attention, trust, sincerity, and empathy that characterizes a mother-to-mother support group. For best training results, arrange field visits to reinforce new knowledge, attitudes, and skills through practice in conducting mother-to-mother support groups. If a participant's facilitation skills need strengthening, arrange additional supervised practice with the trainer or at the participant's worksite until competency is achieved.

Use the checklists during each of the field experiences to guide the participants' experiences, focus their performance improvement practices, and provide a tool for performance evaluation on the completion of training. Use the results of the pre- and post-test tools to identify content areas that have been difficult for participants to grasp. Meet with trainer colleagues to develop approaches to helping participants learn the challenging content.

This TOT is most effective when participants have an opportunity to facilitate a training of real community health workers using the content and skills they have just learned. This practice can be arranged by offering a nearby nongovernmental organization a 2-day training in breastfeeding, complementary feeding, and mother-to-mother support group methodology, with transportation, meals, and a packet of handouts provided at no cost.

## Training Tips

Use "ice breaker" suggested below or invent other ones adapted to the local context. Set the tone for training by conducting ice breaker exercises to help participants begin to value their unique talents and contributions to service delivery. You may select the activity below or create your own.

### "Matching picture game"

Give each participant half of a picture depicting breastfeeding or complementary feeding and ask him/her to find the participant with the corresponding matching picture half. Have participants interview each other, asking names, expectations from the training, and favorite foods.

Record contributions and expectations and address whether expectations will be met in the design of the training.

Conduct daily evaluation activities using the one suggested below or invent your own.

At the end of each day, ask the participants to answer three questions written on a piece of paper: 1) What did you like?, 2) What should be changed or improved?, and 3) What did you learn? Ask participants to fold up their answers and place them in a hat. When all answers are collected, redistribute them. Ask participants to read the response they were handed. This allows participants to evaluate the day's activities in confidence.

Alternatively, ask two or three participants to be representatives for the day. At the end of each day, meet with them to discuss what the participants liked, what they would like changed, etc. This is another way to ensure that participants' opinions, needs, and concerns are addressed.

## Learning Objectives

### **A. Breastfeeding and Complementary Feeding Basics**

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

- Name three advantages of breastfeeding for the baby and for the mother
- State why early initiation of breastfeeding is important
- Help a mother of a 0–2-month-old baby with correct positioning and attachment
- Define exclusive breastfeeding
- Identify three common difficulties of breastfeeding and their prevention, symptoms, and solutions
- Identify the age at which to begin introducing foods
- Describe baby's first foods (local, available, and affordable)
- Describe the management of breastfeeding in three special breastfeeding situations
- Name three popular beliefs and myths about 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:

- Train facilitators of mother-to-mother support groups
- Facilitate a breastfeeding mother-to-mother support group
- Name four characteristics of a mother-to-mother support group
- Name three characteristics of a facilitator in a mother-to-mother support group
- Define three requirements for selecting a mother-to-mother support group facilitator
- Name three necessary components for organizing mother-to-mother support groups
- Explain why an information system is important
- Explain why follow-up and support to the mother-to-mother support group are important

## Sample Training of Trainers Schedule

### Week 1

<i>DAY 1</i>	<i>DAY 2</i>	<i>DAY 3</i>	<i>DAY 4</i>	<i>DAY 5</i>
1. Welcome <ul style="list-style-type: none"> <li>• Introductions</li> <li>• Expectations</li> <li>• Learning objectives</li> <li>• Schedule</li> <li>• Pre-test</li> </ul> 2. Local health situation	<ul style="list-style-type: none"> <li>• Review</li> </ul> 8. Exclusive breastfeeding 9. PRACTICE mother-to-mother support group <ul style="list-style-type: none"> <li>• Discussion of practice</li> </ul>	<ul style="list-style-type: none"> <li>• Review</li> </ul> 14. PRACTICE mother-to-mother support group <ul style="list-style-type: none"> <li>• Discussion of practice</li> </ul> 15. Complementary feeding: Signs that baby is ready	18. Field practice: Facilitating mother-to-mother support groups in communities	22. Field practice: Facilitating mother-to-mother support groups in communities
<b>TEA BREAK</b>				
3. Breastfeeding advantages 4. PRACTICE mother-to-mother support group <ul style="list-style-type: none"> <li>• Discussion of practice</li> </ul>	10. Breastfeeding difficulties 11. Breastfeeding in special situations	16. Complementary feeding: Food game		
5. Early initiation of breastfeeding 6. How the breast makes milk	12. Training, follow-up and support plans	17. PRACTICE mother-to-mother support group <ul style="list-style-type: none"> <li>• Discussion of practice</li> </ul>	19. Baby-Friendly Hospital Initiative (BFHI) 20. Beliefs and myths	23. Themes for mother-to-mother support groups 24. Structure of mother-to mother support groups 25. Follow-up and support system
<b>LUNCH</b>				
7. Proper positioning and attachment <ul style="list-style-type: none"> <li>• Review of day's topics</li> <li>• Evaluation</li> </ul>	13. Lactational amenorrhea method (LAM) <ul style="list-style-type: none"> <li>• Review of day's topics</li> <li>• Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Preparation for field visit</li> <li>• Review of day's topics</li> <li>• Evaluation</li> </ul>	21. Mother-to-child transmission of HIV <ul style="list-style-type: none"> <li>• Review of day's topics</li> <li>• Evaluation</li> </ul>	

## Sample Training of Trainers Schedule

### Week 2

<i>DAY 6</i>	<i>DAY 7</i>	<i>DAY 8</i>	<i>DAY 9</i>	<i>DAY 10</i>
Training in community <ul style="list-style-type: none"> <li>• Introductions</li> <li>• Pre-test</li> <li>• Local health situation</li> <li>• Breastfeeding advantages</li> <li>• Early initiation of breastfeeding</li> <li>• How the breast makes milk</li> <li>• <b>PRACTICE Mother-to-mother support group</b></li> <li>• Discussion of practice</li> </ul>	Training in community <ul style="list-style-type: none"> <li>• Review</li> <li>• Proper positioning and attachment</li> <li>• Exclusive breastfeeding</li> <li>• <b>PRACTICE mother-to-mother support group</b></li> <li>• Discussion of practice</li> <li>• Breastfeeding difficulties</li> <li>• Breastfeeding in special situations</li> <li>•</li> </ul>	Training in community <ul style="list-style-type: none"> <li>• Review</li> <li>• LAM</li> <li>• Complementary feeding</li> <li>• <b>PRACTICE mother-to-mother support group</b></li> <li>• Discussion of practice</li> <li>• Beliefs and myths</li> <li>• Feedback of day</li> </ul>	Training in community <ul style="list-style-type: none"> <li>• Review</li> <li>• Complementary feeding cooking demonstration</li> <li>• <b>PRACTICE mother-to-mother support group</b></li> <li>• <b>Post-test</b></li> </ul>	26. Presentation of action plans 27. Post-test 28. Evaluation
<b>LUNCH</b>				
<ul style="list-style-type: none"> <li>• Feedback of day</li> <li>• Preparation for following day</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback of day</li> <li>• Preparation for following day</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback of day</li> <li>• Preparation for following day</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback of training experience</li> <li>• Preparation for following day</li> </ul>	

# 1. Introductions and Pre-test

Learning objectives/content	Materials/times/activities
<p><b>Objectives</b></p> <p>Introductions</p> <ul style="list-style-type: none"> <li>• Begin to name fellow participants, facilitators, and resource people</li> <li>• Create mutual interdependence among participants and trainers</li> <li>• Create a dynamic relationship among participants and trainers</li> <li>• Discuss participants' expectations and fears</li> <li>• Explain course objectives and purpose of the training</li> <li>• Administer pre-assessment test</li> <li>• Discuss administration and housekeeping arrangements</li> </ul> <p>Pre-test</p> <p>Identify pre-training knowledge of participants to establish a baseline and compare with post-test results.</p>	<p><b><u>Materials:</u></b></p> <ul style="list-style-type: none"> <li>• Matching pairs of drawings or pictures for presentation game</li> <li>• Participants' folders</li> <li>• Course timetable</li> <li>• Transparency on general objectives</li> <li>• Flip-chart, markers, masking</li> </ul> <p><b><u>Time:</u></b> 30 minutes</p> <p><b><u>Activity:</u></b>  <b>Presentation game</b> for introductions and expectations: Cut drawings or breastfeeding pictures in half and give each participant a half. Ask participants to find the matching halves, introducing each other and telling their names, expectations of course, and something of human interest (favorite food, hobbies, likes, dislikes).</p> <p>Facilitate a discussion on participants' expectations. Write expectations on <b>flipchart</b>. Fill in expectation "gaps" and introduce missing objectives. Keep the expectations and objectives in view during the entire training course.</p> <hr/> <p><b><u>Materials:</u></b></p> <ul style="list-style-type: none"> <li>• Pretest</li> </ul> <p><b><u>Time:</u></b> 20 minutes</p> <p><b><u>Activity:</u></b>            Distribute pre-tests and ask participants to write their names on them. Clarify questions but do not influence responses in any way or allow participants to talk among themselves. Give 5-minute and 2-minute warnings. Announce that the same test will be given on the last day of the training to evaluate what participants have learned during the training.</p>

## 1. Introductions and Pre-test (continued)

Learning objectives/content	Materials/times/activities
<p>Alternate pre-test:</p> <ol style="list-style-type: none"> <li>1. Should a mother begin to breastfeed immediately after birth? <b>Y</b></li> <li>2. A mother needs to breastfeed on schedule in order to have sufficient milk. <b>N</b></li> <li>3. Beginning at 4 months, a baby needs to eat and drink other foods. <b>N</b></li> <li>4. Oil contains many calories. <b>Y</b></li> <li>5. A baby 6–8 months old needs to eat 5 times a day. <b>N</b></li> <li>6. The first milk cleans the baby’s stomach and is the first vaccination of the baby. <b>Y</b></li> <li>7. A mother-to-mother support group is the same as an educational talk. <b>N</b></li> <li>8. In the first 6 months a baby should drink water and be breastfed. <b>N</b></li> <li>9. A mother can use LAM to prevent pregnancy as long as she is breastfeeding. <b>N</b></li> <li>10. After 6 months a baby should be given food on his/her own plate. <b>Y</b></li> <li>11. In a mother-to-mother support group, mothers help other mothers. <b>Y</b></li> <li>12. Many difficulties in breastfeeding can be resolved by proper positioning and attachment of the baby to the breast. <b>Y</b></li> </ol>	<p>Collect the tests. During the break or at lunch, correct all the tests, analyzing and noting topics that cause disagreement or confusion.</p> <p style="text-align: center;">or</p> <p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Green and red cards for each participant</li> <li>• List of pre-test questions</li> </ul> <p><b>Time:</b> 20 minutes</p> <p><b>Activity:</b> If a written pre-test is not appropriate for participants: Ask participants to form a circle and sit so that their chair backs are facing the center.</p> <p>Pass out cards in two different colours (red and green). Explain that questions will be asked and that they should raise the green card if they think the answer is “Yes” or the red card if they think the answer is “No.” One facilitator reads the test questions and another facilitator records the answers and notes which topics present confusion.</p>



## 2. Local Health Situation

Learning objectives/content/messages	Materials/times/activities
<p><b>Learning objective:</b> By the end of this session, participants will be able to relate the role of breastfeeding to the prevention and treatment of common illness in the community.</p> <p><b>Message:</b> Continue breastfeeding if baby (or mother) becomes ill.</p>	<p><b><u>Materials:</u></b></p> <ul style="list-style-type: none"> <li>• Illustrations of common illnesses in the community: diarrhoea, colds, coughs, pneumonia, malnutrition, earaches, malaria, tuberculosis, measles, fever, anemia</li> <li>• Masking tape, markers</li> <li>• Poster board with a drawing of a healthy child inside a drop of milk</li> </ul> <p><b><u>Time:</u></b> 45 minutes</p> <p><b><u>Activity:</u></b> On wall make two columns: 1. Common illnesses of children in the community 2. Illnesses that cause the death of children</p> <p>Ask participants to paste illustrations of illnesses under each column.</p> <p>Workshop facilitators and participants reflect on the role of breastfeeding in relation to other child survival interventions—the “wonders of breastfeeding.”</p>

### 3. Advantages of Breastfeeding

Learning objectives/content/messages	Materials/times/activities
<p><b>Learning objective:</b> By the end of this session, participants will be able to list the advantages of breastfeeding for the baby, mother, family, and community</p> <p><b>Advantages for baby</b></p> <ul style="list-style-type: none"> <li>• Supplies all necessary nutrients in proper proportion</li> <li>• Digests easily and does not cause constipation</li> <li>• Protects against diarrhoea</li> <li>• Provides antibodies to illnesses</li> <li>• Protects against infection, including ear infections</li> <li>• During illness helps keep baby well-hydrated</li> <li>• Reduces the risks of allergies</li> <li>• Is always ready at the right temperature</li> <li>• Increases mental development</li> <li>• Prevents hypoglycemia (low blood sugar)</li> <li>• Promotes proper jaw, teeth, and speech development</li> <li>• Suckling at breast is comforting to baby when fussy, overtired, ill or hurt</li> <li>• Promotes bonding</li> <li>• Is the baby's first immunization</li> </ul> <p><b>Advantages for mother</b></p> <ul style="list-style-type: none"> <li>• Reduces blood loss after birth (early or immediate breastfeeding)</li> <li>• Saves time and money</li> <li>• Makes night feedings easier</li> <li>• Delays return of fertility</li> <li>• Reduces the risk of breast and ovarian cancer</li> </ul> <p><b>Advantages for family and community</b></p> <ul style="list-style-type: none"> <li>• Is available 24 hours a day</li> <li>• Reduces cost of medicines for sick baby</li> <li>• Delays new pregnancy</li> <li>• Reduces time lost from work</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Blue, green, and red tokens</li> <li>• Flipchart paper, markers, masking tape</li> <li>• Handout 3: "Advantages of Breastfeeding" for TOT</li> <li>• Handout: "LINKAGES Facts for Feeding during the 1<sup>st</sup> Six Months" for TOT</li> <li>• F. Savage King, <i>Helping Mothers to Breastfeed</i> for TOT</li> </ul> <p><b>Time:</b> 45 minutes</p> <p><b>Activity:</b> Hand out coloured tokens to form three discussion groups:</p> <ol style="list-style-type: none"> <li>1. Advantages for the baby (<u>blue</u>)</li> <li>2. Advantages for the mother (<u>green</u>)</li> <li>3. Advantages for the family and community (<u>red</u>)</li> </ol> <p>Have each group present its list and ask whether other participants have other points to add. Review handout and discuss in plenary.</p>

## 4. Mother-to-Mother Support Group Practice: Advantages of Breastfeeding

Learning objectives/content/messages	Materials/times/activities
<p><b>Learning objective:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Participate in a mother-to-mother support group (MtMSG) with the theme: “Advantages of Breastfeeding.”</li> <li>• Describe the characteristics of a (MtMSG).</li> </ul> <p><b>Characteristics:</b></p> <ul style="list-style-type: none"> <li>• Provides a safe environment of respect, attention, trust, sincerity, and empathy</li> <li>• Allows women to share breastfeeding information and personal experiences, support each other through their own experience, strengthen or modify certain attitudes and practices, and learn from each other</li> <li>• Allows women to reflect on their experience, doubts, difficulties, popular beliefs, myths, information and adequate breastfeeding practices</li> <li>• Breastfeeding mother-to-mother support groups are not LECTURES or CLASSES. All participants play an active role.</li> <li>• Focus on the importance of mother-to-mother communication</li> <li>• Allows all participants to have eye-to-eye contact through the sitting arrangement</li> <li>• Varies from 3 to 15 participants</li> <li>• Is facilitated by an experienced breastfeeding mother who listens and guides the discussion</li> <li>• Is open, admitting all interested women</li> <li>• Facilitator and participants decide on the length and frequency of the meetings</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• “LINKAGES Frequently Asked Questions Sheet on Mother-to-Mother Support for Breastfeeding” for TOT</li> </ul> <p><b>Time:</b> 45 minutes</p> <p><b>Activity:</b> Demonstrate the role of support group facilitator with the theme “Advantages of Breastfeeding.”</p> <p>Participants including workshop facilitator(s) sit at same level in a circle and share their own experience or that of mothers, sisters, or wives.</p> <p>All participants experience attendance at a support group (this is not a group role play).</p> <p>-----</p> <p>After the practice support group, discuss in plenary. Reflect on and describe the characteristics of a mother-to-mother support group:</p> <ol style="list-style-type: none"> <li>1. What did you like about the support group?</li> <li>2. What didn't you like?</li> <li>3. Were any doubts about breastfeeding answered?</li> <li>4. How was this different than an educational talk?</li> <li>5. How would you describe the environment of the support group?</li> </ol> <p>Go through checklists 4a–4c with the participants.</p>

## 5. Early Initiation of Breastfeeding

Learning objectives/content/messages	Materials/times/activities
<p><b>Learning objective:</b> By the end of this session, participants will be able to state why early initiation of breastfeeding is important to both baby and mother.</p> <p><b>Content</b> Early initiation of breastfeeding helps expel the placenta and reduce bleeding.</p> <p>The first milk (colostrum) is the baby's first immunization and it contains everything the baby needs.</p> <p>Breastmilk contains enough water for infants from 0 to 6 months old.</p> <p>The earlier you put the child to the breast, the faster the milk comes.</p> <p><b>Key messages:</b></p> <ol style="list-style-type: none"> <li>1. Breastfeed within the first 30 minutes of delivery.</li> <li>2. Colostrum is the first immunization.</li> <li>3. Breastmilk contains enough water.</li> <li>4. The earlier you put the child to the breast, the faster the milk comes.</li> </ol>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Handout 5: Questions for the working groups or workshop facilitator (each group to read questions)</li> <li>• Key messages on the flipchart paper or groups report from memory</li> <li>• Markers</li> </ul> <p><b>Time:</b> 45 minutes</p> <p><b>Activity:</b> Ask working groups to respond to these questions based on the practices in their communities:</p> <ol style="list-style-type: none"> <li>1. Who is with the woman when she gives birth?</li> <li>2. What do family members do to prepare before birth and at the time of the birth?</li> <li>3. Who delivers the baby?</li> <li>4. What is done with the baby immediately after birth?</li> <li>5. Where is the baby placed?</li> <li>6. What is given to the baby to eat or drink as soon as it is born? Why?</li> <li>7. When is the baby placed at the mother's breast? Why?</li> </ol> <p>Facilitate discussion in plenary, correcting misinformation and answering questions.</p>

## 6. How Does the Breast Make Milk?

Learning objectives/content/messages	Materials/times/activities
<p><b>Learning objectives:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Identify different parts of the breast and describe their functions</li> <li>• Describe how the breast makes milk</li> </ul> <p><b>Content:</b> Anatomy of the breast: gross structure (nipple, montgomery glands, areola, skin) microscopic structure (alveoli, milk ducts, milk sinuses)</p> <p>Milk is produced as a result of the action of hormones (messages) and reflexes.</p> <p>When a baby suckles, the tongue and the mouth stimulate the nipple. The nerves in the nipple send a message to the mother's brain that the baby wants milk. The brain responds and orders the production of two hormones prolactin and oxytocin. Prolactin works after the feed and makes the milk for the next feed. Oxytocin works while the baby is suckling and makes the milk flow for this feed.</p> <p>The oxytocin reflex can be affected by a mother's thoughts, feelings, and sensations. If a woman is happy and confident she can breastfeed, her milk flows well. But if she doubts whether she can breastfeed, her worries may stop the milk from flowing.</p> <p><b>Key message:</b> The more the baby suckles, the more milk is produced.</p>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers, masking tape</li> <li>• Broccoli or cauliflower</li> </ul> <p><b>Time:</b> 60 minutes</p> <p><b>Activity:</b> Ask participants to form working groups in which each group draws:</p> <ul style="list-style-type: none"> <li>• The breast as it looks on the outside</li> <li>• The breast as it looks from the inside</li> </ul> <p>In plenary, ask each group to explain its drawings and how milk is produced.</p> <p>Facilitate discussion in plenary, correcting misinformation and answering questions.</p> <p>With the use of a piece of broccoli or cauliflower, demonstrate to participants the milk sacks, ducts, and collecting sinuses.</p>

## 7. Proper Positioning and Attachment

Objective/content/messages	Materials/times/activities
<p><b>Learning objective:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Describe correct positioning and attachment of the infant to the breast.</li> <li>• Demonstrate alternative positions for mothers and babies while breastfeeding.</li> <li>• Help a mother of a baby 0–2 months old child with correct positioning and attachment.</li> </ul> <p><b>Content:</b></p> <ul style="list-style-type: none"> <li>• Baby should be facing the breast.</li> <li>• Baby and mother should be stomach to stomach.</li> <li>• Baby’s back and the head should be in a straight line</li> <li>• Mother should bring the baby to the breast .</li> <li>• Baby’s mouth should be wide open.</li> <li>• Baby should take the areola, not only the nipple, in her/his mouth.</li> <li>• Mother should support baby's buttocks with her palm</li> <li>• Baby's chin should touch the breast.</li> <li>• Baby's lower lip should be curled outward.</li> <li>• Baby will take slow, deep sucks if attachment is correct.</li> <li>• Baby may be heard swallowing.</li> <li>• Baby is calm at the breast.</li> </ul> <p><b>Key message:</b></p> <ul style="list-style-type: none"> <li>• Position and attach the baby correctly at the breast to prevent sore nipples.</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Dolls</li> <li>• Handout 7a: “Signs a Baby is Properly Positioned at the Breast”</li> <li>• Handout 7b: “Signs a Baby is Properly Attached to the Breast”</li> <li>• Mothers with their babies</li> </ul> <p><b>Time:</b> 45 minutes</p> <p><b>Activity:</b> Demonstrate positioning and attachment techniques with dolls and discuss.</p> <p>Participants practice correct positioning and attachment with dolls.</p> <p>Participants <u>practice</u> the techniques for proper positioning and attachment in pairs with real mothers and babies</p> <p>Discuss in a plenary session the most important key messages on proper positioning and attachment techniques</p>

## 8. Exclusive Breastfeeding

Objective/content/messages	Materials/times/activities
<p><b>Learning objectives:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Define exclusive breastfeeding.</li> <li>• Outline two recommended practices to improve nutrition of infants 0–6 months old.</li> </ul> <p><b>Content</b></p> <ul style="list-style-type: none"> <li>• Exclusively breastfeed: This means baby does not receive any water, other liquids, or foods during the first 6 months.</li> <li>• Put the baby to the breast immediately after birth and allow baby to remain with mother.</li> <li>• Breastfeed frequently as often and as long as the baby wants, day and night.</li> <li>• Give only breastmilk the first 6 months, no water, other liquids, or foods (exclusive breastfeeding).</li> <li>• Continue breastfeeding even if the mother or the baby becomes ill.</li> <li>• Avoid using bottles, pacifiers (dummies), or other artificial nipples.</li> <li>• (Mothers) Eat and drink sufficient amounts to satisfy hunger and thirst.</li> </ul> <p><b>Key messages:</b></p> <ul style="list-style-type: none"> <li>• Breastfeed exclusively for the first 6 months, giving no water, other liquids, or solid foods.</li> <li>• Breastmilk contains enough water.</li> <li>• Breastfeed frequently day and night (on demand) as often and as long as baby wants.</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Handout 8: Questions for the working groups or workshop facilitator (each group to read questions, page 40)</li> <li>• Key messages on the flipchart paper (or groups reporting from memory)</li> <li>• Markers</li> </ul> <p><b>Time:</b> 45 minutes</p> <p><b>Activity:</b> Divide participants into three working groups. Ask the groups to respond to the questions below based on current practices in their communities:</p> <ol style="list-style-type: none"> <li>1. When and how many times a day do mothers breastfeed in your community?</li> <li>2. Do babies under 6 months old who breastfeed need water, other liquids or foods? Which liquids or foods? Why?</li> <li>3. What does “exclusive breastfeeding” mean?</li> <li>4. Why do some mothers only breastfeed, while other mothers breastfeed and give water?</li> </ol> <p>Facilitate discussion in plenary, correcting misinformation and answering questions.</p>

## 9. Mother-to-Mother Support Group Practice: The Early Days after Birth

Objective/content/messages	Materials/times/activities
<p><b>Learning objective:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Participate in a MtMSG with the theme “Early Days after Birth.”</li> <li>• Describe the characteristics of a facilitator of a mother-to-mother support group.</li> </ul> <p><b>Content</b> Characteristics of a facilitator of a mother-to-mother support group:</p> <ol style="list-style-type: none"> <li>1. Greets and welcomes all who are attending</li> <li>2. Creates a comfortable atmosphere in which women feel free to share their experiences</li> <li>3. Introduces self and invites each participant to introduce themselves</li> <li>4. Explains the objective of the meeting and gives a brief introduction of the topic</li> <li>5. Actively listens to the participants and gives each one her full attention</li> <li>6. Maintains eye contact and exhibits other appropriate body language</li> <li>7. Asks questions to generate a discussion</li> <li>8. Raises other questions to stimulate discussion when necessary</li> <li>9. Directs questions to other participants of the group</li> <li>10. Limits interruptions and outside distractions</li> <li>11. Talks only when there are questions that the group cannot answer and offers an explanation or correct information to clarify</li> <li>12. Briefly summarizes the theme of the day</li> </ol>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Cards to write characteristics of facilitator (participants physically or verbally express characteristics of facilitator)</li> <li>• Masking tape</li> <li>• Flipchart paper (with <b>TRY THIS</b> written on top), markers</li> <li>• Handout 9: “Characteristics of a Facilitator of MtMSG” for TOT</li> </ul> <p><b>Time:</b> 60 minutes</p> <p><b>Activity:</b> Participants including facilitator should sit at the same level in a circle. The facilitator and another participant as co-facilitator demonstrate the role of support group facilitators</p> <p>All participants experience attendance at a support group.</p> <p>-----</p> <p>In plenary facilitate a discussion to reflect on and describe the characteristics of the facilitator in the mother-to-mother support group:</p> <ol style="list-style-type: none"> <li>1. How do you think the facilitator (name) felt?</li> <li>2. Facilitator (name), how did you feel?</li> <li>3. What did the facilitator(s) do in the support group to make “Mary” feel that way?</li> <li>4. How did the quiet ones function in the support group?</li> <li>5. What did the facilitator(s) do to get the quiet ones to talk?</li> <li>6. How did the facilitator(s) make you feel?</li> <li>7. What was the role of the facilitator(s)?</li> </ol>



## 10. Management of Common Breastfeeding Difficulties

Objective/content/messages	Materials/times/activities
<p><b>Learning objective:</b> By the end of this session, participants will be able to identify three common breastfeeding difficulties and their prevention, symptoms, and management.</p> <p><b>Key messages:</b></p> <ul style="list-style-type: none"> <li>• Position and attach correctly.</li> <li>• Continue to breastfeed baby on demand, day and night, while managing the difficulty.</li> <li>• With information and support, all women can overcome breastfeeding difficulties.</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Handouts 10a–10d: Checklists on common breastfeeding difficulties</li> </ul> <p><b>Time:</b> 30 minutes</p> <p><b>Activity:</b> Divide the participants into four groups and assign one breastfeeding difficulty to each group. Ask the groups to discuss the difficulty and its prevention, symptoms, and management.</p> <ul style="list-style-type: none"> <li>• Engorgement</li> <li>• Low milk supply</li> <li>• Sore/cracked nipples</li> <li>• Plugged ducts that can lead to breast infection (mastitis)</li> </ul> <p>Ask each group to present the difficulty it discussed. Ask whether other participants have anything to add. Answer questions, correct misinformation, and add any information that was not discussed.</p> <p>Facilitate discussion in plenary:</p> <ul style="list-style-type: none"> <li>• What other difficulties have you or other women in your community experienced?</li> <li>• What breastfeeding resources are available in the community?</li> <li>• Where and to whom can referrals be made?</li> </ul>

## 11. Management of Breastfeeding in Special Situations

Objective/content/messages	Materials/times/activities
<p><b>Learning objectives:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Identify special situations for mothers and infants that can interfere with breastfeeding.</li> <li>• Discuss infant feeding options during these special situations.</li> </ul> <p><b>Content:</b> <b>Special situations</b> (see handout 4.5)</p> <ul style="list-style-type: none"> <li>- Sick baby or mother</li> <li>- Premature baby</li> <li>- Malnourished mother</li> <li>- Twins</li> <li>- Daily separation of mother from her infant</li> <li>- Pregnancy</li> <li>- Cleft palate</li> </ul> <p><b>Key messages:</b></p> <ol style="list-style-type: none"> <li>1. Mothers need more support to continue breastfeeding in special situations.</li> <li>2. Breastfeed exclusively or express the milk and give it with a cup</li> </ol>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Flipchart paper</li> <li>• Markers</li> <li>• Paper fish with special situation written or illustrated on the underside of each</li> <li>• Handout 11: “Breastfeeding Management in Special Situations” for TOT</li> </ul> <p><b>Time:</b> 45 minutes</p> <p><b>Activity:</b> Brainstorm the special situations of breastfeeding that the participants and the women in their communities have experienced</p> <p>With special situations on the underside of fish made of poster board, have each participant “fish” and discuss how to handle the special situation “caught.” Form two groups if there are enough participants.</p>

## 12. Training, Follow-up, and Support Plans

Objective/content/messages	Materials/times/activities
<p><b>Learning objective:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Identify the steps to follow in developing an action plan.</li> <li>• Develop an action plan for future training, follow up, and support.</li> </ul> <p><b>Content:</b> Brief description of the headings of action plan template: activity, people responsible, resources needed, collaborators and time frame</p>	<p><b><u>Materials:</u></b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers, masking tape</li> <li>• Action plan template</li> </ul> <p><b><u>Time:</u></b> 45 minutes</p> <p><b><u>Activity:</u></b> Ask participants to form groups by NGO to begin to design of the training, follow up, and support plans for the community mothers who will facilitate mother-to-mother support groups</p> <p>Give NGOs a form with the following line items: activity, people responsible, resources needed, collaborators and time frame. Ask each NGO or partner organization to present its plan for integrating mother-to-mother support groups into their planned activities at the end of the workshop.</p>

## 13. Lactational Amenorrhea Method (LAM)

Learning objectives/content/messages	Materials/times/activities
<p><b>Learning objectives:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Name and explain the three LAM criteria.</li> <li>• State the effectiveness of LAM.</li> </ul> <p><b>Content:</b> The lactational amenorrhea method (LAM) is a contraceptive method based on natural infertility resulting from exclusive breastfeeding. To use LAM, a woman must meet three criteria:</p> <ol style="list-style-type: none"> <li>1. The woman’s menstrual periods have not resumed.</li> <li>2. The baby must be exclusively breastfed on demand, frequently, day and night.</li> <li>3. The baby must be under 6 months old.</li> </ol> <p>When any one of the three criteria changes or the woman wishes to begin another method, another contraceptive method must be started immediately.</p> <p><b>Lactational</b> = exclusive breastfeeding, on demand, day and night.  <b>Amenorrhea</b> = no menstrual bleeding after 2 months postpartum.  <b>Method</b> = a modern, temporary (6 months post-partum) contraceptive method.</p> <p>Exclusive breastfeeding on demand alters a woman’s hormonal levels, delaying ovulation and menstruation. After 6 months post-partum, the chance of ovulation increases and may precede the return of menses. Clinical studies have shown LAM to be more than 98% effective. For example, if 100 women use LAM during the first 6 months post-partum, 1 or at most 2 women will become pregnant.</p>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Cloth poster on LAM</li> <li>• Handout 13a: “Illustration of LAM Criteria”</li> <li>• Handout 13b: “Illustration of Breastfeeding and Fertility”</li> <li>• Handout 13c: “Optimal Breastfeeding Practices”</li> <li>• Handout 13d: “Case Studies to Identify LAM Criteria”</li> <li>• 13e: Case studies answer key</li> </ul> <p><b>Time:</b> 60 minutes</p> <p><b>Activity:</b> Ask participants to share their own or their communities’ experience of breastfeeding preventing pregnancy.</p> <p>Explain the difference between breastfeeding, amenorrhea, and LAM, and the three criteria for LAM.</p> <p>Discuss and summarize in plenary.</p>

### 13. Lactational Amenorrhea Method (LAM) (continued)

<p><b>Key message:</b> LAM is very effective in preventing pregnancy if the three criteria are met: no return of menses, frequent, exclusive breastfeeding (day and night), and baby &lt;6 months.</p>	
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## 14. Mother-to-Mother Support Group Practice: Common Breastfeeding Difficulties and How to Overcome Them

Learning objectives/content/messages	Materials/times/activities
<p><b>Learning objective:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Participate in a MtMSG with the theme: “Common Breastfeeding Difficulties and How to Overcome Them.”</li> <li>• Describe four requirements of a mother-to-mother support group facilitator.</li> </ul> <p><b>Content:</b> Requirements of mother-to-mother support group facilitator:</p> <ol style="list-style-type: none"> <li>1. Preferably, a mother with experience in breastfeeding her infant (at least 1 year)</li> <li>2. Desire to share breastfeeding experiences with pregnant women and other mothers</li> <li>3. Good communication skills and the ability to listen</li> <li>4. Caring, considerate, and respectful personality</li> <li>5. Desire to learn and share her breastfeeding knowledge</li> <li>6. Available time</li> <li>7. Support from her husband or partner and family to be a facilitator</li> <li>8. Residence in the community and acceptance by her community and health personnel</li> </ol>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Handout 14: Requirements of mother-to-mother support group facilitators</li> </ul> <p><b>Time:</b> 60 minutes</p> <p><b>Activity:</b> Arrange chairs in a circle. Review facilitator checklist with the participants prior to MtMSG.</p> <p>Ask two participants as co-facilitators to demonstrate the role of the support group facilitator.</p> <p>All participants experience attendance at a support group.</p> <hr style="border-top: 1px dashed black;"/> <p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers</li> <li>• Cards to write requirements of MtMSG facilitator</li> <li>• Masking tape</li> <li>• Handout 14: “Requirements of the MtMSG Facilitator” for TOT</li> </ul> <p><b>Time:</b> 45 minutes</p> <p><b>Activity:</b> Discuss in plenary to reflect on and describe the selection and prerequisites of community facilitators of the mother-to-mother support groups</p> <ol style="list-style-type: none"> <li>1. Who is involved in the detection and selection of the support group facilitator (community leaders, health providers, church, school, NGO)?</li> <li>2. Is there a system of self-selection?</li> <li>3. What characteristics should a potential support group facilitator have?</li> </ol>

## 15. Complementary Feeding: Signs That a Baby Is Ready

Objective/content/messages	Materials/times/activities
<p><b>Learning objectives:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Name five signs that a baby is ready to begin complementary feeding while continuing to breastfeed.</li> <li>• Compare current complementary feeding practices in the community to recommended practices.</li> </ul> <p><b>Content:</b> Signs that an infant is ready to eat foods:</p> <ol style="list-style-type: none"> <li>1. Interest in food</li> <li>2. Reaching for food</li> <li>3. Hand-to-mouth coordination</li> <li>4. Following food with eyes and opening mouth</li> <li>5. Sitting alone</li> <li>6. Increase in frequency of breastfeeding in a healthy baby over 6 months</li> </ol> <p><b>Key messages:</b></p> <ol style="list-style-type: none"> <li>1. At 6 months, besides breastfeeding, begin to give other foods.</li> <li>2. Increase frequency of feedings 3 times a day for babies 6–9 months old, 4 times a day for babies 9–12 months old, and 5 times a day for babies 12–24 months old.</li> <li>3. Continue to breastfeed for up to 2 years and beyond.</li> </ol>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers, masking tape</li> <li>• Handout 15: “Signs That an Infant Is Ready to Eat Foods”</li> </ul> <p><b>Time:</b> 60 minutes</p> <p><b>Activity:</b> In plenary brainstorm with participants the signals that an infant demonstrates to show readiness for foods. Write their comments on flipchart paper.</p> <p>Ask working groups each to respond to these questions based on the practices in their communities:</p> <ol style="list-style-type: none"> <li>1. When does the baby begin to eat something else other than breastmilk?</li> <li>2. What does the baby eat?</li> <li>3. How much does s/he eat?</li> <li>4. How many times a day does s/he eat?</li> <li>5. What, if any, utensils does the mother or caregiver use to feed baby?</li> </ol> <p>Discuss groups’ answers in plenary. Summarize current practices and compare with optimal complementary feeding practices.</p>

## 16. Complementary Feeding

Objective/content/messages	Materials/times/activities
<p><b>Learning objective:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Identify the age to begin introducing complementary foods.</li> <li>• Describe baby's first foods (local, available and affordable).</li> </ul> <p><b>Content:</b> Explain <b>FADUA</b>: frequency, amount, density, utilization, and active feeding</p> <p>Increasing breastfeeding frequency, increasing food portion sizes, feeding children more frequently, and providing more energy-dense foods can increase energy intake</p> <p>Diversifying the diet to include fruits, vegetables, and animal products or using fortified foods or giving supplements can increase micronutrient intake. Food combinations should be chosen to enhance micronutrient availability and absorption.</p> <p><b>Key messages:</b></p> <ol style="list-style-type: none"> <li>1. At 6 months begin to give thick staple food, depending on country and region (<i>porridge, potatoes, rice, millet, maize, sorghum</i>).</li> <li>2. Give thick soups prepared from vegetables, thickened with staple foods.</li> <li>3. Give a wide variety of foods, including fruits and vegetables, to improve quality and micronutrient intake.</li> </ol>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Local, available, affordable foods</li> <li>• Counselling cards on complementary foods</li> <li>• Handout 16a: "Volumes of Some Measures of Local Foods"</li> <li>• Handout 16b: "Complementary Foods"</li> <li>• Handout 16c: "Recommended Practices for Breastfed Children 6–24 Months Old"</li> </ul> <p><b>Time:</b> 45 minutes</p> <p><b>Activity:</b> Place the food, bottled water, and breasts (models or pictures) on a table and allow each participant to select two or three items.</p> <p>Ask participants to place the foods they selected on the designated section of the tables marked "0–6 months," "6–12 months," and "12–24 months."</p> <p>Ask participants to walk around the tables as a group, move food items that are in the wrong place, and explain why.</p>



## 17. Mother-to-Mother Support Group Practice: Complementary Feeding

Objective/content/messages	Materials/times/activities
<p><b>Learning objective:</b> At the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Participate in a MtMSG with the theme: “Complementary Feeding.”</li> <li>• Mention three responsibilities of a mother-to-mother support group facilitator.</li> </ul> <p><b>Content:</b> Responsibilities of the MtMSG facilitator:</p> <ol style="list-style-type: none"> <li>1. Facilitate the breastfeeding mother-to-mother support group in her community at least once a month.</li> <li>2. Conduct each meeting in an animated yet simple way.</li> <li>3. Motivate the participation of as many women as possible.</li> <li>4. Collect designated information that has been formerly agreed on.</li> </ol> <p>Organization of a mother-to-mother support group</p>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Handout 17: Requirements of mother-to-mother support group facilitators to the community</li> </ul> <p><b>Time:</b> 60 minutes</p> <p><b>Activity:</b> Arrange chairs in a circle or seat participants, including workshop facilitators, at the same level in a circle.</p> <p>Two participants act as co-facilitators of mother-to-mother support group</p> <p>All participants experience attendance at a support group</p> <hr style="border-top: 1px dashed black;"/> <p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers (for TOT write on flipchart paper <b>TRY THIS</b> and list suggestions)</li> <li>• Cards to write responsibilities</li> <li>• Masking tape</li> <li>• Handout 17: “Responsibilities of the MtMSG Facilitator” for TOT</li> </ul> <p><b>Time:</b> 45 minutes</p> <p><b>Activity:</b> Discuss in plenary session to reflect on and describe the responsibilities of the facilitator to the community:</p> <ol style="list-style-type: none"> <li>1. What can the MtMSG facilitator do to ensure that pregnant women and mothers who are breastfeeding attend the group?</li> <li>2. Who is responsible for setting up <b>the meeting place</b>?</li> <li>3. What can the MtMSG facilitator do to make the meeting run smoothly?</li> </ol>

## 18. Field Practice in a Community Setting: Breastfeeding Mother-to-Mother Support Groups

Objective/content/messages	Materials/times/activities
<p><b>Learning objectives:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Co-facilitate a breastfeeding mother-to-mother support group in a community setting.</li> <li>• Share experience with other trainees.</li> </ul>	<p><b><u>Time:</u></b> 2¼ hours</p> <p><b><u>Activity:</u></b> In pairs, ask participants to co-facilitate a mother-to-mother support group with an attendance of at least six community pregnant women and breastfeeding women. The support group should focus on one of the themes covered in the practice support groups (early days, difficulties and how to overcome them, complementary feeding).</p> <p>The optimal number of participants at a mother-to-mother support group is 6–12. Whenever possible, two facilitators are recommended.</p> <hr style="border-top: 1px dashed black;"/> <p><b><u>Materials:</u></b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers</li> </ul> <p><b><u>Time:</u></b> 2¼ hours</p> <p><b><u>Activity:</u></b> Ask each pair of co-facilitators to share their experience facilitating a MtMSG: strengths, weaknesses, difficulties, satisfaction:</p> <ol style="list-style-type: none"> <li>1. How did it go?</li> <li>2. Do you feel good about the experience?</li> <li>3. Do you feel you can do this yourself?</li> <li>4. How much more help do you need?</li> </ol>

## 19. Baby-Friendly Hospital Initiative

Objective/content/messages	Materials/times/activities
<p><b>Learning objectives:</b></p> <ul style="list-style-type: none"> <li>• Recognize the ten steps for successful breastfeeding.</li> <li>• Name the 10<sup>th</sup> step of BFHI.</li> </ul> <p>Every facility providing maternity services and care for newborn infants should:</p> <ol style="list-style-type: none"> <li>1. Have a written breastfeeding policy that is routinely communicated to all health care staff.</li> <li>2. Train all health care staff in skills necessary to implement this policy</li> <li>3. Inform all pregnant women about the benefits and management of breastfeeding.</li> <li>4. Help mothers initiate breastfeeding within half an hour of birth.</li> <li>5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.</li> <li>6. Give newborn infants no food or drink other than breast milk, unless <i>medically</i> indicated.</li> <li>7. Practice rooming-in, allowing mothers and infants to remain together for 24 hours a day.</li> <li>8. Encourage breastfeeding on demand.</li> <li>9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.</li> <li>10. Foster breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.</li> </ol>	<p><b><u>Materials:</u></b></p> <ul style="list-style-type: none"> <li>• Handout 19: “Ten Steps for Successful Breastfeeding”</li> </ul> <p><b><u>Time:</u></b> 2¼ hours</p> <p><b><u>Activity:</u></b> Ask participants whether they have heard of the Baby-Friendly Hospital Initiative and know the Ten Steps. Review the Ten Steps. Ask participants whether they know of any facilities that are baby friendly.</p>

## 20. Breastfeeding Beliefs and Myths

Objective/content/messages	Materials/times/activities
<p><b>Learning objectives:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Name three popular beliefs and myths about breastfeeding and explain how they relate to optimal breastfeeding practices.</li> <li>• Reflect on the popular beliefs and myths of breastfeeding that participants or community members acknowledge.</li> </ul> <p><b>Content:</b> Popular breastfeeding beliefs and myths:</p> <ul style="list-style-type: none"> <li>• Mother can and cannot eat certain things during breastfeeding.</li> <li>• Colostrum should be discarded.</li> <li>• A mother who is angry or frightened should not breastfeed.</li> <li>• An ill mother should not breastfeed.</li> <li>• A mother who is pregnant should not breastfeed.</li> <li>• Breastmilk is too thin.</li> <li>• Accumulated milk (when there is a time separation between mother and baby) should not be given to baby.</li> <li>• Every baby needs water.</li> <li>• Breastmilk gives allergies to some babies.</li> <li>• A mother who breastfeeds cannot take medications (or a mother who takes medications cannot breastfeed).</li> <li>• A sick infant should only be given rice water.</li> <li>• A mother should not breastfeed until the milk comes in or lets down.</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers, masking tape</li> <li>• Handout 20: “Common Breastfeeding Beliefs and Myths” for TOT</li> </ul> <p><b>Time:</b> 30 minutes</p> <p><b>Activity:</b> Brainstorm the breastfeeding beliefs and myths that participants and community members acknowledge. Divide these beliefs into those that do not affect breastfeeding, those that are positive, and those that are negative. Discuss beliefs and myths that affect breastfeeding practices.</p> <p>Ask participants to role-play a counselling session around one common belief.</p>

## 21. Mother-to-Child Transmission of HIV

Objective/content/messages	Materials/Times/Activities
<p><b>Learning objectives:</b> By the end of this session, participants will be able to name some infant feeding options and guidelines related to breastfeeding and HIV.</p> <p><b>Content</b> Draw a circle representing 100 women in a community where the HIV prevalence is 25%. Divide into 4 sections, 3 of which represent women who are not infected. Of the 25 who are infected, 9 will pass the virus to their children. Of the 9 mothers who transmit the virus, 4 will pass the virus through breastfeeding.</p> <p><b>Key messages:</b></p> <ul style="list-style-type: none"> <li>• Option 1: HIV-positive mothers who choose to breastfeed should do so exclusively from birth to 6 months (giving water and food can make small cracks in the lining of the gut enhancing transmission of the virus).</li> <li>• A mother should position and attach the child to the breast properly and empty one breast before offering the other.</li> <li>• A mother should treat breast cracks and sores and sexually transmitted infections (STIs) immediately.</li> <li>• Option 2: A mother can express her breastmilk and heat it before giving it to her baby in cup</li> <li>• Option 3: If alternatives are “acceptable, feasible, affordable, sustainable, and safe,” a mother should use them exclusively (no breastfeeding).</li> <li>• A mother should negotiate with her partner to use a condom every time they have sex, especially during pregnancy and lactation. If the mother gets a new dose of the virus, the viral load is very high, and this increases the risk to the fetus by four times.</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Handouts 21a–21c: “HIV and Infant Feeding”</li> <li>• Flipchart with MTCT graphic</li> <li>• “LINKAGES Frequently Asked Questions: Breastfeeding and HIV”</li> <li>• Signs with “Agree” and “Disagree”</li> </ul> <p><b>Time:</b> 45 minutes</p> <p><b>Activity:</b> Post signs with “Agree” and “Disagree” on opposite ends of the room. Explain that you will read a statement and that if participants agree with the statement, they should walk to the side of the room with “Agree”, and if they disagree, they should go to the side of the room with “Disagree.” Stress that there are no correct answers, these are statements to get them thinking about HIV/AIDS and MTCT.</p> <p>Values clarification statements:</p> <ul style="list-style-type: none"> <li>• If you are married and both you and your spouse are faithful, there is no need to use a condom.</li> <li>• If you are HIV positive and breastfeeding, it is better not to give any water or other food until 6 months.</li> <li>• Having sore nipples is normal. If you ignore it, it will go away.</li> <li>• HIV-positive mothers should never breastfeed.</li> <li>• There is no sense to be tested because you will die whether or not you know.</li> </ul> <p>Ask for volunteers from each side to talk about why they are on their side. In plenary discuss the graphic that shows the risk of transmission through breastfeeding. Ask participants to talk about what this means for infant feeding recommendations in their communities.</p>

## 22. Field Practice in a Community Setting: Breastfeeding Mother-to-Mother Support Groups

Objective/content/messages	Materials/times/activities
<p><b>Learning objectives:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Co-facilitate a breastfeeding mother-to-mother support group in a community setting.</li> <li>• Share experience with other trainees.</li> </ul>	<p><b><u>Time:</u></b> 2¼ hours</p> <p><b><u>Activity:</u></b> In pairs, ask participants to co-facilitate a mother-to-mother support group with an attendance of at least six community pregnant women and breastfeeding women. The support group should focus on one of the themes covered in the practice support groups (early days, difficulties and how to overcome them, complementary feeding)</p> <p>The optimal number of participants at a mother-to-mother support group is 6–12. Whenever possible at least 2 facilitators are recommended. The participants and facilitators should all be seated in a circle.</p> <hr style="border-top: 1px dashed black;"/> <p><b><u>Materials:</u></b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers</li> </ul> <p><b><u>Time:</u></b> 2¼ hours</p> <p><b><u>Activity:</u></b> Ask each pair of co-facilitators to share their experience facilitating a MtMSG: strengths, weaknesses, difficulties, satisfaction:</p> <ol style="list-style-type: none"> <li>1. I think I can lead a mother-to-mother support group because.....</li> <li>2. I think I can lead a mother-to-mother support group but I need.....</li> </ol> <p>Workshop facilitators share their experiences:</p> <ol style="list-style-type: none"> <li>1. When I was learning to facilitate a support group I remember .....</li> <li>2. At the very first support group I facilitated I .....</li> </ol>

## 23. Themes for Mother-to-Mother Support Groups

Objective/content/messages	Materials/times/activities
<p><b>Learning objective:</b> By the end of this session, participants will be able to list the themes that can be discussed in a breastfeeding MtMSG.</p> <p><b>Content:</b> Possible themes include:</p> <ul style="list-style-type: none"> <li>• Advantages of breastfeeding for mother, baby, family, community (1–4 different topics)</li> <li>• Techniques of breastfeeding: attachment and positioning</li> <li>• Prevention, symptoms, and solutions of common breastfeeding difficulties: engorgement, low milk supply, cracked/sore nipples, blocked ducts that can lead to mastitis</li> <li>• Special situations: sick baby or mother, premature baby, malnourished mother, twins, pregnancy, separation from baby</li> <li>• Beliefs and myths of breastfeeding</li> <li>• Breastfeeding and the introduction of complementary foods after 6 months</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers</li> <li>• Handout 23: “Possible Themes for MtMSG” for TOT</li> </ul> <p><b>Time:</b> 15 minutes</p> <p><b>Activity:</b> Brainstorm a list of themes that could be discussed in a MtMSG. Write participants responses on a flipchart. Ask participants whether any themes should not be discussed.</p>

## 24. Mother-to-Mother Support Groups Structure

Objective/content/messages	Materials/times/activities
<p><b>Learning objectives:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Reflect on the organization and structure of the MtMSG: venue of meetings, time, duration.</li> <li>• List ways to inform women about the meetings.</li> <li>• Discuss ways to encourage attendance.</li> </ul>	<p><b><u>Materials:</u></b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers, masking tape</li> </ul> <p><b><u>Time:</u></b> 30 minutes</p> <p><b><u>Activity:</u></b> Facilitate a discussion of the support group structure:</p> <ul style="list-style-type: none"> <li>• Where and when to hold the MtMSG meetings and their duration</li> <li>• How to advertise the existence of and promote attendance at MtMSG meetings</li> <li>• How to encourage mothers to bring their babies to the meetings</li> </ul> <p>Discuss, reflect, and describe in plenary session.</p> <p>Present next week's training plan.</p>



## 25. Mother-to-Mother Support Follow up and Support System

Objective/content/messages	Materials/times/activities
<p><b>Learning objective:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Explain why follow up and support to the MtMSG is important.</li> <li>• Share monitoring systems.</li> </ul>	<p><b><u>Materials:</u></b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers, masking tape</li> <li>• Examples of management information systems (MIS)</li> <li>• MtMSG tools</li> </ul> <p><b><u>Time:</u></b> 30 minutes</p> <p><b><u>Activity:</u></b> In groups by NGO, facilitate discussion, reflection, and description of the following questions:</p> <ol style="list-style-type: none"> <li>1. Why do we need a follow-up/support system?</li> <li>2. How is a support system useful to the support group facilitator?</li> <li>3. How is a support system useful to the person providing the support?</li> </ol> <p>Prepare for replication of training during following week.</p>

## Training in Communities, Day 1

Objective/content/messages	Materials/times/activities
<p><b>Learning objectives:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Train community facilitators in MtMSG methodology.</li> <li>• Facilitate a breastfeeding MtMSG in a community setting.</li> </ul> <p><b>Pretest:</b></p> <ol style="list-style-type: none"> <li>1. Should a mother begin to breastfeed immediately after birth? <b>Y</b></li> <li>2. A mother needs to breastfeed on schedule in order to have sufficient milk. <b>N</b></li> <li>3. Beginning at 4 months, a baby needs to eat and drink other foods. <b>N</b></li> <li>4. Oil contains many calories. <b>Y</b></li> <li>5. A baby between 6 – 8 months needs to eat 5 times a day. <b>N</b></li> <li>6. The first milk cleans the baby's stomach and is the first vaccination of the baby. <b>Y</b></li> <li>7. A mother-to-mother support group is the same as an educational talk. <b>N</b></li> <li>8. In the first 6 months a baby should drink water and be breastfed. <b>N</b></li> <li>9. A mother can use LAM to prevent pregnancy as long as she is breastfeeding. <b>N</b></li> <li>10. After 6 months a baby should be given food on his/her own plate. <b>Y</b></li> <li>11. In a mother-to-mother support group, mothers help other mothers. <b>Y</b></li> <li>12. Many difficulties in breastfeeding can be resolved by proper positioning and attachment of the baby to the breast. <b>Y</b></li> </ol> <p><b>Key messages:</b></p> <ul style="list-style-type: none"> <li>• Continue breastfeeding if baby (or mother) becomes ill .</li> <li>• Breastfeed within the first 30 minutes of delivery.</li> <li>• Colostrum is the first immunization.</li> <li>• Breastmilk contains enough water.</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers, masking tape</li> <li>• Sessions 1 – 6</li> </ul> <p><b>Time:</b> 5 hours</p> <p><b>Activity:</b> Form groups of participants from the training who will act as facilitators, with other participants acting as observers (number depending on total number of participants) and workshop facilitators.</p> <ol style="list-style-type: none"> <li>1. Introductions using a game</li> <li>2. Pre-test</li> <li>3. Brainstorming on the local health situation</li> <li>4. Brainstorming advantages of breastfeeding</li> <li>5. Guided discussion on initiation of breastfeeding</li> <li>6. Guided discussion on how the breast makes milk</li> <li>7. MtMSG presentation led by the trainers on <b>Advantages of Breastfeeding</b>, with discussion and characteristics of a MtMSG</li> <li>8. Song or story</li> </ol> <hr style="border-top: 1px dashed black;"/> <p><b>Time:</b> 2 hours</p> <p><b>Activity:</b> Each group shares experiences in plenary and describes what content areas were covered</p>

## Training in Communities, Day 1 (continued)

<ul style="list-style-type: none"><li>• The earlier you put the child to the breast, the faster the milk comes.</li><li>• The more the baby suckles, the more milk is produced.</li></ul>	
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## Training in Communities, Day 2

Objective/content/messages	Materials/times/activities
<p><b>Learning objectives:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Train community facilitators in the methodology of mother-to-mother support groups.</li> <li>• Facilitate a breastfeeding mother-to-mother support group in a community setting.</li> </ul> <p><b>Key messages:</b></p> <ul style="list-style-type: none"> <li>• Position and attach the baby correctly at the breast to prevent sore nipples.</li> <li>• Breastfeed exclusively for the first 6 months, giving no water, other liquids, or solid foods.</li> <li>• Breastmilk contains enough water.</li> <li>• Breastfeed frequently day and night (on demand) for as often and as long as baby wants.</li> <li>• Continue to breastfeed baby on demand day and night while managing a breastfeeding difficulty.</li> <li>• With information and support, all women can overcome breastfeeding difficulties and special situations.</li> </ul>	<p><b><u>Materials:</u></b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers, masking tape</li> <li>• Sessions 7, 8, 10 and 11 from training module</li> </ul> <p><b><u>Time:</u></b> 5 hours</p> <p><b><u>Activity:</u></b> Form small groups of participants from the training who will act as facilitators of the mother-to-mother support groups, with other participants of the training who will act as observers (number depending on total number of participants) and workshop facilitators.</p> <ol style="list-style-type: none"> <li>1. Song or story to review key messages</li> <li>2. Demonstration and practice of positioning and attachment techniques</li> <li>3. Guided discussion on exclusive breastfeeding</li> <li>4. MtMSG practice co-facilitated with trainer and mother on “Early Days of Breastfeeding,” discussion and characteristics of a mother-to-mother support group facilitator</li> <li>5. Work groups on common difficulties:             <ul style="list-style-type: none"> <li>- Sore or cracked nipples</li> <li>- Engorgement</li> <li>- Blocked ducts</li> <li>- Low milk supply</li> </ul> </li> <li>6. “Fishing game” on special situations</li> <li>7. Brainstorming key messages</li> </ol> <hr style="border-top: 1px dashed black;"/> <p><b><u>Time:</u></b> 2 hours</p> <p><b><u>Activity:</u></b> Each group shares experiences in plenary and describes what content areas were covered.</p> <p>Prepare training/materials for next day.</p>

## Training in Communities, Day 3

Objective/content/messages	Materials/times/activities
<p><b>Learning objectives:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Train community facilitators in the methodology of mother-to-mother support groups.</li> <li>• Facilitate a breastfeeding mother-to-mother support group in a community setting.</li> </ul> <p><b>Key messages:</b></p> <ul style="list-style-type: none"> <li>• LAM is very effective in preventing pregnancy if the three criteria are met: no return of menses, frequent, exclusive breastfeeding (day and night), and baby &lt;6 months.</li> <li>• At 6 months, besides breastfeeding, begin to give other foods.</li> <li>• Increase frequency of feeding 3 times a day for babies 6–9 months old, 4 times a day for babies 9–12 months old, and 5 times a day for babies 12–24 months old.</li> <li>• Continue to breastfeed for up to 2 years and beyond.</li> </ul>	<p><b><u>Materials:</u></b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers, masking tape</li> <li>• Sessions 13, 15, 16, and 20 from training module</li> </ul> <p><b><u>Time:</u></b> 5 hours</p> <p><b><u>Activity:</u></b> Form small groups made up of participants from the training who will act as facilitators of the mother-to-mother support groups, other participants of the training who will be observers (number depending on total number of participants), and workshop facilitators.</p> <ol style="list-style-type: none"> <li>1. Song to review key messages</li> <li>2. Guided discussion on LAM</li> <li>3. Working groups on complementary feeding</li> <li>4. Demonstration of what foods to introduce when, with real available foods</li> <li>5. Mother-to-mother support practice co-facilitated with trainer and mother Topic: “Common Difficulties and Myths,” discussion and responsibilities and requirements of a mother-to-mother support group facilitator</li> <li>6. Brainstorming of myths             <ul style="list-style-type: none"> <li>- Good</li> <li>- Harmful</li> <li>- Harmless</li> </ul> </li> </ol> <hr style="border-top: 1px dashed black;"/> <p><b><u>Time:</u></b> 2 hours</p> <p><b><u>Activity:</u></b> Each group shares experiences in plenary and describes what content areas were covered.</p> <p>Prepare training/materials for next day.</p>

## Training in Communities, Day 4

Objective/Content/Messages	Materials/Times/Activities
<p><b>Learning objectives:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Train community facilitators in the methodology of mother-to-mother support groups.</li> <li>• Facilitate a breastfeeding mother-to-mother support group in a community setting.</li> </ul> <p><b>Key messages:</b></p> <ul style="list-style-type: none"> <li>• At 6 months, besides breastfeeding, begin to give other foods.</li> <li>• Increase frequency of feedings 3 times a day for babies 6–9 months old, 4 times a day for babies 9–12 months old, and 5 times a day for babies 12–24 months old.</li> <li>• Continue to breastfeed for up to 2 years and beyond.</li> </ul>	<p><b><u>Materials:</u></b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers, masking tape</li> <li>• Sessions 16, and 27 from training module</li> </ul> <p><b><u>Time:</u></b> 5 hours</p> <p><b><u>Activity:</u></b> Form small groups of participants from the training who will act as facilitators of the mother-to-mother support groups, other participants of the training who will be observers (number depending on total number of participants), and workshop facilitators.</p> <ol style="list-style-type: none"> <li>1. Song to review key messages</li> <li>2. Complementary feeding demonstration with real available foods</li> <li>3. Cooking demonstration of what foods to introduce when</li> <li>4. Mother-to-mother support group facilitated by mother on topic: “Complementary Feeding,” discussion and organization of support groups</li> <li>5. Post-test</li> </ol> <hr style="border-top: 1px dashed black;"/> <p><b><u>Time:</u></b> 2 hours</p> <p><b><u>Activity:</u></b> Each group shares experiences in plenary and describes what content areas were covered.</p> <p>Complete training plans for presentation the following day.</p>

## 26. Presentation of Action Plans

Objective/content/messages	Materials/times/activities
<p><b>Learning objective:</b> By the end of this session, participants will be able to develop a plan to integrate mother-to-mother support groups into their organizations' planned activities.</p>	<p><b><u>Materials:</u></b></p> <ul style="list-style-type: none"> <li>• Overhead projector or flipchart</li> <li>• Transparencies</li> <li>• Format for action plans</li> </ul> <p><b><u>Time:</u></b> 3 hours</p> <p><b><u>Activity:</u></b> Distribute the action plan handout to participants with the following categories: activity, people responsible, resources needed, collaborators, and time frame.</p> <p>Ask each NGO or partner organization to present its plan for integrating mother-to-mother support groups into its planned activities.</p>

## 27. Post-test

Objective/content/messages	Materials/times/activities
<p><b>Learning objectives:</b> By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Assess what was learned during the workshop and what areas need further clarification.</li> <li>• Compare knowledge at the end of the training with the pretest results.</li> <li>• Clarify doubts regarding key content of training.</li> </ul>	<p><b><u>Materials:</u></b></p> <ul style="list-style-type: none"> <li>• Handout 27a: Post-test</li> <li>• Handout 27b: Post-test Answer Key</li> </ul> <p><b><u>Time:</u></b> 30 minutes</p> <p><b><u>Activity:</u></b> Distribute post-tests and ask participants to write their names on them. Clarify questions participants may have but do not influence in any way the responses nor allow participants to talk among themselves. Give 5-minute and 2-minute warnings.</p> <p>Collect the tests. Grade the tests and compare performance between the pre- and post-test scores and the questions missed.</p> <p>Return both pre-tests and post-tests to participants and allow time for them to review and ask questions. Call attention to topics that need further attention.</p>



## 28. Evaluation

Objective/content/messages	Materials/times/activities
	<p data-bbox="824 338 971 369"><b><u>Materials:</u></b></p> <ul data-bbox="824 375 1300 407" style="list-style-type: none"><li data-bbox="824 375 1300 407">• Handout 28: “Final Evaluation”</li></ul> <p data-bbox="824 449 911 480"><b><u>Time:</u></b></p> <p data-bbox="824 487 980 518">30 minutes</p> <p data-bbox="824 560 948 592"><b><u>Activity:</u></b></p> <p data-bbox="824 598 1409 737">Distribute end-of-training evaluations to participants and ask them to write their comments. Explain that their suggestions will be used to improve future workshops.</p>

**Training of Trainers in Breastfeeding and Complementary  
Feeding Basics and Mother-to-Mother Support Groups:  
Handouts**

## Handout 1a: Pre-test

Name: \_\_\_\_\_

1. Name three advantages of breastfeeding for the baby **AND** three advantages for the mother.

_____	_____
_____	_____
_____	_____

2. How soon after birth should the baby be offered the breast?

3. What should babies under 6 months old be given to eat or drink?

4. Name three common difficulties associated with breastfeeding and describe how to resolve one of these difficulties.

_____	_____
_____	_____
_____	_____

5. At what age does a baby begin to eat first foods?

6. Name three things to consider when giving complementary foods to a child over 6 months old.

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7. What is the frequency of foods given to a child of the following ages:

6–9 months

9–12 months

12–24 months

8. What is a mother-to-mother support group?

9. Name three characteristics of a mother-to-mother support group.

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10. Name three characteristics of a mother-to-mother support group facilitator.

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11. Why is follow-up with the facilitators of the mother-to-mother support groups important?

## Handout 1b: Pre-test Answer Key

Name: \_\_\_\_\_

1. Name three advantages of breastfeeding for the baby **AND** three advantages for the mother.

*Any three advantages on Handout 3 for both baby and mother*

_____	_____
_____	_____
_____	_____

2. How soon after birth should the baby be offered the breast?

*Immediately (within 1 hour)*

3. What should babies under 6 months be given to eat or drink?

*Breastmilk only*

4. Name three common difficulties associated with breastfeeding and describe how to resolve one of these difficulties.

<b>Difficulty</b>	<b>How to resolve the difficulty</b>
<i>Engorgement</i>	<i>Apply warm compresses to breast and breastfeed more frequently or longer.</i>
<i>Sore/cracked nipples</i>	<i>Position and attach the baby correctly at the breast.</i>
<i>Plugged ducts that can lead to breast infection (mastitis)</i>	<i>Apply heat and breastfeed more frequently.</i>
<i>Low milk supply</i>	<i>Feed baby on demand and increase frequency of feeds</i>

5. At what age does a baby begin to eat first foods?

**6 months**

6. Name three things to consider when giving complementary foods to a child over 6 months.

**Amount/quantity**

**Frequency**

**Density/consistency**

**Quality/diversity**

**Hygiene**

**Active feeding**

7. What is the frequency of foods given to a child of the following ages:

6–9 months

9–12 months

12–24 months

**3**

**4**

**5**

8. What is a mother-to-mother support group?

***A group of pregnant women, mothers and other women who get together to share information and experiences, and to support each other***

9. Name three characteristics of a mother-to-mother support group.

***Trust***

***Respect***

***Sincerity***

***Safe environment***

10. Name three characteristics of a mother-to-mother support group facilitator.

***Listens***

***Allows everyone to participate***

***Creates a comfortable atmosphere***

***Has women share their experience***

11. Why is follow-up with the facilitators of the mother-to-mother support groups important?

**Support group facilitators need continual support, encouragement, and information updates.**

## **Handout 3: The Advantages of Breastfeeding to Baby, Mother, and Family**

### **Baby**

#### Colostrum:

- Chief defense against infection
- High in protein
- First immunization
- Expels meconium (baby's first stool)
- Prevents jaundice

#### Breastmilk:

- Supplies all necessary nutrients in proper proportion
- Digests easily, no constipation
- Protects against diarrhea
- Provides antibodies to illnesses
- Protects against infection including ear infections
- During illness, helps keep baby well-hydrated
- Reduces the risks of allergies
- Is always ready at the right temperature
- Increases mental development
- Prevents hypoglycemia (low blood sugar)
- The act of breastfeeding promotes proper jaw, teeth, and speech development
- Sucking at breast is comforting to baby when fussy, overtired, ill, or hurt

#### Early skin to skin contact

- Stabilizes temperature and prevents hypothermia (cold)
- Promotes bonding

### **Mother**

- Reduces blood loss after birth (early/immediate breastfeeding)
- Saves time and money
- Makes night feedings easier
- Delays return of fertility
- Reduces the risk of breast and ovarian cancer
- Is available 24 hours a day
- Ensures close physical contact
- Hormones make mother calmer, more relaxed

### **Family**

- Is economical
- Is accessible
- Needs no preparation
- Reduces costs for medicines for sick baby
- Delays new pregnancy
- Reduces time lost from work

## **Handout 4a: Characteristics of a Breastfeeding Mother-to-Mother Support Group**

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



## Handout 4b: Modified Mother-to-Mother Support Group Checklist for Facilitator

### CREATE A COMFORTABLE, SAFE, AND PERSONAL ENVIRONMENT

- Greet people individually and by name.
- Ask people's names if you don't know them.
- Seat people in a circle.
- Sit at the same level as the rest of the group.

### OPENING

- Introduce and tell a little about yourself.
- Ask the group participants to introduce and tell a little about themselves.
- Introduce the purpose and theme for which the group has gathered.
- Mention to the participants that the support group meeting will last 1–1½ hour.

### DISCUSSION

***Show people you are listening to them and care about and respect what they are saying:***

- Use the same words and phrases the group does.
- Use people's names to include them in the discussion.
- Look directly at the person who is speaking.
- Relax. Smile. Hold your body and face so that they invite people to talk.
- Allow the group to stray from the topic somewhat, but then reintroduce it starting from where the group left off.

***Ask questions:***

- Use closed and open questions to help people talk about their experiences and ideas.

### ***Explore people's answers:***

- Remain silent for a few moments to give people time to think about what they want to say.
- Repeat the person's words as a question.
- Ask people to put themselves in the place of somebody else, especially if you see that certain people in the group are uncomfortable talking about their own experiences.
- Ask people to explain more about what they have said.

### ***Help everyone participate:***

- Call on people by name and ask for their opinion.
- Ask for the opinions of people on the opposite side of the circle.
- Use eye contact to pull the timid person into the discussion. Look directly at her when you ask the question.
- Deal with the group participant who talks all the time.
- Deal with side conversations.

### **SUMMARY AND CLOSING**

- End the meeting on time or when you observe the participants are getting Restless or uncomfortable.
- Ask participants to talk to a pregnant woman or a mother of a breastfeeding infant about what they learned during this meeting and report back at the next meeting.

### ***Help summarize what the group has said or decided.***

- Ask people questions to help them to summarize what the group has said or decided.
- Ask participants to summarize what they have learned.
- Ask participants to summarize what they have decided to do next.
- Remind participants of date and time for the next meeting.
- Thank the group for their participation.

## Handout 4c: Observation Guide for Mother-to-Mother Support Groups

Community: \_\_\_\_\_ Place: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Theme: \_\_\_\_\_

Group facilitator(s): \_\_\_\_\_

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

Number of women attending the mother-to-mother support group: \_\_\_\_\_

Name of observer: \_\_\_\_\_

## **Handout 5: Initiation of Breastfeeding**

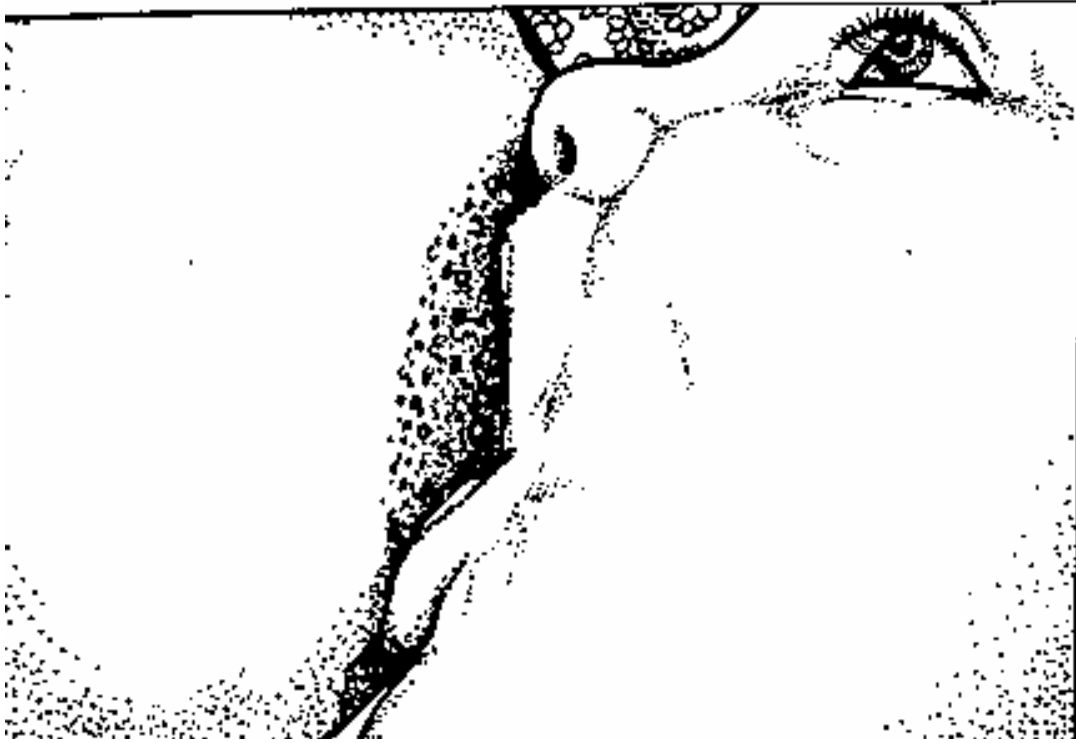
1. Who is with the woman when she gives birth?
2. What do family members do to prepare before birth and at the time of the birth?
3. Who delivers the baby?
4. What is done with the baby immediately after birth?
5. Where is the baby placed?
6. What is given to the baby to eat or drink as soon as it is born? Why?
7. When is the baby placed at the mother's breast? Why?

## **Handout 7a: Signs That a Baby Is Suckling in a Good Position**

- 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 baby is brought to the breast with buttocks supported.
- The baby's chin is touching the breast.
- The baby's mouth is wide open.
- The baby's lower lip is curled outwards.
- More areola is showing above the baby's upper lip and less is showing below the lower lip.
- The baby takes slow, deep sucks.
- The baby is relaxed and satisfied at the end of the feed.
- The mother does not feel nipple pain.
- The baby's sucking may be heard.
- The breast feels softer after a feed.

\*Source: Adapted from Savage King, F. 1992. *Helping Mothers to Breastfeed*. Revised edition.

## Handout 7b: Illustration of Proper Attachment



\*Source: Savage King, F. 1992. *Helping Mothers to Breastfeed*. Revised edition.

## **Handout 8: Exclusive Breastfeeding Working Groups**

1. When and how many times a day do mothers breastfeed in your community?

2. Do babies less than 6 months old who are breastfeeding need water or other liquids or foods? Which liquids or foods? Why?

3. What does “exclusive breastfeeding” mean?

4. Why do some mothers just breastfeed and other mothers breastfeed and give water?

## **Handout 9: Characteristics of a Facilitator in an Infant Feeding Support Group**

1. Greets and welcomes all who are attending
2. Creates a comfortable atmosphere in which women feel free to share their experiences
3. Introduces self and invites each participant to introduce themselves
4. Explains the objective of the meeting and gives a brief introduction of the topic
5. Actively listens to the participants and gives each one full attention
6. Maintains eye contact and exhibits other appropriate body language
7. Asks questions to generate a discussion
8. Raises other questions to stimulate discussion when necessary
9. Directs questions to other participants of the group
10. Limits interruptions and outside distractions
11. Talks only when there are questions that the group cannot answer and offers an explanation or correct information to clarify
12. Briefly summarizes the theme of the day



## Handout 10a: Checklist for Common Breastfeeding Difficulties: Engorgement

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

## Handout 10b: Checklist for Common Breastfeeding Difficulties: Sore or Cracked Nipples

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

## Handout 10c: Checklist for Common Breastfeeding Difficulties: Insufficient Breastmilk

	<i>Insufficient Breastmilk</i>
<b>Prevention</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Breastfeed more frequently.</li> <li><input type="checkbox"/> Exclusively breastfeed day and night.</li> <li><input type="checkbox"/> Breastfeed on demand.</li> <li><input type="checkbox"/> Correct positioning of baby.</li> <li><input type="checkbox"/> Breastfeed at least every 3 hours.</li> <li><input type="checkbox"/> Encourage support from the family to perform non-infant care chores.</li> <li><input type="checkbox"/> Avoid bottles and pacifiers.</li> </ul>
<b>Symptoms</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Insufficient weight gain</li> <li><input type="checkbox"/> Number of wet diapers (fewer than 6 a day)</li> <li><input type="checkbox"/> Dissatisfied (frustrated and crying) baby</li> <li><input type="checkbox"/> Mother “thinking” she does not have enough milk</li> </ul>
<b>Counselling</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Withdraw any supplement, water, formulas, or tea.</li> <li><input type="checkbox"/> Feed baby on demand, day and night.</li> <li><input type="checkbox"/> Increase frequency of feeds.</li> <li><input type="checkbox"/> Wake the baby up if baby sleeps throughout the night or longer than 3 hours during the day.</li> <li><input type="checkbox"/> Make sure baby latches-on to the breast correctly.</li> <li><input type="checkbox"/> Reassure mother that she is able to produce sufficient milk.</li> <li><input type="checkbox"/> Explain growth spurts.</li> <li><input type="checkbox"/> Empty one breast first (baby takes fore and hind milk).</li> </ul>

## 10d: Checklist for Common Breastfeeding Difficulties: Plugged Ducts That Can Lead to Mastitis

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

# Handout 11: Special Situations Affecting Breastfeeding

## When baby is sick

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

## When mother is sick:

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

## Premature baby:

- Mother needs support for correct latch-on.
- Breastfeeding is advantageous for pre-term infants; supportive holds may be required.
- Direct breastfeeding may not be possible for several weeks, but expressed breastmilk may be stored for use by infant.
- If the baby sleeps for long periods of time, he/she should be unwrapped to encourage waking and held vertically to awaken.
- Mother should watch baby's sleep and wake cycle and feed during quiet-alert states.
- *Note:* Crying is the last sign of hunger. Cues of hunger include rooting, licking movements, flexing arms, clenching fists, tensing body, and kicking legs.

## Malnourished mothers:

- Malnutrition does not significantly change the composition of the milk.
- Malnutrition can affect the total volume (amount) of milk produced.
- In extreme cases, milk quality may decrease and supply may eventually decrease and stop.

## Twins:

- Breastfeeding twins does not depend on milk supply but on time and support to the mother.
- The mother can exclusively breastfeed both babies.
- **THE MORE THE BABY NURSES, THE MORE MILK IS PRODUCED.**

### **Mother who is separated daily from her infant:**

- Mother should express or pump milk and store it for use while separated from the baby; the baby should be fed this milk at times when he/she would normally feed.
- Mother should frequently feed her baby when she is at home.
- Mother who is able to keep her infant with her at the work site should feed her infant frequently.

### **Pregnancy:**

- MOTHER MAY CONTINUE TO BREASTFEED HER BABY.
- *Note:* Some babies who are breastfeeding while the mother is expecting may have more bowel movements than usual. This does not mean they have diarrhea. This is a normal reaction of the colostrum the mother is producing and will last only a few days.

### **Human immunodeficiency virus (HIV)**

#### **Woman who is HIV negative or of unknown status**

- Mother should breastfeed exclusively for 6 months, introduce complementary foods at around 6 months, and continue frequent, on-demand breastfeeding.

#### ***HIV-positive woman who chooses to breastfeed***

- Mother should practice *exclusive* breastfeeding for about 6 months and then introduce appropriate complementary foods.
- Mother who experiences breast problems such as mastitis, cracked nipples, or breast abscess should breastfeed with the unaffected breast and express and discard milk from the affected breast.
- Mother should seek immediate care for a baby with thrush or oral lesions.
- Mother who presents with AIDS-related conditions (prolonged fever, severe cough or diarrhea, or pneumonia) should visit a health center immediately.

#### ***HIV-positive woman who chooses to replacement feed***

- Mother should practice safe and appropriate use of infant formula or cow's milk (with additional sugar) for the first 6 months.
- Mother should use a cup, not a bottle.

***Remember: The woman who is HIV-positive should use condoms to minimize transmission and protect herself from repeated exposure to infected semen.***

A study conducted in Durban, South Africa, observed that infants who were exclusively breastfed for at least 3 and up to 6 months of age had no excess risk of HIV infection at 6 months compared with infants who were not breastfed. They had significantly lower rates of HIV transmission at 6 months and at 15 months compared to infants who were breastfed but who also received other liquids or food.<sup>1</sup>

With exclusive breastfeeding, the infant is exposed to fewer bacterial contaminants and food antigens, which can damage the gut lining.<sup>2</sup> Other liquids and foods do

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<sup>1</sup> Coutsooudis et al. 1999

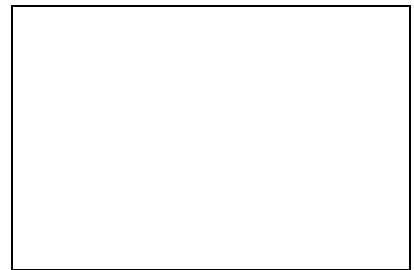
<sup>2</sup> Piwoz. 2000

compromise intestinal integrity, resulting in small lesions in the gut through which HIV virus can pass to infect the infant.

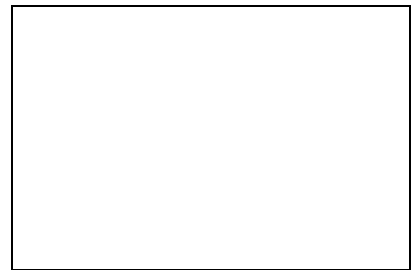
### **Medications**

- Three things are known about drugs and human milk:
  1. Most drugs pass into breastmilk.
  2. Almost all medication appears in only small amounts in human milk, usually less than 1% of the maternal dosage.
  3. Very few drugs are contraindicated for breastfeeding women.

## Handout 13a: Illustration of LAM Criteria



The woman's menstrual periods have not resumed.



The baby is fully or nearly fully breastfed, preferably exclusively, frequently day and night.



The baby is less than 6 months old.

*Source: AED Manual de Lactancia Materna*



## Handout 13b: Breastfeeding and Fertility

### Physiology of Infertility Due to Breastfeeding

Nipple Stimulation

1. Milk Production

2. Let Down

3. Suppression of  
Ovulation

Amenorrhea

*Nipple Stimulation*



Source: Adapted from: Manual de Lactancia Materna, AED, and Lactancia Materna: Materiales para Capacitación.

## Handout 13c: Optimal Breastfeeding Behaviors

1. Allow newborn to breastfeed as soon as possible after birth and to remain with the mother for at least several hours following delivery.
2. Breastfeed frequently, whenever the infant is hungry, both day and night (this means that, in general, a woman will breastfeed at least eight times during the day and at least one time during the night).
3. Breastfeed exclusively for the first 6 months, giving no water, other liquids, or solid foods.
4. After the first 6 months, when complementary foods are introduced, precede each complementary feeding with breastfeeding.
5. Continue to breastfeed for up to 2 years and beyond.
6. Continue breastfeeding even if the mother or the baby becomes ill.
7. Avoid using bottles, pacifiers (dummies), or other artificial nipples.
8. Mothers should eat and drink sufficient quantities of available nutritious foods to satisfy their hunger and thirst.<sup>3</sup>

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Source: Adapted from Institute for Reproductive Health/Georgetown University. 1994. *Guidelines: Breastfeeding, Family Planning, and the Lactational Amenorrhea Method—LAM*. Washington, DC. Available in Arabic, English, French and Spanish.

## Handout 13d: Case Studies to Identify LAM Criteria

### *Can this woman rely on LAM?*

1. Mother with a 4-month-old baby has not had her menstrual periods. She does the laundry for 3 hours and leaves the baby with his brothers and sisters. She breastfeeds her baby exclusively.
2. Mother with a 3-month-old baby fully breastfeeds and has already had her menstrual period.
3. Mother with a 2-week-old baby nearly fully breastfeeds and has vaginal bleeding.
4. Mother with a 2-month-old baby has not had a menstrual period; she breastfeeds her baby and gives her a bottle of sugar-water three times every day.
5. Mother with a 4-month-old baby fully breastfeeds him, and the baby sleeps from 12 midnight to 6 am. Mother has not had a menstrual period.
6. Mother with a 3-month-old baby breastfeeds exclusively and had her menstrual period last week.
7. Mother with a 4-month-old baby breastfeeds exclusively day and night and has not had a menstrual period yet.
8. Mother who is nearly fully breastfeeding her 4-month-old baby saw a little spotting one day last month.

## Handout 13e: Case Studies to Identify LAM Criteria (Answer Key)

*Can this woman rely on LAM?*

1. A mother has a 4-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.

**A: Yes**

2. Mother with a 3-month-old baby who fully breastfeeds and has already had her menstrual periods.

**A: No, because her menstrual periods have returned.**

3. Mother with a 2-week-old baby; nearly fully breastfeeds, has vaginal bleeding.

**A: Yes, bleeding during the first two months postpartum is not considered menstrual bleeding.**

4. Mother with a 2-month-old baby has not had a menstrual period; she breastfeeds her and gives her a bottle of sugar-water three times every day.

**A: No, because breastfeeding is not full or nearly full.**

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

**A: Yes, because she meets all of the criteria.**

6. Mother with a 3-month-old baby breastfeeds exclusively; she had her menstrual period last week.

**A: No, because her menstrual periods returned.**

7. Mother with a 4-month-old baby breastfeeds exclusively day and night and has not had a menstrual period yet.

**A: Yes, meets all three criteria.**

8. Mother who is nearly fully breastfeeding her 4-month-old baby. She saw a little spotting 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 14: Requirements of a Mother-to-Mother Support Group Facilitator**

1. Preferably, a mother with experience in breastfeeding her infant (at least 1 year)
2. Desire to share infant feeding experiences with pregnant women and other mothers
3. Good communication skills and the ability to listen
4. Caring, considerate, and respectful personality
5. Desire to learn and share her infant feeding knowledge
6. Available time
7. Support from her husband or partner and family to be a facilitator
8. Residence in the community and would acceptability to her community and health personnel

## **Handout 15a. Discussion Tool: Signals that an Infant Is Ready to Eat Foods**

- Infant shows an interest in food
- Infant reaches for food
- Hand-to-mouth coordination
- Infant follows food with his/her eyes and opens mouth
- Infant can sit by him/herself
- Frequency of breastfeeding increases in a healthy baby over 6 months

## Handout 15b: Complementary Feeding Working Groups Questions

1. When does infant begin to eat something else other than breastmilk?

2. What does s/he eat?

<b>6–9 months</b>	<b>9–12 months</b>	<b>12–24 months</b>

3. How much does s/he eat? Does s/he eat from his/her own plate?

<b>6–9 months own plate</b>	<b>9–12 months own plate</b>	<b>12–24 months own plate</b>

4. How many times a day does s/he eat?

<b>6–9 months</b>	<b>9–12 months</b>	<b>12–24 months</b>

5. What, if any, utensils does the mother or caregiver use to feed the baby?



## Handout 16a: Complementary Feeding

### Volumes of some local measures

1 teacup	=>	200 ml
1 tablespoon	=>	10 ml
1 tsp	=>	5 ml
1 coke bottle	=>	330 ml
1 large beer bottle	=>	660 ml
1 can margarine/cooking fat	=>	250 ml

#### **AGES 6–8 months<sup>4</sup>**

<b>Texture</b>	<b>Frequency</b>	<b>Amount at each meal</b>
Soft porridge/staple and well mashed vegetable, meat, fruit	3 times per day in addition to breastfeeding	Begin with 2-3 tablespoons twice a day, increasing gradually to $\frac{3}{4}$ of 200 ml cup* at each meal

#### **AGES 9–11 months**

<b>Texture</b>	<b>Frequency</b>	<b>Amount at each meal</b>
Finely chopped or mashed foods that can be picked up	4 times (3 meals and 1 snack) per day in addition to breastfeeding	Full 200 ml cup/bowl at each meal

#### **AGES 12–24 months**

<b>Texture</b>	<b>Frequency</b>	<b>Amount at each meal</b>
Family foods, chopped or mashed if necessary	5 times (3 meals and 2 snack) per day in addition to breastfeeding	More than a full 200 ml cup/bowl at each meal

\* adapt the chart to use a suitable, local measure

<sup>3</sup> Source: WHO. *Complementary Feeding Counselling: A Training Course*. May 2002.

## Handout 16c: Recommended Practices for Breastfed Babies 6–24 Months Old

- Continue frequent, on-demand breastfeeding, including night feeding for infants.
- Introduce complementary foods beginning around 6 months of age.
- Increase food quantity as the child gets older-while maintaining frequent breastfeeding.
- Increase feeding frequency as the child gets older, using a combination of meals and snacks.
- Gradually increase food consistency and variety as the infant gets older; adopting the diet to the infants requirements and abilities.
- Diversify the diet to improve quality and micronutrient intake.
- Practice active feeding.
- Practice frequent and active feeding during and after illness.
- Practice good hygiene and proper food handling.

Good complementary foods are<sup>5</sup>:

- Rich in energy, protein, and micronutrients (especially iron zinc, calcium, vitamin A, vitamin C and folate)
- Clean and safe (no disease-causing bacteria, no bones or hard pieces that may choke a child, not boiling hot)
- Not too peppery or salty
- Easy for the child to eat
- Liked by the child
- Locally available and affordable
- Easy to prepare

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<sup>4</sup> Source: WHO. *Complementary Feeding: Family Foods for Breastfed Children*. 2000.

## **Handout 17: Responsibilities of the Mother-to-Mother Support Group Facilitator to the Community**

1. Facilitates the infant feeding mother-to mother support group in her community at least once a month
2. Conducts each meeting in an animated yet simple way
3. Motivates the participation of as many women as possible
4. Collects designated information that has been formerly agreed on

## Handout 19: Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.
7. Practice rooming-in, allowing mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

## **Handout 20: Common Breastfeeding Beliefs and Myths**

- Mothers can and cannot eat and drink certain things during breastfeeding.
- Colostrum should be discarded.
- A mother who is angry or frightened should not breastfeed.
- An ill mother should not breastfeed.
- A mother who is pregnant should not breastfeed.
- Breastmilk is too thin.
- Accumulated milk (when there is a time separation between mother and baby) 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).
- A sick infant should only be given rice water.
- A mother should not breastfeed until the milk comes in or lets down.

## Handout 21: Increased Need to Protect, Promote, and Support Breastfeeding in the Context of Vertical Transmission of HIV

Prepared by the Secretariat of the ACC/SCN Working Group on Breastfeeding and Complementary Feeding, September 1999, and distributed by Nutrition Section of UNICEF NYHQ, December 1999

The fact that the HIV virus can be passed by an HIV-infected mother to her child through breastmilk should not be allowed to undermine breastfeeding for the majority of infants around the world, whose health and chances of survival will be greatly improved by it.

While many governments are considering ways to make alternative feeding options available to HIV-positive mothers who have decided not to breastfeed, this must not lead to a spillover of artificial feeding to infants of HIV-negative mothers. Even greater attention should be paid to the regulation of commercial promotion of breastmilk substitutes.

**The International Code for Marketing of Breastmilk Substitutes** is of particular relevance because it aims to:

- **Regulate the distribution of free or subsidized supplies** of breastmilk substitutes to prevent spillover to babies who would benefit from breastfeeding
- **Protect artificially fed children** by ensuring that:
  - ⇒ That product labels carry necessary warnings and instructions for safe preparation and use.
  - ⇒ The choice of product is made on the basis of independent medical advice, and not commercial influence

**The Code does not try to stop infant formula and other products being available, sold, or used when necessary.** But it does seek to stop activities designed to persuade people to use them or influence their choice, such as:

- Advertising, including posters in health facilities
- Giving free samples to mothers
- Giving discount coupons to mothers
- Giving free gifts to health workers and mothers
- Giving free or low cost supplies of formula to health facilities

**The Code does not prevent governments making breastmilk substitutes available to HIV-positive mothers**, free or at a subsidized price, when the government has purchased them.

The Code aims to prevent manufacturers from donating supplies of breastmilk substitutes, **or providing them at a reduced price, to any part of the health care system.**

There are several reasons for this ban:

- Experience shows that when free supplies are made available by manufacturers to health facilities, they become too easily available. Many mothers do not need them use them. These mothers often lose confidence in their ability to breastfeed, and may unnecessarily give up breastfeeding.
- If hospitals and health centres have to buy formula, as they usually buy drugs and food, it will be more likely that they will ensure that it is given out in a carefully controlled way, and not wasted or misused.
- Donations make health facilities **and infants** dependent on them. If the donations cease—which often happens—there will be no alternative source of milk available, and no provision in the health service budget to buy them.
- Donations are a very successful form of promotion, which encourages families to buy the same product when they return home. The Code does not allow any form of promotion.

If manufacturers want to make donations **for social welfare purposes**, they can do so. Indeed, the Code says specifically that donations of supplies can be made, but it means to *institutions and organizations such as orphanages or other social welfare institutions*, and not to health facilities such as hospitals and health centres. Furthermore, if such supplies are given to social welfare institutions, they must:

- Be given **only to infants who have to be fed on breastmilk substitutes**—including infants of HIV-positive mothers who have chosen this option
- Be given **“for as long as the infant needs them”** —which in the case of the infant of an HIV-positive mother would be for a minimum of six months. Giving a few tins is not allowed because the mother or orphaned child may be left with nothing when the few tins are finished.
- **Not be used as a sales inducement.** One way to avoid the supply being used as a sales inducement is for it to be provided in *generically labeled* containers without a brand name.

#### **Practical considerations in making breastmilk substitutes available:**

- Mothers need to be able to contain their supplies easily so that their confidentiality and self-respect are maintained. For example, they should not have to stand in a long public queue. They need to be able to get supplies at convenient times, perhaps outside health centre working hours.
- Supplies must be reliable in the short term, so that they do not suddenly stop and leave the mother with nothing for a week or two.
- Supplies must be sustainable in the long term so that they are not discontinued after a few months, leaving mothers without any form of help.

There will be a need for:

- Good stock control: formula should be managed like dangerous drugs
- Accurate records of whom formula is given to, without a loss of confidentiality
- Linking distribution to health workers and distribution points
- Supervision of responsible health workers and distribution points
- Identifying community groups to ensure that all the milk reaches the infants it was intended for.

## **Handout 22: Possible Themes for Infant Feeding Mother-to-Mother Support Groups**

- Advantages of breastfeeding for mother, baby, family, community (1–4 different topics)
- Techniques of breastfeeding: positioning and attachment
- Prevention, symptoms, and solutions of common breastfeeding difficulties: engorgement, low milk supply, cracked or sore nipples, blocked ducts that can lead to mastitis
- Special situations: sick baby or mother, premature baby, malnourished mother, twins, pregnancy, separation from baby
- Beliefs and myths about breastfeeding
- Breastfeeding and the introduction of complementary foods after 6 months



## Handout 27a: Post-test

Name: \_\_\_\_\_

1. Name three advantages of breastfeeding for the baby **AND** three advantages for the mother.

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2. How soon after birth should the baby be offered the breast?

3. What should babies under 6 months be given to eat or drink?

4. Name three common difficulties associated with breastfeeding and state how to resolve one of these difficulties.

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5. At what age does a baby begin to eat first foods?

6. When giving complementary foods to a child over 6 months, name three things to consider.

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7. What is the frequency of foods given to a child of the following ages:

6–9 months old

9–12 months old

12–24 months old

8. What is a mother-to-mother support group?

9. Name three characteristics of a mother-to-mother support group.

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10. Name three characteristics of a mother-to-mother support group facilitator.

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11. Why is follow-up with the facilitators of the mother-to-mother support groups important?

## Handout 27b: Post-test Answer Key

Name: \_\_\_\_\_

1. Name three advantages of breastfeeding for the baby **AND** three advantages for the mother.

*Any three advantages on Handout 3 for both baby and mother*

_____	_____
_____	_____
_____	_____

2. How soon after birth should the baby be offered the breast?

***Immediately (within 1 hour)***

3. What should babies under 6 months be given to eat or drink?

***Breastmilk only***

4. Name three common difficulties associated with breastfeeding and describe how to resolve one of these difficulties.

### **Difficulty**

### **How to resolve the difficulty**

***Engorgement***

***Apply warm compresses to breast and breastfeed more frequently or longer.***

***Sore/cracked nipples***

***Position and attach the baby correctly at the breast.***

***Plugged ducts that can lead to breast infection (mastitis)***

***Apply heat and breastfeed more frequently.***

***Low milk supply***

***Feed baby on demand and increase frequency of feeds***

5. At what age does a baby begin to eat first foods?

**6 months**

6. Name three things to consider when giving complementary foods to a child over 6 months.

**Amount/quantity**

**Frequency**

**Density/consistency**

**Quality/diversity**

**Hygiene**

**Active feeding**

7. What is the frequency of foods given to a child of the following ages:

6–9 months

9–12 months

12–24 months

**3**

**4**

**5**

8. What is a mother-to-mother support group?

***A group of pregnant women, mothers and other women who get together to share information and experiences, and to support each other***

9. Name three characteristics of a mother-to-mother support group.

***Trust***

***Respect***

***Sincerity***

***Safe environment***

10. Name three characteristics of a mother-to-mother support group facilitator.

***Listens***

***Allows everyone to participate***

***Creates a comfortable atmosphere***

***Has women share their experience***

11. Why is follow-up with the facilitators of the mother-to-mother support groups important?

**Support group facilitators need continual support, encouragement, and information updates.**

## Handout 28. End-of-Training Evaluation

Please answer the questions as honestly as you can to help improve future trainings.

Place a √ in the box that reflects your feelings about the question.

	Excellent	Very good	Good	Fair	Poor
1. I would rate this training overall as...					
2. The content was...					
3. The sequence of information was...					
4. The amount of information was ...					
5. Materials and visual aids were...					
6. Trainer facilitation was...					
7. The practicum was...					

8. The length of the training was

- (a) Too long
- (b) Too short
- (c) Just right

9. What could have made this training better?

10. What should be removed in future training?

Comments: