

Lactation Management in Early Postpartum 3-Day Training Manual

2015



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2015



Government of Nepal
Ministry of Health & Population
DEPARTMENT OF HEALTH SERVICES

Tel. : 4261436
: 4261712
Fax : 4262238

Pachali, Teku
Kathmandu, Nepal

Ref. No.

Date :

Preface

Exclusive breastfeeding for the first six months of life with continued breastfeeding up to two years of age or beyond is the optimal course of feeding for infants and young children. According to NDHS, 2011 breastfeeding is highly prevalent in Nepal; however, pre-lacteal feeding is common in the first three days after birth among Nepalese children residing in urban areas. Breast-milk substitutes, including infant formula and other commercial milks, are detrimental when they displace breastfeeding.

The Nepali government has affirmed its commitment to support optimal breastfeeding practices. In 1992, Nepal passed their own national legislation for commercial infant and young child food products, the *Mother's Milk Substitutes (Control of Sale and Distribution) Act*.

This manual is an outcome of ARCH study conducted in collaboration with Child Health Division, Department of Health Services, Ministry of Health and Population and Helen Keller International Nepal, which indicated pre-lacteal feeding of breast-milk substitutes prevalent among newborns in hospitals of Kathmandu Valley.

Provision of lactation management training to health workers could strengthen breastfeeding counseling among health professionals, and potentially aid in reducing the high rates of pre-lacteal feeding and encourage exclusive breastfeeding.

I hope this training manual will help to enhance the existing knowledge, skills and behavioral practice in lactation management of health workers involved in care of newborn infants in the hospital and promote early initiation of breastfeeding, enhance skill in identifying breastfeeding difficulties and overcoming with solutions, and discourage use of breastmilk substitute.

.....
Dr. Krishna Prasad Paudel
Director
Child Health Division





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ACKNOWLEDGMENTS

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This manual will help to enhance the existing knowledge, skills and behavioral practice in lactation management of health workers involved in care of newborn infants in the hospital and promote early initiation of breastfeeding, enhance skill in identifying breastfeeding difficulties and overcoming with solutions, improve early skin-to-skin contact, promote and support good positioning and attachment and discourage use of breastmilk substitute.

In collaboration with Helen Keller International Nepal, Ministry of Health and Population, Department of Health Services and Child Health Division nominated an expert team from various professional organization and associations were called upon to review of *The Lactation Management in Early Postpartum Manual*. We would like to thank to all Members of the expert team included Meena Sharma, PESON; Dr. Shiva Kumar Shrestha, NEPAS; Dr. Heera Tuladhar and Dr. Bandana Gurung Sharma, NESOG. Durga Mishra, NEPHA; Apsara Pandey, NAN; Dr. Merina Shrestha and Prema Laxmi Khagi, NEBPROF; Kamala Dhakal, MIDSON and Dr. Jyoti Ratna Dhakwa and Dr. Dhan Raj Aryal for their contribution in the review of this manual. We appreciate the technical, financial and coordination efforts of Helen Keller International and would like to thank Dale Davis, Indu Adhikary, Sabina Hora, Nisha Sharma, Babita Adhikari, and Miriam Pokharel-Wood.

The Lactation Management in Early Postpartum Manual draws from a number of different sources, including the WHO/UNICEF IYCF guidance documents, training and other materials, and the WHO/UNICEF Breastfeeding Counselling training course. The package also builds on materials developed by UNICEF *Community Infant and Young Child Feeding (IYCF) Counselling Package*.

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Giri Raj Subedi
Chief, Nutrition Section
Child Health Division



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Acronyms

ARCH	Assessment and Research on Child Feeding (a project of HKI)
ARV	Anti-Retro Viral
BFHI	Baby Friendly Hospital Initiative
BMS Act	Breast Milk Substitute Act (Formal name: Breast Milk (Sale, Distribution and Control Act, 2049)
CHD	Child Health Division
CHD-NS	Child Health Division-Nutrition Section
DoHS	Department of Health Services
EBF	Exclusive Breastfeeding
GALIDRAA	Greets, Asks, Listens, Identifies, Discusses, Recommends Agrees, Appointment
HKI	Helen Keller International
HIV	Human Immune Deficiency Virus
IOM/NEPHA	Institute of Medicine/Nepal Public Health Association
IYCF	Infant and Young Child Feeding
KIST M.C.	KIST Medical College
LBW	Low Birth Weight
MER	Milk Ejection Reflex
MIDSON	Midwifery Society of Nepal
MoHP	Ministry of Health and Population
MTToT	Master Training of Trainers
NAN	Nursing Association of Nepal
NEBPROF	Nepal Breastfeeding Promotion Forum
NEPAS	Nepal Paediatric Society
NEPHA	Nepal Public Health Association
NESOG	Nepal Society of Obstetricians and Gynecologists
OTTA	Observe, Think, Try, Act
PESON	Perinatal Society of Nepal
PMTCT	Prevention of Mother to Child Transmission of HIV
TB	Tuberculosis
ToT	Training of Trainers
UNICEF	United Nations Children's Fund
WHO	World Health Organization

3-DAY LACTATION MANAGEMENT TRAINING

TIME	DAY 1	DAY 2	DAY 3
09:45-12:45	Session 1 (1 hours 45 minutes)	Daily Review (15 minutes)	Daily Review (15 minutes)
	<ul style="list-style-type: none"> • Introductions • Pre-assessment • Barriers to breastfeeding in hospitals in Kathmandu Valley • Knowledge and Beliefs Assessment • Breastmilk substitute Act and BFHI policy Session 2 (1 hour 15 minutes) <ul style="list-style-type: none"> • Why breastfeeding matters • Recommended breastfeeding practices 	Continue.... Session 5 Good attachment and positioning Session 6 (1 hour 15 minutes) Common Breastfeeding Conditions/ Difficulties Session 7 (1 hour 30 minutes) Addressing special situations affecting breastfeeding	Field Preparation (15 minutes) Session 9 (2 hours 30 minutes) Practicum <ul style="list-style-type: none"> • Counsel/Negotiate with mother • Practice listening and learning counselling skills • Practice building confidence and giving support skills • Apply GALIDRAA steps: in early postpartum
12:45-13:45	LUNCH		
13:45-3:45	Session 3 (1 hour) Anatomy and physiology Session 4 (1 hour) Composition of breastmilk <ul style="list-style-type: none"> • Colostrum • Fore/hindmilk 	Continue.... Session 7 Addressing special situations affecting breastfeeding Session 8 (2 hours) <ul style="list-style-type: none"> • How to Counsel/Negotiate with mother • Listening and learning counselling skills • Building confidence and giving support skills 	Feedback from practicum at training site(1 hour and 30 minutes) Session 10: (30 minutes) Nutrition of the breastfeeding mother
15:45-16:00	TEA BREAK		
16:00-16:45	Session 5 (1 hour 45 minutes) Good attachment and positioning	Continue.... Session 8	Session 11 (30 minutes) <ul style="list-style-type: none"> • Post-assessment • Evaluation and Feedback
16:45-17:00	Evaluation and feedback		Closing

Session 1

Introductions and Pre-assessment, Nepal Context

Learning objectives

1. Begin to name fellow Participants and Facilitators.
2. Assess participant knowledge.
3. Explore barriers to breastfeeding at hospitals in Kathmandu Valley.
4. Assess knowledge and beliefs of breastfeeding in Nepal
5. Discuss the Breastmilk Substitute Act and BFHI

Overview

Activity 1.1 Presentation game for introductions(20 minutes).

Activity 1.2 Pre-assessment (15 minutes).

Activity 1.3 Barriers to breastfeeding at hospitals in Kathmandu Valley (15 minutes).

Activity 1.4 Knowledge and beliefs of breastfeeding in Nepal(20 minutes).

Activity 1.5 Breastmilk Substitute Act and BFHI (20 minutes).

Duration 1.5 hours

Materials

- ✓ Flipchart papers (+ markers + masking).
- ✓ Matching pairs of infant feeding pictures for presentation game.
- ✓ Name tags.
- ✓ One copy of Pre-assessment for each participant.
- ✓ Projector for power-point presentation

Advance Preparation

Power-point presentation: Breast Milk Substitute Act and Baby Friendly Hospital Initiative

Handout

Handout 1.1: Pre-assessment

Annexes

Annex 1: Barriers to breastfeeding at hospitals in Kathmandu Valley

Annex 2: Key findings from the ARCH quantitative study in the hospitals

Annex 3: Breastmilk Substitute Act

Annex 4: Baby friendly Hospital Initiative – Ten Steps

Detailed activities

Activity 1.1: Presentation game for introductions (20 minutes).

Methodology: Matching Game

Instructions for Activity:

1. Use infant and young child feeding illustrations (laminated if possible) cut in 2 pieces; each Participant is given a picture portion and ask to find his/her match.
2. When Participants find their match, ask them to hold up their 'matching-pair picture'.
3. Pairs of Participants introduce each other, giving their partner's first name and favorite food.

Activity 1.2: Pre-assessment (15 minutes).

Methodology: Written pre-assessment.

Instructions for Activity:

1. Advise Participants that the topics covered in the pre-assessment will be discussed in greater detail during the training.
2. Ask participants to select a code number from a bag.
3. Pass out copies of the pre-assessment to the participants and ask them to write their code number on the pre-test instead of their name. Remind them to remember it for the post-assessment.
4. Ask participants to complete the pre-assessment individually.
5. Correct all the assessments as soon as possible, identifying topics that caused disagreement or confusion and need to be addressed in subsequent sessions.

Activity 1.3: Barriers to breastfeeding at hospitals in Kathmandu Valley (15 minutes).

Methodology: Buzz groups (3 persons)

Instructions for Activity:

1. Ask participants to form buzz groups of 3 persons to discuss the barriers to breastfeeding in their hospital.
2. After 5 minutes, ask each group to share a barrier to breastfeeding.
3. Facilitator writes barrier on a flipchart.
4. When all groups have shared their barriers, ask participants to look at Annex 1, fill-in missing gaps, and discuss.

Activity 1.4: Knowledge and beliefs of breastfeeding in Nepal (20 minutes)

Methodology: “Vote with your feet” - move to side of training room designated “True’or ‘False’

Instructions for Activity:

1. Facilitator assigns one side of the training room as “True’and the opposite side as ‘False.’
2. Ask participants to stand in the middle of the room and as statements are read from Annex 2: Key findings from the ARCH quantitative study in the hospitals, ask participants to “vote with their feet”and move to either the “True’side of the room if they agree with the statement, or the ‘False’side of the room if they disagree.
3. After participants decide, facilitator gives correct answer; discuss.

Activity 1.5: Breastmilk Substitute Act and BFHI Steps (35 minutes).

Methodology: Group work and Interactive presentation

Instructions for Activity:

1. Divide participants into 2 or 4 groups: 1 (or 2) groups Discuss what they know about the Breast Milk Substitute Act and the other group(s) discuss what they know about BFHI.
2. After 5 minutes, ask each group to share their discussion points.
3. When all groups have shared their discussion points, ask participants to look at Annex 3 and Annex 4, fill-in missing gaps, and discussusing power - point Breast: Milk Substitute Act and Baby Friendly Hospital Initiative.

Handout 1.1

Pre/Post-assessment: Lactation Management in Early Postpartum

#	Pre and Post-assessment	True	False
1.	Breastfeeding is very common in Nepal and thus most people don't need to be taught anything about it.		
2.	The hormone considered responsible for milk ejection is oxytocin.		
3.	The most important criterion for assessing the milk transfer during a feeding at the breast is proper attachment.		
4.	If formula is given appropriately, there are no risks for the baby from not breastfeeding.		
5.	The most common cause of poor weight gain among breastfed infants during the first four weeks after birth is maternal nutritional deficiencies.		
6.	One of the most important things a health worker can do to protect a new born's health is to build the mother's confidence in her ability to breastfeed her child.		
7.	Infants exclusively breastfed for about six months will have fewer episodes of lower respiratory infection, and fewer episodes of diarrhea.		
8.	Hospital policies that promote breastfeeding include unlimited access of mother to newborn.		
9.	The hormone considered responsible for milk synthesis is progesterone.		
10.	It is important to listen to a mother and observe how she is breastfeeding before giving any advice or suggestions.		
11.	When breastfeeding, the baby's chin needs to touch the mother's breast.		
12.	The increase in prolactin levels during breastfeeding is dependent on the amount of milk produced.		
13.	Supplementation of the newborn with formula is most likely to have the greatest effect on the volume of milk a woman produces.		
14.	Mother's milk has more vitamin A than cow's milk.		
15.	Breastfeeding can protect a child's health when there is no safe water or basic sanitation.		
16.	Mothers should not lie down while breastfeeding their babies.		
17.	A mother can prevent sore and cracked nipples by correctly attaching and positioning her baby at the breast.		
18.	Milk removal from the breasts is essential for adequate milk production.		
19.	Most breastfeeding difficulties are caused by physiological problems.		

Session 2: Why Breastfeeding Matters

Learning objectives

1. Describe recommended breastfeeding practices.
2. Explore the risks of not breastfeeding for the infant, mother, family and community.
3. Explain why it is important to promote and protect breastfeeding.

Overview

Activity 2.1: Identify Recommended Breastfeeding Practices (20 minutes).

Activity 2.2: Explore the risks of not breastfeeding. (20 minutes).

Activity 2.3: Participatory presentation and discussion of power-point set “Why Breastfeeding is Important” (35 minutes).

Total Time 1hour 15 minutes

Materials needed

- ✓ Flipchart papers (+ markers)
- ✓ LCD projector

Advance Preparation

Power Point Presentation: Why Breastfeeding Matters and Discussion.

Handouts

Handout 2.1: Recommended breastfeeding practices.

Handout 2.2: Risks from NOT breastfeeding/Importance of breastfeeding for the infant, the mother, family and the community.

Detailed activities

Activity 2.1: Identify recommended breastfeeding practices (20 minutes).

Methodology: Group Work

Instructions for Activity:

1. Divide participants into four groups to discuss recommended breastfeeding practices.
2. After 5 minutes, ask each group to mention a recommended breastfeeding practice.
3. As groups mention a recommended breastfeeding practice, facilitator tapes that practice on the wall.
4. Discussion and summary in plenary.
5. Distribute and discuss Handout 2.1: Recommended breastfeeding practices.

Make sure the following recommended practices are included for successful breastfeeding:

1. Put newborn skin-to-skin with mother immediately after birth.
2. Initiate breastfeeding within the first hour of birth; put newborn to the breast immediately after birth, and allow him/her to stay near the mother.
3. Position and attach newborn correctly at the breast.
4. Breastfeed frequently, day and night.
5. Breastfeed on demand (or cue) –every time the baby asks to breastfeed

6. Exclusively breastfeed during the first six months.
7. Offer second breast after newborn releases the first.
8. The mother should eat more than usual, and her diet should be varied.
9. Continue to breastfeed even if the child or the mother is ill.
10. Continue breastfeeding until the child is 2 years of age or older.

Activity 2.2: Explore the risks of not breastfeeding (20 minutes).

Methodology: Rotation of flipcharts.

Instructions for Activity:

1. 3 flipcharts are displayed around the room, each with a theme: 1) Risks from NOT breastfeeding for baby; 2) Risks from NOT breastfeeding for mother; and 3) Risks from NOT breastfeeding for family.
2. Divide the participants into three groups .
3. Each group rotates from chart to chart (2 minutes per chart) and lists appropriate responses. Participants are asked not to repeat the same thing others have said.
4. Each group presents the collective responses from their flip chart.
5. After discussing the importance of breastfeeding, see Handout 2.2; Risks of NOT Breastfeeding and “Importance of Breastfeeding”. Highlight any of the major risks or benefits that were not included in presentation.

Activity 2.3: Participatory presentation and discussion of power point “Why Breastfeeding Matters” (35 minutes).

Handout 2.1

Recommended Breastfeeding Practices and Counselling Discussion Points

Recommended Breastfeeding Practice	Counselling Discussion Points (choose most relevant to mother's situation)
<p>Put newborn skin-to-skin with mother immediately after birth</p> 	<ul style="list-style-type: none"> • Skin-to-skin with mother keeps newborn warm. • Skin-to-skin with mother helps stimulate brain development. • Skin-to-skin helps the "let down" of the colostrum. • There may be no visible milk in the first two or three days, it's only the colostrum that is produced. It is important to continue putting the baby to the breast to stimulate milk production and let down. • Frequent skin-to-skin contact between mother and newborn: <ul style="list-style-type: none"> ▲ leads to bonding. ▲ leads to better psychomotor, affective and social development of the newborn. • Maternal response is stimulated (sensitivity to baby's needs and responsiveness of mother). • Stabilizes breathing and heart beat and provides closeness to the breast. • Mother with Cesarean can also put newborn skin-to-skin in transverse position. • Mother's smell, touch, warmth, voice, and taste of the breastmilk stimulate baby to establish successful breastfeeding. • Mother with Cesarean can also put newborn skin-to-skin in transverse position.
<p>Initiate breastfeeding within the first hour of birth (mother with c-section can also initiate breastfeeding immediately after birth with support)</p> 	<ul style="list-style-type: none"> • This first milk "local word" is called colostrum. • Colostrum is the first thick, yellowish milk full of antibodies that protects baby from illness. It is yellow because it is rich in vitamin A. • Colostrum provides the first immunization against many diseases. • Helps expel the placenta more rapidly and reduces blood loss. • Helps expel meconium, the newborn's first stool. • Breastfeeding from birth helps the milk "come in" and ensures plenty of breastmilk—stimulates breastmilk production. • DO NOT give GLUCOSE or GRIPE WATER after birth. • Breastfeeding frequently from birth helps the baby learn to attach and helps to prevent engorgement and other complications. • Give nothing else -- no water, no infant formula, no other foods or liquids -- to the newborn. • In the first few days, the baby may feed only 2 to 3 times/day. If the baby is still sleepy on day 2, the mother may express some colostrum and give it from a cup. • Breastfeeding stimulates the baby's senses: touch, taste, sight, smell, hearing; comforts child; promotes baby's brain development; and stimulates his or her eye and jaw (language) development. • Keeps newborn warm through skin-to-skin contact. • The newborn has a stomach of small capacity (about 5 ml at a time). The few drops of colostrum fill the stomach perfectly. If water or other substances are given to the newborn at birth, the stomach is filled and there is no room for the colostrum. <p>(Annex 7: HMIS-2.1 for recording recommended practices for breastfeeding by health facilities.)</p>

Good positioning and attachment



- Mother positions and attaches (infant latches on) correctly to help prevent sore or cracked nipples, and stimulate her milk supply.
- 4 signs of good positioning: baby's body should be straight, and facing the breast, baby should be close to mother, and mother should support the baby's whole body, not just the neck and shoulders with her hand and forearm.
- (On one arm show with opposite hand the position of 1) head of baby (slap fore arm), 2) buttocks of baby (slap hand), 3) facing mother (slap stomach), and 4) passing baby's hand behind the mother's waist (swoop hand behind waist)
- 4 signs of good attachment: point and say 1, 2, 3, 4 where 1) mouth open wide; 2) more areola showing above than below nipple 3) lower lip turned out; 4) baby's chin touching breast.

Breastfeed frequently, day and night



- After the first few days, most newborns want to breastfeed frequently, 8 to 12 times/day. Frequent breastfeeding helps produce lots of breastmilk.
- Once breastfeeding is well-established, breastfeed 8 or more times day and night to continue to produce plenty of (or lots of) breastmilk. If the baby is well attached, contented and gaining weight, the number of feeds is not important.
- The important point to remember is that over a 24 hour period the baby gets all the nutrients to meet his/her needs.
- More suckling (with good attachment) and removal of milk makes more breastmilk.
- Breastmilk is perfectly adapted to the newborn's small stomach size because it is quickly and easily digested.
- Crying is a late sign of hunger.
- Early signs that baby wants to breastfeed:
 - ▲ Restlessness
 - ▲ Opening mouth and turning head from side to side
 - ▲ Putting tongue in and out
 - ▲ Sucking on fingers or fists

Exclusively breastfeed (no other food or drink).



- Breastmilk is all the infant needs for the first 6 months.
- Breastmilk contains all the nutrients that a newborn needs to satisfy hunger and thirst.
- Breastmilk contains all the water a baby needs, even in a hot climate.
- Giving water will fill the newborn and cause less suckling; less breastmilk will be produced.
- Infants are likely to have fewer diarrhea, respiratory, and ear infections.
- Exclusive breastfeeding helps space births by delaying the return of fertility.

(Annex 7: HMIS-2.1 for recording recommended practices for breastfeeding by health facilities.)

Let newborn finish one breast and come off by him/herself before switching to the other breast.

- Switching back and forth from one breast to the other prevents the newborn and infant from getting the nutritious 'hind milk'.
- The 'fore milk' has more water content and quenches newborn's thirst; the 'hind milk' has more fat content and satisfies the newborn's hunger.
- Giving bottles and pacifiers (dummies) to her breastfed newborn can interfere with breastfeeding and cause diarrhea and other common infections.

Mother needs to eat and drink to satisfy hunger and thirst.



- The mother who is breastfeeding should eat 2 extra meals a day.
- No one special food or diet is required to provide adequate quantity or quality of breastmilk.
- Breastmilk production is not affected by maternal diet.
- No foods are forbidden.
- Mothers should be encouraged to eat supplemental foods where they are accessible.

Continue breastfeeding when newborn or mother is ill.



- If mother is sick with a cold, flu, or diarrhea, she may continue to breastfeed because breastmilk still protects the newborn against illness.
- If newborn is sick, mother may breastfeed more often (or express her milk if the newborn cannot breastfeed) so that newborn recuperates.
- Breastmilk replaces needed water and nutrients lost through frequent loose stools, and is the most easily digestible food for the sick infant.
- Breastfeed more during illness.
- Breastfeeding provides comfort to a sick infant.
- Breastfeed when mother is sick.

Continue breastfeeding for 2 years of age or longer.



- Breastmilk contributes a significant proportion of energy and nutrients during the complementary feeding period and helps protect babies from illness.
- In the first year breastfeed before giving foods to maintain breastmilk supply.

Handout 2.2

Risks from NOT Breastfeeding

For BABY

- Death
- Diarrhea
- Constipation
- Loss of immunities to many diseases
- Failure to develop intelligence to full potential
- More allergies and asthma
- More respiratory illnesses
- Vaccinations less effective
- Has to wait for milk to be prepared
- Other milks may not be at right temperature
- Other milks harder to digest
- Less closeness to mother
- Nutrients missing
- Slower development
- Less ideal weight gain
- Jaw and teeth don't develop properly - more overlapping teeth, dental problems
- More ear infections
- New brother or sister too soon
- Sick often
- Vitamin A deficiency
- Slower recovery from any illness
- Iron-deficiency anemia
- Higher rates of childhood cancers including leukemia
- Higher rates of breast cancer as an adult
- Higher rates of diabetes
- Heart disease in adulthood
- Celiac disease
- Colitis
- Crohn's disease
- Meningitis
- High blood pressure in adulthood
- NEC - a serious disease of premature babies
- More susceptible to measles

For MOTHER

- Slower return of uterus to normal
- More blood loss after birth
- More expense
- More work to feed baby at night
- Quicker return of fertility and potential new pregnancy
- Greater risk of ovarian and breast cancer
- More work to prepare milk
- Less closeness with baby
- Hormones not helping to relax and calm mother
- Unhappy baby
- More worry when child is sick
- More time spent caring for sick child
- Higher risk of developing osteoporosis

For FAMILY

- More expense for milk
- More expense for medicines
- More worry when child is sick
- Less child spacing
- More time spent caring for sick child
- Loss of work time in order to seek medical care

Importance of Breastfeeding

Importance of Breastfeeding for the Newborn/Infants

- Breastfeeding is essential to the normal health, growth and development of newborns and infants.
- Breastmilk contains antibodies and many other ingredients that actively and passively protect against diseases, especially against diarrhea and respiratory infections.
- Breastmilk is a whole food for the newborn, contains balanced proportions and sufficient quantity of all the needed nutrients for the first 6 months of life.
- Breastmilk is a safe source of water (the only safe source of water for newborns under 6 months of age).
- Breastmilk helps the newborn's immune system to mature.
- Breastfeeding helps jaw and teeth development; suckling develops facial muscles.
- The skin-to-skin contact associated with breastfeeding stabilizes the newborn's respiration rate, heart rate and temperature which is especially important in low birth weight or premature babies.
- Breastfeeding provides comfort and relief from stress and pain to the child.

Importance of Breastfeeding for the Mother

- Breastfeeding is more than 98% effective as a contraceptive method during the first 6 months after birth provided that breastfeeding is exclusive and amenorrhea persists.
- Putting the baby to the breast immediately after birth stimulates uterine contractions which facilitates the expulsion of placenta and helps to control bleeding.
- Breastfeeding provides mothers with all the food and water that their baby needs from immediately after birth to 6 months of age. After 6 months breastfeeding still provides a substantial proportion of food and drink for the child. This is food that mothers do not need to buy or prepare. Breastmilk contains 88% water.
- Breastmilk is available at anytime and anywhere, is always clean, nutritious and at the right temperature.
- Breastfeeding is reliable and even when circumstances suddenly change for the worse. For example if there is an emergency of some kind, a breastfeeding mother is still able to nourish her child.
- Hormones released during breastfeeding reduce mother's stress levels and help her to care for her baby.

Importance of Breastfeeding for the Family

- Breastfeeding means that a family's economic circumstances need not impact the quality of food that their baby receives. There is no better food than breastmilk for a baby and it is available to even the poorest family.
- Breastfeeding is central to the health and wellbeing of both mothers and children and therefore is important to the family as a whole.

Importance of Breastfeeding for the Community

- High rates of breastfeeding in a community underpin the health and wellbeing of mothers and children in the community. This supports the security, happiness and productivity of the community.
- High rates of breastfeeding mean that scarce health resources can be allocated to unavoidable illness rather than to the unnecessary illness which results from artificial feeding.
- Long term- healthy babies grow into healthy, smart children and adults who can benefit the community.

Session 3: Anatomy & Physiology

Learning objective

Describe the basic anatomy and physiology of the breast.

Overview

Activity 3.1: Present power point on anatomy and discuss (15 minutes).

Activity 3.2: Continue power point presentation of physiology of milk production (45 minutes).

Total Time 1 hour

Materials needed

- ✓ LCD projector
- ✓ Breast models

Advance Preparation

Power Point Presentation

Anatomy & Physiology

Detailed activities

Activity 3.1: Present Power Point: Anatomy and Physiology. Pass out breast models so they can observe more closely the parts of the breast (15 minutes).

Be sure to mention:

- Montgomery glands: cleansing and lubricating function.
- Nipple contains many sensory nerves thus is very sensitive and this is important for the reflexes that help the milk to come.

Activity 3.2: Continue presentation of physiology of milk production (45 minutes)

Be sure to mention:

- **Prolactin** production based on stimulation of nipple and causes milk production.
- Pituitary gland produces **more prolactin at night** than in the daytime so breastfeeding at night is important for keeping up milk supply. It also has implications for estrogen suppression caused by prolactin and delayed fertility due to breastfeeding.
- **Suckling as well as emptying the breast** are key for good milk supply.
- If the baby does not empty a breast less milk will be produced in that breast as the **pressure of the milk serves to inhibit milk production.**
- Hormonal level plays a major role in preparing the breast and triggering milk production but a less important role in sustaining it.
- **Oxytocin** is also produced when the baby suckles and stimulates nerve endings.
- It causes milk for this feed to be ejected –called **milk ejection reflex (MER).**
- The **MER is necessary** to help the baby get enough milk out of the breast.
- The **MER can be affected by emotions**—fear, worry, pain, embarrassment.
- Massaging a mother's back can help the MER.



A helper rubbing a mother's back to stimulate the oxytocin reflex

- Mother can massage her breast (in circular motions) to help MER. Oil massage at home is also useful. Combing the breast from the upper part towards the nipple is also useful, but the comb should be clean.



- **Boosting a mother's confidence** in her ability to breastfeed is important. If she doubts that she will be able to breastfeed adequately, her worries may stop the flow of milk.
- **Other effects of oxytocin** include: contraction of the uterus, reduced duration of postpartum bleeding.

Session 4: Composition of Breastmilk

Learning objectives

1. Compare the key differences between human milk and other milks.
2. Recognize why breastmilk is ideal for newborns and infants and breastmilk substitutes are not.

Overview

Activity 4.1: Discuss milk comparison chart (30 minutes).

Activity 4.2: Power Point Presentation: Aspects of milk composition (30 minutes).

Total Time 1 hour

Materials needed

- ✓ Meta cards
- ✓ Flip charts
- ✓ LCD projector

Advance Preparation

- Using handout 4.1 prepare flipchart with the first row (different milks) and the first column (components) written on the chart.
- Prepare cards with chart information (differences between milks). Use various colors.
- Prepare power-point 4,5,6 and 7 without the answers on meta card.
- **Power Point Presentation:** Composition of Breastmilk.

Handouts

Handout 4.1: Summary of differences between milks.

Handout 4.2: Composition of breastmilk.

Detailed activities

Activity 4.1: Discuss milk comparison chart.

Methodology: Group Work

Instructions for Activity:

1. Hand out sets of 3 cards: one set of cards with answers that align with one component of each milk and have participants decide where to place them in the row/column on the chart. Below is an example of 3 different components and 3 sets of cards:

Partly corrected (Write on backside of the card: Protein)	Correct amount, easy to digest (Write on backside of the card: Protein)	Too much, difficult to digest (Write on backside of the card: Protein)
Lacks essential fatty acids, no lipase (Write on backside of the card: Fat)	Lacks essential fatty acids, no lipase (Write on backside of the card: Fat)	Enough essential fatty acids, lipase to digest (Write on backside of the card: Fat)
Not enough A & C (Write on backside of the card: Vitamins)	Vitamins added (Write on backside of the card: Vitamins)	Enough (Write on backside of the card: Vitamins)

2. Alternately –if the group is very large, make 2 or 3 flipcharts and 2 or 3 sets of cards as described above and have smaller groups fill in the chart. If done in small groups have one group present their chart and the rest of the groups will comment on whether they agree or not and discuss reasons.
3. Put entries for top row and left side column of milk comparison chart on flipchart.
4. Distribute **Handout 4.1**: Summary of differences between milks and compare.

Activity 4.2: Power point presentation: Composition of breastmilk(30 minutes)

Methodology: Group Work

Instructions for Activity A:

1. Divide participants into 5 groups.
2. Give each group power-point slide 4, 5, 6, 7 and 8 made of meta card and ask them to identify the types of milk the card corresponds and stick them.
3. Show PowerPoint and check answers.
4. Ask to see Handout 4.2: Composition of breastmilk and discuss the importance of colostrum. See Handout 2.1: Colostrum; and fore/hind milk.

Instructions for Activity B:

1. Divide participant to 3 groups. Participants are shown small measuring cups marked with the following amounts/volumes of water: 50 ml of water, 300- 400 ml of water, 500 -800 ml of water.
2. Participants are told that the amount of water represents the average amount consumed by an infant in a given day.
3. Each group is given one of the measuring cups, and in their groups they are asked to estimate what day of life the amount represents.
4. Answers are then shared in plenary, and reactions are discussed. With an infant nursing an estimated 10 times in a day, participants are then asked to pour into a separate container the amount taken by an infant in a single nursing session.
5. In plenary participants are reminded of the following: - Colostrum is produced in small amounts that is nutritionally sufficient for the newborn. - The newborn needs only to be well attached at the breast, suckle effectively and nurse frequently. The newborn does not need large quantities of milk in the first few days.- It is normal for newborns in the first few days of life to feed every hour. This helps to build a mother's milk supply and does not mean that the baby is hungry. Babies may cry for many reasons, not just because they are hungry.
6. Finally, in plenary the group brainstorms conclusion and ways to convey to parents that the small amount of colostrum available is sufficient for the infant and that supplementation is not needed in the first few days of life.
7. Conclusion: colostrum is sufficient for the newborn in the first days of life.

Handout 4.1

Summary of differences between milks

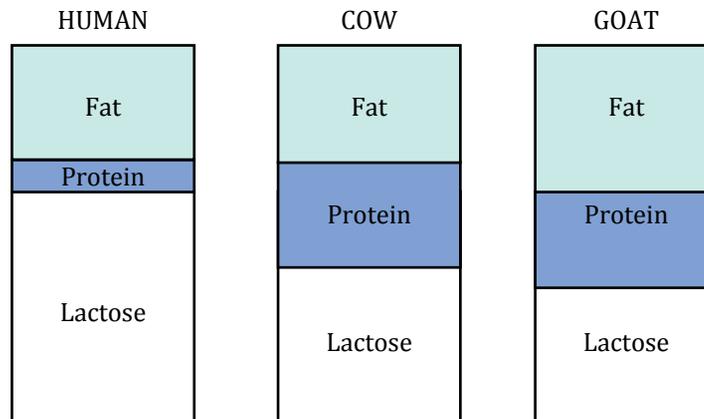
	Human milk	Animal milk	Infant formula
Protein	Correct amount, easy to digest	Too much, difficult to digest	Partly corrected
Fat	Enough essential fatty acids, lipase to digest	Lacks essential fatty acids, no lipase	Lacks essential fatty acids, no lipase
Vitamins	Enough	Not enough A & C	Vitamins added
Minerals	Correct amount	Too much	Partly corrected
Lactose	Enough	Less	Added
Iron	Adequate amount, well absorbed	Small amount, not well absorbed	Added, not well absorbed
Water	Enough	Extra needed	May need extra
Anti-infective properties	Present	Absent	Absent
Growth factors	Present	Absent	Absent
Bacterial contaminants	None	Likely	Likely when mixed

Adapted from WHO/CDR/93.6 WHO/Wellstart

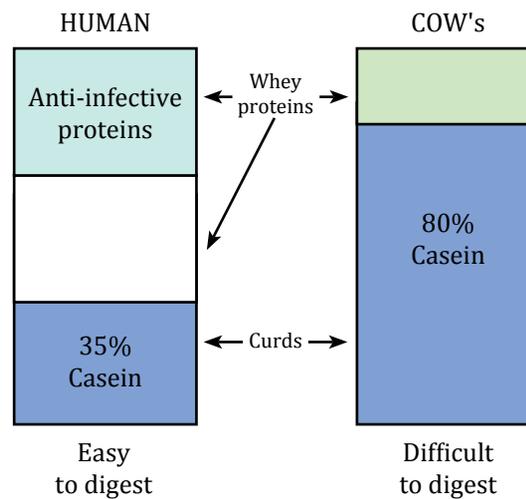
Handout 4.2

Composition of Breastmilk: PowerPoint Slides

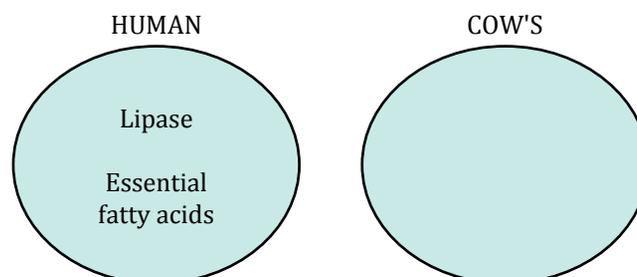
What are the differences between these milks?



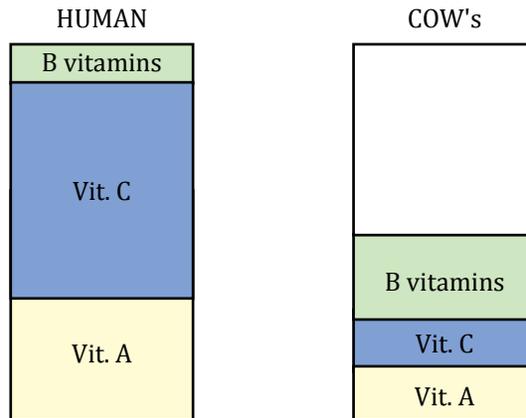
Differences in the quality of the proteins in different milks



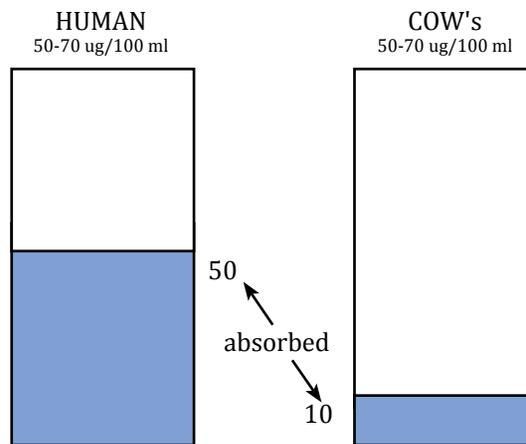
Differences in the fats of different milks



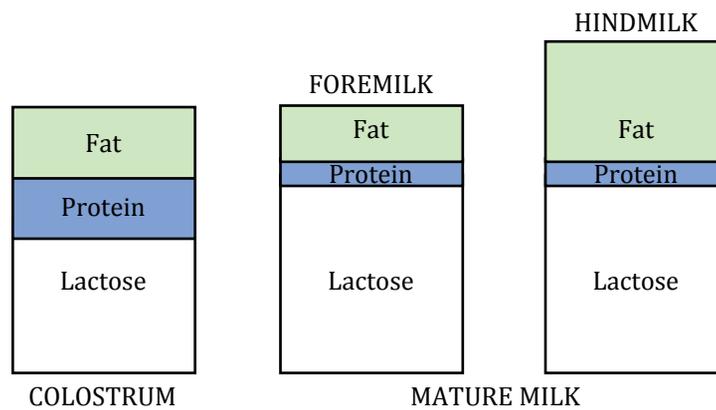
Vitamins in different milks



Iron in milk



What differences do you notice here?



Session 5: Good Attachment and Positioning

Learning objectives

1. List four signs of good attachment.
2. List the results of poor attachment.
3. Describe good positioning of the newborn while breastfeeding.
4. Demonstrate alternative positions for mothers and babies.

Overview

- Activity 5.1:** Explain importance for mother and newborn of good attachment and positioning for breastfeeding. (5 minutes)
- Activity 5.2:** Explain importance of how to observe and detect good positioning and attachment. (50 minutes)
- Activity 5.3:** Power Point Presentation: Positioning and Attachment. (30 minutes)
- Activity 5.4:** Practice helping mothers to position (and attach) their babies correctly. (20 minutes)

Total Time 1 hour 45 minutes

Materials needed

- ✓ LCD projector
- ✓ Dolls
- ✓ Model breasts
- ✓ Glass

Advance Preparation

Prepare Dolls using Tower.

Handouts

- Handout 5.1:** Different breastfeeding positions.
- Handout 5.2:** Good and poor attachment comparison.
- Handout 5.3:** B R E A S T FEED Observation Checklist.

Power Point Presentation: Positioning and attachment.

Reference documents

Breastfeeding Counselling: A training Course, WHO/UNICEF 1993
Helping Mothers to Breastfeed, Felicity Savage King

Detailed activities

Activity 5.1: Importance for mother and newborn of good attachment and positioning for breastfeeding. (5 minutes)

Methodology: Brainstorming.

Instructions for Activity:

1. Ask participants the following questions:
 - a) why is good attachment important?
 - b) what are the results of poor attachment? And
 - c) why is proper positioning important?
2. Fill-in gaps with the following:
 - Good attachment is important to enable the new born to suckle effectively, to remove the milk efficiently, and to stimulate adequate milk supply.
 - Poor attachment results in incomplete removal of milk, and can lead to sore nipples, inflammation of the breast and mastitis for the mother, and inadequate growth of the infant.
 - Proper positioning leads to good attachment.

Activity 5.2: Explain how to observe and detect good positioning and attachment (50 minutes).

Methodology: Role-play

Instructions for Activity:**Part A: Demonstration or Role-Play on positioning (30 minutes)**

1. The mother must be comfortable
2. Using a real mother (if possible), Facilitator explains the 4 signs of good positioning:
 - 1) The baby's body should be **straight**
 - 2) The baby's body should be **facing** the breast
 - 3) The baby should be **close** to mother
 - 4) Mother should **support** the baby's whole body
3. If no mother is present, one Facilitator acting as a Health Worker helps another Facilitator acting as a mother role play helping a mother position baby to breast using a doll or rolled up towel.
4. **Demonstration:** on one arm show with opposite hand the position of 1) head of baby (slap fore arm), 2) buttocks of baby (slap hand), 3) facing mother (slap stomach), and 4) passing baby's hand behind the mother's waist (swoop hand behind waist).
5. **Demonstration:** Distribute **Handout 5.1: Different breastfeeding** positions and demonstrate the positions.
6. **Demonstrate:** Ask a participant to drink water from the glass with his or her head turned on left or right side and ask him or her how it feels to drink water with head turned.

Explain that when a baby's head is positioned too far out at the crook of the mother's arm, the baby will have to tilt his head downward to attach to the breast, making it difficult to swallow; baby's head needs to be positioned more on the fore arm.

Instructions for activity**Part B: Demonstration on attachment (10 minutes)**

1. The Facilitator as Health/Community Worker now explains to mother the 4 signs of attachment: **"1, 2, 3, 4"**
 - a. The baby should be close to the breast with **Mouth wide open.**
 - b. The **baby's Lower Lip is turned outwards.**
 - c. The **Chin should touch the breast.**
 - d. You should see **more Areola above the baby's mouth than below.**
2. The mother should hold her breast with her fingers in a C shape, the thumb being above the areola and the other fingers below. Fingers should not be in scissor hold because this method tends to put pressure on the milk ducts and can take the nipple out of the new born's mouth.
3. The new born is brought to the breast (not the breast to the new born).

Instructions for Activity:**Part C: Observation of illustrations: Attachment (10 minutes)**

1. Demonstrate illustration: Good and Poor Attachment.
2. Ask Participants: What is happening inside the baby's mouth in Good Attachment and Poor Attachment? and explain the differences.
3. Ask Participants; "What are the results of poor attachment (if baby is not attached well)?"
4. Ask Participants: "What are the signs of effective suckling?"
5. Distribute and review **Handout 5.2**: Good and poor attachment.
6. Distribute and review **Handout 5.3**: B R E A S T FEED Observation Checklist.

Activity 5.3: Power Point Presentation: Positioning and attachment –ask participants to identify signs Of proper attachment and positioning (30 minutes).

Activity 5.4: Practice helping mothers to position and attach their babies correctly (20 minutes).

Methodology: Role-play.

Instructions for Activity:**Practice**

1. In groups of 3 (mother, Health Worker and observer) Participants practice helping 'mother'to use good positioning (4 signs) and good attachment (4 signs) - using dolls or rolled-up towels/ material.
2. Each Participant practices each role. (Participants can practice POSITIONING a baby and helping a mother to do so, but they cannot practice ATTACHMENT until they are with a real mother and baby. They can go through all the steps with each other and with a doll so that they know what to do with a real mother.)
3. Facilitators observe and provide feedback to groups of 3. Remind the Participants that the counsellor should talk to the mother, using "supportive and encouraging words and tone of voice"to explain the steps necessary to position or reposition or attach or reattach the baby (and not take the baby from the mother and do it him/herself).
4. Ask groups to provide any feedback: What was new? What were the difficulties?
5. Summarize key points in large group.

Key Content

Picture #1 Good Attachment-inside appearance.

See how a baby takes the breast into his/her mouth to suckle.

Notice:

- S/he has taken much of the areola and the underlying tissues into the mouth.
- S/he has stretched the breast tissue out to form a long "teat".
- The nipple forms only about one third of the teat.
- The baby is suckling from the breast, not the nipple.

Notice the position of the baby's tongue:

- Forward, over the lower gums and beneath the areola.
- The tongue is in fact cupped around the "teat"of breast tissue. You cannot see that in this drawing, though you may see it when you observe a baby.
- If a baby takes the breast into his/her mouth in this way, s/he can suckle in the right way and is well attached to the breast.

Suckling Action

- A wave goes along the baby's tongue from the front to the back. The wave presses the 'teat' of breast tissue against the baby's hard palate. This presses milk out of the milk ducts into the baby's mouth to be swallowed.
- So a baby does not suck milk out of the breast, like drinking through a straw. Instead:
 - ▲ S/he uses suction to pull out the breast tissue to form a teat, and to hold the breast tissue in his/her mouth.
 - ▲ The oxytocin reflex makes breastmilk flow to the milk ducts.
 - ▲ The action of the tongues presses the milk from the breast into her/his mouth.
- When a baby is well attached, the breastmilk is removed easily and it is called effective suckling.
- It is also helpful to understand that when a baby suckles in this way, her/his mouth and tongue do not rub the skin of the breast and nipple.

Picture #2: Poor Attachment–inside appearance

- Only the nipple is in the baby's mouth, not the underlying breast tissue.
- The milk ducts are outside the baby's mouth, where the tongue cannot reach them.
- The baby's tongue is back inside the mouth and not pressing on the milk ducts.

Picture #3: Good Attachment –outside appearance

- The mouth is wide open
- The lower lip is turned outwards
- The baby's chin touches the breast
- You can see more of the areola above his mouth and less below. This shows that the child is reaching with the tongue under the milk ducts to press out the milk.

Picture #4: Poor attachment–outside appearance

- The mouth is not wide open and it points forward
- The lower lip is not turned outwards
- The baby's chin does not touch the breast
- You can see the same amount of areola above and below the mouth, which shows that s/he is not reaching the milk duct

Key point:

Seeing a lot of areola is not a reliable sign of poor attachment. Some mothers have a very large areola, and you can see a lot even if the baby is well attached. It is more reliable to compare how much areola you see above and below the mouth.

What might be some results of poor attachment/suckling?

- Sore and cracked nipples
- Pain leads to poor milk release and slows milk production

Handout 5.1

Kinds of different breastfeeding positions

1. Cradle position (most common position)



2. Cross cradle—useful for newborns and small or weak babies and premature baby or any baby with a difficulty attaching



3. Side-Lying

- This position is more comfortable for the mother after delivery and it helps her to rest while breastfeeding.
- This position is best used for after a Cesarean section.
- The mother and infant are both lying on their sides and facing each other.



4. Under-arm

- This position is best used:
 - ▲ after a Caesarean section,
 - ▲ when the nipples are painful.
 - ▲ for small babies.
 - ▲ breastfeeding twins.
- The mother is comfortably seated with the infant under her arm. The infant's body passes by the mother's side and his/her head is at breast level.
- The mother supports the infant's head and body with her hand and forearm.



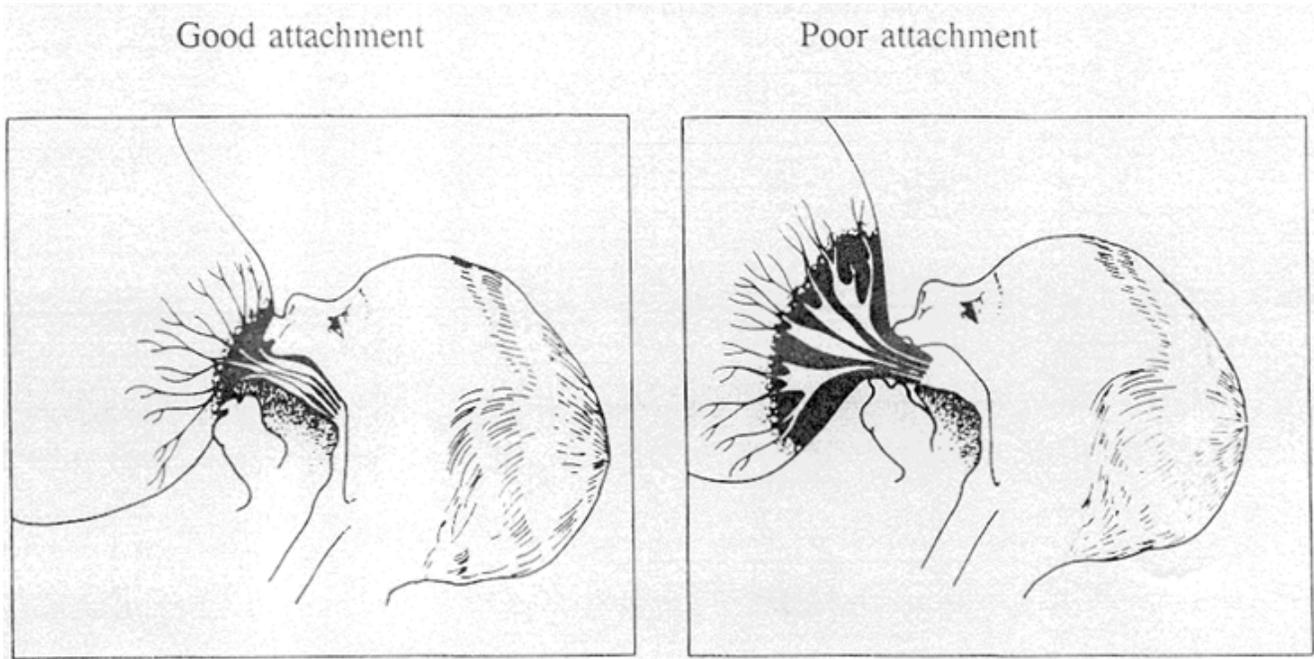
5. Cross position for twins



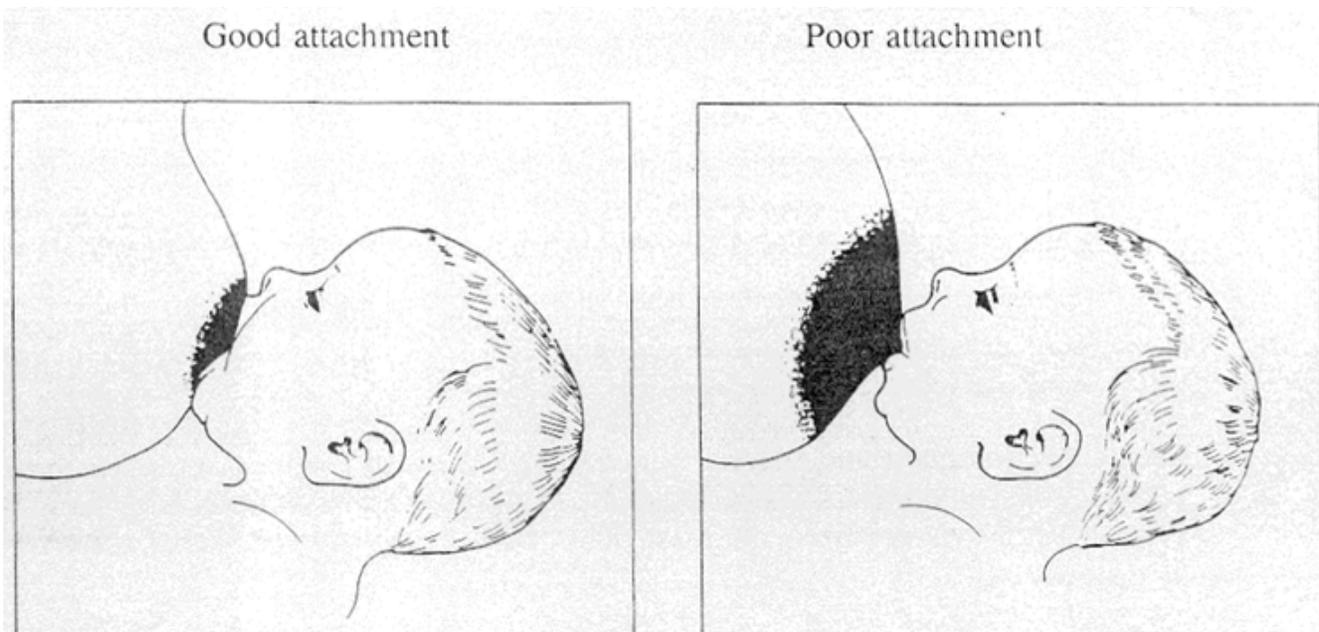
Handout 5.2

Good and poor attachment

Attachment-inside appearance



Attachment-outside appearance



From: *Breastfeeding counseling: A training course, Participants' Manual WHO/UNICEF1993*

Handout 5.3

BREASTFEED OBSERVATION CHECKLIST

Mother's name: _____ Date: _____

Baby's name: _____ Age of baby: _____

Signs that breastfeeding is going well

GENERAL

Mother:

- Mother looks healthy
- Mother relaxed and comfortable
- Signs of bonding between mother and baby

Baby:

- Baby looks healthy
- Baby calm and relaxed
- Baby reaches or roots for breast if hungry

BREASTS

- Breasts look healthy
- No pain or discomfort
- Breast well supported with fingers away from nipple

BABY'S POSITION

- Baby's head and body in line
- Baby held close to mother's body
- Baby's whole body supported
- Baby approaches breast, nose to nipple

BABY'S ATTACHEMENT

- Baby's mouth wide open
- Lower lip turned outwards
- Baby's chin touches breast
- More areola seen above baby's upper lip

SUCKLING

- Slow, deep sucks with pauses
- Cheeks round when suckling
- Baby releases breast when finished
- Mother notices signs of oxytocin reflex

Signs of possible difficulty

Mother:

- Mother looks ill or depressed
- Mother looks tense and uncomfortable
- No mother/baby eye contact

Baby:

- Baby looks sleepy or ill
- Baby is restless or crying
- Baby does not reach or root

- Breasts look red, swollen, or sore
- Breast or nipple painful
- Breast held with fingers on areola

- Baby's neck and head twisted to feed
- Baby not held close
- Baby supported by head and neck only
- Baby approaches breast, lower lip/chin to nipple

- Baby's mouth not wide open
- Lips pointing forward or turned in
- Baby's chin not touching breast
- More areola seen below baby's lower lip

- Rapid shallow sucks
- Cheeks pulled in when suckling
- Mother takes baby off the breast
- No signs of oxytocin reflex noticed

Adapted from *Infant and Young Child Feeding Counselling: An Integrated Course. Trainer's Guide. 2006*

Session 6: Difficulties and How to Overcome Them

Learning objectives

1. Identify common breast conditions which sometimes cause difficulties with breastfeeding.
2. Recognize symptoms.
3. List ways to prevent the common breastfeeding difficulties.
4. Adequately solve these difficulties.
5. Describe hand expression and storage of breastmilk; and how to cup feed.

Overview

Activity 6.1: Identify common difficulties that can occur during breastfeeding (10 minutes).

Activity 6.2: Identify prevention measures, symptoms and solutions for 4 of the most common breast conditions which sometimes cause breastfeeding difficulties (45 minutes).

Activity 6.3: Demonstrate preparation and use of a syringe for treatment of inverted nipples (5 minutes).

Activity 6.4: Describe hand expression and storage of breastmilk; and how to cup feed. (15 minutes).

Total Time 1 hour 15 minutes

Materials needed

- ✓ Flipchart papers (+ markers)
- ✓ Syringes, razor blades or knife (1 set per every 2 or 3 participants)
- ✓ Breast model and cup to demonstrate expression of breast milk and cup feeding

Advance Preparation

Prepare flipcharts with one of the following written on the top

- Engorgement
- Sore or cracked nipples
- Plugged ducts that can lead to mastitis
- Insufficient breastmilk

Handouts

Handout 6.1: Checklist for Common Breastfeeding Difficulties

Handout 6.2: Signs that baby is receiving enough breast milk

Handout 6.3: Preparing and using a syringe for treatment of inverted nipple

Annex 5: Milk expression and storage of breastmilk

Detailed activities

Activity 6.1: Identify common difficulties that can occur during breastfeeding (10 minutes).

Methodology: Brainstorming

Instructions for Activity:

1. Brainstorm common difficulties that can occur during breastfeeding.
2. List them on a flipchart.

Activity 6.2: Identify symptoms, prevention measures and solutions for the 4 most common breastfeeding difficulties (Engorgement, cracked/sore nipples, plugged ducts that can lead to mastitis, insufficient breastmilk) (45 minutes).

Methodology: Group Work

Instructions for Activity:

1. Divide participants into four working groups.
2. Each group lists on flip chart the prevention measures, symptoms and solutions to one of the four most common breastfeeding difficulties: engorgement, sore and cracked nipples, plugged ducts that can lead to mastitis, and insufficient milk.
3. Each group presents the prevention measures, symptoms and solutions of a common breastfeeding difficulty.
4. Discussion and summary in plenary using **Handout 6.1: Common Breastfeeding Difficulties**.

Activity 6.3: Demonstrate preparation and use of a syringe for treatment of inverted nipples(15 minutes).

Methodology: Demonstration

Instructions for Activity:

1. Based on **Handout 6.3**, the Facilitator shows how to cut the end off a syringe and then reposition the plunger in order to be used for treatment of inverted nipples.
2. This technique can be used by a mother immediately before putting the child to the breast when there is an inverted nipple. It does not need to be used during pregnancy but only when the baby is unable to latch on due to the inverted nipple. NOTE: ***This does NOT work for expressing milk as the syringe only puts suction on the nipple, not the areola.***

Activity 6.4: Describe hand expression and storage of breastmilk; and how to cup feed. (15 minutes).

Methodology: Demonstration

Instructions for Activity:

1. Facilitator demonstrates milk expression technique using a breast model.
2. Facilitator demonstrates cup feeding.
3. Orient Participants to Annex 5: Milk Expression and Storage of Breastmilk.

Handout 6.1

Common Breast Conditions which sometimes cause Breastfeeding Difficulties

Condition-Difficulty & Symptoms	Prevention	Solutions
<p>Engorgement</p>  <p><i>Photo by Mwate Chintu</i></p> <p>Symptoms:</p> <ul style="list-style-type: none"> • Swelling, tenderness, warmth, redness, throbbing, pain, low-grade fever and flattening of the nipple. • Skin on breasts is taut. • Usually begins on the 3rd–5th day after birth. 	<ul style="list-style-type: none"> • Correct attachment and positioning. • Breastfeed immediately after birth. • Breastfeed on demand (as often and as long as baby wants) day and night: 10 –12 times per 24 hours. • Allow baby to finish first breast before switching to the second breast. 	<ul style="list-style-type: none"> • Apply cold compresses to breasts to reduce swelling; apply warm compresses to “get milk flowing.” • Breastfeed more frequently or longer. • Improve newborn attachment and positioning. • Massage breasts. • Express some milk. • Apply a warm bottle.
<p>Sore or Cracked Nipples</p>  <p><i>Photo by F. Savage King</i></p> <p>Symptoms:</p> <ul style="list-style-type: none"> • Breast/nipple pain. • Cracks in the nipples. • Occasional bleeding. • Nipples become reddened. 	<ul style="list-style-type: none"> • Correct latch-on. • Correct positioning of baby. • Do not use bottles, dummies or pacifiers. • Do not use soap on nipples. 	<ul style="list-style-type: none"> • Make sure baby latches on to the breast correctly. • Make sure baby is positioned well at the breast. • Apply drops of breastmilk to nipples and allow to air dry. • Remove the baby from the breast by breaking suction first. • Begin to breastfeed on the side that hurts less. • Do not stop breastfeeding. • Do not use bottles, dummies or pacifiers. • Do not use soap or cream on nipples. • Do not wait until the breast is full to breastfeed. If full, express some milk first.

<p>Plugged Ducts and Mastitis</p>  <p><i>Photo by F. Savage King</i></p> <p>Symptoms of Plugged Ducts:</p> <ul style="list-style-type: none"> • Lump, tender, localized redness, feels well, no fever. <p>Symptoms of Mastitis</p> <ul style="list-style-type: none"> • Hard swelling. • Severe pain. • Redness in one area. • Generally not feeling well. • Fever (at times). 	<ul style="list-style-type: none"> • Get support from the family to perform non-infant care chores. • Ensure correct attachment. • Breastfeed on demand. • Avoid holding the breast in scissors hold. • Avoid sleeping on stomach (mother). • Avoid tight clothing. • Use a variety of positions to rotate pressure points on breasts. 	<ul style="list-style-type: none"> • Apply heat before the start of breastfeeding. • Massage the breasts before breastfeeding. • Increase maternal fluid intake • Rest (mother). • Breastfeed more frequently • Seek medical treatment; if mastitis antibiotics may be necessary. • Position baby properly.
<p>Insufficient Breastmilk</p> <p>Mother “thinking” she does not have enough milk.</p>	<ul style="list-style-type: none"> • Breastfeed more frequently. • Exclusively breastfeed day and night. • Breastfeed on demand at least every 3 hours. • Correct positioning of baby. • Encourage support from the family to perform non-infant care chores. • Avoid bottles and pacifiers. 	<ul style="list-style-type: none"> • Withdraw any supplement, water, formulas, tea, or liquids. • Feed baby on demand, day and night. • Increase frequency of feeds. • Wake the baby up if baby sleeps throughout the night or longer than 3 hours during the day. • Make sure baby latches-on to the breast correctly. • Reassure mother that she is able to produce sufficient milk. • Explain growth spurts. • Empty one breast first (baby takes fore and hind milk).
<p>Insufficient Breastmilk</p> <ul style="list-style-type: none"> • Insufficient weight gain. • Newborn typically has one dirty diaper for the first 4 days and 1 wet until the milk ‘comes-in’, then 6 to 8 wets. • For infants after day 4 up to 6 weeks: at least 6 wets and 3 to 4 stools/day. • Dissatisfied baby (frustrated & crying). 	<ul style="list-style-type: none"> • Same as above 	<ul style="list-style-type: none"> • Same as above

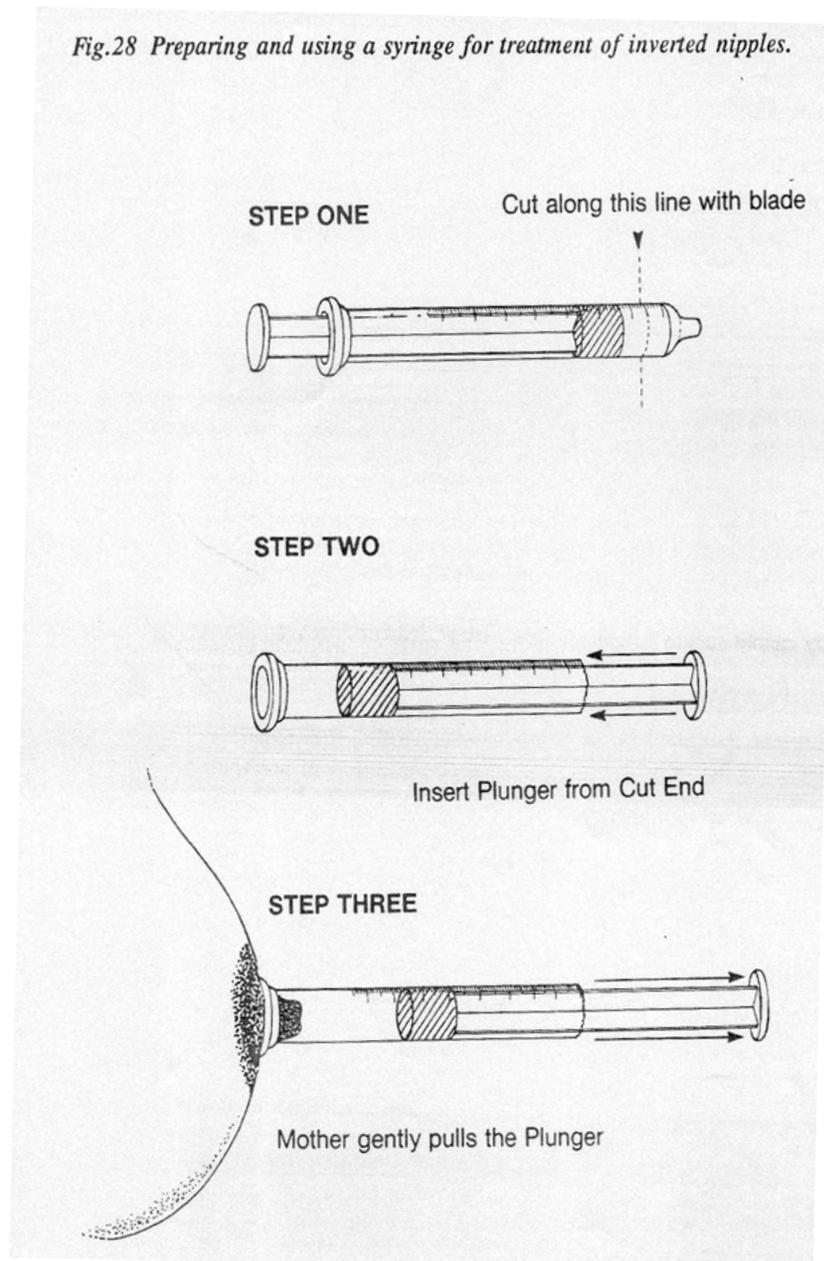
Handout 6.2

Signs that indicate your baby is receiving enough milk:

- The baby breastfeeds frequently and on demand averaging at least 8-12 feedings per 24-hour period.
- The baby is allowed to determine the length of the feeding.
- Baby's swallowing sounds are audible as he is breastfeeding.
- The baby will be alert and active, appear healthy, have good color, firm skin, and will be growing in length and head circumference.
- Baby urinates at least 6 -8 times in 24 hours from the 4th day of birth.

Handout 6.3

Fig.28 Preparing and using a syringe for treatment of inverted nipples.



From: *Breastfeeding counseling: A training course, WHO/UNICEF1993, P.70*

Session 7:

Addressing Special Situations Affecting Breastfeeding

Learning objective

Help mothers to breastfeed when special situations occur either with the newborn or the mother.

Overview

Activity 7.1 Participatory discussion of special situations (1½ hours).

Total Time 1½ hours

Materials needed

- ✓ Fish shape card
- ✓ Breast model
- ✓ Cup

Advance Preparation

1. Prepare 2 sets of fish shaped card with the following situations that affects breastfeeding: Premature baby, low birth weight baby and Kangaroo Mother Care, cesarean birth and mothers who are separated from their newborn in the hospital, baby who refuses the breast, cleft lip and/or palate, twins, inverted nipples, malnourished mothers, medications, contraindications, mother who is daily separated from her newborn, crying baby, HIV positive women, tuberculosis, hypoglycemia, jaundice.

Handouts

Handout 7.1 Addressing Special Situations Affecting Breastfeeding.

Annex 5: Milk Expression and storage of breast milk.

Activity 7.1: Participatory discussion of special situations affecting breastfeeding (1½ hours).

Methodology: Fish game and demonstration.

Instructions for Activity:

1. Divide participants into two groups. Write one situation at the backside of each card and scatter the cards in the floor.
2. Ask participants to pick one fish at a time and discuss the solution for the situation mentioned in the card.
3. Fill-in with anything missing from Handout 7.1: Addressing Special Situations Affecting Breastfeeding.
4. Demonstrate: For mother who is separated daily from her newborn demonstrate manual expression of breast milk.

Handout 7.1

Addressing Special Situations Affecting Breastfeeding

Special Situation	Solutions
<p>Premature baby</p>	<ul style="list-style-type: none"> • Mother needs support for correct latch-on. • Breastfeeding is advantageous for pre-term newborn; supportive holds may be required. • Direct breastfeeding may not be possible for several weeks, but expressed breastmilk may be stored for use by newborn. • If the baby sleeps for long periods of time, he/she should be unwrapped to encourage waking and held vertically to awaken. <ul style="list-style-type: none"> ▲ Mother should watch baby's sleep and wake cycle and feed during quiet-alert states. <p><i>Note:</i> Crying is the last sign of hunger. Cues of hunger include rooting, licking movements, flexing arms, clenching fists, tensing body, and kicking legs.</p>
<p>Low Birth Weight (LBW) Baby & KMC</p> 	<p>Kangaroo Mother Care</p> <ul style="list-style-type: none"> • Position (placed between mother's naked breast and secured in a cloth tied around the mother's chest) <ul style="list-style-type: none"> ▲ Skin-to-skin contact (SSC) ▲ Warmth • Nutrition/Breastfeeding (early and exclusive breastfeeding by direct expression or expressed breastmilk given by cup) • Support <ul style="list-style-type: none"> ▲ Mother and baby are rarely separated
<p>Cesarean Birth and mothers who are separated from their baby in the hospital</p>	<ul style="list-style-type: none"> • 'With appropriate collaboration skin-to-skin contact during cesarean surgery can be implemented. Further evidence was provided, albeit limited, that immediate or early skin-to-skin contact after a caesarean section may increase breastfeeding initiation, decrease time to the first breastfeed, reduce formula supplementation in hospital, increase bonding and maternal satisfaction, maintain the temperature of newborns and reduce newborn stress'. <p><i>Immediate or early skin-to-skin contact after a Caesarean section: a review of the literature.</i> Jeni Stevens, Virginia Schmied, Elaine Burns and Hannah Dahlen. School of Nursing and Midwifery, University of Western Sydney, Penrith, New South Wales, Australia</p> <ul style="list-style-type: none"> • The under-arm position is comfortable after a cesarean delivery because the baby's weight is away from the incision. See handout 7.1.

who refuses the breast



- Position the baby properly.
- Treat engorgement (if present).
- Avoid giving the baby teats, bottles, pacifiers.
- Wait for the baby to be wide awake and hungry (but not crying) before offering the breast.
- Put baby skin-to-skin.
- Gently tease the baby's bottom lip with the nipple until he/she opens his/her mouth wide.
- Do not limit duration of feeds.
- Do not insist more than a few minutes if baby refuses to suckle.
- Avoid pressure to potential sensitive spots (pain due to forceps, vacuum extractor, clavicle fracture).
- Express breastmilk, and give by cup.

Cleft lip and/or palate

- Let mother know how important breastmilk is for her baby.
- Try to fill the space made by the cleft lip with the mother's finger or breast.
- Breastfeed newborn in a sitting position.
- Express milk and give to the newborn using a cup or a teaspoon.

Twins



- The mother can exclusively breastfeed both babies.
- **THE MORE THE BABY NURSES, THE MORE MILK IS PRODUCED.**

Inverted nipple

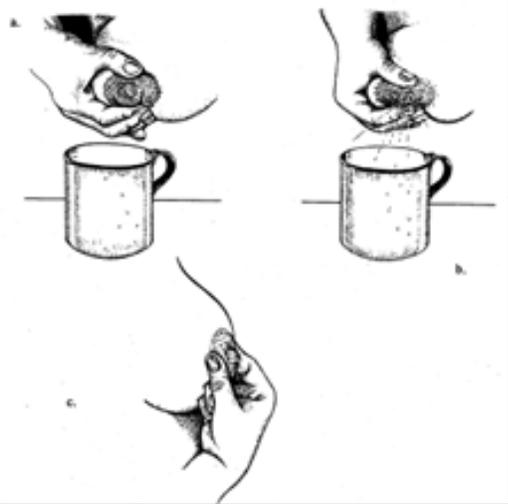


- If the baby is positioned and attached well, most types of inverted nipples will not cause breastfeeding problems.

Malnourished mothers



- Mothers need to eat extra food ("feed the mothers, nurse the baby").
- Mothers need to take micronutrients.
- Mothers need to continue to breastfeed.

<p>Medications</p>	<p>Things to know about drugs and human milk:</p> <ol style="list-style-type: none"> 1. Most drugs pass into breastmilk but almost all medication appears in only small amounts in human milk, usually less than 1% of the maternal dosage. 2. Very few drugs are contraindicated for breastfeeding women. for more information please see the LACTMed Resource: http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT
<p>Contraindications</p>	<ul style="list-style-type: none"> • Cancer treatment drugs. • Some medications (see above).
<p>Mother who is separated daily from her newborn</p> <p>Caregiver feeds expressed breastmilk from a cup.</p> 	<ul style="list-style-type: none"> • 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 newborn with her at the work site should feed her newborn frequently. • For manual expression of breast milk see Annex 5.
<p>Crying Baby</p>	<ul style="list-style-type: none"> • Help mother to try to figure out the cause of baby's crying and listen to her feelings: <ul style="list-style-type: none"> ▲ Discomfort: hot, cold, dirty. ▲ Tiredness: too many visitors. ▲ Illness or pain: changed pattern of crying. ▲ Hunger: not getting enough breastmilk (growth spurts: around 3 weeks; 6 weeks, and 3 months of age). ▲ Colic <p>Responsive Feeding and Care Practices</p> <ul style="list-style-type: none"> • Pay attention to/observe the signs/cues of hunger and learn to respond to baby: smile, go to baby, talk to baby to encourage her/him to communicate her/his wishes, show baby that you are preparing to breastfeed.
<p>HIV positive woman</p>	<ol style="list-style-type: none"> 1) Nepal 2011 PMTCT Policy: 0-6 months old: should exclusively breastfeed while mother is taking triple ARVS or life-long ART. 2) Nepal 2011 PMTCT Policy: 6-12 months old: should continue to breastfeed while complementary food is added at 6 months and mother continues to take triple ARVS or life-long ART.

Tuberculosis	<ul style="list-style-type: none"> • Mother on treatment for tuberculosis can breastfeed her baby. • Mother should wear a mask while breastfeeding. • Give INH prophylaxis to baby. • Policy in Nepal: after 2 weeks the mother will no longer be infectious, and can breastfeed. (Usually by the time TB is detected in mother, baby has already been exposed).
Hypoglycemia	<ul style="list-style-type: none"> • Sugar in the lactose portion of colostrum is sufficient to prevent hypoglycemia in the newborn. • Newborn's stomach is small; it is important for mother to initiate breastfeeding early and give colostrum.
Jaundice	<ul style="list-style-type: none"> • Jaundice in a normal full term breastfeeding infant is improved by: breastfeeding frequently (at least 10 or more times in 24 hours). • Frequent effective feedings stimulate passage of meconium and help minimize physiologic jaundice. • Sub optimal breastfeeding or reduced caloric intake in the artificially-fed newborn will result in an increase in serum indirect bilirubin concentrations and more intense jaundice due to a further increase in intestinal bilirubin absorption.

Session 8: How to Counsel/Negotiate with Mother

Learning objectives

1. Use non-verbal and verbal techniques to encourage a counsellor to listen and talk to mother.
2. List the steps of negotiation (GALIDRAA).
3. Demonstrate a counseling session using GALIDRAA steps.
4. Demonstrate the use of Counseling Cards using OTTA.
5. Practice listening and learning skills, building confidence and giving support, and negotiation skills.

Overview

Activity 8.1: Identify listening and learning skills, and building confidence and giving support skills (20 minutes).

Activity 8.2: Introduce GALIDRAA negotiation steps with mother/caregiver (10 minutes).

Activity 8.3: Demonstrate a counseling session using GALIDRAA steps (15 minutes).

Activity 8.4: Demonstrate the use of Counseling Cards using OTTA (15 minutes).

Activity 8.5: Practice counseling (1 hour).

Total Time 2hours

Materials needed

- ✓ Flipchart papers (+ markers)

Handouts

Handout 5.2: B R E A S T FEED Observation Checklist.

Handout 6.2: Signs that indicate the baby is receiving enough milk.

Handout 8.1: Listening and learning skills, and building confidence and giving support skills.

Handout 8.2: The steps of Counseling/Negotiation: GALIDRAA.

Handout 8.3: Observation Checklist on the Use of Counseling Cards (OTTA).

Handout 8.4: Breastfeeding Assessment.

Handout 8.5: Observation Checklist of GALIDRAA Counselling Steps.

Annex

Annex 5: Milk Expression and Storage of Breastmilk

Detailed activities

Activity 8.1: Identify Listening and Learning Skills, and Building Confidence and Giving Support Skills (20 minutes).

Methodology: Group work

Instructions for Activity:

Part A: Listening (15 minutes)

- a. Pair Participants. Ask them to tell a story to each other at the same time for 1 min.
- b. Then, ask large group:
 - How did you feel talking at the same time with another person?
 - Did you catch anything of the story?
- c. In the same pairs repeat the exercise, but this time listen to one another with lots of concentration (do not take notes, but listen carefully).
- d. Then, tell each other's stories (each of pair speaks for 1 minute).
- e. In large group Facilitator asks:
 - How much of your story did your partner get right?
 - How did it make you feel inside to tell a story and see someone listening to you?
- f. What things did you do to make sure that your partner was listening to you?
 - Use responses and gestures that show interest
 - Use non-verbal communication
- g. Facilitator and participant demonstrate the non-verbal communication skills by first demonstrating the opposite of the skills listed below, and then the non-verbal communication skills:
 - Keep head at same level
 - Pay attention (eye contact)
 - Remove barriers (tables and notes)
 - Take time
 - Appropriate touch
- h. Facilitators and participant demonstrate "reflecting back" and "non-use of judging words" by first demonstrating the opposite of these skills, and then the appropriate skills.
- i. Explain that Listening and Learning skills are the first set of skills to be learned and practised.
- j. General rule of counseling: "We have 2 ears and 1 mouth, so we must listen twice as much as we talk". Think of Listening and Learning skills as Life Skills to be applied in many different situations.

Part B: Asking questions: (5 minutes)

1. Five participants get to ask Facilitator 1 question. Facilitator will answer truthfully. [Facilitator stops Participants at just 1 question]
2. What did you get from this exercise? [Some types of questions bring out more information than others] Asking about 'age': gets you a specific piece of information (which is what you sometimes want).
3. Open-ended questions usually begin with why, how, when and where?
4. What things can you do to bring out more information?
 - Reflect back what the Facilitator (mother/father/caregiver) says.
 - Listen to the Facilitator's (mother/father/caregiver's) concerns.
 - Avoid using judging words.
5. Ask participants how a mother gains confidence and feels supported .
6. Ask to see Handout 8.1: listening and learning skills, and building confidence and giving support skills.

Activity 8.2: Present Negotiation steps –GALIDRAA (10 minutes).

Methodology: Interactive presentation

Instructions for Activity:

1. Ask Participants: What are the different steps of counseling/reaching-an-agreement/negotiation?
2. Write answers on flipchart.
3. Present the steps of counseling/negotiation: Greet, Asks, Listens, Identify difficulties, Discusses, Recommends and suggests possible practices, Agrees and Repeats agreed upon action, follow-up Appointment (GALIDRAA).
4. Review together Handout 8.2: The Steps of Counseling/Negotiation – GALIDRAA; Handout 8.3: Breastfeeding Assessment; and Handout 8.4: Observation checklist of GALIDRAA counseling steps.

Activity 8.3: Demonstration of counseling session using GALIDRAA steps(15 minutes).

Methodology: Demonstration.

Instructions for Activity:

Note: 2 Facilitators need to prepare this demonstration in advance (Facilitator Mother and Facilitator Counsellor should prepare following points in Key Content below).

Ask participants to follow Handout 8.3: Breastfeeding Assessment; and to complete Handout 8.4: Observation checklist of GALIDRAA counseling steps.

1. Demonstrate steps: Greet, Asks, Listens between a mother (Maya) with 1-day old son and Counsellor (situation described below).
2. Facilitator to speak out loud to group during step: Identify.
3. Demonstrate steps: Discuss, Recommend, Agree.
4. Demonstrate step: follow-up Appointment.
5. Refers as necessary.
6. Thanks Maya for her time.
7. Discuss the demonstration with Participants and answer questions.

Key Content

Demonstration of Case Study: Maya and 1-day old son

Situation: Maya

- Son refuses breast milk.
- thinks she doesn't produce enough milk.

Counselling Steps (GALIDRAA)

- a. **Greet**s Maya and introduces him/herself.
- b. Allows Maya to introduce herself and the baby.
- c. Uses *listening and learning skills*, and *building confidence and giving support skills*.
- d. **Asks** Maya about her current breastfeeding practice.
- e. **Asks** if son is her first child.
- f. **Listens** to Maya's concerns, and observes Maya and son.
- g. Accepts what Maya is doing without disagreeing or agreeing and praises Maya for wanting to breastfeed.
- h. Identifies difficulties:
 - i. Maya is worried she does not have enough breast milk.
 - ii. Son has not yet been breastfed.
- i. Discuss, Recommend, Agrees to Act

Counsellor:

- a. Praises Maya for wanting to breastfeed.
- b. Asks Maya to show her how she is breastfeeding.
- c. Helps Maya position and attach her son at the breast.
- d. Discusses breastfeeding frequency - breastfeeding whenever her son wants and for as long as he wants, both day and night.
- e. Suggests that Maya breastfeed her son when he shows interest in feeding (before he starts to cry).
- f. Shares with Maya and discusses *Counseling Cards* on attachment and positioning.
- g. Helps Maya select a practice that she can try (e.g. correct positioning and attachment, breastfeed more frequently day and night).
- h. Asks Maya to repeat verbally the agreed upon behaviour.
- i. Tells Maya that a Counsellor will follow-up with her at her next weekly visit.
- j. Suggests where Maya can find support (attend educational talk, Support Group in community).
- k. Thanks Maya for her time.

Activity 8.4: Demonstrate the use of Counseling Cards using OTTA (15 minutes).

Methodology: Demonstration

Instructions for Activity:

1. Facilitator puts the letters OTTA on a flipchart with the words Observe, Think, Try and Act next to each letter.
2. Facilitator demonstrates the use of Counseling Card: OTTA.
3. Ask to see and discuss Handout 8.3: Observation Checklist on the Use of Counseling Cards (OTTA).
4. Discuss and summarize.

Activity 8.5: Practice counseling/negotiation in an initial visit to mother with newborn in postpartum(1 hour).

Methodology: Practice

Instructions for Activity:

1. Facilitator asks Participants to recall the recommended breastfeeding practices.
2. Participants are divided into groups of three: Mother, Counsellor, and Observer.
3. Distribute **Handout 5.3:** B R E A S T FEED Observation Checklist, and **Handout 8.4:** Breastfeeding Assessment to Counsellors.
4. Distribute **Handout 8.5: Observation Checklist of GALIDRAA counselling steps** to Observers.
5. Distribute a set of Counselling Cards to each group of 3.
6. Practise Case Study 1: Ask the 'Mothers' of the working groups to gather together.
7. Read a case study to the 'Mothers' ONLY, and ask the 'Mothers' to return to their working groups.
Note: The 'Mothers' need to be sure that they give all the information included in their 'Case study'.
- Note: EMPHASIZE to Participants the need to stick to the (minimal) information in the case studies and not embellish.
8. The Counsellor of each working group (of three) asks the 'Mother' about her situation, and practises the 'assess, analyze and act' steps with *listening and learning skills* and *building confidence and giving support skills* using **Handout 8.4:** Breastfeeding Assessment.
9. In each working group, the Observer's task is to record the skills the Counsellor used on **Handout 8.5:** Observation Checklist of GALIDRAA counselling steps to provide feedback after the Case Study.
10. Ask Participants (from the training of Master Trainers or the training of Trainers) to review the Case Study 'possible answers' in their Manual.
11. The Participants in working groups switch roles and repeat the above steps using Case Studies 2 and 3.
12. One working group demonstrates a case study in front of the whole group.
13. Discuss and summarize.

Practice Case Studies

Case Study #1:

Rama, who has a newborn low birth weight son. She is breastfeeding and her mother-in-law insists that she give water to her grandson.

Case Study #2:

Sita had a caesarean 4 days ago and thinks she does not have enough milk for her daughter; Sita and her husband are seeking your advice on what they should give to the baby.

Case Study #3:

Geeta has just given birth to her 2nd child –a daughter who is 2 days old. From previous experience she knows that she won't always have time to breastfeed during the day because she will return to work, but she does plan on breastfeeding her daughter at night.

Possible answers: Case Study #1:

- The health worker/counsellor asks and listens to the current breastfeeding practices and identifies any problems and causes for the problems.
- The health worker/counsellor uses Handout 5.3: B R E A S T FEED Observation Checklist and Handout 8.3: Breastfeeding Assessment.
- In this particular case the main problem that has to be identified is giving water, the reason being the grandmother insisted that the mother do so. The health worker has to ask why the grandmother thinks that the baby should take water. S/he also has to ask the mother whether she has started giving water or not.
- Praise Rama for breastfeeding.
- The health worker needs to explain:
 - ▲ There is enough water in breastmilk for the infant. If the infant urinates 6 or more times in 24 hours, then s/he is receiving enough water.
 - ▲ The risks of giving water to the baby: risk of diarrhea, baby's stomach getting full with water and feeding less, losing weight, infrequent feeding leading to decreased breastmilk production
 - ▲ The capacity of the newborn's stomach.
- Check position, attachment and effective suckling, if not done correctly help to breastfeed in correct position with proper attachment.
- Discuss Kangaroo Mother Care and demonstrate to Rama how to apply it
 - ▲ Skin-to-skin contact (SSC)
 - ▲ Warmth
 - ▲ Support
- Recommend, negotiate and agree with Rama that she try practicing exclusive breastfeeding (EBF) for about 2-3 days and make an appointment for the following day.
- Ask to talk to the grandmother.

Possible answers: Case Study #2:

- The health worker/counsellor asks and listens to the current breastfeeding practices and identifies any problems and causes for the problems.
- The health worker/counsellor uses Handout 5.3: B R E A S T FEED Observation Checklist and **Handout 8.4: Breastfeeding Assessment**.
- In this particular case: ask Sita and her husband why they think or believe that there is not enough breastmilk for their baby?
- Praise Sita for breastfeeding.
- The health worker needs to explain:
 - ▲ comfortable breastfeeding positions to use after a caesarean.
 - ▲ frequency of breastfeeding: explain that the breast is like a “factory” –the more demand (for milk), the more supply. For this reason supplementation of the newborn with formula is most likely to have the greatest effect on the volume of milk a woman produces.
 - ▲ on-demand feeding.
 - ▲ night feeding.
 - ▲ emptying one breast before switching to the other.
 - ▲ frequency of urination in 24 hours.
- Check position, attachment and effective suckling, if not done correctly help to breastfeed in correct position with proper attachment.
- Discuss the role of frequent suckling on the amount of breastmilk production.
- Recommend, negotiate and agree with Sita that she try practicing exclusive breastfeeding (EBF) for about 2-3 days and make an appointment for the following day.
- See handout 6.2 for signs that indicate the baby is receiving enough milk.

Possible Answers: Case Study #3:

- The health worker/counsellor asks and listens to the current feeding practices and identifies any problems and causes for the problems. In this particular case: a working mother.
- The health worker/counsellor uses Handout 5.3: B R E A S T FEED Observation Checklist and Handout 8.4: Breastfeeding Assessment.
- The fact that Geeta will continue breastfeeding during the night has to be praised, and she should be encouraged to do so frequently.
- The health worker needs to explain:
 - ▲ Geeta to breastfeed before she leaves the house in the morning, and asks about the possibility of someone bringing the baby to the work place of Geeta (arrange for breastfeeding breaks).
 - ▲ If bringing the baby to the work place is not possible, the main approach is to give expressed breastmilk, and to feed the baby with a cup.
 - ▲ Explain to Geeta how to express breastmilk and how to safely store it. See Annex 5.

Handout 8.1

Listening and Learning Skills, and Building Confidence and Giving Support Skills

- Use helpful nonverbal communication.
 - ▲ Keep your head level with the mother's.
 - ▲ Pay attention.
 - ▲ Nod your head.
 - ▲ Take your time.
 - ▲ Use appropriate touch.
- Ask open-ended questions—that is, ask questions that start with what, why, how, or where rather than questions that require merely a yes or no answer.
- Use responses and gestures that demonstrate your interest.
- Reflect back on what the mother said—that is, repeat her ideas back to her using your own words.
- Empathize: Demonstrate that you understand how she feels.
- Do not use words that sound judgmental (e.g., words that suggest you believe what she is doing is wrong or bad).

Building Confidence and Giving Support skills

- Accept what a mother/father/caregiver thinks and feels (to establish confidence, let the mother/father/caregiver talk through her/his concerns before correcting information).
- Recognize and praise what a mother/father/caregiver and baby are doing correctly.
- Give practical help.
- Give a little, relevant information.
- Use simple language.
- Use appropriate counselling card or cards.
- Make one or two suggestions, not commands.

Handout 8.2

The steps of Counseling/Negotiation: GALIDRAA

1. **Greets** the mother and establishes confidence.
2. **Asks** the mother about current breastfeeding practices.
3. **Listens** to the mother.
4. **Identifies** feeding difficulty, if any, causes of the difficulty, and selects with the mother the difficulty to work on.
5. **Discusses** with the mother different feasible options to overcome the difficulty.
6. **Recommends and negotiates doable actions:** Presents options and helps mother select one that she can try.
7. Mother **Agrees** to try one of the options, and mother **repeats** the agreed upon action.
8. Makes an **Appointment** for the follow-up visit.

Handout 8.3

Observation Checklist on the Use of Counseling Cards: OTTA

Did the Counsellor?

(√ for yes and × for No)

- Introduce him/herself?

Use **Observe**-ask the mother/father/family member:

- What are the characters doing in the Counselling Card?
- How did the character(s) in the Counseling Card feel about what he or she was doing?

Use **Think**- ask the mother/father/family member:

- Who do you know that does this (recommended behavior/practice)?
- How have they been able to do this (recommended behaviour/practice)?
- What is the advantage of adopting the practice described in the Counseling Card?

Use **Try**-ask the mother/father/family member:

- If you were the mother (or another character), would you be willing to try the new practice?
- Would people in this community try this practice in the same situation? Why?

Use **Act**- ask the mother/father/family member:

- What would you do in the same situation? Why?
- What difficulties might you experience?
- How would you be able to overcome them?
- To repeat the key messages.

Handout 8.4

Breastfeeding Assessment

Observation of mother/caregiver	Name of Mother/Caregiver		Name of newborn	Age of newborn	Number of other children
Tell me about Breastfeeding	Yes	No	Why are you not breastfeeding?	Frequency: times/day	Difficulties: How is breastfeeding going?
Liquids: is your newborn getting anything else to drink?		What		Frequency: times/day	Amount: how much
	Other milks				
	Other liquids				
If postpartum breastfeeding mother	Eating 2 extra meals/day		Taking iron-folate		Received Vitamin A
Other challenges?					

Handout 8.5

Observation Checklist of GALIDRAA Counselling Steps

Name of Counsellor: _____

Name of Observer: _____

Date of visit: _____

(√ for yes and × for No)

Did the Counsellor

Use GALIDRAA Counselling Steps

- ▲ **GREET** the mother
- ▲ **ASK** and **LISTEN** to mother

Ask mother or caregiver:

- ▲ Newborn's age
- ▲ Check on special circumstances: LBW, premature, caesarean

Breastfeeding:

- ▲ Assess the current breastfeeding practice.
- ▲ Check for breastfeeding difficulties.
- ▲ Observe a breastfeeding.

Fluids:

- ▲ Assess 'other fluid' intake.

Foods:

- ▲ Assess 'other food' intake.

Did the counsellor?

- ▲ **IDENTIFY** any feeding difficulty.
- ▲ Prioritize difficulties (if there is more than one).

Record prioritized difficulty: _____

Did the counsellor?

DISCUSS, RECOMMEND

- ▲ Praise the mother/caregiver for doing recommended practices.
- ▲ Address breastfeeding difficulties e.g. poor attachment or poor breastfeeding pattern with practical help.
- ▲ Present one or two options that are appropriate to the newborn breastfeeding behaviours.
- ▲ Help the mother **SELECT AGREED UPON BEHAVIOUR** that she or he can try to address the feeding challenges.
- ▲ Discuss appropriate practices relevant to the mother or child's situation.
- ▲ Ask the mother to repeat the agreed-upon new behaviour.

Record agreed-upon behaviour: _____

- ▲ Ask the mother if she has questions/concerns.
- ▲ Refer as necessary.
- ▲ Suggest where the mother can find additional support.
- ▲ Agree upon a date/time for a **FOLLOW-UP APPOINTMENT**.

- ▲ Thank the mother for her or his time.

Did the Counselor

Use Listening and Learning skills:

- ▲ Keep head level with mother/parent/caregiver.
- ▲ Pay attention (eye contact).
- ▲ Remove barriers (tables and notes).
- ▲ Take time.
- ▲ Use appropriate touch.
- ▲ Ask open questions.
- ▲ Use responses and gestures that show interest.
- ▲ Reflect back what the mother said.
- ▲ Avoid using judging words.
- ▲ Allow mother/parent/caregiver time to talk.

Use Building Confidence and Giving Support skills:

- ▲ Accept what a mother thinks and feels.
- ▲ Listen to the mother/caregiver's concerns.
- ▲ Recognize and praise what a mother and baby are doing correctly.
- ▲ Give practical help.
- ▲ Give a little, relevant information.
- ▲ Use simple language.
- ▲ Make one or two suggestions, not commands.

Session 9: Practicum in Field

Learning objectives

1. Assess breastfeeding practices at hospital or clinic.
2. Evaluate good positioning and attachment.
3. Practice listening and learning skills, building confidence and giving support skills, and counselling/negotiation skills.
4. Reflect on strengths and weaknesses of counselling/negotiation field practice.

Overview

Activity 9.1 Conduct practice at hospital or clinic. (2½ hours with travel if necessary)

Activity 9.2: Feedback on practicum (1 hour 30 minute).

Total Time 2.5 hours (including travel and feedback).

Materials needed

- ✓ Vehicles
- ✓ Facilitator to accompany group at each site.
- ✓ Visual support (posters, cards, health booklet etc.)
- ✓ Flip chart and marker

Advance Preparation

- Make arrangements with hospital or clinic for group to visit/observe breastfeeding mothers and babies.
- **Have a facilitator actually go to the hospital or clinic ahead of time** to make sure that there will be adequate space and opportunity for the participants to talk to and observe breastfeeding mothers.
- Divide participants into pairs, give instructions the day before.
- Prepare summary sheet as per handout 9.3 in the big flipchart.

Handouts

Handout 5.3: B R E A S T FEED Observation Checklist

Handout 8.4: Breastfeeding Assessment

Handout 8.5: Observation Checklist of GALIDRAA Counselling Steps

Handout 9.1: Hospital/Clinic Practice Guidelines

Handout 9.2: Negotiation record

Handout 9.3: Sample summary sheet for Negotiation during Field Visits

Detailed activities

Activity 9.1: Practicum in hospital/clinic (2½ hours with travel if necessary).

Methodology: Practice

Instructions for Activity:

1. In plenary, before site visit, review counselling/negotiation steps,
 - ▲ **Handout 5.3:** B R E A S T FEED Observation Checklist,
 - ▲ **Handout 8.4:** Breastfeeding Assessment
 - ▲ **Handout 8.5:** Observation Checklist of GALIDRAA Counselling Steps, and
 - ▲ **Handout 9.2:** Hospital/Clinic Practice Guidelines.
2. Divide Participants in pairs: one will counsel and negotiate with the mother using **Handout 5.3:** B R E A S T FEED Observation Checklist, **Handout 8.4:** Breastfeeding Assessment and **Handout 9.1:** Counseling/Negotiation Record, while the other follows the dialogue, and uses **Handout 8.5:** Observation Checklist of GALIDRAA Counselling Steps in order to give feedback later.
3. Participants change roles until each Participant practices at least 1 counselling/negotiation with mother of newborn.

Activity 9.2: Feedback on practicum (1hour 30 minute).

Methodology: Feedback exchange

1. At training site, in plenary, each pair of Participants will summarize their negotiation experience by filling-in the summary sheet for negotiation visits (attached to the wall): Participant(s) name, child's name and age, difficulty identified, options suggested, and behavior mother agreed to try.
2. Participants receive and give feedback.
3. Discuss the following in plenary:

General questions:

- 1) How did the clinical practice go?
- 2) What did you feel that you did well? What difficulties did you have?
- 3) Was the mother willing to talk? Did the mother ask any questions? Were you able to respond to them?
- 4) What was the most interesting thing you learned from her?
- 5) Did she have any special difficulty or situation which helped you learn?

Assessing Breastfeeding:

- 1) What did you learn by general observation?
- 2) What did you see regarding attachment?
- 3) What did you see regarding positioning?

Listening and learning, Building Confidence and Giving Support Skills:

- 1) How many of the listening and learning skills, and building confidence and giving support skills were you able to use?
- 2) What could you improve? Did you ask a lot of questions?
- 3) Did using the skills encourage the mother to talk?

(Questions/comments that you now have about lactation management in early postpartum or the practice in general.)

Handout 9.1

Hospital/Clinic Practice Guidelines

Divide into pairs.

One will talk to the mother. First introduce yourself and ask permission to talk to her. Introduce partner and explain that you are interested in newborn feeding (NOT breastfeeding so she doesn't feel she can't tell you about other methods of feeding).

If newborn is breastfeeding, ask mother to continue. If the newborn is not breastfeeding ask the mother to feed in her normal way any time the newborn seems ready. Ask permission to observe breastfeeding.

Before or after breastfeeding, **ask the mother some open questions** about how she is, how her baby is and how feeding is going. Encourage the mother to talk about herself and her newborn. Practice listening and learning skills, and building confidence and giving support skills. Partner will stay quietly in background. Only one participant should be talking to the mother. Partner should not intervene.

Note general observations of the mother and baby. Example: Does she look happy? Does she have other milks or feeding bottle with her?

Fill in Handout 5.3: BREAST FEED Observation Checklist, Handout 8.4: Breastfeeding Assessment and Handout 9.2:Negotiation Record (name, checks beside each sign you observe, other observations at bottom of form, but not in front of mother)

Observer fills-in **Handout 8.5: Observation Checklist of GALIDRAA Counselling Steps.** **Make general observations** of conversation between mother and participant. Who does most of the talking? Does the participant ask open ended questions? Does mother talk freely and seem to enjoy it?

Make specific observations of counselor's listening and learning skills using checklist. Notice if s/he uses helpful non-verbal communication.

When finished observing/interacting, thank the mother for her time and cooperation, move to another place to discuss observations using Observation Checklist of GALIDRAA Counselling Steps.

Handout 9.2

Counseling/Negotiation Record

	Newborn in early postpartum
Initial Visit	
Name	
Age	
Feeding difficulty(ies) identified	
Options suggested	
What mother agreed to try	

Handout 9.3

Sample Summary Sheet for Negotiation during Field Visits

Initial Visit	1	2	3	4	5	6	7
Participants' names							
Newborn's name/age							
Difficulty(ies) identified							
Options suggested							
Behavior mother agreed to try							

Use this as a sample to record each Participant's field visit experience. Draw this table on flipchart paper. Add additional columns for number of negotiation visits

Session 10: Nutrition for Breastfeeding Women

Learning objective

1. Link the recommended breastfeeding practices and the need to care for maternal nutrition.

Overview

Activity 1: Brainstorming in small groups about nutrition actions to help mothers improve their nutrition while breastfeeding.

Total Time 30 minutes

Materials needed

- ✓ Flip charts and markers

Handouts

Handout 10.1: Nutrition actions for lactating women.

Detailed activities

Activity 10.1: Brainstorm in small groups about ways to help mothers improve their nutrition while breastfeeding (30 minutes).

Methodology: Group Work; Brainstorming.

Instructions for Activity:

1. Divide participants into groups of 4 or 5 to brainstorm actions they might encourage women to make in order to improve their nutrition while breastfeeding.
2. Share their conclusions.

Small working groups to include the following related nutrition actions for lactating women:

- 1) “An additional 2 meals, more food than usual, a varied diet”so as not to deplete woman’s reserves.
- 2) Vitamin A intake 6 weeks after delivery.
- 3) Continue iron/folate supplementation for 45 days after delivery.
- 4) Use iodized salt for the entire family.
- 5) Use treated bednets.
- 6) Reduce workload.
- 7) Choose family planning method.
- 8) Involve men in care and support.

3. Ask to see Handout 10.1: Health Services and Maternal Actions to Improve Maternal Nutrition.

Handout 10.1

Health Services and Maternal Actions to Improve Maternal Nutrition

Outcomes	Essential Health sector Actions	Maternal Actions
<p>Adequate food intake during lactation.</p> 	<ul style="list-style-type: none"> • Encourage increased food intake during lactation. • Counsel on reduced energy expenditure. 	<ul style="list-style-type: none"> • Eat at least 2 extra meals or servings per day during lactation. • Rest more during lactation.
<p>Adequate micronutrient intake.</p> 	<ul style="list-style-type: none"> • Counsel on diet diversification. • Prescribe and make accessible iron/folic acid supplements for 45 days after delivery. • Assess and treat severe anemia in women. • Distribute vitamin A to postpartum women within 6 weeks. 	<ul style="list-style-type: none"> • Increase daily consumption of fruits and vegetables, animal products and fortified foods, especially during lactation. • Consume daily supplements (iron/folic acid: 60 mg iron + 400 µg or multiple vitamin/mineral supplements) for 45 days after delivery. • Consume a high dose (200,000 IU) of vitamin A immediately after delivery or within the first 6 weeks after delivery.
<p>Prevention and treatment of malaria in endemic areas.</p> 	<ul style="list-style-type: none"> • Promote use of insecticide-treated materials. 	<ul style="list-style-type: none"> • Use insecticide-treated materials, including bednets.

<p>Prevention and treatment of hookworm in endemic areas.</p> 	<ul style="list-style-type: none"> • Counsel on preventive measures (sanitation and footwear). 	<ul style="list-style-type: none"> • Wear shoes and dispose of feces carefully to prevent infection.
<p>Birth spacing of three years or longer.</p> 	<ul style="list-style-type: none"> • Promote optimal breastfeeding practices. • Promote family planning as a health and nutrition intervention; counsel on the need for a recuperative period to build energy and micronutrient stores. • Consider breastfeeding when prescribing contraception. • Can start progesterone only pills at 6 weeks. • Combined pills (estrogen/ progesterone) acceptable at 6 months. 	<ul style="list-style-type: none"> • Initiate breastfeeding in the first hour after birth, breastfeed exclusively for 6 months, and continue breastfeeding for two years or more. • Practice family planning to space births for at least three years; delay pregnancy so that there are at least six months between the period of breastfeeding and the subsequent pregnancy. • Use contraceptives that protect breastfeeding.
<p>Reduction of workload - reduction of caloric depletion.</p> 	<ul style="list-style-type: none"> • Encourage family members to participate in domestic chore workload. 	<ul style="list-style-type: none"> • Ask family members for help in domestic workload: carrying water and fuel, planting and tending crops, doing laundry, preparing food, tending children and to breastfeed her baby exclusively until completion of 6 months.
<p>Reduction of food-borne illnesses.</p> 	<ul style="list-style-type: none"> • Promote hygiene and food and water safety. • Counsel mother to avoid foods that expose her to bacterial or enteric infection. 	<ul style="list-style-type: none"> • Practice water safety and sanitation. • Practice proper food handling.

<p>Iodine control.</p> 	<ul style="list-style-type: none"> • Stress the use of iodized salt for the whole family. 	<ul style="list-style-type: none"> • Use iodized salt for the whole family.
<p>Adequate treatment, care and services.</p> 	<ul style="list-style-type: none"> • Promptly treat infections and manage symptoms that affect food intake. • Treat opportunistic infections. • Manage common HIV symptoms that are diet related: nausea, vomiting, diarrhea, fever, loss of appetite, sores in mouth, constipation, heartburn & bloating etc. 	<ul style="list-style-type: none"> • Seek immediate treatment for diet related symptoms: nausea, vomiting, diarrhea, fever, loss of appetite, sores in mouth, constipation, heartburn & bloating etc.

Adapted from Nutrition and HIV/AIDS –A Training Manual, Regional Centre for Quality of Health Care, 2003

Session 11: Evaluation of Training - Lactation Management in Early Postpartum

Learning objectives

- Evaluate the training: acquired knowledge through post-assessment; and final evaluation of training objectives, methodologies, materials and field practice.

Overview

Activity 11.1 Post-assessment.

Activity 11.2 Participants fill out evaluation form and listen to results.

Total Time 30 minutes

Handouts

Handout 11.1: Post-assessment

Handout 11.2: Pre and post assessment with answers

Handout 11.3: End-of-Training Evaluation

Detailed activities

Activity 11.1.Post-assessment (15 minutes).

Methodology: Written post-assessment.

Instructions for Activity:

1. Pass out copies of the post-assessment to the participants and ask them to complete it individually.
2. Ask participants to write their code number (previously assigned by random drawing of numbers) on the post-assessment.
3. Immediately correct all the tests, return both pre and post-assessment results to participants, and clarify any doubts that remain.

Activity 11.2.Participants fill out evaluation form; facilitators present results (15 minutes).

Methodology: Written evaluation

Instructions for Activity:

1. Distribute end-of-training evaluations to participants and ask them to write their comments.
2. Have participants fill the form without writing their name on it, and check the corresponding box: good, average, unsatisfactory.
3. Explain that their suggestions will be used to improve future workshops.
4. Present the results to the participants.

Handout 11.1

Pre/Post-assessment: Lactation Management in Early Postpartum

#	Pre/Post-assessment	True	False
1.	Breastfeeding is very common in Nepal and thus most people don't need to be taught anything about it.		
2.	The hormone considered responsible for milk ejection is oxytocin.		
3.	The most important criterion for assessing the milk transfer during a feeding at the breast is proper attachment.		
4.	If formula is given appropriately, there are no risks for the baby from not breastfeeding.		
5.	The most common cause of poor weight gain among breastfed infants during the first four weeks after birth is maternal nutritional deficiencies.		
6.	One of the most important things a health worker can do to protect a newborn's health is to build the mother's confidence in her ability to breastfeed her child.		
7.	Infants exclusively breastfed for about six months will have fewer episodes of lower respiratory infection, and fewer episodes of diarrhea.		
8.	Hospital policies that promote breastfeeding include unlimited access of mother to newborn.		
9.	The hormone considered responsible for milk synthesis is progesterone.		
10.	It is important to listen to a mother and observe how she is breastfeeding before giving any advice or suggestions.		
11.	When breastfeeding, the baby's chin needs to touch the mother's breast.		
12.	The increase in prolactin levels during breastfeeding is dependent on the amount of milk produced.		
13.	Supplementation of the newborn with formula is most likely to have the greatest effect on the volume of milk a woman produces.		
14.	Mother's milk has more vitamin A than cow's milk.		
15.	Breastfeeding can protect a child's health when there is no safewater or basic sanitation.		
16.	Mothers should not lie down while breastfeeding their babies.		
17.	A mother can prevent sore and cracked nipples by correctly attaching and positioning her baby at the breast.		
18.	Milk removal from the breasts is essential for adequate milk production.		
19.	Most breastfeeding difficulties are caused by physiological problems.		

Handout 11.2

Pre/Post-assessment: Lactation Management in Early Postpartum - Answer Guide

#	Pre/Post-assessment	True	False
1.	Breastfeeding is very common in Nepal and thus most people don't need to be taught anything about it.		✓
2.	The hormone considered responsible for milk ejection is oxytocin.	✓	
3.	The most important criterion for assessing the milk transfer during a feeding at the breast is proper attachment.		✓
4.	If formula is given appropriately, there are no risks for the baby from not breastfeeding.		✓
5.	The most common cause of poor weight gain among breastfed infants during the first four weeks after birth is maternal nutritional deficiencies.		✓
6.	One of the most important things a health worker can do to protect a newborn's health is to build the mother's confidence in her ability to breastfeed her child.	✓	
7.	Infants exclusively breastfed for about six months will have fewer episodes of lower respiratory infection, and fewer episodes of diarrhea.	✓	
8.	Hospital policies that promote breastfeeding include unlimited access of mother to newborn.	✓	
9.	The hormone considered responsible for milk synthesis is progesterone.		✓
10.	It is important to listen to a mother and observe how she is breastfeeding before giving any advice or suggestions.	✓	
11.	When breastfeeding, the baby's chin needs to touch the mother's breast.	✓	
12.	The increase in prolactin levels during breastfeeding is dependent on the amount of milk produced.		✓
13.	Supplementation of the newborn with formula is most likely to have the greatest effect on the volume of milk a woman produces.	✓	
14.	Mother's milk has more vitamin A than cow's milk.	✓	
15.	Breastfeeding can protect a child's health when there is no safe water or basic sanitation.	✓	
16.	Mothers should not lie down while breastfeeding their babies.		✓
17.	A mother can prevent sore and cracked nipples by correctly attaching and positioning her baby at the breast.	✓	
18.	Milk removal from the breasts is essential for adequate milk production.	✓	
19.	Most breastfeeding difficulties are caused by physiological problems.		✓

Handout 11.2

Lactation Management: End-of-Training Evaluation

Place a \checkmark in the box that reflects your feelings about the following:

	Good	Average	Unsatisfactory
Training objectives			
Methods used			
Materials used			
Hospital/clinic Practice			

Which topics did you find most useful?

How will this training help you in your work?

What are your suggestions to improve the training?

Other comments:

Annex

Annex 1: Barriers to Breastfeeding in the Hospital Setting¹

- Awareness about Mother's Milk Substitute (Control of Sale and Distribution) Act is low.
- Infant formula can be given without prescription in most hospitals.
- Sick baby or sick mother.
- To avoid adverse medical/other outcomes (hypoglycemia, death, rioting etc.).
- Inverted nipples.
- Mother undermedication.
- Staff workload, inadequate time for counseling and support.
- Ease of formula use.
- Separation of mother and baby after birth in most hospitals.
 - ▲ different wards, sometimes different floors.
 - ▲ high rates of C-section and longer separation.
 - ▲ no separate post-operative wards for deliveries.
- No milk secretion, or inadequate milk secretion.
- Lack of awareness or confidence in new mothers.
- Family and visitor influence and demand.
- Lack of hospital or familial support to mothers to breastfeed.
- Medical and familial concern over mother's discomfort after birth.

¹ based on interviews of hospital staff in nine hospitals of Kathmandu valley that represented 91% of facility deliveries in the valley.

Annex 2: Key findings from the ARCH quantitative study in the hospitals

#	Statement	True	False
1.	Nepal has approved of the Breastmilk Substitute Act (the Nepali equivalent of the International Code for Breastmilk Substitutes)	✓	
2.	Less than 12% of mothers report receiving breastfeeding information during Antenatal Care (ANC).	✓	
3.	Early initiation of breastfeeding (within one hour) is around 30%.		✓
4.	Less than 40% of newborns receive formula within 3 days of birth and before discharge from Kathmandu Valley hospitals.		✓
5.	41% moms reported health workers recommended formula use before discharge.	✓	
6.	Cesarean section rates are around 20% in Kathmandu Valley hospitals.		✓
7.	According to WHO recommendations, breastfeeding within one hour of birth is possible for women who have caesarian births.	✓	
8.	In most hospitals of Kathmandu valley, mother and baby are separated at least overnight or 24 hours after caesarian section and baby is given formula.	✓	
9.	20% of newborns are put skin-to-skin after delivery.	✓	
10.	The unofficial practice of hospitals to prevent hypoglycemia is to give formula to baby.	✓	

Correct Answers for:

Number 3: 48%

Number 4: 57%

Number 6: 30%

Number 9: 9%

Annex 3: Breastmilk Substitute Act and Regulation

Substitute for the Breast Milk (Sale, Distribution and Control) Act 2049.

- NEPAL GAZETTE (Translated Version in English).
- Published by Nepal Government (the then HMG). Volume 42. Kathmandu. 29th Mangshir 2049 (Supplementary 48). An Act Made to Control the Sale and Distribution of Breast milk Substitute. Act No. 39 of 2049 (1992A.D.)

The act passed to regulate the sale and distribution of substitute for the Breast Milk

Preamble: As it has become necessary to patronize and promote Breast Feeding and regulate the sale and distribution of substitute for breast milk including infant feed: The Parliament has made this Act in the twenty first year of His Late Majesty King Birendra Bir Bikram Shah Dev's Regime.

Clause 1. Short Title and Commencement:

- Section 1.01** This Act has been named "Substitute for the Breast Milk (Sale, Distribution and Control) Act 2049".
- Section 1.02** This Act shall come into force on such date as Nepal Government may specify by publishing notification in Nepal Gazette.

Clause 2. Definition:

Unless the subject or context defines otherwise, in this Act:

- Section 2.01** "Substitute for the Breast Milk" Means an edible product that is sold and distributed to partially or fully substitute the Breast Milk.
- Section 2.02** "Container" denotes the pouch or package that is used to sell the product in retail and this word also denotes the wrappers of the product.
- Section 2.03** "Committee" means the Breast Feeding Protection and promotion committee formed in accordance with Clause 4.
- Section 2.04** "Product" denotes the following commodities:
- (a) Commodity that substitutes the Breast Milk.
 - (b) Any type of milk that is suitable to feed the infant with some or without changes.
 - (c) Any other food or drink sold or distributed that is suitable to feed the infant.
 - (d) Feeding Bottle and Nipple.
- Section 2.05** "Distributor" means a person connected with the sale and distribution of the product in wholesale or retail and this term also denotes the person who is involved in product related public relations or information providing job.
- Section 2.06** "Health Care Agency" means Government, Non Government or private institution or organization or a person that are directly or indirectly related to the work of health care and this term also denotes the Nurseries and other Child care institutions.
- Section 2.07** "Health worker" means a person who is working in health care Agencies or receiving training to work or unpaid person working in Health care Agencies.
- Section 2.08** "Child" means a child up to the age of 12 months.
- Section 2.09** "Infant Formula" means a substitute feed of Breast Milk produced as per the current Nepalese standard for the infants of four to six months age with the objective of fulfilling the required general nutrition of the infants and suitable to physical composition of such infants.
- Section 2.10** "Label" Means the written, printed, lithographed, marked, embossed, enclosed or others shown in the form of the tag, symbol, photo or other descriptive items on the container containing the product.
- Section 2.11** "Manufacturer" means the person involved in the activity of manufacturing or producing directly or through agent or by means of Agreement or through a person bonded by the Agreement.
- Section 2.12** "Sale and Distribution" means the promotion, distribution, advertisement, sample distribution, public relation and information service of the product including marketing or selling of such

products.

- Section 2.13** “Sample” means one product or small quantity of the product that is provided free of cost.
- Section 2.14** “Complementary food” means a suitable food that can be used as a complementary food in case the infant’s nutritional requirements aren’t adequately fulfilled by Breast Milk or the substitute Breast Milk.
- Section 2.15** “Ministry” means the Ministry of Health of Nepal Government.
- Section 2.16** “Prescribed” or “As prescribed” means prescribed or as prescribed in the rule framed under this Act.

Clause 3. Implementation and supervision:

- Section 3.01** The main responsibility of bringing this Act in force and implementing it will be of the Ministry.
- Section 3.02** The Ministry can ask for the help of other Ministries as per the requirements to ensure the implementation of this Act.
- Section 3.03** The Ministry will have following functions and right in order to implement this Act:
- Issuance of rules to implement this Act.
 - Consultation with Government and Non-Government Agencies to ensure the implementation and full compliance of this Act and the provisions of the rules issued under this Act.
 - Enforcement of this Act.
 - To perform required or related other works to achieve the objectives of this Act.

Clause 4. Breast Feeding protection and promotion committee:

- Section 4.01** Nepal Government shall constitute a Breast Feeding protection and promotion Committee to supervise the compliance of this Act and to protect and promote Breast Feeding and regulation the sale and distribution of products.
- Section 4.02** The committee shall consists of following members:
- The Secretary, Ministry of Health - Chairman
 - Representative (Gazetted Ist Class) Ministry of Industry - Member
 - Representative (Gazetted Ist Class) Ministry of Supplies - Member
 - Representative (Gazetted Ist Class) Ministry of Commerce - Member
 - Representative (Gazetted Ist Class) Ministry of Education and Culture - Member
 - Representative (Gazetted Ist Class) Ministry of Labour and Social Welfare - Member
 - Representative, Nepal Pediatric Association - Member
 - Representative, Federation of Nepal Industries and Commerce - Member
 - Two persons nominated by the committee from among the distinguished person working in the field of Mother and Child Health Sector - Member.
 - Distinguished Nutritionist nominated by Nepal Government - Member.
 - One person nominate by Nepal Government from among the mothers having experience in the field of Children’s growth and care - Member
 - Person nominated by Nepal Government - Member Secretary.
- Section 4.03** Nominated members shall have the tenure of two years and they can be re-nominated as per the decision of the Committee.
- Section 4.04** The Committee can invite national or foreign specialist as an observer in the meetings.
- Section 4.05** Nepal Government may increase or decrease the number of members or make alterations by publishing notification in the Nepal Gazette.

Clause 5. Meeting of the Committee.

- Section 5.01** Meeting of the Committee shall be called by the member- secretary on the direction of the Chairman.
- Section 5.02** Attendance of two- third members will constitute chorum for a meeting.
- Section 5.03** The view of the majority member, present in the meeting, on the subjects presented before the committee’s Meeting, shall be treated as the decision of the committee.

Section 5.04 Committee's decision shall be certified by the Member – Secretary.

Section 5.05 Other procedures regarding the Committee's Meeting shall be as determined by the committee itself.

Clause 6. Functions, Duties and powers of the Committee:

Functions, Duties and powers of the committee shall be as given below under the approved policy of Nepal Government;

- a) To supervise whether the Act is complied with or not as prescribed.
- b) To recommend investigating and registering case against the manufactures, distributors or Health workers who are found violating the provisions of this Act.
- c) To consider the request for receiving any product as a grant and to accept or reject such requests as prescribed.
- d) To consider the requests by the Health Workers to receive research scholarships, to participate in business seminars or seek help to organize such seminars from the manufactures or distributors and to accept or reject such requests as prescribed.
- e) To review the labels of the products presented by Manufacturers and Distributors and to approve the labels that are in conformity with the provisions of this Act.
- f) To coordinate the information about infant food and the publicity of educational materials.
- g) To draft a National Policy for the protection and promotion of Breast Feeding.
- h) To form Sub- Committees as per requirements for implementation, supervision and control.

Clause 7. Information and Education about Infant Food:

Section 7.01 The Ministry, in consultation with the Committee, shall give permission to publicize the information and educational materials about infant food.

Section 7.02 The written, audible or visual information and educational materials about infant food must provide clear information on following points.

- a) Benefits and features of Breast Feeding.
- b) Development of Breast milk and maintenance of standard including mother's nutrition.
- c) Negative effects of bottle feeding or complementary feed on Breast Feeding.
- d) Problem in Breast Feeding after an infant is fed by bottle for sometime.

Section 7.03 The information and the educational materials that includes the feeding of complementary food or substitute for breast milk should also clearly mention following points in addition to information mentioned in Sub- Clause (2):

- a) Appropriate use of substitute for Breast milk.
- b) The cost involved in feeding the infant with substitute breast milk in comparison to Breast Feeding.
- c) The bad effects on health by feeding ill-prepared substitute breast milk and inappropriate food bottle feeding.
- d) The method of feeding infants with bowl and spoon.
- e) The method of preparing complementary food at home.

Section 7.04 The information and educational materials must have correct and recognized information only and there shouldn't be any photograph or statement that discourages the breast-feeding or promotes the habit of bottle-feeding.

Clause 8. Health Care Agencies and Health Worker:

Section 8.01 The heads of Health Care Agencies, and National and Local health Officers should take appropriate measure in promoting the principles of this Act and in protecting and promoting breast feeding and they should impart appropriate information and advice to Health workers about their responsibilities, and the Health worker must be informed about the matters that is mentioned in clause (7).

Section 8.02 The Health workers have to protect, promote and encourage breast-feeding. They must have the knowledge about the provisions of this Act especially the matters mentioned in clause 7

and have to implement these provisions as far as possible.

- Section 8.03** The Health Workers, directly or indirectly, shouldn't do anything to impede the beginning and expansion of breast feeding.
- Section 8.04** The Health workers shouldn't accept any financial or material gifts from Manufacturers or Distributors.
- Section 8.05** The Health Workers shouldn't provide the samples of any product to anyone.
- Section 8.06** The health workers shouldn't in any manner promote the product.
- Section 8.07** If any Manufacturer or Distributor seeks to give any gift or other monetary benefits to Health worker should report about it in writing to his/ her agency's Head and the Head too should inform the committee as soon as possible.
- Clause 9. Don'ts by the Manufacturer and Distributor:**
- Section 9.01** The Manufacturer and the Distributor should not advertise in the following manner
- a) In a manner to promote any product.
 - b) In a manner to state or make believe that bottle-feeding is equal to or better than breast-feeding.
- Section 9.02** The Advertisement for the purpose of this clause denotes all advertisements as given below:
- a) By any publication or by Television, Radio, Film, Video or Telephone.
 - b) By Symbol, Bill Board, information or exhibition of the materials.
 - c) By exhibition of photographs or images.
 - d) By any other method.
- Section 9.03** Notwithstanding any thing written in sub-Clause (1), the publications meant only for the Health professionals can have advertisements of products. But such advertisements must be limited to facts and scientific matters and they shouldn't be in the manner, which seeks to believe that bottle-feeding is equal to or better than better that breastfeeding and such advertisements must have the information mentioned in Clause 7.
- Section 9.04** The Manufacturer or the Distributor shouldn't provide or distribute the samples of the product to anyone.
- Section 9.05** The manufacturer or the Distributor shouldn't promote any product in the premises of Health Care Agency Section 9.06 For the purpose of this Clause "Promotion" means to introduce the product to any person or introducing the person with the product including following methods:
- (a) By advertising
 - (b) By using the printed materials including the name of the proprietary product, logo, graphic or books, pamphlets or posters containing other images.
 - (c) By giving or distributing any material containing the name of the Manufacturer or the Distributor or logo or name of the proprietary product, logo, graphic or any other images in nominal cost or free.
 - (d) By exhibiting products and,
 - (e) By any other methods
- Section 9.07** The Manufacturer or the Distributor shouldn't make available the product in lower price than the retail price or shouldn't donate to Health Care Agency or any other institution or organization except in case the health Care Agency or any other institution or organization seeks the grant in prescribed manner and such demand is accepted by the committee as prescribed.
- Section 9.08** The manufacturer or the Distributor shouldn't make contact with the general public in the the premises of Health Care Agency in order to enhance their business or such objectives.
- Section 9.09** The Manufacturer or the Distributor shouldn't donate any equipment or materials to health Care Agent without taking the permission of the committee.
- Section 9.10** The Manufacturer or the Distributor shouldn't give any gift or provide monetary or other benefits to the Health worker.
- Section 9.11** Unless the Manufacturer or the Distributor or the Health worker requests on prescribed

manner and such request is approved by the committee as prescribed, the health worker shouldn't be given scholarship or research grant or the amount requires to organize business seminar or meeting or needed by the health worker to participate in such meeting.

Clause 10. Certification of the product:

- Section 10.01** Section The manufacturer or the Distributor has to obtain the certification from central food research Laboratory before selling their product in Nepal except for feeding bottle and nipple.
- Section 10.02** In case of a product already on sale in Nepal, the Manufacturer or the Distributor has to obtain the certification from the central food research Laboratory within ninety days of this Act's enforcement.
- Section 10.03** For the purpose of sub-Clause (1) and (2), the manufacturer or the Distributor should apply in a prescribed from along with the sample of the product and requisite fees to Central Food Research Laboratory.

Clause 11. Labeling of products:

- Section 11.01** The Manufacturer or the Distributor should apply in a prescribed from along with the sample of the product and requisite fees to the committee for approval of the labels of such products before selling it in Nepal.
- Section 11.02** If the product is already in Nepal for sale the Manufacturer or the Distributor should apply to the committee for approval of labels of such products within 90 days of the enforcement of this Act.
- Section 11.03** Label of the product must be designed in such a way that it should provide necessary information on the method of its use and it mustn't discourage breast-feeding.
- Section 11.04** There shouldn't be any photo, map or any other images on the label of the product or container except the graphic that explains the method of preparing it.
- Section 11.05** Name and address of Manufacturer and if possible Distributor should be on the label of the product.
- Section 11.06** The container or irremovable label of the substitute product for breast milk or other milk products that comes under the purview of this Act and the label which can't be in a language clearly and should be intelligible and easily comprehensible;
- a) Important Notice or similar words.
 - b) The statement that the breast milk is best for baby.
 - c) Regarding the need and method of use, there should be a statement that this product shouldn't be used without the advice of Health Worker.
 - d) Easily comprehensible appropriate directions and graphics to prepare the baby food, and.
 - e) The quantity of the substitute product or any other milk product of breast milk for each month should be mentioned.
- Section 11.07** The words like humanized or materialized or any similar words shouldn't be used.
- Section 11.08** The unalterable label or the product kept in a transparent container should mention that the infant formula is not the sole source of nourishment to the infants and there should also be caution that the product must not be fed to infants without the directions of Health Worker.
- Section 11.09** There should be a clear and legible caution in the label of the Sweetened condensed milk that this shouldn't be used for infant feeding.
- Section 11.10** The following matters should be mentioned on the labels of all products except feeding bottle and nipple.
- (a) Users (Meant for)
 - (b) Analysis and Composition of the product.
 - (c) Conditions to be followed while storing.
 - (d) Batch No. Storage Conditions, Date of manufacture and date of Expiry keeping in view the weather conditions.
- Section 11.11** The Name and the Address of the Manufacturer and Distributor should be mentioned on the

feeding bottle and the nipple along with the message that Breast Milk is the best for infants and it should be fed using bowl and spoon instead of feeding bottle.

Clause 12 Quality:

- Section 12.01** While manufacturing, selling or distributing in other ways, the products should be of the standard quality prescribed or recommended by the Nepal Quality Standard Office.
- Section 12.02** Central Food Research laboratory will have the rights to test any product sold in Nepal to ascertain whether the product is fit for human consumption or not.
- Section 12.03** The products that do not meet the quality standards in the producing country will not be allowed to be sold in Nepal.
- Section 12.04** The product, which is beyond the Date of Expiry, should not be bought in the market or distributed.
- Section 12.05** All other products except feeding bottle and nipple must be sold in the original container so that the quality of the product can be maintained and it can be protected from adulteration and pollution.

Clause 13. Monitoring:

- Section 13.01** The Ministry, on the recommendations of the Committee that was formed to monitor and investigate the compliance of this Act or the rules framed under this Act by Manufacturers, Distributors, Monitoring, Agencies and Health Workers can appoint Monitors as per the requirements or Government employees can be deputed to work as monitors after obtaining the approval of the concerned departments of Nepal Government.
- Section 13.02** The appointed or deputed Monitors under Sub-clause (1) will have to monitor and investigate as directed whether the Manufacturers, Distributors, Health Monitoring Agencies and Health Workers are complying with this Act or the rules formed under this Act or not and submit their reports to the committee.

Clause 14. Suspension or Termination or License, Permit or Authority Letter:

As per the sub- Clause (2) of Clause 13, if any Manufacturer, Distributor, health Monitoring Agency or health Worker is found violating this Act or the rules framed under this Act in the reports, submitted by the Monitors, the Ministry, on the recommendations of the Committee, can write to concerned Department to suspend or cancel the License, permit or Authority letter given by Nepal Government or any other Department to carry their business or trade.

Clause 15. Duties and the Rights of Monitor:

Monitors will be having other directed duties and rights apart from the duties and rights mentioned in this Act.

Clause 16. Penalty and Punishment:

- Section 16.01** The health worker who violates the Sub- Clause (4),(5) or (6) of Clause 8 has to pay up to Rupees One Thousand Only as a penalty or undergo a month's imprisonment or both.
- Section 16.02** The manufacturer or the Distributor who violates Sub- Clause (1), (4), (5), (7), (8), (9) (10) or (11) of Clause 9 has to pay up to Rupees Ten Thousand Only as a penalty or undergo three month's imprisonment or both.
- Section 16.03** The manufacturer or the distributor violating Clause 10 or 11 has to pay up to Rupees Two Thousand as a penalty or undergo one month's imprisonment or both.
- Section 16.04** The person who violates other provisions of this Act or the rules framed under this Act except mentioned in the Sub- Clause (1), (2) or (3) has to pay up to Rupees Two Thousand as a penalty or undergo one month's imprisonment or both keeping in view the nature of their offence.
- Section 16.05** The court, while dispensing the Judgment under this Clause, can order the offender to pay the affected person or his/her heir Rupees Two Thousand Five hundred up to Rupees One Lac as compensation.

Clause 17. The Responsibility of the Firm or Organized Institution:

If any Firm or Organized Institution violates this Act or the rules framed under this Act such firm's owner or partner and Chief Administrative officer, who executes the work, of Organized Institution, shall be liable for punishment under Clause 16.

Clause 18. Government as plaintiff:

Nepal Government shall be the plaintiff in the cases under this Act.

Clause 19. Investigation and Registration of the Case:

Section 19.01 The offences that can be tried under this Act will be investigated by the Monitor and, after completion of such investigation or investigation work: case will be registered in the District Court.

Section 19.02 The Monitor, while registering the Case under Sub-Clause (1), Can consult the public Prosecutor. The Public Prosecutor will fight the case after registration of the case.

Clause 20. Right to frame the Rules:

Nepal Government can make necessary rules to implement the objectives of this Act.

Stamped dated: 2049/8/29/2 (Monday the 14th December 1992)

By Order

Vedvyas Chhetri

Secretary to the then His Majesty's Government.

**The Mother's Milk Substitutes (Control of Sale and Distribution)
Regulation, 1994 (2051)**

Date of publication in Nepal Gazette
14 August 1994 (2051.4.30)

In exercise of the powers conferred by Section 17 of the Mother's Milk Substitutes (Control of Sale and Distribution) Act, 1994 (2051), His Majesty's Government has framed the following Rules.

1. Short title and commencement:

- (1) These rules may be cited as the "Mother's Milk Substitutes (Control of Sale and Distribution) Regulation, 1994 (2051)".
- (2) This Regulation shall come into force at once.

2. Definitions:

Unless the subject or the context otherwise requires, In this Regulation :

- (a) "Act" means the Mother's Milk Substitutes (Control of Sale and Distribution) Act, 1994 (2051).
- (b) "inspector" means the person appointed or designated pursuant to sub-section (I) of section 13 of the Act.

3. Supervision:

For the protection and promotion of breastfeeding, the committee may itself or through subcommittees or inspectors supervise or cause to be supervised as to whether the health care system, health worker and the manufacturer or distributor have observed the provisions required to be observed under the Act and this Regulation.

4. Application for approval:

- (1) If a health care system or another institution or organization intends to obtain any product from a manufacturer or distributor for a value less than its retail price or as a grant pursuant to subsection (7) of section 9 of the Act, the system or institution or organization shall make an application, setting out the reasons for and objectives thereof, to the committee in the format as referred to in schedule-I for the approval of the committee.
- (2) If a manufacturer or distributor intends to donate any equipment or goods to the health care system pursuant to sub-section (9) of section 9 of the Act, an application shall be made to the committee in the format as referred to in schedule-2 for the approval of the committee.
- (3) If the health worker intends to obtain from a manufacturer or distributor a scholarship or research grant or such amount as required to organize a professional symposium or conference or to participate in the symposium or conference the worker pursuant to sub-section (II) of section 9 of the Act, the worker shall make an application to the committee in the format as referred to in schedule-3 for the approval of the committee.

5. Approval:

- (1) If an application is made under sub-rule (1) of rule 4 and the committee, after making necessary inquiry into the matters, considers it reasonable to give approval, it shall give approval, also specifying the terms and conditions to be observed by the health care system or institution or organization obtaining the product as mentioned in the application.
- (2) If an application is made under sub-rule (2) of rule 4 and the committee, after making necessary inquiry into the matters, considers it reasonable to give approval, it shall give approval, also specifying the terms and conditions to be observed by the manufacturer or distributor providing any equipment or goods as mentioned in the application.
- (3) If an application is made under sub-rule (3) of rule 4 and the committee, after making necessary inquiry into the matters, considers it reasonable to give approval, it shall give approval, also specifying the terms and conditions to be observed by the health worker to obtain any scholarship or research grant or

amount.

- (4) The committee shall give the approval as referred to in sub-rule (1) or (2) or (3) no later than thirty days after the date on which an application has been made for such approval.

6. Certification of product:

- (1) Prior to the marketing of any product, other than a feeding bottle and nipple, its manufacturer or distributor shall, for the certification of such product, make an application, accompanied by a sample of that product and the fees prescribed by the committee, to the central food laboratory, in the format as referred to in schedule-4.
- (2) If an application is made under sub-rule (1) and the central food laboratory, after making necessary inquiry into the matters, considers that the concerned product conforms to the standard specified or recommended by the Bureau of Nepal Standards and is fit for consumption by the human being, it shall certify such product no later than three months after the date on which such application has been made.

7. Approval of label:

- (1) Prior to the marketing of any product, its manufacturer or distributor shall make an application in the format as referred to in schedule-5, accompanied by its label, to the committee for the approval of the label.
- (2) If an application is made under sub-rule (1) and the committee considers that all the matters required to be specified under subsection (6) of section 11 of the Act are specified on it, the committee shall give approval for such label no later than thirty days after the date on which such application has been made.

8. To maintain records:

The committee shall maintain records of all matters approved by it pursuant to rule 5 or 7.

9. Delegation of powers:

The committee may delegate any powers conferred to it under the Act and this regulation to a sub-committee formed pursuant to clause (h) of section 6, member secretary of the committee or any other employee.

10. Identity card:

- (1) Every inspector shall be provided with an identity card as referred to in schedule-6.
- (2) The inspector shall always keep his identity card with him and show it immediately when any person intends to see it when he performs any act or exercises the powers conferred to him under this Regulation.

11. In spection:

- (1) The inspector shall, at least twice a year, inspect the maternity homes, maternity and infant theatres of hospitals, health service centers, offices and clinics of medical practitioners, other health care systems and offices of health workers and manufacturing sites, warehouses or offices of manufacturers and distributors under his jurisdiction and inquire into whether the matters required to be observed under the Act and this Regulation have been observed.
- (2) If, for purposes of carrying out inspection and inquiry pursuant to sub-rule (1), the inspector is to enter the house and compound of any person, he may enter such house and compound by giving a notice to the concerned person by giving a notice to the concerned person in accordance with the prevailing law.
- (3) If the inspector request any local body, administration, police or other person for assistance for purposes of carrying out inspection and inquiry or entering the house and compound of any person pursuant to sub-rules (1) and (2), all the concerned shall render assistance to him.

12. Powers to give direction:

- (1) If, upon inspection and inquiry carried out pursuant to rule 11, it appears that any irregularity has been committed in any maternity home, maternity and infant theatre of a hospital, health service center, office and clinic of medical practitioner or any other health care system, the inspector may give necessary direction to remove such irregularity or improve the services provided therein.

- (2) The chief of the concerned maternity home, hospital, health service center and health care system and the medical practitioner shall observe the direction given by the inspector pursuant to subrule (1).

13. Submission of report:

Following inspection and inquiry carried out pursuant to rule 11 , the inspector shall prepare an inspection report setting out the direction given by him pursuant to rule 12 and his suggestions, as well as other matters considered by him, and submit the report to the committee.

14. Alteration in schedules:

His Majesty's Government may, as per necessity, make alteration in the schedules, by a notification published in the Nepal Gazette.

Schedule-I
(Relating to sub-rule (I) of rule 4)

Date:

The breastfeeding protection and promotion committee,
.....

Dear sirs,

I/we have made this application for approval to obtain the following product for a value less than its retail price or as a grant form the following manufacturer or distributor.

(a) Name of manufacturer or distributor:

(b) Address:

(c) Name of product:

(d) Quantity:

(e) Value:

Applicant's:

Signature:

Name:

Designation:

Schedule-2
(Relating to sub-rule (2) of rule 4)

Date:

The breastfeeding protection and promotion committee,

.....

Dear sirs,

I/we have made this application for the approval of that committee to provide a grant of the following equipment or goods to the following health care system.

- (a) Name of health care system:
- (b) Address:
- (c) Description of equipment or goods:
- (d) Quantity:
- (e) Value:
- (f) Name of manufacturer or distributor:
- (g) Address:
- (h) Main objectives and reasons for providing grant:

Applicant's:

Signature:

Name:

Designation:

**Schedule-3
(Relating to sub-rule (3) of rule 4)**

Date:

The breastfeeding protection and promotion committee,

.....

Dear sirs,

I/we have made this application for approval of that committee to obtain from the following manufacturer or distributor a scholarship or research grant or such amount as required to organize a professional symposium or conference or to participate in the symposium or conference.

- (a) Name of manufacturer or distributor:
- (b) Address:
- (c) Description relating to scholarship or research:
- (d) Amount required for scholarship or research:
- (e) Description relating to professional symposium or conference:
- (f) Venue where symposium or conference is held or organized:
- (g) Date when symposium or conference is held or organized and duration:
- (h) Amount required to organize or participate in symposium or conference:
- (i) Description relating to qualifications of applicant:
- (j) Address:

Applicant's:

Signature:

Name:

Schedule-4
(Relating to sub-rule (1) of rule 6)

Date:

The breastfeeding protection and promotion committee,

.....

Dear sirs,

As I/we need certification of the following product, I/we have made this application , accompanied by a sample of product and necessary fees, for certification of that product.

- (a) Name of manufacturer or distributor:
- (b) Address:
- (c) Name of product:
- (d) Means of product:
- (e) Analysis and composition of product:
- (f) Whether the product's label has been approved or not:
- (g) If so approved, date thereof:

Applicant's:
Signature:
Name:
Designation:

Schedule-5
(Relating to sub-rule (1) of rule 7)

Date:

The breastfeeding protection and promotion committee,
.....

Dear sirs,

I/we have made this application to obtain approval of that committee on the label of the following product.

- (a) Name of manufacturer or distributor:
- (b) Address:
- (c) Name of product:
- (d) Whether the certification of product label has been obtained or not:
- (e) If certification has been so obtained, date thereof:

Applicant's:

Signature:

Name:

Designation:

Schedule-5
(Relating to sub-rule (1) of rule 10)
His Majesty's Government
Ministry of Health

The inspector's:

Name:

Identity card No.:

Signature:

Date:

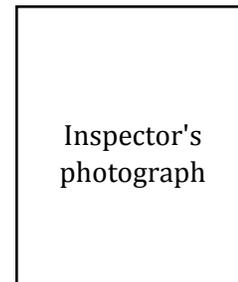
Jurisdiction: -----Districts

Identity card issuing authority's:

Name:

Signature :

Designation:



Office seal: (also over the photograph)

Annex 4: Baby Friendly Hospital Initiative – Ten Steps

(10 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 one 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 breast milk unless medically indicated.
7. Practise rooming in - allow 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.

Annex 5: Milk Expression and Storage of Breastmilk

Reasons a mother needs to express milk for her baby:

- baby is too weak or small to suckle effectively
- baby is taking longer than usual to learn to suckle, for example because of inverted nipples
- to feed a low-birth-weight baby who cannot breastfeed
- to feed a sick baby
- to keep up the supply of breastmilk when mother or baby is ill
- to relieve engorgement or blocked duct
- mother has to be away from her baby for some hours

- ***Points to consider when mother is separated from her baby:***
 - ▲ Learn to express your breastmilk soon after your baby is born.
 - ▲ Breastfeed exclusively and frequently when you are with your baby.
 - ▲ Express and store breastmilk before you leave your home so that your baby's caregiver can feed your baby while you are away.
 - ▲ Express breastmilk while you are away from your baby, even if you cannot store it. This will keep the milk flowing and prevent breast swelling.
 - ▲ Teach your baby's caregiver how to store expressed milk and use a clean open cup to feed your baby while you are away.
 - ▲ Take extra time for the feeds before separation from baby and when you return home
 - ▲ Increase the number of feeds while you are with the baby. This means increasing night and weekend feedings.
 - ▲ If possible, carry the baby with you to your work place (or anytime you have to go out of the home for more than a few hours). If this is not possible, consider having someone bring the baby to you to breastfeed when you have a break.
 - ▲ Get extra support from family members in caring for your baby and other children, and for doing household chores.

- ***Mother expresses breastmilk by following these steps:***
 - ▲ Washes hands
 - ▲ Prepares a clean container
 - ▲ Gently massages breasts in a circular motion with fingers
 - ▲ Positions her thumb on the upper edge of the areola and the first two fingers on the underside of the breast behind the areola
 - ▲ Compress and release the breast with the fingers and the thumb a few times
 - ▲ If no milk is expressed, moves thumb and fingers towards or further away from the nipple and tries again
 - ▲ Repeats compressing and releasing rhythmically
 - ▲ Rotates the thumb and finger positions to remove milk from other parts of the breast
 - ▲ Expresses 3-5 minutes from one breast, then the other breast, then back to the first side

(Some mothers find that pressing into the chest wall at the same time as compressing helps the milk to flow).

- ▲ Mother stores breastmilk in a clean, covered container. Milk can be stored 8–10 hours at room temperature in a cool place and 72 hours in the refrigerator.
- ▲ Mother or caregiver gives newborn expressed breastmilk from a cup. Bottles are unsafe to use because they are difficult to wash and can be easily contaminated.

Annex 6: Training Tips for Facilitator-Trainers

1. Preparation:

- Read the entire set of materials prior to beginning the preparation for your sessions. Link the content of your session to what has come before.
- When multiple Facilitators/Facilitator Teams lead a training, it will be necessary for an individual or a team to take responsibility for linking the sessions together. Facilitation teams could share responsibility for this task, with teams taking responsibility for half-day or whole day periods of time.

2. Size of Training Group:

- If Participant numbers exceed (18), consider breaking into 2 groups (if there are 2 Facilitators)

3. Names of Participants and Facilitators

- Ask Participants and Facilitators to use their own names during the training (not 'position' names).
- Write first name only and in large letters
- Participants can be issued a notebook and pen, but mention that they do not need to take notes

4. Time Keeper

- Co-facilitator needs to keep track of time

5. Learning Objectives:

- Don't write the learning objectives on a flip chart
- Rather tell Participants what you are going to tell them i.e., briefly state the learning objectives cover the content; then i.e., quickly summarize the learning objectives and the content you have covered.

6. Pre- and Post-Assessments

- Give feed-back and discuss results immediately after post assessment but not after pre assessment.
- Draw a graph of the pre- and post-assessment results and discuss any question that Participants answered incorrectly after post assessment
- Share written evaluation results

7. Facilitator(s):

- As much as possible, sit at same level as Participants
- Use Participants' names
- When co-facilitating, one of the Facilitators should always be attentive to the group to help with recognizing confusion, unanswered questions, etc.
- Don't turn your back on Participants; use your Co-Facilitator to write on flip chart if necessary
- During small group work, Facilitators should move from group to group to see that the instructions are clear
- Ask groups to do their assignment and then talk about it - i.e. don't explain too much before group has a chance to do the assignment
- Ask groups to present their work
- Use Participant Materials after the activity, not before it (unless otherwise mentioned)
- Asking questions to Participants: Post the question to the entire group so that every Participant ponders

the correct response in a relaxed manner; if nobody volunteers a response, ask/call on someone to move things along

- Use an Energizer to bring a group together
- Getting the Attention of a noisy, non-focused group: sharing experience on the session content.
- Don't repeat wrong information; the Participants or Mothers will remember the 'wrong' information. Rather, focus on the 'right' information
- If there are quiet Participants or no one responds to a question, call on individuals by name. Everyone should participate in sessions
- Do not move to stand in front of a Participant; it will be difficult for other Participants to see and hear what is being said.
- If one Participant tends to dominate a discussion, transfer attention to other Participants –e.g., 'Can we hear from someone from the other side of the circle?'
- Correct any misinformation stated in a group session immediately. If Facilitator does not know about an issue raised, acknowledge not knowing about the issue and say 'I will find out and get back to you'
- If someone gives a very strong opinion, Facilitator may accept what the Participant says ('That's one opinion') and then ask other Participants 'Do any of you have another experience, another opinion?'
- Work to narrow the knowledge-practice gap (in your own training behavior as well as mothers' IYCF practices)

8. Use simple language: 'the first milk (colostrum) protects against illness'; avoid using words or technical language like immune factors, and the naming of hormones

9. Use of Visuals during training sessions, one-on-one counselling:

- Turn illustration or other materials used for demonstration toward the mother/father/ caregiver or audience
- Invite the mother/father/caregiver or audience to share what they see on the cards, and what they think it means using OTTA (Observe, Think, Try and Act). Facilitator should not use cards to say 'Do This, Do That'
- Make certain every visual that will be used by Counsellors is reviewed during training

10. Forming groups

- Give instructions to the entire group; THEN direct Participants to break into smaller working groups
- Use different ways to form groups: counting numbers from one side; counting numbers from the other side; groupings by birthdays; groupings by first initial of name; groupings by colors; sinking ship game; picking numbers randomly; etc.
- After the 1st group presents, ask additional groups to add only points not already mentioned

11. Writing on Flip Charts:

- Use broad-tipped markers
- Black and blue inks are easier colors to see from a distance. Use green and red to highlight key words, making flipcharts attractive and content memorable
- Print using both capital and small letters (easier for the brain to interpret than all caps)
- Facilitator: Don't turn your back to the Participants to write on flip chart. Let your Co-Facilitator do the writing while you continue to facilitate the session
- Turn over prepared flipcharts that are not being used at the moment

12. Adult Learning:

- Facilitators: don't first give answers yourself (even to questions directed at you); rather, invite participant contributions. Then fill-in with additional information
- Draw Participants' attention to useful information in the training materials (Appendices, etc.) that will not be covered during the training sessions
- Keep to time schedule. Sometimes '**Less is More**'
- Focus on determining that Participants understand key content
- Seating in a Circle: Participants are seated in a circle so that **everyone can see all** other Participants. As necessary, remind Participants to keep the circle arrangement

13. Field Practice:

Prior to the Field Practice:

- Identify facilities with an appropriate number of mothers/children less than 24 months as close as possible to the training site. Make arrangements well in advance of the training dates. Confirm arrangements the week (and day) prior to the Field Practice session(s)
- Prepare Participants for the Field Practice:
 - ▲ For individual counselling, divide Participants into pairs (taking into consideration those who do or do not speak the local language and translation requirements) and list on a flip chart
- The day before: review the Field Practice and Feedback process, and outline the materials they will need to bring to the Field Practice
- The morning of Field Practice: remind Participants of the process once the group arrives at the Facility, the materials they need to bring, and what they should do upon return to the classroom.

At the Field Practice site:

- Introduce Course Facilitators and Session Facilitators to 'In Charge'.
- Session Facilitators (with Facility staff) should assign Participant pairs to the mothers
- Before taking photographs: ask permission
- Provide feedback to your partner immediately after counselling a mother, and before you counsel a second mother/caregiver
- Course Facilitators and Session Facilitators: thank 'In-Charge' before leaving.

14. Delays: Some delays will occur. Make use of time for review, to sing (to keep up spirits).**15. Other useful tips**

- If Session Facilitators' don't complete their sessions: consider completing the unfinished material as part of the next day's review session
- Session Facilitators are responsible for picking up after their session, ensuring that flip charts are posted together on the Learning Gallery wall, making sure that flip charts are ready for the next Facilitators, and any borrowed training aid materials are returned to the material table and/or Course Facilitators
- Use time during the training to begin to put together your own training materials resources
- If the course needs to be shortened: Don't reduce the time for Field Practice; rather, reduce the course content
- **Gallery of Review:** Post all flipcharts around the training room; everyone – especially community participants – likes to see their work. For the final day of training, arrange flipcharts in a logical order.

Conduct a quick review of course content during a summary 'Gallery Walk'

- **Photos:** Include a separate photo (head shot) and name of each participant in an Appendix of the Training Report to facilitate identification during supportive supervision, ongoing training, etc. [under 'Names of Participants and Facilitators

16. Supportive Supervision

- Learning to counsel requires development of skills over time, somewhat like the process of learning to drive a car. A new driver is not sent onto the road alone and unsupervised after classroom instruction. A newly trained counsellor also benefits from supportive supervision and mentoring

Annex 7:

HMIS-2.1



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
स्वास्थ्य व्यवस्थापन सूचना प्रणालि

बाल स्वास्थ्य कार्ड

हरेक महिना बच्चाको तौल अनिवार्य रूपमा लिनुपर्दछ ।



कुल वटा नं. _____ आर/पर विलेकित वटा नं. _____

पौषण सेवा वटा नं. _____ सौम सेवा वटा नं. _____

बच्चाको जात धर: _____ लिपु महिला पुरुष

जन्म मिति: माघे _____ महिना _____ साल _____ जन्म ठील (गाविस): _____

बाबुको नाम: _____

आमाको नाम: _____

ठेगाना जिल्ला: _____ गा.पा./गा.वि.स. _____ वडा नं. _____

कार्ड जारी मिति: _____ जारी गर्ने संस्था _____

क्र.सं.	आर/पर विलेकित (Date)	आमा (Date)	आमाको तौल (kg)	बालको तौल (kg)	आमाको तौल (kg)
१	___/___/___	___/___/___	___	___	___
२	___/___/___	___/___/___	___	___	___
३	___/___/___	___/___/___	___	___	___
४	___/___/___	___/___/___	___	___	___
५	___/___/___	___/___/___	___	___	___

अन्य सेवाको विवरण

मिति	समस्या	उपचार / सल्लाह

हरेक बार खाना चार

कच्चा र मीठो पुरा मसुमिको नए खाना : पुरक खाना बारे जानकारी

सामानिककामाई लई गरिका खाना सुचयुको

वटाक	खाना	सुचयुको खाना
१	गटुक	आम, आरु, बरसुपुकर आदि
२	उमेर	दाल, गहुणुको आदि
३	मसुमिका	मीठो मसुम, मसुमो, मीठो दूध मसुम, मसुम, आरु, मासु, बसुको आदि
४	१ छेँक	
५	१ छेँक	
६	१ छेँक	

HMIS-2.1

शिशु तथा बाल्यकालिन पोषण बारे जानकारी

बच्चाको स्वास्थ्य बारे जानकारी

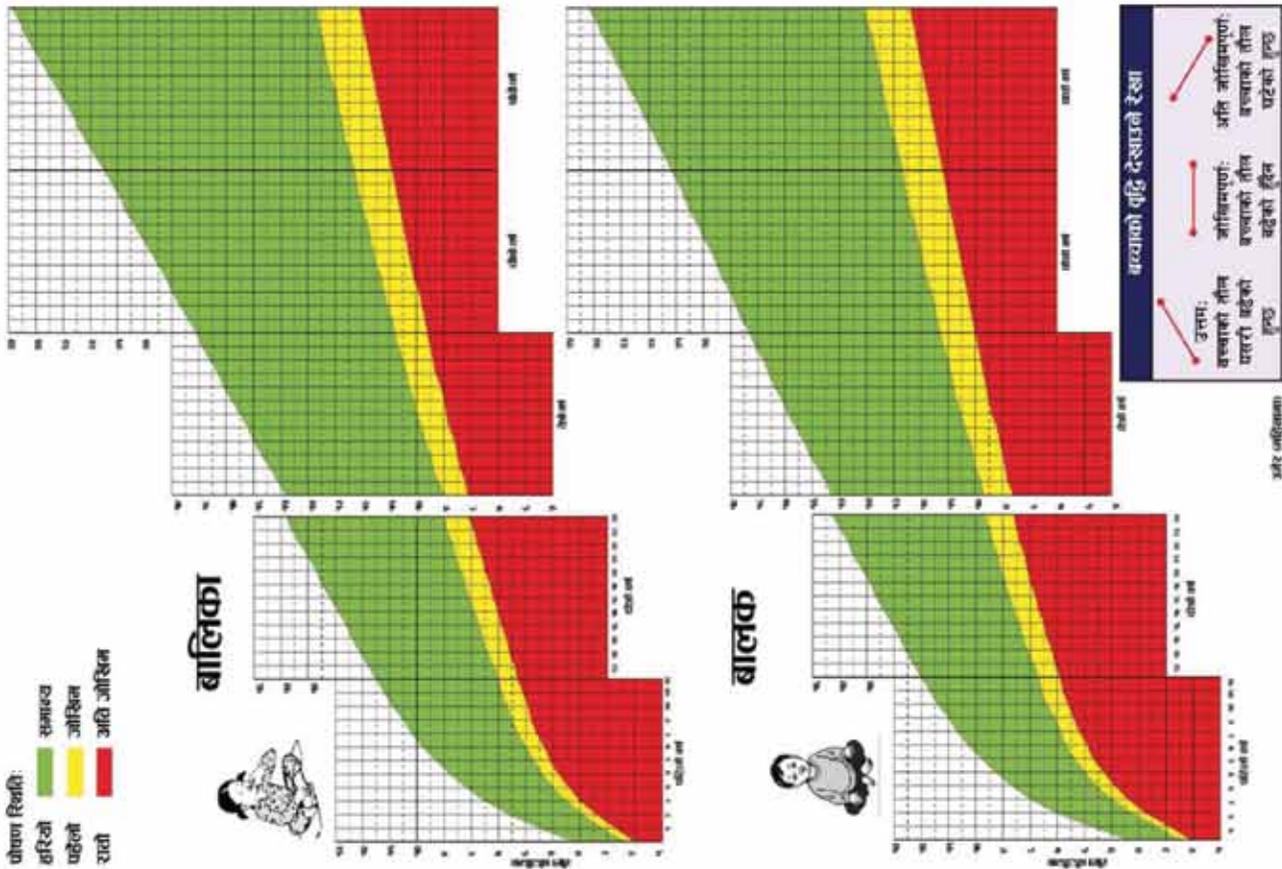
 <p>शिशुलाई जन्मको १ घण्टा भित्रमा स्तनपान गुरु गर्नु</p>	जन्मको १ घण्टा भित्र				
 <p>बच्चालाई जन्मको दुध मात्र खुवाउनु</p>	१ महिना	२ महिना	३ महिना	४ महिना	५ महिना
 <p>बच्चालाई जन्मको दुधको साथै शीतलको साथै सुताराम गुरु गर्नु</p>	१ महिना	२ महिना	३ महिना	४ महिना	५ महिना

सोप गिटरा

	१	२	३
बोन	___	___	___
बी सी जी	___	___	___
डी पी टी, विव, जेप सी	___	___	___
सोसियो	___	___	___
क्यामेकोकल	___	___	___
वापुरा, खोला	___	___	___
अन्य	___	___	___

सोप पश्यात हने अमासिख टना माछा त्यसको विवरण (AEFI)

मिति	संख्या	उपचार / संख्या



Annex 8: Glossary

- 1. Baby Friendly Hospital Initiative:** An effort by UNICEF and the World Health Organization to ensure that all maternity centers, whether free standing or in a hospital, become centers of breastfeeding support by implementing 10 specific steps and not accepting free or low-cost breastmilk substitutes, feeding bottles or teats.
- 2. Breast Milk Substitute:** Any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not it is suitable for that purpose.
- 3. International Code of Marketing of Breast Milk Substitutes (The Code):** Adopted by the World Health Assembly (WHA) in 1981, it is a public health strategy that recommends restriction on marketing of breast milk substitutes and infant feeding equipment to ensure breastfeeding support and safe use of substitutes if needed.³ For full text: www.ibfan.org/English/resource/who/fullcode.html
- 4. Mother's Milk Substitutes (Control of Sale and Distribution) Act:** Passed in 1994 in Nepal, this act regulates all products that are marketed as suitable for infants stating that no infant formula promotion is allowed inside the hospital premises by any infant formula company, and no promotion of infant formula by health workers in the hospital. Also know as Breast Milk Substitutes Act (BMS).
- 5. Newborn infant:** an infant of few hours, days or week
- 6. Preterm/Premature Infant:** Infant born before 37 weeks of gestational age.
- 7. Responsive feeding:** Feeding infants directly and assisting older children when they feed themselves, being sensitive to their hunger and satiety cues.

This Lactation Management in Early Postpartum Training Manual was prepared as a result of the Assessment and Research on Child Feeding (ARCH) findings, by Helen Keller International Nepal in collaboration with Child Health Division, Department of Health Services, Ministry of Health and Population with financial support from Bill and Melinda Gates Foundation.