

COUNSEL THE MOTHER

FEEDING COUNSELLING

Assess Child's Appetite

All children aged 6 months or more with SEVERE ACUTE MALNUTRITION (oedema of both feet or WFH/L less than -3 z-scores or MUAC less than 115 mm) and no medical complication should be assessed for appetite.

Appetite is assessed on the initial visit and at each follow-up visit to the health facility. Arrange a quiet corner where the child and mother can take their time to get accustomed to eating the RUTF. Usually the child eats the RUTF portion in 30 minutes.

Explain to the mother:

- The purpose of assessing the child's appetite.
- What is ready-to-use-therapeutic food (RUTF).
- How to give RUTF:
 - Wash hands before giving the RUTF.
 - Sit with the child on the lap and gently offer the child RUTF to eat.
 - Encourage the child to eat the RUTF without feeding by force.
 - Offer plenty of clean water to drink from a cup when the child is eating the RUTF.

Offer appropriate amount of RUTF to the child to eat:

- After 30 minutes check if the child was able to finish or not able to finish the amount of RUTF given and decide:
 - Child ABLE to finish at least one-third of a packet of RUTF portion (92 g) or 3 teaspoons from a pot within 30 minutes.
 - Child NOT ABLE to eat one-third of a packet of RUTF portion (92 g) or 3 teaspoons from a pot within 30 minutes

Assess Child's Feeding

Assess feeding if child is Less Than 2 Years Old, Has MODERATE ACUTE MALNUTRITION, ANAEMIA.

Ask questions about the child's usual

feeding and feeding during this illness. Compare the mother's answers to the *Feeding Recommendations* for the child's age.

ASK - How are you feeding your child?

If the child is receiving *any* breast milk, ASK:

- How many times during the day?
- Do you also breastfeed during the night?

Does the child take any other food or fluids?

- What food or fluids?
- How many times per day?
- What do you use to feed the child?

If MODERATE ACUTE MALNUTRITION or if a child with CONFIRMED HIV INFECTION fails to gain weight or loses weight between monthly measurements, ASK:

- How large are servings?
- Does the child receive his own serving?
- Who feeds the child and how?
- What foods are available in the home?

During this illness, has the child's feeding changed?

If yes, how?

FEEDING RECOMMENDATIONS DURING ILLNESS AND HEALTH

Up to 6 Months of Age

Breast feed as often as the child wants, day and night at least 8 times in 24 hours.

Breast feed at least for 10 minutes on each breast every time

Do not give other foods water.

Do not use bottles or pacifiers



6 Months up to 12 months of Age

Breast feed as often as the child wants

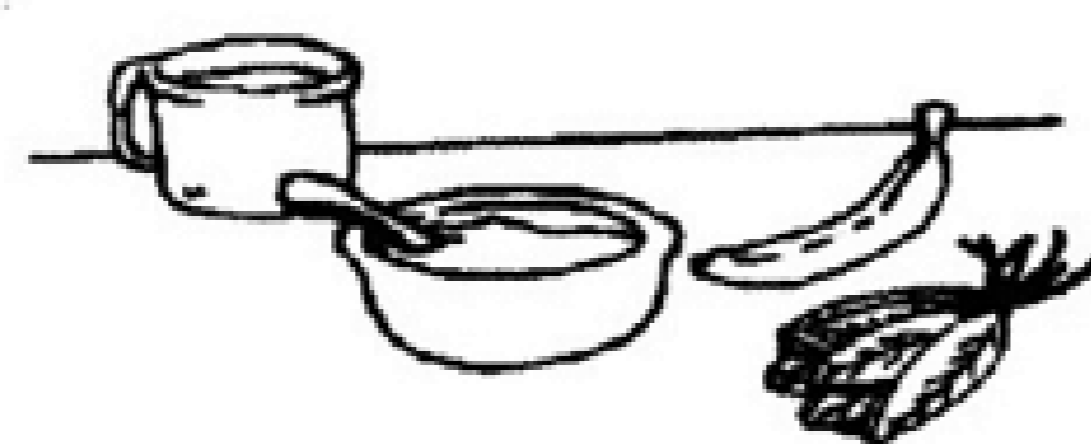
Give adequate servings

of: Khichri*, Rice (Bhatt)*

with seasonal vegetables (Carrot, Spinach, Potatoes etc.), or Minced Meat. Rice Kheer, Suji ka Halwa or Kheer*, Dalia*, Vermicellis*, Choori*, Mashed potato or vegetables*, Egg, Banana

And others Seasonal fruits (up to 9 months food should be mashed)

- 3 times per day if breastfed;
- 5 times per day if not breastfed.



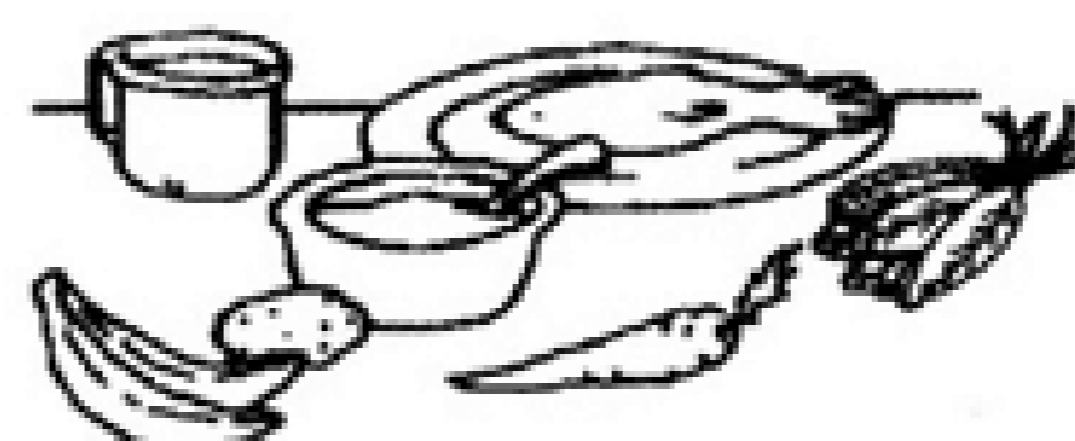
12 months up to 2 years of Age

Breast feed as often as the child wants

Give adequate servings of:

Roti, Paratha, Khichri or Rice, Curry, Minced Meat, Chicken, Egg, Seasonal Vegetables, Choori, Vermicellis', and/or any foods listed for 6-12 months child

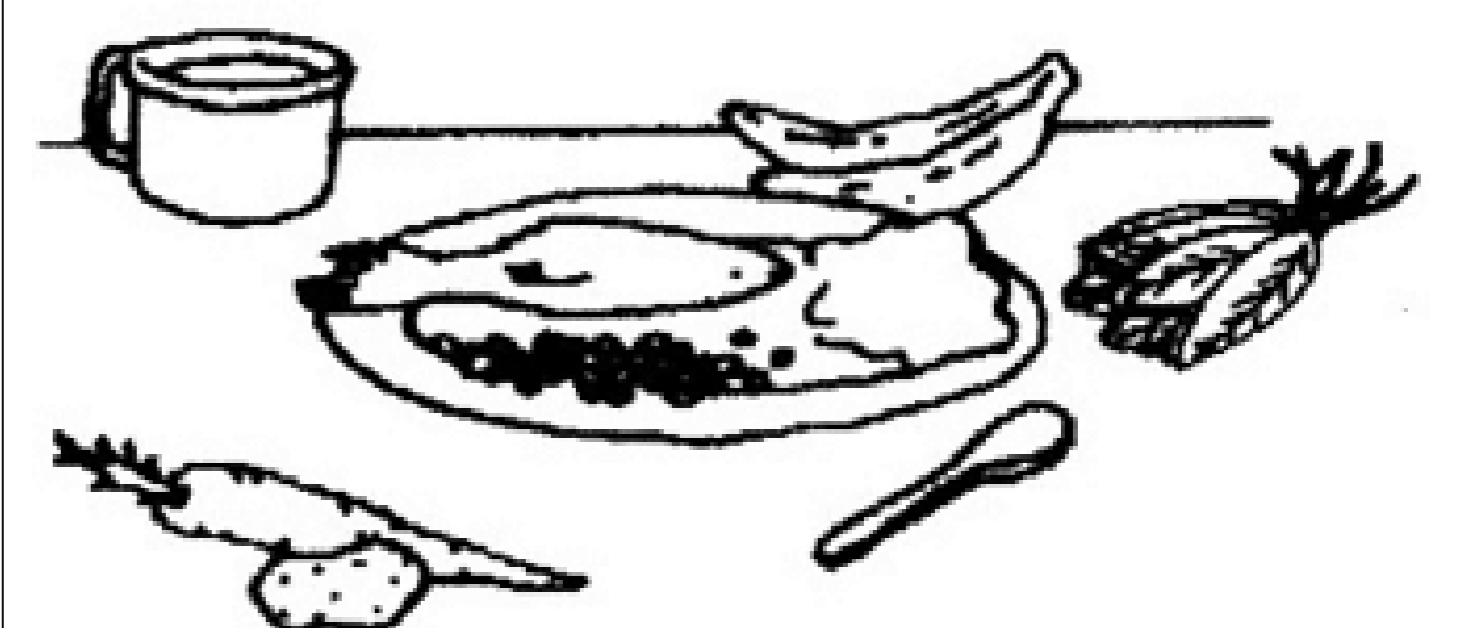
Give food at least 3 times per day AND Give also snacks 2 times per day between meals such as seasonal fruit (Banana, Apple, Mango, Orange etc.) Biscuit, home made Pakora or Samosa, Lassi, Yoghurt, Bread with Egg, Halwa etc.35



2 years and older

Give family foods at Least 3 meals each day.

Also, twice daily, give nutrients between meals, such as: Seasonal fruit (Banana, Apple, Mango, Orange etc.) Biscuit, Rusk, Chips, Pakora, Samosa, Lassi, Yoghurt, Bread with Eggs, Halwa etc.



Stopping Breastfeeding

STOPPING BREASTFEEDING means changing from all breast milk to no breast milk. This should happen gradually over one month. Plan in advance for a safe transition.

1. HELP MOTHER PREPARE:

Mother should discuss and plan in advance with her family, if possible

- Express milk and give by cup
- Find a regular supply or formula or other milk
- Learn how to prepare a store milk safely at home

2. HELP MOTHER MAKE TRANSITION:

Teach mother to cup feed (See chart booklet Counsel part in Assess, classify and treat the sick young infant aged up to 2 months)

- Clean all utensils with soap and water
- Start giving formula or cow's milk once baby takes all the feeds by cup

STOP BREASTFEEDING COMPLETELY:

Express and discard enough breast milk to keep comfortable until lactation stops

Feeding Recommendations for a Child Who Has PERSISTENT DIARRHOEA

⇒ If still breastfeeding, give more frequent, longer breastfeeds, day and night.

⇒ If taking other milk:

- replace with increased breastfeeding OR
- replace with fermented milk products, such as yoghurt OR
- replace half the milk with nutrient-rich semisolid food.

For other foods, follow feeding recommendations for the child's age.

EXTRA FLUIDS AND MOTHER'S HEALTH

Advise the Mother to Increase Fluid During Illness

FOR ANY SICK CHILD:

- Breastfeed more frequently and for longer at each feed. If child is taking breast-milk substitutes, increase the amount of milk given.
- Increase other fluids. For example, give soup, rice water, yoghurt drinks or clean water.

FOR CHILD WITH DIARRHOEA:

- Giving extra fluid can be lifesaving.
- Give fluid according to Plan A or Plan B on TREAT THE CHILD chart.

Advise the Mother When to Return to Health Worker

FOLLOW-UP VISIT: Advise the mother to come for follow-up at the earliest time listed for the child's problems.

If the child has:	Return for follow-up in:
PNEUMONIA DYSENTERY MALARIA, if fever persists FEVER: NO MALARIA, if fever persists MEASLES WITH EYE OR MOUTH COMPLICATIONS MOUTH OR GUM ULCERS OR THRUSH	3 days after treatment
PERSISTENT DIARRHOEA ACUTE EAR INFECTION CHRONIC EAR INFECTION COUGH OR COLD, if not improving	5 days after treatment
UNCOMPLICATED SEVERE ACUTE MALNUTRITION FEEDING PROBLEM	14 days after treatment
ANAEMIA	14 days after treatment
MODERATE ACUTE MALNUTRITION	30 days after treatment

NEXT WELL-CHILD VISIT: Advise the mother to return for next immunization according to immunization schedule

Counsel the Mother about her Own Health

- If the mother is sick, provide care for her, or refer her for help.
- If she has a breast problem (such as engorgement, sore nipples, breast infection), provide care for her or refer her for help.
- Advise her to eat well to keep up her own strength and health.
- Check the mother's immunization status and give her tetanus toxoid if needed.
- Make sure she has access to:
 - Family planning
 - Counselling on STD and AIDS prevention.

WHEN TO RETURN IMMEDIATELY

Advise mother to return immediately if the child has any of these signs:

Any sick child	Not able to drink or breastfeed Becomes sicker Develops a fever
If child has COUGH OR COLD, also return if:	Fast breathing Difficult breathing
If child has diarrhea, also return if:	Blood in stool Drinking poorly

