

**INTEGRATED  
MANAGEMENT OF  
NEONATAL AND  
CHILDHOOD  
ILLNESS**

**Counsel the Mother**

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## INTRODUCTION

You have learned how to treat the sick child and how to teach the mother to continue treatment at home. For many sick children, you will also need to assess feeding and counsel the mother about feeding.

For all sick children going home, you will also advise the mother when to return for follow-up visits and teach her signs that mean to return immediately for further care.

Recommendations on FOOD, FLUID, and WHEN TO RETURN are given on the chart titled "Counsel the Mother" (called the *COUNSEL* chart in this module).

## LEARNING OBJECTIVES

This module will describe and allow you to practice the following tasks:

- \* assessing the child's feeding
- \* identifying feeding problems
- \* counselling the mother about feeding problems
- \* advising the mother to increase fluid during illness
- \* advising the mother:
  - when to return for follow-up visits,
  - when to return immediately for further care,
  - when to return for immunizations.

In practicing these tasks, you will focus on:

- \* giving relevant advice to each mother
- \* using good communication skills
- \* using a Mother's Card as a communications tool

Even though you may feel hurried, it is important to take time to counsel the mother carefully and completely. You have been learning communication skills throughout this course. When counselling a mother, you will use some of the same communication skills that you have already practiced when assessing and treating the child.

For example, you will **ask the mother questions** to determine how she is feeding her child. You will then **listen carefully to the mother's answers** so that you can make your advice relevant to her.

You will **praise** the mother for appropriate practices and **advise** her about any practices that need to be changed. You will **use simple language** that the mother can understand. Finally, you will **ask checking questions** to ensure that the mother knows how to care for her child at home.

## FEEDING RECOMMENDATIONS

This section of the module will explain the feeding recommendations on the *COUNSEL* chart and any local adaptations. The recommendations are listed in columns for 4 age groups. You need to understand all of the feeding recommendations, but you will not need to explain them all to any one mother. You will first ask questions to find out how her child is already being fed. Then you will give **only the advice that is needed** for the child's age and situation.

These feeding recommendations are appropriate both when the child is sick and when the child is healthy. During illness, children may not want to eat much. However, they should be offered the types of food recommended for their age, as often as recommended, even though they may not take much at each feeding. After illness, good feeding helps make up for weight loss and helps prevent malnutrition. When the child is well, good feeding helps prevent future illness.

Sick child visits are a good opportunity to counsel the mother on how to feed the child both during illness and when the child is well.

### RECOMMENDATIONS FOR AGES UP TO 6 MONTHS

The best way to feed a child from birth up to 6 months of age is to breastfeed exclusively. Exclusive breastfeeding means that the child takes only breastmilk and no additional food, water, or other fluids (with the exception of medicines and vitamins, if needed).

*Note: If other fluids and foods are already being given, counselling is needed.*

Breastfeed children at this age as often as they want, day and night. This will be at least 8 times in 24 hours.

The advantages of breastfeeding are:


***Breastmilk contains exactly the nutrients needed by an infant.***

It contains: Protein, Fat, Lactose, Vitamins A and C, Iron and other nutrients.

***These nutrients are more easily absorbed from breastmilk*** than from other milk. Breastmilk also contains essential fatty acids needed for the infant's growing brain, eyes, and blood vessels. These fatty acids are not available in other milks.

***Breastmilk provides all the water an infant needs, even in a hot, dry climate.***

**Up to 6 Months of Age**



- Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.
- Do not give any other foods or fluids not even water

Remember:

- Continue breastfeeding if the child is sick

***Breastmilk protects an infant against infection.*** An infant cannot fight infection as well as an older child or an adult. Through breastmilk, an infant can share his mother's ability to fight infection. Exclusively breastfed infants are less likely to get diarrhoea, and less likely to die from diarrhoea or other infections. Breastfed infants are less likely to develop pneumonia, meningitis, and ear infections than non-breastfed infants.

***Breastfeeding helps a mother and baby to develop a close, loving relationship.***

***Breastfeeding protects a mother's health.*** After delivery, breastfeeding helps the uterus return to its previous size. This helps reduce bleeding and prevent anaemia. Breastfeeding also reduces the mother's risk of ovarian cancer and breast cancer.

***It is best not to give an infant below the age of 6 months any milk or food other than breastmilk.*** For example, do not give cow's milk, goat's milk, formula, cereal, or extra drinks such as teas, juices, or water. Reasons:

- Giving other food or fluid reduces the amount of breastmilk taken.
- Other food or fluid may contain germs from water or on feeding bottles or utensils. These germs can cause infection.
- Other food or fluid may be too dilute, so that the infant becomes malnourished.
- Other food or fluid may not contain enough Vitamin A.
- Iron is poorly absorbed from cow's and goat's milk.
- The infant may develop allergies.
- The infant may have difficulty digesting animal milk, so that the milk causes diarrhoea, rashes, or other symptoms. Diarrhoea may become persistent.

***Exclusive breastfeeding will give an infant the best chance to grow and stay healthy***

## **RECOMMENDATIONS FOR AGES 6 MONTHS UP TO 12 MONTHS**

The mother should continue to breastfeed as often as the child wants. However, after 6 months of age, breastmilk cannot meet all of the child's energy needs. From age 6 months up to 12 months, gradually increase the amount of complementary foods given. Foods that are appropriate are listed on the *COUNSEL* chart. By the age of 12 months, complementary foods are the main source of energy.

If the child is breastfed, give complementary foods 3 times daily. If the child is not breastfed, give complementary foods 5 times daily. (If possible, include feedings of milk by cup. However, cow's milk and other dairy/locally appropriate animal milk are not as good for babies as breastmilk.)

It is important to actively feed the child. Active feeding means encouraging the child to eat. The child should not have to compete with older brothers and sisters for food from a common plate. He should have his own serving. Until the child can feed himself, the mother or another caretaker (such as an older sibling, father, or grandmother) should sit with the child during meals and help get the spoon into his mouth.

## 6 Months up to 12 Months



Breastfeed as often as the child wants.

- Give at least one katori serving\* at a time :
  - Mashed roti/ rice /bread/biscuit mixed in sweetened undiluted milk OR
  - Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the servings OR
  - Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR
  - Mashed boiled/fried potatoes
  - banana/biscuit/ cheeko/ mango/ papaya

\*3 times per day if breastfed;  
5 times per day if not breastfed.

### Remember:

- Keep the child in your lap and feed with your own hands
- Wash your own and child's hands with soap and water every time before feeding

An “adequate serving” means that the child does not want any more food after active feeding and some food is left on the plate after the child has finished.

## GOOD COMPLEMENTARY FOODS

Good complementary foods are energy-rich, nutrient-rich, and locally affordable. Examples in some areas are thick cereal with added oil or milk; fruits, vegetables, pulses, meat, eggs, fish, and milk products. If the child receives cow's milk or any other breastmilk substitute, these and any other drinks should be given by cup, not by bottle. Foods that are appropriate in your area are listed in the feeding recommendations on the *COUNSEL* chart.

## RECOMMENDATIONS FOR AGES 12 MONTHS UP TO 2 YEARS

During this period the mother should continue to breastfeed as often as the child wants and also give nutritious complementary foods. The variety and quantity of food should be increased. Family foods should become an important part of the child's diet. Family foods should be chopped so that they are easy for the child to eat.

Give nutritious complementary foods or family foods 5 times a day. Adequate servings and active feeding (encouraging the child to eat) continue to be important.

### 12 Months up to 2 Years



- Breastfeed as often as the child wants.
- Offer food from the family pot
- Give at least 1 1/2 katori serving\* at a time of :
  - Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the servings OR
  - Mashed roti/ rice /bread/biscuit mixed in sweetened undiluted milk OR
  - Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR
  - Mashed boiled/fried potatoes
  - banana/biscuit/ cheeko/ mango/ papaya

\* 5 times per day.

#### Remember:

- Sit by the side of child and help him to finish the serving
- Wash your child's hands with soap and water every time before feeding

## RECOMMENDATIONS FOR AGES 2 YEARS AND OLDER

At this age the child should be taking a variety of family foods in 3 meals per day. The child should also be given 2 extra feedings per day. These may be family foods or other nutritious foods which are convenient to give between meals. Examples are listed on the *COUNSEL* chart and below.

### 2 Years and Older



- Give family foods at 3 meals each day.
- Also, twice daily, give nutritious food between meals, such as:
  - banana/biscuit/ cheeko/
  - mango/ papaya as snacks

#### Remember:

- Ensure that the child finishes the serving
- Teach your child wash his hands with soap and water every time before feeding

## **SPECIAL RECOMMENDATIONS FOR CHILDREN WITH PERSISTENT DIARRHOEA**

Children with persistent diarrhoea may have difficulty digesting milk other than breastmilk. They need to temporarily reduce the amount of other milk in their diet. They must take more breastmilk or other foods to make up for this reduction.

### **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
  - add cereals (rice, wheat, semolina) to milk
- For other foods, follow feeding recommendations for the child's age.

Continue other foods appropriate for the child's age.

The child with persistent diarrhoea should be seen again in 5 days for follow-up. Further feeding instructions will be described in the module *Follow-Up*.



4. Kiran is 9 months old. She is classified as NOT VERY LOW WEIGHT and NO ANAEMIA. She is still breastfed. Her diet also includes fruit juice, water, and a thick cereal gruel mixed with oil or mashed banana. How many times per day should Kiran be given these foods?
  
5. Samuel is 15 months old. He is classified as NOT VERY LOW WEIGHT and NO ANAEMIA. He still breastfeeds, but he also takes a variety of foods, including rice and bits of meat, vegetables, fruits, and yoghurt. How can the mother judge whether she is giving an adequate serving to Samuel?
  
6. Ramon is 15 months old. He has PERSISTENT DIARRHOEA and NO DEHYDRATION. He is classified as NOT VERY LOW WEIGHT and NO ANAEMIA. He stopped breastfeeding 3 months ago and has been taking cow's milk since then. He also eats a variety of family foods about 5 times a day. What recommendations should the doctor make for feeding Ramon during persistent diarrhoea?

When should Ramon return for a follow-up visit?

When you have completed this exercise,  
please discuss your answers with a facilitator.

Your facilitator will lead a drill on the feeding recommendations.

## 1.0 ASSESS THE CHILD'S FEEDING

You will assess feeding of children who:

- \* are classified as having VERY LOW WEIGHT, or
- \* are classified as having ANAEMIA, or
- \* are less than 2 years old.

However, if the mother has already received many treatment instructions and is overwhelmed, you may delay assessing feeding and counselling the mother about feeding until a later visit.

To assess feeding, ask the mother the following questions. These questions are at the top of the *COUNSEL* chart and also at the bottom of the Sick Child Recording Form. These questions will help you find out about the child's usual feeding and feeding during this illness:

### FOOD

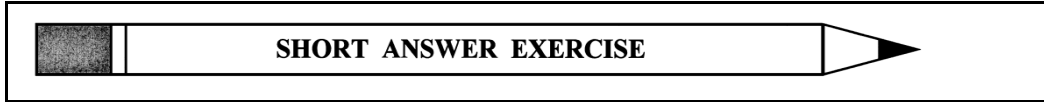
#### ➤ **Assess the Child's Feeding**

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 in the box below.

#### **ASK -**

- Do you breastfeed your child?
  - 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?
  - How large are servings? Does the child receive his own serving?  
Who feeds the child and how?
- During this illness, has the child's feeding changed? If yes, how?

Listen for correct feeding practices as well as those that need to be changed. You may look at the feeding recommendations for the child's age on the *COUNSEL* chart as you listen to the mother. If an answer is unclear, ask another question. For example, if the mother of a very-low-weight child says that servings are "large enough," you could ask, "When the child has eaten, does he still want more?"



1. Which children need a feeding assessment?
2. Which of the questions in the box titled "Assess the Child's Feeding" are intended to find out about active feeding?
3. Which of the questions is intended to find out whether a feeding bottle is being used?

Check your own answers to this exercise  
by comparing them to the answers given at the end of this module.

## 2.0 IDENTIFY FEEDING PROBLEMS

It is important to complete the assessment of feeding and identify all the feeding problems *before* giving advice.

Based on the mother's answers to the feeding questions, identify any differences between the child's actual feeding and the recommendations. These differences are problems. Some examples of feeding problems are listed below.

*Insert examples of local feeding problems and corresponding recommendations in blank spaces.*

### EXAMPLES OF FEEDING PROBLEMS

<i>CHILD'S ACTUAL FEEDING</i>	<i>RECOMMENDED FEEDING</i>
A 3-month-old is given sugar water as well as breastmilk.	A 3-month-old should be given only breastmilk and no other food or fluid.
A 2-year-old is fed only 3 times each day.	A 2-year-old should receive 2 extra feedings between meals, as well as 3 meals a day.
An 8-month-old is still exclusively breastfed.	A breastfed 8-month-old should also be given adequate servings of a nutritious complementary food 3 times a day.

In addition to differences from the feeding recommendations, some other problems may become apparent from the mother's answers. Examples of such problems are:

\* **Difficulty breastfeeding**

The mother may mention that breastfeeding is uncomfortable for her, or that her child seems to have difficulty breastfeeding. If so, you will need to assess breastfeeding as described on the *YOUNG INFANT* chart. You may find that the infant's positioning and attachment could be improved.

\* **Use of feeding bottle**

Feeding bottles should not be used. They are often dirty, and germs easily grow in them. Fluids tend to be left in them and soon become spoiled or sour. The child may drink the spoiled fluid and become ill. Also, sucking on a bottle may interfere with the child's desire to breastfeed.

\* **Lack of active feeding**

Young children often need to be encouraged and assisted to eat. This is especially true if a child has very low weight. If a young child is left to feed himself, or if he has to compete with siblings for food, he may not get enough to eat. By asking, "Who feeds the child and how?" you should be able to find out if the child is actively being encouraged to eat.

\* **Not feeding well during illness**

The child may be eating much less, or eating different foods during illness. Children often lose their appetite during illness. However, they should still be encouraged to eat the types of food recommended for their age, as often as recommended, even if they do not eat much. They should be offered their favourite nutritious foods, if possible, to encourage eating.

On the Sick Child Recording Form, next to the feeding questions, there is a box labelled "Feeding Problems." Use that space to record any feeding problem found. You will counsel the mother about these feeding problems.

**EXAMPLE :** Here is part of the Sick Child Recording Form for a 4-month-old child with the classification NO ANAEMIA AND NOT VERY LOW WEIGHT.

<p><b>ASSESS CHILD'S FEEDING if child has VERY LOW WEIGHT or ANAEMIA or is less than 2 years old.</b></p> <ul style="list-style-type: none"> <li>Do you breastfeed your child? Yes ___ No ___ If Yes, how many times in 24 hours? <u>5</u> times. Do you breastfeed during the night? Yes ___ No ___</li> <li>Does the child take any other food or fluids? Yes ___ No ___ If Yes, what food or fluids? <u>Cow's milk</u> ✓ How many times per day? <u>3</u> times. What do you use to feed the child? <u>Feeding bottle</u> How large are servings? _____ Does the child receive his own serving? ___ Who feeds the child and how? _____</li> <li>During the illness, has the child's feeding changed? Yes ___ No ___ If Yes, how? _____ ✓</li> </ul>	<p>FEEDING PROBLEMS</p> <p><i>Not breastfed often enough</i></p> <p><i>Giving Cow's milk</i></p> <p><i>Using Feeding bottle</i></p>
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## EXERCISE B

In this exercise, there will be a role play of a feeding assessment.

### ROLE PLAY SITUATION

The child's name is Durga and she is 6 months old. Durga has no general danger signs. She has:

NO PNEUMONIA: COUGH OR COLD  
NOT VERY LOW WEIGHT  
NO ANAEMIA  
no other classifications

The doctor has already told the mother about a soothing remedy for cough.

**DOCTOR:** Use the questions at the bottom of the Sick Child Recording Form (reprinted below) to assess feeding. Record the mother's answers and any feeding problems. Below the form, also record correct feeding practices.

**MOTHER:** You will be given a card that describes your attitude and situation.

**OBSERVERS:** Listen carefully and record the mother's answers on the form below. Also record feeding problems and correct feeding practices.

<p><b>ASSESS CHILD'S FEEDING IF CHILD HAS VERY LOW WEIGHT OR ANAEMIA OR IS LESS THAN 2 YEARS OLD</b></p> <ul style="list-style-type: none"> <li>• Do you breastfeed your child? Yes___ No___ If Yes, how many times in 24 hours? ___ times. Do you breastfeed during the night? Yes___ No___</li> <li>• Does the child take any other food or fluids? Yes___ No___ If Yes, what foods or fluids? _____ _____</li> <li>How many times per day? ___ times. What do you use to feed the child and how? _____</li> <li>How large are the servings? _____</li> <li>Does the child receive his own serving? _____ Who feeds the child and how? _____</li> <li>• During this illness, has the child's feeding changed? Yes___ No___ If Yes, how?</li> </ul>	<p>FEEDING PROBLEMS:</p>
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Record any CORRECT feeding practices.

### **3.0 COUNSEL THE MOTHER ABOUT FEEDING PROBLEMS**

This section of the module covers the third section of the *COUNSEL* chart. Since you have identified feeding problems, you will be able to limit your advice to what is most relevant to the mother.

#### **3.1 GIVE RELEVANT ADVICE**

If the feeding recommendations are being followed and there are no problems, praise the mother for her good feeding practices. Encourage her to keep feeding the child the same way during illness and health! If the child is about to enter a new age group with different feeding recommendations, explain these new recommendations to her. For example, if the child is almost 6 months old, explain about good complementary foods and when to start them.

If the feeding recommendations for the child's age are not being followed, explain those recommendations.

In addition, if you have found any of the problems listed on the chart in the section "Counsel the Mother About Feeding Problems," give the mother the recommended advice.

You have already learnt to check and improve positioning and attachment in the module *Treat the Young Infant and Counsel the Mother*. If the mother has a breast problem, such as engorgement, sore nipples, or a breast infection, then she may need referral to a specially trained breastfeeding counsellor (such as a doctor who has taken *Breastfeeding Counselling: A Training Course*) or to someone experienced in managing breastfeeding problems, such as a midwife.

If a child under 6 months of age is receiving food or fluids other than breastmilk, the goal is to gradually change back to more or exclusive breastfeeding. Suggest giving more frequent, longer breastfeeds, day and night. As breastfeeding increases, the mother should gradually reduce other milk or food. Since this is an important change in the child's feeding, be sure to ask the mother to return for follow-up in 5 days.

In some cases, changing to more or exclusive breastfeeding may be impossible (for example, if the mother never breastfed, if she must be away from her child for long periods, or if she will not breastfeed for personal reasons). In such cases, the mother should be sure to correctly prepare cow's milk or other dairy/locally appropriate animal milk and use them within an hour to avoid spoilage.



### EXERCISE C

In this exercise you will identify feeding problems and relevant advice for written cases.

None of these cases needs referral. The doctor has asked the questions to assess feeding. Read the information about feeding on the recording form. Then describe the correct feeding practices, feeding problem(s) and relevant feeding advice.

- The child is 2 months old and is classified as NOT VERY LOW WEIGHT and NO ANAEMIA. The mother has started giving cow's milk and is thinking of stopping breastfeeding soon. She thinks that her child may gain more weight on cow's milk than breastmilk.

Briefly describe the feeding problems in the box on the right of the form.

<p><b>ASSESS CHILD'S FEEDING if child has VERY LOW WEIGHT or ANAEMIA or is less than 2 years old.</b></p> <ul style="list-style-type: none"> <li>Do you breastfeed your child? Yes ___ No ___ If Yes, how many times in 24 hours? <u>5</u> times. Do you breastfeed during the night? Yes ___ No ___</li> <li>Does the child take any other food or fluids? Yes ___ No ___ If Yes, what food or fluids? <u>Cow's milk</u> How many times per day? <u>3</u> times. What do you use to feed the child? <u>Feeding bottle</u></li> </ul> <hr/> <p>How large are servings? _____ Does the child receive how own serving? ___ Who feeds the child and how? _____</p> <ul style="list-style-type: none"> <li>During the illness, has the child's feeding changed? Yes ___ No ___ If Yes, how? _____</li> </ul>	<p><b>FEEDING PROBLEMS;</b></p>
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What is this mother doing correctly to feed her child?

What feeding advice is needed?

2. The child is 15 months old and has VERY LOW WEIGHT. The child shares a plate with 3 brothers and sisters and sometimes does not get much food.

Briefly describe the feeding problems in the box on the right of the form.

<p><b>ASSESS CHILD'S FEEDING if child has VERY LOW WEIGHT or ANAEMIA or is less than 2 years old.</b></p> <ul style="list-style-type: none"> <li>Do you breastfeed your child? Yes ___ No ___ If Yes, how many times in 24 hours? ___ times. Do you breastfeed during the night? Yes ___ No ___</li> <li>Does the child take any other food or fluids? Yes <u>✓</u> No ___ If Yes, what food or fluids? <u>family food, usually rice and thin soup</u> _____ How many times per day? <u>2</u> times. What do you use to feed the child? <u>Plate, no bottle</u> How large are servings? <u>A few bites</u> Does the child receive how own serving? <u>No</u> Who feeds the child and how? <u>Child feeds himself, shares with siblings</u></li> <li>During the illness, has the child's feeding changed? Yes ___ No ___ If Yes, how?</li> </ul>	<p><b>FEEDING PROBLEMS</b></p>
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✓

What is this mother doing correctly to feed her child?

What feeding advice is needed?

3. The child is 2 years old and has ANAEMIA. He has some palmar pallor but is not very low weight for age. The child has PERSISTENT DIARRHOEA, NO DEHYDRATION, and MALARIA.

Briefly describe the feeding problems in the box on the right of the form.

<p><b>ASSESS CHILD'S FEEDING if child has VERY LOW WEIGHT or ANAEMIA or is less than 2 years old.</b></p> <ul style="list-style-type: none"> <li>Do you breastfeed your child? Yes ___ No ___ If Yes, how many times in 24 hours? ___ times. Do you breastfeed during the night? Yes ___ No ___</li> <li>Does the child take any other food or fluids? Yes <input checked="" type="checkbox"/> No ___ If Yes, what food or fluids? <u>Cow's milk, 3 meals family foods</u> How many times per day? <u>5</u> times. What do you use to feed the child? <u>Plate, no bottle</u> How large are servings? <u>Half katori at each meal</u> Does the child receive how own serving? <u>Yes</u> Who feeds the child and how? <u>Child feeds himself</u></li> <li>During the illness, has the child's feeding changed? Yes ___ No ___ If Yes, how?</li> </ul>	<p>FEEDING PROBLEMS</p>
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What is this mother doing correctly to feed her child?

What feeding advice is needed?

When you have finished this exercise, discuss your answers with a facilitator.

## 3.2 USE GOOD COMMUNICATION SKILLS

When counselling mothers, it is important to use the following skills:

**ASK and LISTEN:** You have already learned the importance of asking questions to assess the child's feeding. Listen carefully to find out what the mother is already doing for her child. Then you will know what she is doing well, and what practices need to be changed.

**PRAISE:** It is likely that the mother is doing something helpful for the child, for example, breastfeeding. Praise the mother for something helpful she has done. Be sure that the praise is genuine, and only praise actions that are indeed helpful to the child.

**ADVISE:** Limit your advice to what is relevant to the mother at this time. Use language that the mother will understand. If possible, use pictures or real objects to help explain. For example, show amounts of fluid in a cup or container.

Advise against any harmful practices that the mother may have used. When correcting a harmful practice, be clear, but also be careful not to make the mother feel guilty or incompetent. Explain why the practice is harmful.

**CHECK UNDERSTANDING:** Ask questions to find out what the mother understands and what needs further explanation. Avoid asking leading questions (that is, questions which suggest the right answer) and questions that can be answered with a simple yes or no.

Examples of good checking questions are: "What foods will you give your child?" "How often will you give them?" If you get an unclear response, ask another checking question. Praise the mother for correct understanding or clarify your advice as necessary.



## SHORT ANSWER EXERCISE

1. How could you restate the following advice in simpler words?

*Give foods that are high in energy and nutrient content in relation to volume.*

2. The mother of an 8-month-old girl says that her child usually takes infant formula by cup about 5 times a day and plain cereal 3 times per day. The mother stopped breastfeeding about 1 month ago when she had to return to work, which requires that she be away from the child for 10 hours each work day. The child has taken the same amount of food during the illness. Which of the following comments are appropriate when counselling this mother? (*Tick appropriate comments.*)

- \_\_\_\_\_ a. You should still be breastfeeding this child.
- \_\_\_\_\_ b. It is good that your child is still eating as usual during the illness.
- \_\_\_\_\_ c. It is good that you are using a cup instead of a feeding bottle.
- \_\_\_\_\_ d. Your child needs food more often. Try to increase the number of times you give the cereal gruel to 5 times a day.
- \_\_\_\_\_ e. The cereal is good for your child. Add a little oil and some mashed vegetables or peas, or bits of meat to the cereal gruel. Then it will be even better for your child.

3. You are talking with the mother of a 15-month-old child who is no longer breastfed. The child has PERSISTENT DIARRHOEA. He normally takes 2 feedings of cow's milk and 1 meal of family foods each day. His diet has not changed during the diarrhoea. Which of the following are appropriate to say when counselling this mother? (*Tick appropriate comments.*)

- \_\_\_\_\_ a. You were right to keep feeding your child during the diarrhoea. He needs food to stay strong.
- \_\_\_\_\_ b. Your child needs more food each day. Try to give him 3 family meals plus 2 feedings between meals.
- \_\_\_\_\_ c. Cow's milk is very bad for your child.
- \_\_\_\_\_ d. Your child may be having trouble digesting the cow's milk, and that may be the reason that the diarrhoea has lasted so long.
- \_\_\_\_\_ e. Give your child yoghurt instead of milk (until follow-up visit in 5 days). Or give only half the usual milk and increase the amount of family foods to make up for this.

Check your own answers to this exercise  
by comparing them to the answers given at the end of the module.

### 3.3 USE A MOTHER'S CARD

A Mother's Card can be given to each mother to help her remember appropriate food and fluids, and when to return to the doctor. The Mother's Card has words and pictures that illustrate the main points of advice.

An example of a Mother's Card was given to you with your course materials. This card is reprinted in the Annex of this module.

Take a moment to study the Mother's Card given in this course. The card shows advice about foods, fluid, and signs to return immediately to the doctor. There is also a place to tick appropriate fluids for diarrhoea and record when to return for the next immunization.

There are many reasons a Mother's Card can be helpful:

- It will remind you or your staff of important points to cover when counselling mothers about foods, fluid, and when to return.
- It will remind the mother what to do when she gets home.
- The mother may show the card to other family members or neighbours, so more people will learn the messages it contains.
- The mother will appreciate being given something during the visit.
- Multivisit cards can be used as a record of treatments and immunizations given.

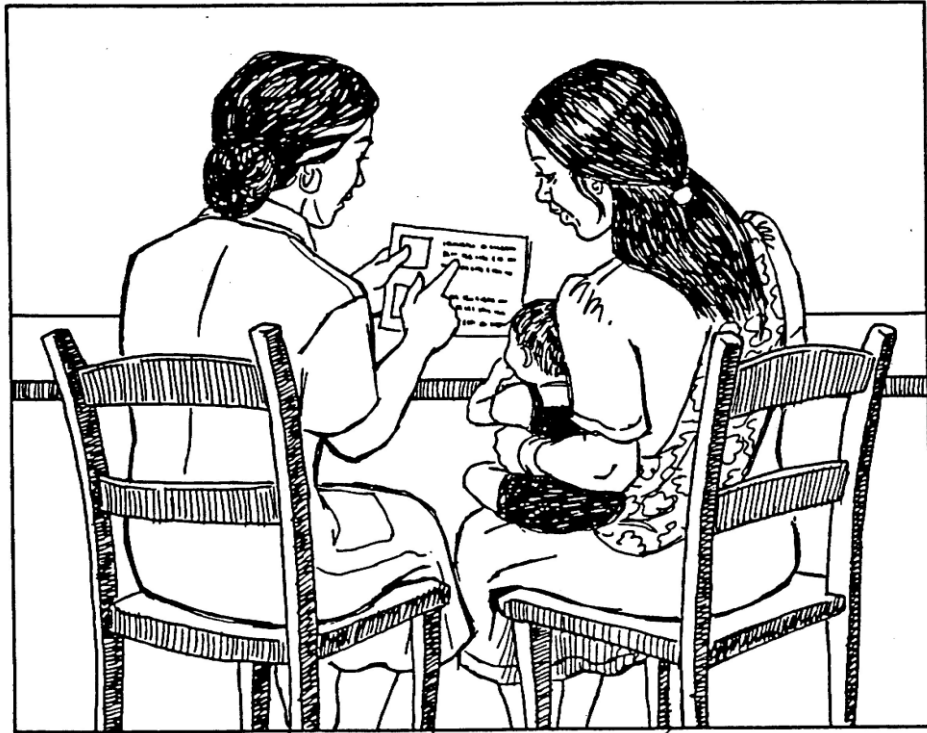
When reviewing a Mother's Card with a mother:

1. Hold the card so the mother can easily see the pictures, or allow her to hold it herself.
2. Explain each picture. Point to the pictures as you talk. This will help the mother remember what the pictures represent.
3. Circle or record information that is relevant to the mother. For example, circle the feeding advice for the child's age. Circle the signs to return immediately. If the child has diarrhoea, tick the appropriate fluid(s) to give. Record the date of the next immunization needed.
4. Watch to see if the mother seems worried or puzzled. If so, encourage questions.

5. Ask the mother to tell you in her own words what she should do at home. Encourage her to use the card to help her remember.

6. Give her the card to take home. Suggest that she show it to others in her family.

If you cannot obtain a large enough supply of cards to give to every mother, keep several in the clinic to show to mothers.





## EXAMPLE

In this example, your facilitator will counsel a mother about feeding. He will demonstrate communication skills and use of a Mother's Card. The child in this example is named Akash. He is 8 months old, has no general danger signs, and has:

NO PNEUMONIA: COUGH OR COLD  
MALARIA  
NOT VERY LOW WEIGHT  
NO ANAEMIA

Tell the facilitator when you are ready for the demonstration to begin. During the demonstration, record information on the form below. Record any feeding problems that the "doctor" uncovers. Below the form, record feeding advice given.

Notice use of the following communication skills as your facilitator points them out:

ASK and LISTEN  
PRAISE, when appropriate  
ADVISE, using simple language and giving only relevant advice  
CHECK UNDERSTANDING

<p><b>ASSESS CHILD'S FEEDING if child has VERY LOW WEIGHT or ANAEMIA or is less than 2 years old.</b></p> <ul style="list-style-type: none"><li>• Do you breastfeed your child? Yes ___ No ___ If Yes, how many times in 24 hours? ___ times. Do you breastfeed during the night? Yes ___ No ___</li><li>• Does the child take any other food or fluids? Yes ___ No ___ If Yes, what food or fluids? _____ _____</li><li>How many times per day? ___ times. What do you use to feed the child? _____</li><li>How large are servings? _____</li><li>Does the child receive how own serving? ___ Who feeds the child and how? _____</li></ul> <hr/> <ul style="list-style-type: none"><li>• During the illness, has the child's feeding changed? Yes ___ No ___ If Yes, how?</li></ul>	<p>FEEDING PROBLEMS</p>
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Feeding Advice Given:



## EXERCISE D

In this exercise, there will be two role plays of feeding assessment and counselling.

**DOCTOR:** Ask the questions on the recording form to assess feeding. Identify and record feeding problems. Record the feeding advice to be given. Then counsel the mother about feeding, using good communication skills. Use the FOOD section of the Mother's Card. Feel free to refer to the *COUNSEL* chart as necessary.

**MOTHER:** Try to behave as a real mother might behave. For example, you may be confused, timid, worried, or anxious to leave the clinic. You will be given a card with details about your child's feeding and age and suggestions about your attitude.

**OBSERVERS:** Watch the role play and record information on the form given. Be prepared to answer the questions in the module.

### Role Play 1

Suman is a 7-month-old boy with a cough and runny nose. He has no general danger signs and has been classified as **NO PNEUMONIA: COUGH OR COLD, NO NOT VERY LOW WEIGHT** and **ANAEMIA**. He has no other classifications. The mother has been taught to soothe the throat and relieve the cough. In the role play the doctor will assess feeding and counsel the mother about feeding.

<p><b>ASSESS CHILD'S FEEDING if child has VERY LOW WEIGHT or ANAEMIA or is less than 2 years old.</b></p> <ul style="list-style-type: none"><li>• Do you breastfeed your child? Yes ___ No ___ If Yes, how many times in 24 hours? ___ times. Do you breastfeed during the night? Yes ___ No ___</li><li>• Does the child take any other food or fluids? Yes ___ No ___ If Yes, what food or fluids? _____ _____</li><li>How many times per day? ___ times. What do you use to feed the child? _____ How large are servings? _____ Does the child receive how own serving? ___ Who feeds the child and how? _____</li><li>• During the illness, has the child's feeding changed? Yes ___ No ___ If Yes, how?</li></ul>	<p>FEEDING PROBLEMS</p>
--	-------------------------

<b>Feeding advice:</b> _____
_____
_____
_____
_____
_____

After the role play you will discuss the following questions:

- a. Did the doctor ask all of the necessary questions to assess Suman's feeding? Did the doctor finish the feeding assessment before identifying the feeding problems and giving advice?
  
- b. What feeding problems did the doctor find?
  
- c. Did the doctor give appropriate praise for something the mother had done?
  
- d. Did the doctor give advice relevant to this child's situation?

Was any advice given that was **not** relevant? If so, what?

- e. Was the advice correct and complete for the child's age and any problems identified?
  
- f. Did the doctor use clear, simple language?

- g. What checking questions were asked? Were they good checking questions? If they were answered incompletely or incorrectly, did the doctor clarify the advice?

**Role Play 2**

Jatin is a 15-month-old boy with no general danger signs, diarrhoea with NO DEHYDRATION, PERSISTENT DIARRHOEA, and VERY LOW WEIGHT (no pallor). Jatin has no other classifications. His mother has been taught how to give fluids on Plan A for diarrhoea. In the role play the doctor will assess feeding and counsel the mother about feeding.

<p><b>ASSESS CHILD'S FEEDING if child has VERY LOW WEIGHT or ANAEMIA or is less than 2 years old.</b></p> <ul style="list-style-type: none"> <li>• Do you breastfeed your child? Yes ___ No ___ If Yes, how many times in 24 hours? ___ times. Do you breastfeed during the night? Yes ___ No ___</li> <li>• Does the child take any other food or fluids? Yes ___ No ___ If Yes, what food or fluids? _____ _____</li> <li>How many times per day? ___ times. What do you use to feed the child? _____</li> <li>How large are servings? _____</li> <li>Does the child receive how own serving? ___ Who feeds the child and how? _____</li> <li>• During the illness, has the child's feeding changed? Yes ___ No ___ If Yes, how?</li> </ul>	<p>FEEDING PROBLEMS</p>
---	-------------------------

**Feeding advice:** \_\_\_\_\_

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After the role play you will discuss the following questions:

- a. Did the doctor ask all the necessary questions to assess Jatin's feeding? Did the doctor finish the feeding assessment before identifying the feeding problems and giving advice?
- b. What feeding problems did the doctor find?
- c. Did the doctor give appropriate praise for something the mother had done?
- d. Did the doctor give advice relevant to this child's situation?

Was any advice given that was **not** relevant? If so, what?

- e. Was the advice correct and complete for the child's age and any problems identified?
- f. Did the doctor use clear, simple language?
- g. What checking questions were asked? Were they good checking questions? If they were answered incompletely or incorrectly, did the doctor clarify the advice?

## 4.0 ADVISE THE MOTHER TO INCREASE FLUID DURING ILLNESS

During illness a child loses fluid due to fever, fast breathing, or diarrhoea. The child will feel better and stay stronger if he drinks extra fluid to prevent dehydration. Extra fluid is especially important for children with diarrhoea; these children should be given fluid according to Plan A or B as described on the *TREAT* chart.

Mothers of breastfeeding children should offer the breast frequently.

Advice about fluid is summarized in the chart section below. Give this advice to every mother who is taking her child home UNLESS she has already received many instructions and may be overwhelmed by more advice, or has already been taught Plan A.

### FLUIDS

#### ➤ **Advise the Mother to Increase Fluid During Illness**

##### **FOR ANY SICK CHILD:**

- Breastfeed more frequently and for longer at each feed
- Increase fluid. For example, give soup, rice water, yoghurt drinks or clean water

##### **FOR CHILD WITH DIARRHOEA:**

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

## 5.0 ADVISE THE MOTHER WHEN TO RETURN TO A DOCTOR

**EVERY** mother who is taking her child home needs to be advised when to return to the doctor. She may need to return:

- for a FOLLOW-UP VISIT in a specific number of days (for example, when it is necessary to check progress on an antibiotic),
- IMMEDIATELY, if signs appear that suggest the illness is worsening, or
- for the child's next immunization (the next WELL-CHILD VISIT).

It is especially important to teach the mother the signs to return immediately. You learned these signs in the module *Identify Treatment*, and they are repeated in this section of this module. These signs mean that additional care is needed for serious illness.

## FOLLOW-UP VISITS

In the module *Identify Treatment*, you learned that certain problems require follow-up in a specific number of days. For example, pneumonia, dysentery, and acute ear infection require follow-up to ensure that an antibiotic is working. Persistent diarrhoea requires follow-up to ensure that feeding changes are working. Some other problems, such as fever or pus draining from the eye, require follow-up only if the problem persists.

At the end of the sick child visit, tell the mother when to return for follow-up. Sometimes a child may need follow-up for more than one problem. In such cases, tell the mother the earliest **definite** time to return. Also tell her about any earlier follow-up that may be needed if a problem such as fever persists.

The *COUNSEL* chart has a summary of follow-up times for different problems.

### **FOLLOW-UP VISIT**

**Advise the mother to come for follow up at the earliest time listed for the child's problems**

<b>If the child has:</b>	<b>Return for follow-up in:</b>
PNEUMONIA DYSENTERY MALARIA FEVER-MALARIA UNLIKELY, if fever persists MEASLES WITH EYE OR MOUTH COMPLICATIONS	2 days
DIARRHOEA, if not improving PERSISTENT DIARRHOEA ACUTE EAR INFECTION CHRONIC EAR INFECTION FEEDING PROBLEM ANY OTHER ILLNESS, if not improving	5 days
ANAEMIA	14 days
VERY LOW WEIGHT FOR AGE	30 days

Notice that there are several different follow-up times related to nutrition:

- If a child has a feeding problem and you have recommended changes in feeding, follow-up in 5 days to see if the mother has made the changes. You will give more counselling if needed.
- If a child has pallor, follow-up in 14 days to give more iron.
- If the child has VERY LOW WEIGHT, additional follow-up is needed in 30 days. This follow-up would involve weighing the child, re-assessing feeding practices, and giving any further advice needed from the *COUNSEL* chart.

If your clinic has a regular session reserved for counselling about feeding, schedule follow-up visits for that time. If such sessions are not offered, schedule an individual visit for feeding counselling at a time when a doctor will be available to discuss feeding with the mother. This doctor will need to know about the child's feeding problems, changes recommended, and the child's weight. This information can be recorded in the patient chart, or in a special follow-up note.

**WHEN TO RETURN IMMEDIATELY**

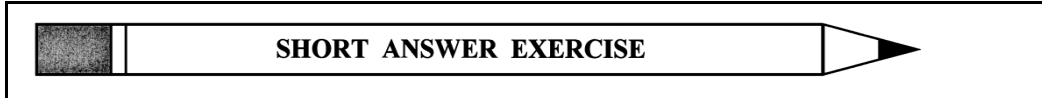
Remember that this is an extremely important section of WHEN TO RETURN.

<b>Advise mother to return immediately if the child has any of these signs:</b>	
Any sick child	<ul style="list-style-type: none"> <li>• Not able to drink or breastfeed</li> <li>• Becomes sicker</li> <li>• Develops a fever</li> </ul>
If child has NO PNEUMONIA:COUGH OR COLD, also return if:	<ul style="list-style-type: none"> <li>• Fast breathing</li> <li>• Difficult breathing</li> </ul>
If child has Diarrhoea, also return if:	<ul style="list-style-type: none"> <li>• Blood in stool</li> <li>• Drinking poorly</li> </ul>

Use the Mother's Card when teaching the signs to return immediately. Use local terms that the mother can understand. The Mother's Card presents the signs in both words and drawings. Circle the signs that the mother must remember. Be sure to check the mother's understanding.

**NEXT WELL-CHILD VISIT**

Remind the mother of the next visit her child needs for immunization **unless** the mother already has a lot to remember and will return soon anyway. For example, if a mother must remember a schedule for giving an antibiotic, home care instructions for another problem, and a follow-up visit in 2 days, do not describe a well-child visit needed one month from now. However, do record the date of the next immunization on the Mother's Card.



**SHORT ANSWER EXERCISE**

1. A 3-year-old is being treated with an antibiotic for PNEUMONIA. The child has no other problems that require follow-up. She has no fever.

When should you ask the mother to return for follow-up?

What are the signs that this child should return immediately?

2. A 6-month-old child is being treated for DYSENTERY and an ACUTE EAR INFECTION. He has a fever.

When should you ask the mother to return for follow-up?

What are the signs that this child should return immediately?

After the first follow-up visit, what additional follow-up will be needed?

3. A 3-month-old child has a feeding problem. She is taking cow's milk in addition to breastmilk. You have advised the mother to increase breastfeeding and gradually decrease the cow's milk. The child also has NO PNEUMONIA: COUGH OR COLD. She has no fever.

When should you ask the mother to return for follow-up?

What are the signs that this child should return immediately?

4. A 5-month-old child has diarrhoea with NO DEHYDRATION, VERY LOW WEIGHT and ANAEMIA. She has no fever. She has some palmar pallor as well as very low weight. You have found a feeding problem. The child's main food is dairy/locally appropriate animal milk which is made with too much water and given in a feeding bottle. You have counselled the mother on how to prepare r dairy/locally appropriate animal milk correctly and give it with a cup. You have also counselled the mother about complementary feeding.

When should you ask the mother to return for follow-up?

What are the signs that this child should return immediately?

After the first follow-up visit, what additional follow-up will be needed?

Check your own answers to this exercise by comparing them to the answers given at the end of this module.

\*\*\*



### **EXAMPLE**

In this example, your facilitator will continue the demonstration of communication skills begun earlier in this module. He or she will continue to advise the mother of Akash, the 8-month-old child who has:

NO PNEUMONIA: COUGH OR COLD  
MALARIA  
NOT VERY LOW WEIGHT  
NO ANAEMIA

The doctor has already counselled the mother about feeding. This demonstration will include advice on increasing fluid and when to return.

Tell the facilitator when you are ready for the demonstration to begin.



## EXERCISE E

In this exercise, there will be a role play of the entire process covered by the *COUNSEL* chart: assessing feeding, identifying feeding problems, counselling about feeding, advising about fluid, and advising about when to return.

**DOCTOR:** Assess feeding, identify feeding problems, and counsel the mother on feeding, fluid, and when to return. Use good communication skills. Use the Sick Child Recording Form given in this exercise. Also use the Mother's Card.

**MOTHER:** Try to behave as a real mother might behave. For example, you may be worried, timid, confused, or anxious to leave the clinic. You will be given a card with details about your child's illness, age, and diet, and other information.

**OBSERVERS:** Listen and watch carefully. On the recording form given in this exercise, write the answers to the feeding questions and any feeding problems. Notice whether the feeding questions are used, advice is correct and complete, and good communication skills are used. Be prepared to discuss the questions given on the next page.

### **Role Play:**

Fatima is 2 years and 2 months old. She has **VERY LOW WEIGHT** (but no palmar pallor) and an **ACUTE EAR INFECTION**.

The doctor has already given the mother instructions on wicking the ear and giving an antibiotic for the ear infection. Now the doctor will assess feeding and counsel the mother about **FOOD, FLUID, and WHEN TO RETURN**.

### **Questions for Discussion after Role Play:**

1. Were all the necessary questions asked about the child's feeding? Did the doctor finish the feeding assessment before identifying the feeding problems and giving advice?
2. What feeding problems were identified, if any?

3. Was the mother praised for something she has been doing correctly?
  
4. Was counselling about FOOD complete and correct for the child's age and feeding problems?
  
5. Was advice on FLUID complete and correct?
  
6. Was advice on WHEN TO RETURN complete and correct? Did it include signs to return immediately?
  
7. Did the doctor ask appropriate checking questions?
  
8. If no to any of the above, what could have been done better? Be prepared to make suggestions.

## **6.0 COUNSEL THE MOTHER ABOUT HER OWN HEALTH**

During a sick child visit, listen for any problems that the mother herself may be having. The mother may need treatment or referral for her own health problems.

- ***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.**
  - **Give iron folic acid tablets for a total of 100 days.**
  - **Make sure she has access to:**
    - **Family planning**
    - **Counselling on STD and AIDS prevention**



**ANNEX:**

**MOTHER'S CARD**



## WHEN TO RETURN IMMEDIATELY

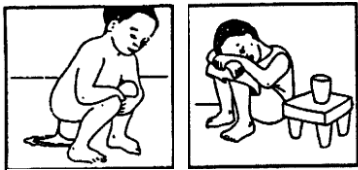


### BRING ANY SICK CHILD



If not able to drink    If becomes sicker    If develops a fever

### BRING CHILD with DIARRHOEA



If blood in stool    If drinking poorly

### BRING CHILD with COUGH



If difficult breathing    If fast breathing

### BRING YOUNG INFANT (<2 months)

Breastfeeding or drinking poorly  
 Becomes sicker  
 Develops a fever or feels cold to touch  
 Fast breathing  
 Difficult breathing  
 Yellow palms and soles (if infant has jaundice)  
 Diarrhoea with blood in stool

Name: \_\_\_\_\_ M F Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Always bring this card with you to the clinic.

## FLUIDS

### FOR ANY SICK CHILD

- Breastfeed frequently.
- Increase fluid. Give soup, rice water, yoghurt drinks, or clean water.

### FOR CHILD WITH DIARRHOEA

Giving more fluid can be lifesaving !

- Give these extra fluids, as much as the child will take:
  - ORS Solution
  - Food based fluids, such as:
    - soup,
    - rice water,
    - yoghurt drinks
  - Clean water
- Breastfeed more frequently and longer at each feeding.
- Continue giving extra fluids until diarrhoea stops.



## IMMUNIZATIONS , VITAMIN A & IFA SUPPLEMENTATION

(Record Date Given)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BCG	DPT 1	DPT 2	DPT 3	DPT (Booster)	DT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OPV 0	OPV 1	OPV 2	OPV 3	OPV 4	IFA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HEP B-1	HEP B-2	HEP B-3	MEASLES	VITAMIN A	

Return for next immunization or vitamin A or IFA supplementation on:

\_\_\_\_\_

\_\_\_\_\_

# ANSWERS TO SHORT ANSWER EXERCISES:

## COUNSEL THE MOTHER

### Answers to Short Answer Exercise, Page 10

1. These children need a feeding assessment:  
  
children who have VERY LOW WEIGHT or ANAEMIA  
children who are less than 2 years old
2. Does the child receive his own serving?  
Who feeds the child and how?
3. What do you use to feed the child?

### Answers to Short Answer Exercise, Page 23

1. Possible answer:  
  
Give foods that will make your child strong and healthy, not just fill him up. Instead of giving just plain rice or gruel, mix it with some oil for energy and some foods like mashed vegetables, meat, eggs, or fish.  
  
*(You may have included examples of good complementary foods in your local area.)*
2.
  - a. No tick. This comment would make the mother feel guilty. You might find out if she would be interested in resuming breastfeeding at night, and if so, refer her to a breastfeeding counsellor.
  - b. —
  - c. —
  - d. No tick. The feeding recommendations say that a non-breastfed 8-month-old child should be given complementary foods 5 times per day. This child is being given 5 formula feedings plus 3 cereal feedings per day, which is a total of 8 feedings and is plenty for her age.
  - e. —

3.
  - a. –
  - b. –
  - c. No tick. This comment may make the mother feel guilty. It is better to state this as in "d" below.
  - d. –
  - e. –

**Answers to Short Answer Questions, Page 34, 35**

1.
  - F/up: 2 days
  - Return immediately if:
    - Not able to drink (since child is 3 years old, there is no need to say "or breastfeed")
    - Becomes sicker
    - Develops a fever

2.
  - F/up: 2 days for dysentery
  - Return immediately if:
    - Not able to drink or breastfeed
    - Becomes sicker
    - Drinking poorly

*Since the child already has a fever and blood in the stool, these signs are not listed. You may have combined the signs, "not able to drink or breastfeed" and "drinking poorly."*

- Additional follow-up: 5 days for ear infection
3.
    - F/up: 5 days for feeding problem
    - Return immediately if:
      - Not able to drink or breastfeed
      - Becomes sicker
      - Develops a fever
      - Fast breathing
      - Difficult breathing

4.
  - F/up: 5 days for feeding problem
  - Return immediately if:
    - Not able to drink or breastfeed
    - Becomes sicker
    - Develops a fever
    - Blood in stool
    - Drinking poorly

*You may have combined the signs, "not able to drink or breastfeed" and "drinking poorly."*

- Additional follow-up: 14 days for pallor, 30 days for very low weight.