

Healthy Future Program



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Pregnancy 4-6 Months

Session H4

Action: Introduce this session: I know that you want to make healthy choices during your pregnancy so that you and your baby can be healthy. Throughout this program, we will talk about several different topics that are focused on helping you do just that. Even during pregnancy, your actions now can affect your baby in the short and long term. Today, we will cover the topics of maternal nutrition, caregiver mental health, breastfeeding, and available government services. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

H4.1: Maternal Nutrition (Food groups, iron and anemia)

Action: Introduce this module and 24-hr Dietary Recall activity: One way to help make sure you and your baby are healthy is to eat well. Everything you eat and drink affects your baby as well. Not only will eating nutritious foods ensure that you stay healthy and are prepared for childbirth, it will also provide the necessary nutrients for your baby to develop and grow well. Today we are going to talk about the foods you currently eat and about the foods that are good to eat during pregnancy. I'll explain why they are important.

Action: Tell her: Please describe the foods (meals and snacks) that you ate or drank yesterday during the day and night, whether at home or outside the home. Start with the first food or drink you consumed yesterday morning.

Use H4.1 24-hour Dietary Recall Activity Handout to write down the list of foods while she names them. When composite dishes are mentioned, ask for the list of ingredients. When the respondent has finished, probe for meals and snacks that she may have forgotten to mention.

When the respondent recall is complete, tell her: During pregnancy and while breastfeeding, you need to eat a variety of foods available, including from each of the different food groups. Now let's go through the different recommended groups and see which ones you consumed yesterday.

Refer to **H4.1 Food Groups Handout**. Explain the importance of the food group by reading the messages below for each. As you go through each food group, note if she

consumed the food group based on the information recorded above. Praise her for the healthy choices she is making in her diet. For any food groups not mentioned, ask the respondent if a food item from this group was consumed. From the chart on the handout, provide examples of foods that fit into each food group that can supplement what the woman is already eating to improve the diversity of her diet.

- 1) **Carbohydrate sources:** Grains, such as rice and noodles, and tubers, such as potatoes and sweet potatoes, contain carbohydrates that provide you with energy. Whole grains, such as brown rice, also contain fiber that will aid with digestion.
- 2) **Protein sources:** Meat, poultry, fish, eggs, beans, soy-based products, and dairy products, are a good source of protein and minerals that are essential for your health and the health of your growing baby. We will discuss the importance of one of these minerals, iron, in more detail in a few minutes.
- 3) **Vegetables:** Vegetables are an important source of fiber as well as essential vitamins and minerals. Dark green leafy vegetables, such as spinach and water spinach, contain iron and are a good source of folate, which plays an important role in your baby's brain and spinal development. Orange/yellow vegetables, such as carrots and pumpkin, are rich in vitamin A, which is important for children's brain and eye development.
- 4) **Fruits:** Fruits are also an important source of fiber, vitamins and minerals. Citrus fruits, such as lemons and oranges, are rich in vitamin C, which supports a healthy immune system and aids iron absorption. Like orange/yellow vegetables, orange/yellow fruits, such as persimmons, papaya, mango, and apricot, are rich in vitamin A.

Ask her: Do you have any questions about food groups and dietary diversity?

Tell her: Please refer to the **food groups** handout to see the different kinds of foods that will help you stay healthy. You can also refer to the additional advice in the handout on **healthy food combinations** for ideas of simple food combinations that are especially good for you during pregnancy. In addition to eating well, you also need to make sure that you drink enough water. During pregnancy, women have additional needs for water.

Action: Refer to **H4.1 Iron and Anemia Handout**, and tell her: Now I'd like to discuss the importance of eating foods that are rich in iron during pregnancy.

- Iron is an important nutrient that helps your body deliver oxygen to your brain, heart, and other major organs.
- During pregnancy, your body needs more iron than previously because iron is needed to transport oxygen to your baby.

• Iron intake in pregnancy is important to build up iron stores in your baby, which your baby will need after they are born. • Additionally, you can lose a lot of blood during delivery and need additional iron to rebuild your blood supply. • Insufficient iron can affect your health as well as the health of your baby, as we'll discuss next.	
Assess: Ask her: Have you discussed anemia with your health provider?	
⇒If yes	Assess: Ask her: What have you learned about anemia from your health provider? Listen and congratulate her if she is well informed. Action: Tell her: I'm so glad that you've discussed anemia with your doctor! Now I want to reinforce your knowledge with some information about anemia.
⇒If no	Action: Tell her: That's all right, I will tell you about it now.
Action: Tell her: Anemia is a condition that affects many women during pregnancy. One of the causes of anemia is insufficient consumption or absorption of iron, leading to iron-deficiency anemia. The consequences of iron-deficiency anemia for you, the mother, can include: • Fatigue, diminished brain function, and a weakened immune system. • Increased risk of hemorrhaging, or bleeding heavily, during childbirth. The risks to your baby can also be serious: • Iron-deficiency anemia during pregnancy can lead to babies that are smaller than average at birth or babies that are born too soon. Preterm or premature babies are born before 37 weeks of pregnancy, and may have more health problems or need to stay in the hospital longer than babies born on time. Some of these babies also face long-term health effects, like problems that affect the brain, lungs, hearing or vision. • Babies of anemic mothers are more likely to be anemic later on. As I mentioned, babies build up stores of iron during pregnancy, which they rely on during the first months of life. Babies who are anemic don't learn as well as babies who are not anemic and can be at risk for developmental delays. Anemia is serious – but there are things you can do to treat it. You may recognize	

anemia through the following signs and symptoms:

- Fatigue
- Weakness
- Abnormally pale skin
- Chest pain, fast heartbeat, or shortness of breath
- Headache, dizziness, or light-headedness

Assess: Ask her: Have you been experiencing any of these symptoms?

Action: Regardless of her response, tell her: It is important to consult a doctor if you are experiencing any of these symptoms to properly diagnose iron deficiency anemia so that you can begin iron supplementation if necessary.

However, you may not experience any of these symptoms and still be suffering from anemia. In fact, most people with anemia don't recognize that they are anemic!

That is why it is important to be tested for iron-deficiency anemia during your pregnancy, which you can do at the health center fairly quickly.

In addition to taking supplements, anemia can also be prevented or addressed by eating foods rich in iron.

Assess: Ask her: Can you name some of the foods that we discussed earlier that are rich in iron?

Action: Praise her for the ones she correctly identifies and consumes, and encourage her to look at the **Iron and Anemia Handout** if she needs help.

Regardless of her response, tell her: Let's go over the list of foods again. The following foods are iron rich:

- Meat, poultry, fish, or eggs. Especially red meat, such as beef, and organ meat such as liver. Fatty meats like pork fat are not a good source of iron.
- Beans and tofu. Beans and soy-based products are an important source of protein and iron for people who don't eat meat.
- Dark leafy greens (e.g. spinach and water spinach)

Dairy products, such as milk and yogurt, are low in iron, so do not qualify as a good source for iron.

Some sources of iron are harder for your body to absorb than others. Consuming

vitamin C with iron-rich foods can enhance the body's ability to absorb iron. Consider eating tomatoes, citrus fruit (e.g. lemons, oranges), and red peppers – foods that contain a lot of vitamin C – when you eat iron-containing foods.

- Getting enough vitamin C can be as easy as squeezing a lemon or an orange into your water every day.
- Lemon juice can be squeezed into chicken stock or on chicken or fish to add the vitamin C boost!

Also, try to avoid drinking tea or coffee with meals because it can decrease iron absorption.

Ask her: Do you have any questions about iron-rich foods and anemia?

H4.2: Benefits and Importance of Breastfeeding (Intro & concerns)

Action: Introduce this module: Once your baby is born, breastfeeding is the optimal way to feed your baby and offers many unique benefits. While some mothers struggle with breastfeeding early on, with the right support, almost every challenge can be overcome. Knowing how to breastfeed will help reduce challenges when you start to breastfeed. Over the next few months, we will discuss how to breastfeed, practice techniques, and prepare for challenges you may face. Today, we will start by covering some breastfeeding fundamentals.	
Assess: Ask her: Are you planning on breastfeeding your baby once he is born?	
⇒If yes	Action: Praise her decision by saying: That’s wonderful that you are going to feed your baby the best way. Assess: Ask her: However, even when mothers plan to breastfeed, they may still have some concerns. Do you have any concerns about your plans to breastfeed? Ask her to describe her concerns if she has any.
⇒If no	Assess: Ask her: What are your concerns about breastfeeding? Probe for more information if necessary. Common concerns include: • Breasts are “too small” or “too big” • Won’t be able to produce enough milk • Breastfeeding won’t provide enough sustenance for the baby • Not sure how to breastfeed properly • Breastfeeding will be painful • Breastfeeding in the presence of others will be uncomfortable or embarrassing • Thinking that formula is better than breastmilk
Action: Counteract any concerns they expressed using the following statements. Read all that are applicable. Breasts are “too small” or “too big” • Your breasts are made to feed your baby and give your baby all the nutrition that he needs, no matter what size they are. Won’t be able to produce enough milk • The more your baby breastfeeds, the more milk your body will produce, so	

unless there is a medical issue, you should be able to produce enough milk to satisfy your baby. Drinking plenty of water will also help you.

Breastfeeding won't provide enough sustenance for the baby

- Breastfeeding provides everything your baby needs for the first 6 months of life, and helps your baby begin to develop the muscles needed for eating and drinking later on.

Not sure how to breastfeed properly

- If you are not already familiar with how to breastfeed, do not worry. Together we will go over various breastfeeding techniques and tips and discuss how to address obstacles you might encounter.

Breastfeeding will be painful

- Breastfeeding shouldn't be painful. If it is, it indicates that something needs to be changed, and I will help you identify what that is.

Breastfeeding in the presence of others will be uncomfortable or embarrassing

- Having something to cover yourself can go a long way to making you feel more comfortable and modest when you breastfeed around others. For example, you can turn your back to start nursing and then use a blanket or shawl over your chest and shoulder to conceal the breast.

Formula is better than breastmilk

- While formula can provide some of the same nutrients as breastfeeding, breastmilk offers far more benefits. In addition to essential nutrients, breastmilk also provides support for your baby's immune system, and it is hygienic and high quality because you make it yourself. Breastmilk is also convenient because it is always with you, and it is always at the right temperature for your baby.

Action: **Tell her:** Now, I want to go over some of the advantages of breastfeeding.

Why should I breastfeed my baby?

- Breastfed babies are healthier and are less likely to become ill. And when your baby does catch a cold, breastfeeding supports their immune system better than any other medicine or food, and will provide him with the tools to recover faster.
- Breastfeeding is also beneficial for your baby's development, particularly for her brain. Children who are breastfed have higher IQs and better schooling outcomes.

- Breastmilk serves as your baby's food, drink, medicine and comfort. It is made specifically for your baby and supplies everything she needs for her first 6 months.
- Did you know? Besides breastmilk, babies don't need to eat or drink anything else for the first six months, not even water. This is called exclusive breastfeeding, and it is the recommended practice for babies up to 6 months old. In fact, water and other liquids can cause your baby to have diarrhea or constipation.
- Because it is made from your own body, it carries flavors of the local foods that you eat. This helps your baby get used to the flavors of your favorite foods, and be less of a picky eater when she gets older.
- Breastfeeding promotes attachment between your baby and you.

What about formula?

- If you give your baby formula instead of or in addition to breast milk, you have to be careful about the quality of formula. Breast milk is always high quality because it was made by you.
- Formula requires time to prepare and careful hygienic practices must be followed. Breast milk is available at anytime and anywhere, is always clean, nutritious and at the right temperature.

Assess: Ask her: When do you think the best time is to start breastfeeding?

Action: Praise her if she responds that she can start immediately after birth. If not, gently correct her.

No matter how she responds, tell her:

- You should begin breastfeeding within the first hour of birth, which will help reduce your bleeding and help your uterus to contract.
- You may have noticed your nipples becoming darker during your pregnancy, and your breasts becoming larger and more sensitive – this is your baby preparing you for breastfeeding! As you move along in your pregnancy, your breasts will continue to change as it starts to make milk so that you can breastfeed your baby as soon as she is born.
- Even if you had a cesarean section, you can start breastfeeding right away, as long as you are awake.
- Early breastfeeding helps your baby learn to breastfeed while the breast is still soft.
- Colostrum, the thick yellowish milk your breasts produce right after delivery, is excellent for your baby. This liquid helps your baby build his immune system, which protects him from illness. Later, a few days after giving birth, your body

will begin to make a mix of colostrum and regular milk that will continue to protect your baby from future illnesses.

Assess: Ask her: Do you have any questions about breastfeeding?

Action: Answer any questions based on key messages above.

Refer her to the **H4.2 Breastfeeding Myths and Advantages Handout** for review. Tell her: Please review the handout with everything that we went over today. Next time we will talk more about breastfeeding.

H4.3: Caregiver Mental Health (Three Pillars Intro)¹

Action: Introduce this module: Now, I would like to talk about the importance of mental health. • Mental health is one's mental and psychological well-being. A healthy mind is as important as a healthy body because your mindset has a huge influence on your life. • It impacts the way you think, feel, make decisions, interact with others, and cope with daily demands and stress. • Pregnancy can be an exciting time for you and your family, but it can also be overwhelming and bring conflicting or negative emotions. I hope I could be a resource for you to process those feelings.	
Assess: Ask her: Would you like to share with me how you are feeling about becoming a mother?	
⇒If yes	If there's no negative feelings mentioned: Great! I'm happy that you are feeling good about becoming a mother. If you ever do encounter any negative feelings or thoughts, I'm here to listen to you. If there are any negative feelings mentioned: I understand that you are feeling_(rephrase or repeat the words mothers used to describe their feelings)__. A lot of mothers have similar experiences during their pregnancy. As we proceed with the program, we will talk more about ways to cope with these feelings.
⇒If no	If she does not wish to share her feelings: That's okay if you don't want to talk about it now, but know that whenever you feel comfortable to share, I'm here to listen.
Action: Tell her: A lot of women in their pregnancy experience conflicting or negative emotions. All of that is normal and perfectly healthy. It's important to understand what you may be feeling during this time and how you can manage feelings of stress or of being overwhelmed and address negative thought patterns that can interfere with you taking the best care of yourself and your baby.	
Action: Tell her: Now I'd like to share with you some of the key components to your mental health.	

¹ The Mental Health components in this curriculum are reproduced based on *Thinking Healthy: A Manual for Psychosocial Management of Perinatal Depression* with permission of the World Health Organization.

Action: Refer mother to H4.3 Three Pillars of Mental Health handout. Look together at the image of the mother drinking water. Tell her:

- Pregnant women and caregivers who are stressed often ignore their own personal health, e.g., their diet, exercise and rest.
- Often, when we are stressed, we do not have the energy or motivation to seek appropriate health care for ourselves or our children.
- When we are stressed, it is easy to get caught up in a cycle of inactivity, which can further damage our health and worsen the situation.
- This is especially serious for pregnant women. Poor mother's health—including feeling stressed—may increase the risk for low birth weight and other health problems for your baby.
- Future sessions will focus on ways to improve your physical and mental health.

Now ask her/them to focus on the image of the mother looking into her baby's eyes. Tell her:

- The quality of the relationship between you and your baby is important for optimal health for both you—the mother—and your baby.
- Aspects of this relationship include appropriate feeding, being responsive to your baby's emotional needs, frequent physical interaction, and creating a stimulating physical environment for your baby. These activities make important contributions to the growth and well-being of your baby.
- Future sessions will discuss ways in which you can improve the bond between you and your baby.

Now ask her to focus on the image of two adults talking. Tell her:

- Your social support system—that is, the friends and family who love and support you—is so important for determining the quality of the care that you will be able to provide to your baby.
- Stressed or depressed mothers often find it difficult to engage and maintain social networks.
- By losing out on this support, both you and your baby are at increased risk of stress and poor health.
- Your doctor, family members, and friends can support you during your pregnancy and caring for your baby. Future sessions will help you optimize your available support.

Focus on the last image of a mother hugging her baby. Tell her: Research has shown these 3 areas to be important for mother and baby's health. These areas are:

- Mothers' physical and mental health
- The relationship and bond between mother and baby

- Mothers' social support network

We call these the “three pillars” of mental health.

Ask the mother and family for their views and if they agree these areas are important for their own health and that of their baby. Ask if there are any questions.

Action: Introduce this module: Now, I would like to talk about the importance of mental health.

- Mental health is one's mental and psychological well-being. A healthy mind is as important as a healthy body because your mindset has a huge influence on your life.
- It impacts the way you think, feel, make decisions, interact with others, and cope with daily demands and stress.
- Pregnancy can be an exciting time for you and your family, but it can also be overwhelming and bring conflicting or negative emotions. I hope I could be a resource for you to process those feelings.

Assess: Ask her: Would you like to share with me how you are feeling about becoming a mother?

⇒If yes

If there's no negative feelings mentioned:

Great! I'm happy that you are feeling good about becoming a mother. If you ever do encounter any negative feelings or thoughts, I'm here to listen to you.

If there are any negative feelings mentioned:

I understand that you are feeling_(rephrase or repeat the words mothers used to describe their feelings)__. A lot of mothers have similar experiences during their pregnancy. As we proceed with the program, we will talk more about ways to cope with these feelings.

⇒If no

If she does not wish to share her feelings:

That's okay if you don't want to talk about it now, but know that whenever you feel comfortable to share, I'm here to listen.

Action: Tell her: A lot of women in their pregnancy experience conflicting or negative emotions. All of that is normal and perfectly healthy. It's important to understand what you may be feeling during this time and how you can manage feelings of stress or of being overwhelmed and address negative thought patterns that can interfere with you taking the best care of yourself and your baby.

Action: Tell her: Now I'd like to share with you some of the key components to your mental health.

Action: Refer mother to H4.3 Three Pillars of Mental Health handout. Look together at the image of the mother drinking water. Tell her:

- Pregnant women and caregivers who are stressed often ignore their own personal health, e.g., their diet, exercise and rest.
- Often, when we are stressed, we do not have the energy or motivation to seek appropriate health care for ourselves or our children.
- When we are stressed, it is easy to get caught up in a cycle of inactivity, which can further damage our health and worsen the situation.
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- The quality of the relationship between you and your baby is important for optimal health for both you—the mother—and your baby.
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- Future sessions will discuss ways in which you can improve the bond between you and your baby.

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- Your social support system—that is, the friends and family who love and support you—is so important for determining the quality of the care that you will be able to provide to your baby.
- Stressed or depressed mothers often find it difficult to engage and maintain social networks.
- By losing out on this support, both you and your baby are at increased risk of stress and poor health.
- Your doctor, family members, and friends can support you during your pregnancy and caring for your baby. Future sessions will help you optimize your available support.

Focus on the last image of a mother hugging her baby. Tell her: Research has shown these 3 areas to be important for mother and baby's health. These areas are:

- Mothers' physical and mental health
- The relationship and bond between mother and baby
- Mothers' social support network

We call these the “three pillars” of mental health.

Ask the mother and family for their views and if they agree these areas are important for their own health and that of their baby. Ask if there are any questions.

Action: Tell her: As I mentioned briefly before, you may feel weighed down by life's problems from time to time. After all, taking care of yourself and an incoming baby is not an easy task.

Action: Ask her: Do you sometimes feel burdened or stressed?

Use your active listening skills to listen to her empathetically.

Action: Tell her: What I can offer you might not make life's problems go away, but it might be able to help you and your family to help yourselves to achieve better health for you and the baby. After a while, the problems might seem more manageable.

Action: Tell her: Now let me tell you a little about the basic principles that underlie our approach to helping you care for your mental health. What we know is that

- Every action starts as a **thought** in our mind.
- The thought usually determines our **feelings, actions and behavior**.
- The behavior then has **consequences**.

To put it simply, our thinking leads to our actions. Sometimes, unhealthy thoughts and emotions that are quite strong can lead to unhelpful actions.

Pause here and check for her understanding.

Explain to her:

- Stresses of everyday life, especially around pregnancy and birth, can affect the thinking styles of many mothers, so that coping with life problems may seem difficult.
- These unhealthy thinking styles especially affect the three pillars we discussed, namely personal health, mother-baby interaction, and relationship with others.
- When it becomes difficult to change these styles of thinking, and the resulting feelings and behaviors start to have undesired effects on these pillars, help may be required.

- Our approach to changing unhealthy styles of thinking and behaving into positive ways of thinking involves a three-step method, which I'll describe to you next.
- I hope that practicing this method will help you to better cope with life's important but sometimes challenging tasks, especially those of bringing up your baby.
- Now let's take a look at the Three Steps to Healthy Thinking together.



Action: Refer her to H5.2 Steps to Healthy Thinking handout. Focusing on the picture, tell her:

- The first step is to identify unhealthy thoughts. One example is: "Being sick is just my fate." Can you give me an example of another unhealthy thought?
- The second step is to replace the unhealthy thoughts with positive or healthy thoughts. An example of this is: "Looking after my health, to a large extent, is in my control."
- The third step is to integrate this kind of healthy thinking into your daily life. For example, think about small things that you can do to take control, such as eating healthy meals, taking 5 minutes to relax with slow breathing exercises, or taking a short walk outside to clear your mind. Over the course of future sessions, we will learn about more helpful strategies to think and act healthily.

Action: tell her: We have so many thoughts going through our head every day, and it can be hard to tell which thoughts are "unhealthy". Let's take a closer look at what are some kinds of unhealthy thoughts.

1. Blaming oneself. If things go wrong, it is always your fault. For example, "If my child falls ill, it is always my fault, I am not a good mother"
2. Not giving oneself credit. If things go well, it's luck or somebody else's doing. For example, "It's only luck that my children are healthy."
3. Gloomy view of the future. Believing or predicting that bad things are going to happen. For example, "Nothing can stop my children from getting diarrhea this summer"
4. Mind reading: Unhealthy view of how others see you. For example, "Others think badly of me."
5. Thinking in extremes. If things can't be perfect, there's no point trying. For example, "As I am poorly educated, I will never be a capable mother."

6. Not believing in one's capability. "I can never achieve this task."
Giving up before trying. For example, "I am no good at this."

Action: Tell her: We will talk about the three steps in more detail next time. Do you have any questions so far?

H4.4: Uptake of Government Services (Maternal Health Check-ups)

Action: Tell her: I'd like to talk about some free government services that are important for you to know.

Action: Tell her:

- Taking care of your health during pregnancy is very important for you and your baby. Therefore, you need to go to prenatal visits.
- You should have already gone to your first prenatal visit at around 13 weeks. If you haven't yet gone in for a prenatal check-up, make sure that you find a time to go right away!
- It is critical that you attend your prenatal care appointments regularly so that your doctor can find any signs of problems in your body and baby early on and treat them as soon as possible.
- Your visits should increase in your **later** trimesters (second and third trimester) because issues in your baby's growth are more likely to surface.
- Refer to the H4.4 Uptake of Government Service Handout to see when you should get your check-ups. These are free visits provided by the government that you should take advantage of.

Second trimester:

- 16-20 weeks in pregnancy
- 21-24 weeks in pregnancy

Third trimester:

- 28-36 weeks in pregnancy
- 37-40 weeks in pregnancy

For example: If you are 4 months pregnant (16-20 weeks), you should be getting a prenatal check-up this month.

- Refer to the H4.4 Uptake of Government Service Handout for a reminder of the dates.

All of these visits and check-ups are provided by the government for free, so you should definitely take advantage of them.

H4 Knowledge/Attitude Check

As you end this session, ask the mother (or mother and grandmother) the following:

1. Why is it important to make healthy food choices during pregnancy and while breastfeeding?
 - a. The food the mother eats goes directly to the baby. It is important that the baby receive a well-rounded diet.
 - b. Making healthy eating choices now can reduce pregnancy risks and negative outcomes for the baby.
2. Can you name two of the signs or symptoms of anemia?
 - a. Fatigue
 - b. Weakness
 - c. Abnormally pale skin
 - d. Chest pain, fast heartbeat, or shortness of breath
 - e. Headache, dizziness, or light-headedness
3. What are three foods that are rich in iron?
 - a. Meat, poultry, fish, or eggs. Especially red meat, such as beef, and organ meat such as liver. Fatty meats like pork fat are not a good source of iron.
 - b. Beans and soy-based products, such as tofu
 - c. Dark leafy green vegetables (e.g. spinach and water spinach)
4. Where can you get tested for iron deficiency anemia?
 - a. Health center
5. Can you describe three areas that contribute to better health for the mother and the baby?
 - a. Mothers' physical and mental health
 - b. Relationship between the mother and baby
 - c. Mothers' social support network
6. When is the best time to start breastfeeding?
 - a. Immediately after birth or within the first hour
7. Why it is important to start breastfeeding shortly after childbirth?
 - a. Early breastfeeding helps the baby learn to breastfeed while the breast is still soft.
 - b. Early breastfeeding will help reduce your bleeding and help your uterus to contract.
 - c. Colostrum, the first liquid produced by the breasts, helps build your baby's immune system, which protects your baby from illness.
8. What is exclusive breastfeeding and how long should you do it?
 - a. Only giving the baby breast milk for the first 6 months of life.
9. Can you tell me two reasons why breast milk is beneficial for your baby?
 - a. Breastfeeding, including colostrum, supports you baby's immune system and protect your baby from illness.

- b. Breastfeeding is beneficial for your baby's development, particularly for her brain. Children who are breastfed have higher IQs and better schooling outcomes.
- c. Breast milk carries flavors of the local foods that you eat, which helps your baby get used to the flavors of your favorite foods, and be less of a picky eater when he gets older.

10. Can you tell me two or more advantages to breastfeeding over formula feeding?

- a. Breastfeeding reduces your workload (no time is involved in going to buy the formula, boiling water, or preparing formula).
- b. Breast milk is available at anytime and anywhere, is always clean, nutritious and at the right temperature
- c. Breast milk is always high quality because it was made by you, while you have to pay careful attention to the quality of formula and to how you prepare it.

Session H5

Action: **Introduce this session:** During our last visit, we spoke about things you can do to ensure a healthy pregnancy. We will continue today covering more information about maternal nutrition and caregiver mental health. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

H5.1: Maternal nutrition (Micronutrients and exercise)

Action: **Introduce this module:** Now, we will review some information that we covered last time in regards to eating healthy, as well as provide some new information on key nutrients and healthy behaviors during pregnancy.

Assess: **Ask her:** Last time we talked about the importance of eating foods rich in iron to help prevent anemia. **Did you eat foods rich in iron this week?**

Action: **Praise her for the iron-rich foods she's consumed, suggest foods that she missed and could add to her diet:**

- Meat, poultry, fish, or eggs
- Beans and soy-based products
- Dark green leafy vegetables, such as spinach and water spinach.

Assess: **Tell her:** Remember that it is important that you are getting enough iron during pregnancy. In addition to the foods we just discussed, iron can be obtained through supplementation. **Have you been tested by your doctor for anemia?**

Action: **Listen to her response and encourage her to visit her doctor to be tested if she hasn't been. Regardless of her response, remind her:**

It's good for you to be tested for anemia. As you may remember from my last visit:

- Iron-deficiency anemia during pregnancy can lead to birth complications and poor iron stores in your baby, so ensuring that you get enough iron in your diet is very important for you and your baby.
- Anemia often shows no symptoms and goes undetected so it is important to consult with your doctor to be tested and start iron supplementation if needed.

Assess: **Tell her:** Now I'd like to ask you about some other nutrients that are important during pregnancy, but can be hard to get sufficient amounts in your diet. **Are you taking folic acid supplements?**

Action: Praise her if she is already taking folic acid supplements. Regardless of her response, refer to **H5.1 Folic Acid and Micronutrient Handout** and tell her:

- Folic acid is important in pregnancy because it supports your baby's brain and development of the spine.
- Deficiencies in folic acid can lead to birth defects.
- Insufficient folic acid can also contribute to anemia.
- Folic acid can be obtained through supplementation as well as through foods such as dark green leafy vegetables.
- Folic acid supplements can be obtained at the health center or through supplements recommended by the doctor. Ask your doctor about where to get folic acid supplements.

Assess: Ask her: Are you taking any other micronutrient supplements?

Action: Praise her for any other supplements she is taking. Regardless of her response, tell her:

- During pregnancy, your body has increased needs for nutrients and minerals.
- Eating a diverse diet including foods from each of the main food groups is one way to get all the necessary nutrients.
- Another way to do so is through micronutrient supplementation.
- Supplements can be obtained from your doctor at the health center or through the doctor's referral. It is important to take only what the doctor recommends.

Answer any questions she may have about iron, folic acid and other micronutrient supplementation before moving on to the next section.

Action: Tell her: Now, we are going to go over some information about diabetes and high blood pressure so that you can know why it is important to know your status as well as how to prevent these diseases for your health and your baby's health.

Action: Tell her:

- Diabetes happens when there is too much sugar in the blood and the body can no longer work to control it.
- There is a common type of diabetes, called gestational diabetes, that develops only during pregnancy, usually at 6-7 months pregnant, to women who did not have diabetes before.
- Blood pressure is a measurement of how hard your heart is working to push blood through your body. High blood pressure is when your blood pressure is consistently too high.

Both diabetes and high blood pressure during pregnancy can negatively impact you and your baby. They can increase the chance of a stillbirth, preterm birth (remember that's when a baby is born before 37 weeks of pregnancy), and birth defects.

However, you may not experience any signs or symptoms from either one! That's why getting tested by your doctor and knowing your status is incredibly important.

The good news is that there is a lot you can do, in addition to being tested. Maintaining a healthy diet and exercise routine are the best ways to prevent diabetes and high blood pressure. They are also important for controlling either one if they develop. We talked about the importance of a healthy diet last time and again today. Now I'd like to discuss your exercise routine.

Assess: Ask her: **Are you exercising regularly during your pregnancy?**

Action: Regardless of her response, tell her:

As long as your doctor says it's OK, then exercising during pregnancy is safe and good for both you and your baby. The benefits of exercise are many and can include:

- Decreasing some common discomforts such as backaches and fatigue
- Helping to prevent gestational diabetes
- Controlling your blood pressure in a healthy range
- Relieving stress and helping you to sleep better
- Building stamina needed for labor and delivery

Therefore, during pregnancy, it is recommended that:

- You get about 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic exercise spread out throughout the week (possibly 30 minutes a day for 5 days). Aerobic activity is when you repeatedly move large muscles, like your arms and legs, making you breathe faster and more deeply. You should be able to talk while working out, but not sing. If you can't talk normally during an activity, you may be working too hard.
- While working out, avoid doing any exercises that involve lying on your back as well as any sport that could cause harm to the abdominal area or could cause you to fall. Two excellent workouts include walking and yoga. The important thing is to be active and get your blood flowing.
- Drink plenty of water before, during, and after your workout.

Refer to **H5.1 Exercise Handout**, and tell her: This handout includes the key points on diabetes and high blood pressures, as well as some examples for exercises that you can

do!

Action: Tell her: I know that you are making many changes to your daily routine and I can see that you want your baby to be as healthy as possible. Please let me know if there any questions you would like answered so that I can best support you throughout this process.

H5.2: Caregiver Mental Health (Healthy Thinking)

Action: **Introduce this session:** The last time I mentioned that mothers can have conflicting or negative feelings while pregnant. It's very normal to feel this way but there are things you can do about it. We're going to talk more about those healthy behaviors today. First, let's review the Three Steps of Healthy Thinking we touched on last time.



Action: **Refer her to H5.2 Steps to Healthy Thinking handout.** Focusing on the picture, Ask her:

Do you remember the three steps? Can you tell what they are?

Praise her if she remembered anything. Then supplement her answer with the following:

- The first step is to identify unhealthy thoughts. One example is: "Being sick is just my fate." Can you give me an example of another unhealthy thought?
- The second step is to replace the unhealthy thoughts with positive or healthy thoughts. An example of this is: "Looking after my health, to a large extent, is in my control."
- The third step is to integrate this kind of healthy thinking into your daily life. For example, think about small things that you can do to take control, such as eating healthy meals, taking 5 minutes to relax with slow breathing exercises, or taking a short walk outside to clear your mind. Over the course of future sessions, we will learn about more helpful strategies to think and act healthily.

Action: **tell her:** Now, let's practice identifying unhealthy thoughts. I am going to show you a series of drawings of a mother, and together we will talk about what she is feeling and thinking in each picture and why she could be feeling that way.



Picture 1: “Due to my circumstances, there is nothing I can do to improve my health.”

Action: Ask the mother to focus on the woman in Picture 1. Read out the caption that describes her thoughts.

Discuss what circumstances might be causing these thoughts. Possibilities might include:

- Family problems
- Being far from home
- Husband not being present
- Financial constraints
- Social pressures or isolation



Picture 2: “There is no point in making an effort.”

Action: Now ask the mother to focus on Picture 2.

Discuss how these problems have induced a state of hopelessness and helplessness in the woman. Refer her to H5.2 Depression Symptoms handout, and explain that this condition is called depression and discuss its common symptoms:

- Persistent feelings of sadness, hopelessness, or emptiness
- Lack of motivation, little interest or pleasure in doing things
- Severe anxiety
- Eating or sleeping problems: excessive overeating or loss of appetite, extreme fatigue or trouble sleeping
- Trouble concentrating, remembering details, and making decisions
- Thoughts of self-harm



Action: Now focus on Picture 3. Discuss the consequences of giving up. Do not blame the woman in the picture.

Tell her: Giving up or withdrawing is a very natural human response to stresses and problems. However, if left unaddressed, depression can affect a mother and her

Picture 3: Worry, stress, and depression can lead to a higher probability of poor mother & infant health.	baby's health. For example, a pregnant mother who is feeling hopeless or stressed may not eat well or may not go to regular check-ups, increasing the risk of illness for herself and her baby. This is why it is important to identify negative or unhealthy thinking styles and related feelings early, so that actions can be taken to try to change them.
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Assess: Ask her: Have you had these kinds of thoughts or feelings at all during your pregnancy?	
⇒If yes	Action: Listen patiently as she describes her feelings and thoughts. Assure her that these thoughts are normal.
⇒If no	Action: Gently encourage her to share her feelings, assuring her that she can trust you and that you are here to help her. Give her examples of thoughts she might have had: • I am not able to do anything to improve my own health. • I am not able to do anything to improve my baby's health. • I am not good enough to be a mother. • There is no point in trying to make a change, things are not under my control. If she still says no, <u>do not</u> continue probing her and continue with the session.
Action: Tell her: Now we are going to look through a different set of pictures of the same mother, but this time we're going to see how her thinking can change to be healthier.	
 Picture 4: “My health matters. Even if I have limited options, I can try to	Action: Focusing on Picture 4, read out the caption. Discuss why Picture 4 is a better alternative to Picture 1 and that this is an example of healthy thinking.

improve my diet with what is available.”	
 Picture 5: “My health worker can help me with this.”	Action: Focusing on Picture 5, tell the mother that you and those in her support system—including her doctor, family, and friends—are all there to help her in caring for her herself and her baby.
 Picture 6: Small changes can lead to a healthier you and a healthier baby.	Action: Focusing on Picture 6, tell her: It’s important not to think in terms of “all or nothing”. Even small changes (such as the ones that we will outline today) can make big differences to the health of the whole family.
Action: Tell her: Now that we have talked about unhealthy and healthy ways of thinking, let’s try to see how we can turn these negative thoughts into a positive one? 1) “I am not able to do anything to improve my health.” Healthy Thought: “Looking after my health, to a large extent, is in my control.” 2) “I am not able to do anything to improve my baby’s health.” Healthy Thought: “I can do things such as eating nutritious foods to have a healthy baby.” 3) “There is no point in trying to make a change, things are not under my control.” Healthy Thought: “There are people in my life who can help me to be healthy and make positive changes.”	
Action: Tell her: I hope you will try to use the steps we talked about in your daily life. Sometimes, negative thoughts can be very subtle or habitual that it’s hard to	

recognize. But with practice and awareness, you will be able to catch those thoughts more easily and start to make a change!

Ask her:

- How are you feeling this week?
- What did you do today that made you feel good?

H5 Knowledge/Attitude Check

As you end this session, ask the mother (or mother and grandmother) the following:

1. Can you tell me where you can get folic acid supplements?
 - a. At the health center or another location advised by your doctor.
2. Can you tell me why it is important to take folic acid and other micronutrient supplements?
 - a. During pregnancy and while breastfeeding, the body has increased needs for nutrients and minerals.
 - b. In addition to eating a diverse diet, micronutrient supplementation helps a pregnant and breastfeeding woman to get all the necessary nutrients.
 - c. Some nutrients, like folic acid, are crucial for your baby's brain and spinal development
3. Why is it important to know your diabetes and high blood pressure status during your pregnancy?
 - a. Diabetes and high blood pressure during pregnancy can negatively impact you and your baby, but you may not experience any signs or symptoms.
4. Can you tell me 3 benefits of exercising during your pregnancy?
 - a. Decreasing some common discomforts such as backaches and fatigue
 - b. Helping to prevent gestational diabetes
 - c. Controlling your blood pressure in a healthy range
 - d. Relieving stress and helping you to sleep better
 - e. Building stamina needed for labor and delivery
5. Can you describe three signs or symptoms of depression?
 - a. Persistent feelings of sadness, hopelessness, or emptiness
 - b. Lack of motivation, little interest or pleasure in doing things
 - c. Severe anxiety
 - d. Eating or sleeping problems: excessive overeating or loss of appetite, extreme fatigue or trouble sleeping
 - e. Trouble concentrating, remembering details, and making decisions
 - f. Thoughts of self-harm
6. Can you give three examples of negative or unhealthy thinking? (Note: these can also include personal examples that the mother came up with during the session)
 - a. I am not able to do anything to improve my health
 - b. I am not able to do anything to improve my baby's health
 - c. There is no point in trying to make a change, things are not under my control.
7. Can you tell me three steps to changing unhealthy to healthy thinking?
 - a. Identifying unhealthy thoughts
 - b. Replacing unhealthy thoughts with positive or healthy thinking
 - c. Integrating healthy thinking and actions into your daily life

Session H6

Action: **Introduce this session:** During our last visit, we spoke about things you can do to ensure a healthy pregnancy. We will continue today covering more information about maternal nutrition, breastfeeding, and caregiver mental health. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

H6.1: Maternal Nutrition (Water and dangerous substances)

Action: **Introduce this module:** I hope you feel like you have gained some understanding in our last two visits about how to keep yourself healthy and have a healthy pregnancy through your diet, supplementation, and exercise. Today, we're going to talk a bit more about taking care of yourself.

Assess: **Tell her:** During our earlier visits, we talked about the importance of eating healthily and exercise. Today, we will talk about water, other liquids and other things we consume. **How many glasses of water do you typically drink in a day?**

Action: **Listen to her response and praise her if she is drinking 8-10 glasses a day.** **Regardless of her response, tell her:** In addition to eating well, you also need to make sure that you drink enough water during your **pregnancy** and while you are breastfeeding.

- Water is one of the transporters for all the nutrients that you are eating with your healthy diet. Without enough of water, your baby will not receive the food that they need to grow.
- Because you are eating more and are feeding two people, your body also needs additional water to help process the additional nutrients.
- Water is a necessary ingredient for your body to create breastmilk. Without sufficient amounts, your body will not be able to make enough milk to breastfeed your baby.

Because of these needs, the current recommendations are that you should be drinking 8 to 10 glasses of water a day.

Ask her: Do you have any questions about the importance of enough water during pregnancy and while you are breastfeeding?

Assess: **Tell her:** As previously mentioned, during pregnancy and while breastfeeding, what is consumed by the mother directly affects the baby. **Can you name some of the**

substances that people consume that might harm the baby?

Action: Praise her for the ones she correctly names. Add any other substances from the list below that she missed.

- Alcohol
- Cigarette Smoke
- Medications

Refer to **H6.1 Water, Other Liquids and Harmful Substances Handout**, and tell her:

- Just like food and water, the other substances you consume quickly enter your baby's bloodstream through your umbilical cord and placenta.
- This is why smoking and drinking alcohol can lead to serious birth defects, preterm birth, and sometimes even stillbirth or miscarriage. In addition, these behaviors can have long-term effects on a baby's development.
- Even if you yourself don't smoke, if you are exposed to someone else's smoke during pregnancy, for example, by being in a car or room with someone who is smoking, both you and your baby are at increased risk!
- Additionally, you should consult with your doctor before taking any medications. Medications that you took before you became pregnant might not be safe for your baby. For example, taking certain cough medicines and painkillers during pregnancy can lead to birth defects.
- After your baby is born and during breastfeeding, you should continue to **not** smoke or drink alcohol. You should also avoid being in enclosed spaces with people who are smoking, as this can cause lung problems and infection, and increase the risk of sudden infant death syndrome (SIDS).

I know it's not always easy to make changes, but it's very important that you're making healthy choices for yourself and your baby. Let me know if you have any questions, and know that I'm here to support you through this process.

Action: **Introduce Food Log Activity:** Now, we will do an activity that will help you keep track of the foods you eat, so that you can better see if you are getting all the nutrients you need for you and your baby to stay healthy.

Action: Refer to the **H6.1 Food Log Activity Handout** and tell her:

- By using this food log, you will practice keeping track of the food that you eat, which food groups are represented, and which iron-rich foods you have eaten.
 - In the first column, record all the food items you have eaten for that meal.

- In the second column, note which of the four food groups you consumed during that meal.
 - In the third column, note the iron-rich foods that you have eaten.
- Keeping a food log will make you more mindful of the foods that you are eating and also show you that it is possible to eat healthfully while pregnant. You can even use the food log to track how much water you are taking in throughout the day.
- Let's complete the first row of the food log together as an example.

Complete the first row of the food log with the mother, asking her which food items she's eaten for breakfast that day, what food groups are represented, and which foods were iron-rich. Then tell her:

- I'd like you to complete the food log for three days.
- We will go over the food log the next time that we meet.
- Please let me know if you have any questions about maintaining a healthy diet and exercising.

H6.2: Benefits and Importance of Breastfeeding (Signs of hunger, breastfeeding when ill)

Action: Introduce this module: We have previously talked about the benefits and importance of breastfeeding. Now, we will cover some key reminders and introduce how often to feed your baby.

Assess: Ask her: **How often should you breastfeed your newborn baby?**

Action: Listen to her answer. If her response is directed by the baby or “as often as the baby wants”, praise her for the correct response. If not, gently correct her.

Regardless of her response, tell her:

- Your baby knows best when he needs to feed, so you should breastfeed on demand whenever possible. This means breastfeeding whenever your baby shows signs of hunger.
- Breastfeeding frequently from birth helps your baby learn to attach and helps to prevent breast engorgement and other complications.
- Frequent breastfeeding is also key because it helps you stimulate breast milk production and maintain a sufficient milk supply. More suckling with good attachment creates more breastmilk.
- By the time your baby starts crying, she has already been hungry for a while. So you should look for earlier signs that your baby is hungry, which include
 - Restlessness
 - Opening mouth and turning head from side to side
 - Putting tongue in and out of mouth
 - Sucking on fingers or fists

Refer her to **H6.2 Breastfeeding on Demand Handout**, and tell her: This information is in this handout for your reference.

Assess: Ask her: **Do you think it is OK to breastfeed when you are ill?**

Action: Listen to her answer. Regardless of her response, tell her:

It is ok to breastfeed when you have a cold or cough, even when it’s accompanied by a fever. Unless you have been advised by a doctor to not breastfeed, you can breastfeed and should continue breastfeeding to maintain supply and provide nutrition for your baby.

If you are concerned that an illness may not permit you to breastfeed, you should consult your doctor.

Assess: Ask her: **Do you think it is OK to breastfeed when your baby is ill?**

Action: Listen to her answer. Regardless of her response, tell her:

It is best to breastfeed your baby when he is ill. Breastfeeding supports his immune system better than any other medicine or food, and will provide him with the tools to recover faster.

However, when he has a cold and his nose is congested, he may have difficulty latching. Some things you can do to help are:

- Use a humidifier/steam to help clear your baby's nose to help her breathe.
- Saline nose drops can also help loosen the mucus in your baby's nose.
- Try breastfeeding your baby in an upright position.

If you are concerned that your baby's illness may prevent him from breastfeeding, you should consult your doctor.

H6.3: Caregiver Mental Health (Slow Breathing Exercise)

Action: **Introduce this session:** As we discussed during our first visit, a mother's physical and mental health is one of the three pillars of a healthy pregnancy and her baby's health. Pregnant women who are feeling stressed often ignore their personal health or do not have the energy or motivation to seek appropriate health care for themselves. Today, let's talk about healthy thinking and actions you can take for your own health and the health of your baby. Even small changes in your activities can have an impact.

Assess: **Ask her:** What activities are you currently doing to stay healthy?

Action: **Listen to her answer, praise her for the healthy activities that she does.** **Tell her:** There are many things you can do to stay healthy during your pregnancy, including:

- Eat a healthy and nutritious diet.
- Try to organize everyday chores in a way that you have time for rest and relaxation. Pregnancy itself is a stressful and challenging time for your body. Try to include some of the following activities in your daily routine:
 - Slow breathing exercises 2-3 times each day. (Even just 1 minute of slow breathing can help you relax!)
 - Walking for 15-20 minutes every day
 - Taking an afternoon nap
- Reduce hard physical labor, especially lifting heavy objects and demanding agricultural work.
- Attend your regular check-ups with your doctor.
- Take nutritional supplements as recommended by your doctor.

Tell her: It's OK to ask others for help with your chores to make time available to you. Spending even a small amount of time on your personal health everyday means a healthier you and a healthier baby.

Action: **Introduce Slow Breathing Activity:** Now we are going to do a slow breathing exercise together. Scientists have found out that slow and deep breathing can activate the parasympathetic nervous system which helps us relax. You can do it anywhere and at any time, and it is a simple and easy way to relieve stress!

	Action: Lead her in this exercise by doing it with her. • First, relax your body. ○ Shake your body and limbs. Start with your hands, moving up to your arms and then your legs ○ Roll your shoulders, 10 rolls together ○ Gently move your head from side to side, 10 tilts each side • Now, focus on your breath. Breathe from your stomach, not your chest. Push out when you inhale and push in when you exhale. Feel your stomach expand and contract with every breath. • Try and slow the rate of your breathing. Aim for three seconds of breathing in and three seconds of breathing out Once you have completed at least five breaths, tell her: Great job. I hope you find this exercise useful in the future whenever you feel stressed, worried, or overwhelmed.
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H6 Knowledge/Attitude Check

As you end this session, ask the mother (or mother and grandmother) the following:

1. Why do you think it is important for you to drink enough water during pregnancy or while breastfeeding?
 - a. Water is necessary to transport nutrients to the mother's body and the baby.
 - b. Water is also a key ingredient in breastmilk, enough is needed to make sufficient amounts for the baby.
2. How much water should you be drinking each day during your pregnancy?
 - a. At least 8 to 10 cups/glasses of water.
3. What non-food substances should you avoid during your pregnancy that are dangerous for the baby?
 - a. Alcohol
 - b. Cigarette Smoke – your own and second-hand smoke
 - c. Medications
4. How often should you breastfeed your baby after he is born?
 - a. As often as he wants it
5. Besides crying, what are two signs of a hungry baby?
 - a. Restlessness
 - b. Opening mouth and turning head from side to side
 - c. Putting tongue in and out of mouth
 - d. Sucking on fingers or fists
6. What are three or more things you can do to stay healthy during your pregnancy?
 - a. Eat a healthy and nutritious diet
 - b. Organize everyday chores in a way that you have time for rest and relaxation.
 - c. Reduce hard physical labor
 - d. Attend your regular check-ups with your doctor
7. What are some things that you can do to relax during the day?
 - a. Slow breathing exercises 2-3 times a day.
 - b. Walking for 15-20 minutes every day
 - c. Taking an afternoon nap

Pregnancy 7-9 Months

Session H7

Materials: Remember to bring a doll and breast model to this session for breastfeeding practice!

Action: Introduce this session: This is an exciting time in your pregnancy as you start preparing for the arrival of your baby! I hope that through these visits, you will see that there are many different ways you can help ensure a healthy baby, including keeping yourself healthy. Over these next few months before your baby comes, we will continue to see how your actions and decisions have been and will continue to impact your baby. Today, we will cover the topics of breastfeeding and maternal nutrition. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

H7.1: Breastfeeding Techniques and Practice

Instruction to CHW: In this module, you will begin teaching the techniques of breastfeeding to help the woman start to breastfeed immediately after birth. You will need to be prepared with the doll and breast model.

Action: Introduce this module: Breastfeeding is an unparalleled way of boosting your baby's health and providing him with nourishment. To start off today, we will first watch a video, review some breastfeeding fundamentals, and rehearse some breastfeeding techniques that will prepare you to start breastfeeding successfully. While some mothers struggle with breastfeeding early on, knowing how to breastfeed will help reduce challenges when you start to breastfeed.

Assess: Is this her first visit?

⇒ If yes

Action: Ask her: Even when mothers plan to breastfeed their baby, they may still have some concerns. **Do you have any concerns about breastfeeding?**

Ask her to describe her concerns if she has any.

Common concerns include:

- Breasts are “too small” or “too big”

	• Won't be able to produce enough milk • Breastfeeding won't provide enough sustenance for the baby • Not sure how to breastfeed properly • Breastfeeding will be painful • Breastfeeding in the presence of others will be uncomfortable or embarrassing • Thinking that formula is better than breastmilk Action: Counteract any concerns they expressed using the following statements. Read all that are applicable. Note that some mothers may be unable to breastfeed for medical reasons. Breasts are “too small” or “too big” • Your breasts are made to feed your baby and give your baby all the nutrition that he needs, no matter what size they are. Won't be able to produce enough milk • The more your baby breastfeeds, the more milk your body will produce, so unless there is a medical issue, you should be able to produce enough milk to satisfy your baby. Drinking plenty of water will also help you. Breastfeeding won't provide enough sustenance for the baby • Breastfeeding provides everything your baby needs for the first 6 months of life, and helps your baby begin to develop the muscles needed for eating and drinking later on. Not sure how to breastfeed properly • If you are not already familiar with how to breastfeed, do not worry. Together we will go over various breastfeeding techniques and tips and discuss how to address obstacles you might encounter. Breastfeeding will be painful • Breastfeeding shouldn't be painful. If it is, it indicates that something needs to be changed, and I will help you identify what that is. Breastfeeding in the presence of others will be uncomfortable or embarrassing • Having something to cover yourself can go a long way to making you feel more comfortable and modest when you breastfeed
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	around others. For example, you can turn your back to start nursing and then use a blanket or shawl over your chest and shoulder to conceal the breast. Formula is better than breastmilk While formula can provide some of the same nutrients as breastfeeding, breastmilk offers far more benefits. In addition to essential nutrients, breastmilk also provides support for your baby's immune system, and it is hygienic and high quality because you make it yourself. Breastmilk is also convenient because it is always with you, and it is always at the right temperature for your baby. Tell her: Now, I'd like to show you a brief video about the importance of breastfeeding. Show her The Benefits of Breastfeeding Video, then ask if she has any questions about the content. Next, ask her: Do you know when the best time is to start breastfeeding?
⇒If no	Action: Tell her: Now I'd like to start by showing you a brief video about the importance of breastfeeding. Show her The Benefits of Breastfeeding Video, then ask if she has any questions about the content. Next, ask her: Do you recall from our previous visit, when the best time is to start breastfeeding?
Action: Praise her if she responds that she can start immediately after birth. If not, gently correct her. No matter how she responds, remind or tell her: - You should begin breastfeeding within the first hour of birth, which will help reduce your bleeding and help your uterus to contract. - Even if you had a cesarean section, you can start breastfeeding right away, as long as you are awake. - Early breastfeeding helps your baby learn to breastfeed while the breast is still soft.	

- Colostrum, the thick yellowish milk your breasts produce right after delivery, is excellent for your baby. This liquid helps your baby build his immune system, which protects him from illness. Later, a few days after giving birth, your body will begin to make a mix of colostrum and regular milk that will continue to protect your baby from future illnesses.

Action: Tell her: Now, I'd like you to practice how to hold your baby when breastfeeding and how to make sure your baby is latched on properly. Learning and rehearsing these techniques now will prepare you to start breastfeeding in the hospital, immediately after your baby is born.

Assess: Ask her: Do you know how to hold a baby for breastfeeding?

Action: Using the doll, have the mother show the holds she knows, adjust if necessary. If she doesn't know any, tell her it's ok. Refer her pictures of different holds from **H7.1 Breastfeeding Techniques Handout**.

Regardless of her response, tell her:

- Good positioning helps to ensure that your baby suckles well and helps you to produce a good supply of breast milk.
- When breastfeeding, position your baby so that:
 - Your baby's body is straight, not bent or twisted, with her head slightly back.
 - Your baby's body is facing the breast, not held flat to your chest or abdomen. She should be able to look up into your face.
 - Your baby is held close to you.
 - Your baby's whole body is supported, not just her neck and shoulders, using your hand and forearm.

There are different ways to position your baby when breastfeeding:

- Cradle position (most commonly used)
- Cross cradle position (good for small babies)
- Side-lying position (use to rest while breastfeeding and at night)
- Under-arm position (use after caesarean section, if your nipples are painful, or if you are breastfeeding twins or a small baby)

Demonstrate the different holds with the doll, discussing the points from above. Then

have the mother practice the different holds with the doll. Be very encouraging and help her to adjust her position as necessary. Watch for tension in her shoulders and encourage her to relax while she is holding the doll.

Assess: **Ask her:** Do you know what it looks like when your baby has attached well to breastfeed?

Action: Ask her to describe a good latch. Be encouraging if she describes it incorrectly but correct as necessary. If she doesn't know, tell her it's ok. Show pictures of a good latch from **H7.1 Breastfeeding Techniques Handout**.

Regardless of her response, tell her: Effective attachment and suckling help you produce more milk and satisfy your baby.

- Signs to look out for while breastfeeding:
 - Good attachment:
 - Your baby's mouth is wide open.
 - You can see more of the darker skin on your breast (areola) above your baby's mouth than below.
 - Your baby's lower lip is turned outwards.
 - Your baby's chin is touching your breast.
 - Baby's suckles:
 - Your baby takes slow deep suckles, sometimes pausing.
 - You may be able to see or hear your baby swallowing after one or two suckles.
 - Suckling is comfortable and pain free for you.
- Signs to look out for after breastfeeding:
 - Your baby finishes the feed, releases the breast, and looks contented and relaxed.
 - Your breast is softer after the feed.

After your baby releases one breast, you can offer your baby the other breast. This will ensure that your baby stimulates your milk production in both breasts, and also gets the most nutrition possible.

Tell her: Good attachment also helps to prevent sore and cracked nipples, a common problem for women during breastfeeding.

- Breastfeeding should not be painful. If you experience pain, try to unlatch by carefully inserting a clean finger in the corner of your baby's mouth, and then try to get your baby to latch again.
- Latching is easier if you are in a comfortable environment, and let your baby lead. If he is having trouble latching, you can help him latch by gently "tickling" his mouth with your nipple to encourage him to open wide, or move your baby's lower jaw and chin so that it is pushing into your breast.

Action: Let the mother practice a hold and latch with the nipple model and doll. Be patient, encouraging and supportive. Spend up to 20 minutes on this if necessary.

Action: Tell her: Now we will briefly go over some burping techniques.

Action: Tell her: Did you know that:

- Burping is an important part of feeding.
- It helps release air bubbles that babies tend to swallow during feeding. These can cause a feeling of fullness and discomfort that may lead your baby to cry or squirm.
- Most babies grow out of needing to be burped after 4 to 6 months.
- When burping your baby, repeatedly and gently pat your hand on your baby's back. Cup your hand while patting as this is gentler on your baby than a flat palm.
- To prevent messy cleanups when your baby spits up or has a "wet burp", place a towel or bib under your baby's chin or on your shoulder.
- If your baby doesn't burp after a few minutes, change your baby's position and try burping for another few minutes before feeding again.
- Some babies don't burp at all while some burp a lot. If your baby doesn't burp, and doesn't show any discomfort, it's okay to stop burping them. It's best to follow your baby's cues.

Tell her: There are different positions you can use for burping, let's go through all of them, and then you can choose the one that you feel the most comfortable with.

Referring to the descriptions and pictures from **H7.1 Breastfeeding Techniques**

Handout, go through each burping position with her, demonstrating with a doll.

1. **Sit upright and hold the baby against your chest**
2. **Hold the baby sitting up, in your lap**
3. **Lay the baby on its stomach, across your lap**

Tell her: All these positions and everything else we learned today are in this handout that I will leave with you, feel free to refer to it whenever you need to!

H7.2: Maternal Nutrition (Review food diversity and iron)

Assess: Has she completed Module H4.1: Maternal Nutrition (Food groups, iron and anemia)?	
⇒If yes	Action: Continue with this module (H7.2), then go to module H7.3.
⇒If no	Action: Deliver content from module H4.1, then go directly to module H7.3.
Action: Introduce the module: Have you reviewed the Maternal Nutrition handouts from previous sessions? We will be reviewing some of those messages now. Before we continue, do you have any questions? Answer her questions and then tell her: Great! To refresh our memory, I'm going to ask you a couple of questions about the food groups, iron, and anemia. Don't worry if you have forgotten, that's what today's review is for!	
Assess: Ask her: Do you remember when we discussed the 4 food groups? Can you name the food groups?	
Action: Praise her for those she remembers. Fill in the food groups that she wasn't able to name. 1. Carbohydrate sources 2. Protein sources 3. Vegetables 4. Fruits	
Assess: Ask her: Can you provide two examples for each of the food groups?	
Action: Praise her for the examples she gives. Provide examples for the missed foods groups using H4.1 Food Groups Handout .	
Assess: Ask her: Can you tell me if any of these foods contain iron? If not, can you give me examples of two iron-rich foods?	
Action: Praise her for those she names. Provide additional iron-rich foods from H4.1 Iron and Anemia Handout .	
Assess: Ask her: When eating iron-rich foods, what can you eat to increase absorption?	

Action: If she does not remember, remind her that vitamin C can help the body to absorb iron, and which foods contain it (ex. tomatoes, lemons, oranges, red peppers).

Assess: Tell her: It's important to remember the decisions and changes that you make now are and will be important for both your health and your child's lifelong development. We will now discuss how you have applied all the knowledge you have gained. **Can you take out the food log that you were given last time? Let's review it together.**

Action: Tell her: Let's look at all of the foods you ate and the food groups that were represented. Review the food groups she consumed based on the information recorded in the log. Praise her for eating from the different groups. For any food groups not noted, remind her of the importance of eating foods from that group.

- 1) Carbohydrate sources provide energy. Whole grains also contain fiber that will aid with digestion.
- 2) Protein and minerals, such as iron, from protein-source foods are essential for your health and the health of your growing baby.
- 3) Vegetables are an important source of fiber. Dark green leafy vegetables contain iron and are a good source of folate, which plays an important role in your baby's brain and spinal development. Orange/yellow vegetables are rich in vitamin A, which is important for children's brain and eye development.
- 4) Fruits are also an important source of fiber, vitamins and minerals. Citrus fruits are rich in vitamin C, which supports a healthy immune system and aids iron absorption. Like orange/yellow vegetables, orange/yellow fruits are rich in vitamin A.

Action: Tell her: Now let's review the foods you ate that are rich in iron.

Review the iron-rich foods she consumed. Praise her for eating any iron-rich foods. Add any foods from the list below that she missed and could add to her diet.

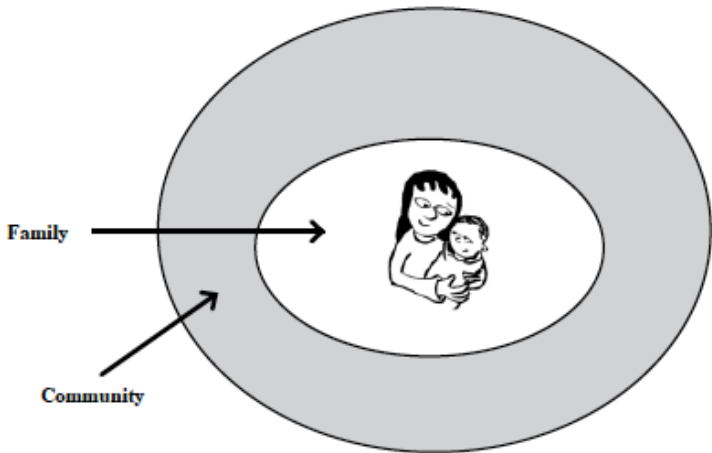
- Meat, poultry, fish, or eggs. Especially red meat, such as beef, and organ meat such as liver. Fatty meats like pork fat are not a good source of iron.
- Beans and tofu. Beans and soy-based products are an important source of protein and iron for people who don't eat meat.
- Dark leafy green vegetables (e.g. spinach and water spinach)
- Note that dairy products, such as milk and yogurt, are low in iron, so do not qualify as a good source for iron.

Assess: Ask her: Did you experience any challenges in eating from all food groups and especially iron-rich foods?

Action: Listen to her response. Help her to think of ways to mitigate those challenges. Helpful tips include:

• For lack of appetite, suggest alternate foods from H4.1 Food Groups Handout that may be more appetizing. • If certain foods are not available or affordable, again suggest alternate foods from H4.1 Food Groups Handout that are more readily available/affordable. • If she reports that she doesn't have time to prepare the foods, suggest that she could ask other family members for help. • If she reports opposition from family members, suggest that you and she talk with the family members about the importance of nutrition while pregnant.	
Assess: Ask her: Thinking back to our first session, can you tell me why it's so important to eat enough iron-rich foods?	
Action: Praise her for correct answers. If she does not remember, tell her: Eating iron-rich foods prevents anemia, which can result in health issues for the mother, such as fatigue or hemorrhaging during child-birth, and for the baby, such as being born too early or smaller than average, or developmental delays.	
Assess: Ask her: Have you been tested by your doctor for anemia?	
⇒If yes	Action: Praise her if she knows her anemia status. Discuss whether her doctor recommended any changes to her diet or iron supplements.
⇒If no	Action: Encourage her to visit her doctor be tested if she hasn't been. Tell her: Anemia often goes undetected so it is important to consult with your doctor to be tested and start iron supplementation if needed.

H7.3: Caregiver Mental Health (Social Support)

Assess: Is this her <u>first or second visit</u> ?	
⇒If yes	Action: Go to Session H4.2: Caregiver Mental Health (Three Pillars Intro), then deliver the rest of today's session.
⇒If no	Action: Continue with this session.
Action: Introduce this session: As we discussed previously, a mother's support system is one of the three pillars of her and her baby's health. Remember that you are not alone in caring for your baby. Raising a baby can be new and challenging, but your doctor and members of your family and community are there to help you. Today, let's talk about who you can rely on for support. 	
Assess: Ask her: Is there anyone you are currently relying on for support during your pregnancy?	
⇒If yes	Action: Ask her to list the people who support her. Tell her: That's great that you have some support! You shouldn't feel embarrassed about asking them for help when you need it because becoming a mother is challenging. If she has left off any community resources, use the image to remind her that she can also count on those outside her family and friends.

⇒If no	Action: Tell her: You might not be as alone as you think. Using the image above, tell her: • You are not alone in your pregnancy. You are part of a family and part of a community. • Even if your friends and family are far away, or you do not know many people in this area, the people you love will be able to support you through this process. • You can try to interact with members of your community and old friends and family from your past. These may be neighbors, or friends and family that you connect with through WeChat. • Support does not always mean physical help. Sharing your problems, listening to stories from others, or even just a friendly greeting can make a big difference in how you feel day to day. • It is also okay to ask friends and family to be extra-understanding while you are pregnant and especially after your baby is born. This is an important period for your baby's development. Their support is crucial for a healthy pregnancy and for your baby's development. • Even if social contact is limited to one or two people, it will help if you share your feelings with others and maintain social relationships. This will help you to feel less alone.
Ask her: • How you have been feeling about your relationships recently? For instance with your family and friends. • Can you talk a little about how supported you feel by others around you?	

H7 Knowledge/Attitude Check

As you end this session, ask the mother (or mother and grandmother) the following and note her (their) responses:

1. Please show me three different positions for breastfeeding.
 - a. Cradle position (most commonly used)
 - b. Cross cradle position (good for small babies)
 - c. Side-lying position (use to rest while breastfeeding and at night)
 - d. Under-arm position (use after caesarean section, if your nipples are painful or if you are breastfeeding twins or a small baby)
2. Can you tell me 2 benefits of a good latch?
 - a. Help produce milk and satisfy your baby
 - b. Prevent sore and cracked nipples
3. Can you give me examples of some people who can provide you with support?
 - a. Family members
 - b. Friends
 - c. Neighbors
 - d. People over WeChat
 - e. Doctor
 - f. Community health worker (you)

Session H8

Action: **Introduce this session:** Today, we will continue reviewing and covering more information about healthy habits and resources during your pregnancy. Specifically, we will be covering the topics of breastfeeding, maternal nutrition, caregiver mental health, and illness prevention. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

H8.1: Breastfeeding (Breastfeeding Support)

Action: **Introduce this module:** We have learned a lot about breastfeeding so far, but today we're going to talk about how you can feel supported in breastfeeding.

Assess: **Ask her:** Is there another adult in the home who can support you with breastfeeding?

⇒ If yes

Action: **Tell her:** That's great!

⇒ If no

Assess: **Probe deeper by asking her:** Are there any other adults who live in the house or adults who live nearby whom you haven't considered?
If she is unable to identify anyone, then skip the rest of this module, and go directly to module H8.2.

Assess: **Ask her:** Can we speak to them now about the kinds of support they could offer you during breastfeeding?

⇒ If yes

Action: Ask the support people to join you, thank them for joining you and tell them:

- First, I'd like to show all of you a video on the importance of breastfeeding. Show them **The Benefits of Breastfeeding Video**, and answer any questions.
- Although breast milk is the ideal food for babies, breastfeeding takes time and energy. It will be much easier for the mother to breastfeed if she has people she can depend on for support.
- You can play an important role in making sure the baby gets the right nutrition in his early months by supporting the mother while she breastfeeds. For example, you can:

	○ Help with her typical duties and chores by performing some of these tasks for her. ○ Make sure the mother is comfortable, is sitting in a supported position. Offer her a pillow if that would help. ○ Make sure the mother has plenty of water to drink when breastfeeding ○ Make sure she gets plenty to eat if she is hungry ○ Make sure she gets plenty of sleep ○ Remove distractions like older siblings, visitors or the family pet ○ Encourage the start of breastfeeding within the first hour of birth ○ Encourage exclusive breastfeeding for the first 6 months ○ Do not offer anything besides breastmilk to the baby, including water.
⇒If no	Action: If other adults are unable to join you, then tell the mother: Husbands, grandmothers and other adults in the household can play an important role in making sure your baby gets the right nutrition in the early months by supporting you while you breastfeed. Here are some ways that they can support breastfeeding. They can: ● Help with your typical duties and chores by performing some of these tasks for you. ● Make sure you are comfortable and sitting in a supported position. Offer a pillow if that would help. ● Make sure that you have plenty of water to drink when breastfeeding ● Make sure you get plenty to eat if you are hungry ● Make sure you get plenty of sleep ● Remove distractions like older siblings, visitors or the family pet ● Encourage the start of breastfeeding within the first hour of birth ● Encourage exclusive breastfeeding for the first 6 months ● Do not offer anything besides breastmilk to your baby, including water

H8.2: Maternal Nutrition (Review micronutrients, blood pressure, and diabetes)

Assess: Has she completed Module H5.1: Maternal nutrition (Micronutrients and exercise)?	
⇒If yes	Action: Continue to with this module (H8.2), then go to module H8.3.
⇒If no	Action: Deliver the content from module H5.1, and then go directly to module H8.3.
Action: Introduce the module: Now we are going to continue our review of how to keep your body and your baby's body healthy. Before we continue, do you have any questions? Answer her questions, then tell her: Great! Today we will be reviewing micronutrients, blood pressure, and diabetes. I will ask you a couple of questions to refresh your memory, don't worry if you have forgotten!	
Assess: Ask her: Are you taking folic acid and/or other micronutrient supplements? Can you tell me why micronutrient supplements are good for your baby's health?	
Action: Praise her for any supplements she's taking and any correct reasons she gives. Regardless of her response, tell her: - Remember, anything that you eat will directly affect your baby. So taking the recommended amount of micronutrient supplements will not only make you healthier, but help make sure that your baby is getting enough nutrients as well. - Folic acid is important for your baby's brain and spine development and can prevent birth defects and anemia. - While you can get all necessary nutrients from having a diverse diet, you need more nutrients than normal when you are pregnant, so micronutrient supplements can help with that.	
Assess: Ask her: Do you know your status for high blood pressure and/or diabetes?	
⇒If yes	Action: Praise her if she knows her blood pressure/diabetes status. Discuss whether her doctor recommended any changes to her diet or exercise routine.
⇒If no	Action: Encourage her to visit her doctor to be tested if she hasn't been. Tell her: High blood pressure and diabetes often have no visible signs or

	symptoms and go undetected, so it is important to consult with your doctor to be tested. Remember, these diseases can increase the likelihood of a stillbirth, preterm birth, or birth defects, so it's really important to know your status and make any lifestyle changes if needed.
Assess: Ask her: Have you exercised in the past few days? Please describe your usual exercise routine.	
Action: Listen to her response. Gently point out any parts of her routine that she can improve on. Regardless of her response, remind her: Exercise during pregnancy is not only good for preventing diseases like high blood pressure and diabetes, but it can also help with common problems during pregnancy like relieving stress and decreasing common discomforts like backaches and headaches. Review H5.1 Exercise Handout with her to go over some exercises that she can add to her routine.	
Assess: Tell her: There are a lot of lifestyle changes involved with staying healthy during pregnancy, which can be hard sometimes. Have you faced any challenges in exercising or other ways to stay healthy?	
Action: Listen to her response. Help her to think of ways to mitigate those challenges. Helpful tips include: • If she's too busy, ask if she has anyone else around who can help her with some chores so she has more time. • If she doesn't know how to do certain exercises, offer to help go over how to do some exercises during the session. • If she is not able to drive/travel to the doctor's office by herself, ask if she can find a family member or friend to take her.	

H8.3: Illness Prevention

Action: **Introduce this module:** The first weeks after your baby is born will be a very busy time for you. I'd like to take a little time now to tell you about some of the ways that you can help to keep your baby healthy once you've brought her home. We will watch a video, discuss how viruses that cause the common cold are spread, and review some key ways you can take care of your baby's health.

Assess: **Ask her:** Can you tell me how colds and other respiratory infections such as pneumonia spread?

Action: **Ask her to list some examples if she can, gently correcting her answers when necessary. Regardless of her response, tell her:** The vast majority of colds and respiratory infections—and even some cases of diarrhea—are caused by germs and viruses that are so small you cannot see them with your naked eye. In order to catch a cold, your baby must come in contact with one of these viruses, which can spread:

- **Through the air.** If a person with a cold sneezes or coughs near your baby, small amounts of the virus can go into the air and infect your baby when he breathes in that air.
- **From close personal contact.** This means that your baby directly touched a person who is sick. For example, your baby could catch a cold when playing with another child who is sick or when being held by a sick family member.
- **From contaminated surfaces.** It is important to know that viruses can be spread through objects, such as toys, that have been touched by someone with a virus and that are then touched by your baby. A cold is especially easy for babies to catch (and spread) because they touch their nose, mouth, and eyes often – places where germs can enter the body most easily.

Tell her: Because colds are spread this way, it will be important to:

- Keep anyone who has a cold, flu, pneumonia and other respiratory illnesses or fever away from your baby.
- Ask everyone who interacts with your baby to wash their hands with soap and water before touching your baby.

Tell her: Babies have weaker immune systems than adults, which means that adults

who look and feel healthy can still pass viruses on to your baby. That is why hand washing with soap is so important. Even if someone does not look dirty or feel sick, soap will remove the invisible viruses that can cause you, your baby, and other family members to become sick.

Action: **Introduce Sneeze Video activity:** Now we will watch a video together that shows what a sneeze looks like in slow motion.

Action: Watch the slow-motion video of a sneeze. Explain to the mother how the sneeze transmits germs and how to prevent the germs from being transmitted.

- Sneezing is a very common occurrence. It's your natural countermeasure to germs or irritants that have gone into your nose. But a sneeze also sends out around 100,000 germs.
- Sneezes can travel up to 150 kilometers per hour and spread as far as 8 meters

Tell her: If you are sneezing because of a cold, you are likely very contagious. To keep your baby safe from illnesses and infections, face away from others and cover your mouth when you sneeze. The best way to cover your mouth is with tissue paper, that way you won't get germs on your hands. But you should still wash your hands frequently to prevent any lingering germs on your hands from spreading to your baby or other family members.

Assess: **Ask her:** Do you know how diarrhea spreads?

Action: Listen to her answer. Regardless of her response, tell her: You might think that diarrhea is caused by eating spoiled or undercooked food, and sometimes it is. We will talk about this kind of diarrhea later, when your baby starts eating solid foods.

But there is another way that diarrhea can spread. Just like colds, diarrhea can also be caused by a germ or virus that can spread via **close personal contact** or **contaminated surfaces**. That is why it is so important to wash your hands well with soap after using the toilet, and before touching your baby. Viral diarrhea can infect your baby any time after she is born, so it is important to be aware of how to protect your baby. Remember to ask everyone who interacts with your baby to wash their hands with soap and water before touching your baby.

H8 Knowledge/Attitude Check

As you end this session, ask the mother (or mother and grandmother) the following:

1. Can you name two ways that colds and respiratory infections could be spread to your baby?
 - a. Through the air
 - b. From close personal contact
 - c. From contaminated surfaces
2. Can you name two ways that you can prevent your baby from getting colds and respiratory infections from others?
 - a. Keep anyone with a cold/respiratory infection or fever away from your baby
 - b. Have everyone wash their hands with soap and water before touching your baby
 - c. Face away and cover your mouth when you cough or sneeze, ideally with your elbow
3. Can you name one way that you can prevent your baby from getting viral diarrhea?
 - a. Wash your hands with soap and water after using the toilet
 - b. Have everyone wash their hands with soap and water before touching your baby

Session H9

Action: Introduce this session: Your baby will be coming so soon! Today we will continue to help you be as prepared as you can for your baby's arrival and apply everything you've learned so far! Today, we will be covering the topics of breastfeeding, maternal nutrition, and available government services. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

H9.1: Breastfeeding (Frequency and length of time)

Action: Introduce this module: We have learned a lot about breastfeeding so far, but today we're going to go over a few more things to make sure you feel comfortable breastfeeding your baby from the first hour after birth. With your baby coming soon, I want you to be confident and supported in breastfeeding.

Assess: Ask her: Do you plan on breastfeeding your baby immediately after birth?

⇒ If yes

Action: Praise her for choosing to breastfeed immediately after birth. Remind her that breastfeeding should begin within the first hour of birth.

⇒ If no

Action: Ask her why, then remind her of the important reasons to breastfeed immediately after birth that she may have forgotten:

- You should begin breastfeeding within the first hour of birth. Early breastfeeding helps the baby learn to breastfeed while the breast is still soft, and helps reduce your bleeding after childbirth, breast engorgement, and other possible complications.
- Colostrum, the thick yellowish milk you first produce after the birth is fantastic for your baby. This vital blend of proteins, vitamins, and minerals can help defend your baby against harmful bacteria and viruses, and help to prevent him from getting sick.
- Breastfeeding is also beneficial for your baby's development, particularly for her brain. Children who are breastfed have higher IQs and better schooling outcomes.
- Because it is made from your own body, it carries flavors of the local foods that you eat. This helps your baby get used to the flavors of your favorite foods, and be less of a picky eater when he gets older.
- Breastfeeding promotes attachment between your baby and you.

	• If you give your baby formula instead of or in addition to breast milk, you have to be careful about the quality of formula. Breast milk is always high quality because it was made by you. • Formula requires time to prepare and careful hygienic practices must be followed. Breast milk is available at anytime and anywhere, is always clean, nutritious and at the right temperature.
Action: Tell her: Now we will go over how often you should expect to be feeding your baby.	
Action: Tell her: • In the first few days after birth, your baby may feed only 2 to 3 times each day. • If the baby is still sleepy on day 2, you may hand-express some colostrum and give it from a cup. To hand-express colostrum, gently push your thumb and fingers down on your breast, then squeeze them together while you move them towards the nipple, but do not pinch your nipple. Catch the milk in a clean container. Move your fingers around the areola in a circle to express from different parts of your breast. • After that, your baby will want to breastfeed frequently, around 8 to 12 times each day. This means you will probably be nursing every 2 to 3 hours, day and night. If you feel like you're nursing constantly, don't worry; it's only temporary. As your milk supply increases and your baby gets bigger, the breaks between feedings will get longer, giving you more time to rest. • Each baby and mom are different, so your baby may feed more less often. As long as your baby is attaching well, content, and gaining weight, the exact number of feeds is not important.	
Action: Tell her: Now we will go over how long each feeding session should last.	
Action: Tell her: • Each session is typically 20 to 30 minutes. However, each baby is different and yours could take more or less time. It's important to let your baby take as much time as she needs and feed until she is nourished and satisfied. • If your breasts become sore or you experience cracking of your nipples, those are usually from improper attachment and positioning of your baby, not from the length of the feeding session.	

- When your baby lets go of the nipple, you can offer the other breast, but don't force it. If your baby drains one breast and doesn't want any more, start with the other breast at the next feeding. If it's hard to remember which breast you fed from last time, you can keep a breastfeeding log to keep track.
- Wait for your baby to signal when she is done and let go of the nipple. If your baby doesn't let go, you'll know to end the feeding when his suck-swallow pattern slows down to around four sucks per one swallow. To unlatch, press on your breast near the baby's mouth or carefully insert a clean finger into the corner of your baby's mouth.

Tell her: It's so exciting that your baby is almost here! I know there is a lot of information and breastfeeding might seem difficult, but I am here to support and help you through it. Are there any questions you have about your plans to breastfeed?

H9.2: Maternal Nutrition (Review water and dangerous substances)

Assess: Has she completed Module H6.1: Maternal nutrition (Water and dangerous substances) ?	
⇒If yes	Action: Deliver the content from module H6.1, then go directly to module H9.3.
⇒If no	Action: Continue to this module (H9.2), then go to module H9.3.
Action: Introduce the module: Now, we will be doing our final review on maternal nutrition. Hopefully you have found this information useful and incorporated it into your daily habits! Are there any remaining questions you have for me? Answer her questions, then tell her: Great! Today we will be reviewing water and dangerous substances. I will ask you a couple of questions to refresh your memory, don't worry if you have forgotten!	
Assess: Ask her: How many glasses of water are you drinking every day?	
Action: Listen to her response. Praise her if she is drinking 8 or more glasses of water a day. If she isn't drinking enough water, gently reminder her to drink 8-10 glasses of water per day.	
Assess: Ask her: Can you tell me why drinking plenty of water is important for breastfeeding your baby?	
Action: Praise her for any correct reasons she gives. Regardless of her response, remind her: Breastmilk is mostly made of water, so drinking enough water will help you produce enough breastmilk to feed your baby.	
Assess: Ask her: Can you tell me some substances that you should be avoiding while you are pregnant and breastfeeding?	
Action: Praise her for any correct reasons she gives. Bring up any substances below that she misses: • Alcohol • Cigarette Smoke – your own and second-hand smoke • Medications	

Assess: Ask her: **Why should you avoid these substances when you are breastfeeding? How are they harmful to your baby?**

Action: Praise her for any correct reasons she gives. Regardless of her response, remind her: Any substance that you put into your body will also get into your breastmilk and affect your baby. Dangerous substances like cigarette smoke and alcohol can cause seriously impact the health and development of your baby, so it's best to avoid these when you are still breastfeeding. Remember, even second-hand smoke is bad for you and your baby – it can harm your baby's lungs and lead to breathing problems or infection. Some medications, like certain cough medicines, may also be unsafe to take while breastfeeding.

Assess: Ask her: **Have you had any challenges avoiding these substances?**

Action: Listen to her response. Help her to think of ways to mitigate those challenges. Helpful tips include:

- If someone around her smokes regularly, advise her to inform them of the harmful effects of smoke on a baby and ask them to smoke outside or away from the baby.
- If there is medication that she takes but that is not prescribed by a doctor, ask her to go consult a medical professional as soon as possible.

H9.3: Uptake of Government Service (Baby Well-visits)

Assess: **Tell her:** A few sessions ago, we spoke about getting prenatal check-ups. Today I'd like to talk about getting postnatal checkups after your baby's birth.

Action: Tell her about the free visits:

Postnatal Visits

- Postnatal visits are equally important. These free visits are different from your baby's well-visits because your **doctor will focus on your health** rather than the baby's.
- At a postnatal visit, your doctor will want to **monitor your physical recovery** after childbirth, **emotional needs and any other concerns** you might have.
 - 1 week after delivery. A doctor from the township health center will do a home visit to check how well you are recovering and how the baby is doing. If they didn't show up after a week, ask your family to call and remind them of this visit.
 - 42 days after delivery. This visit, including general and gynecological examination, is for checking your postpartum physical recovery and mental health.

Baby's well-visits

- The government provides free health checkups for your baby. These well-visits make sure your baby is developing healthily.
- Remember to bring your baby to the local township health center or community healthcare center when your baby is 3, 6, 8, 12, 18, 24, 30, and 36 months of age (8 times).
- Refer to the **H4.4 Uptake of Government Service Handout** for a reminder of the dates.

All of these visits and check-ups are provided by the government for free, so you should definitely take advantage of them **regularly**.

Action: **Tell her:** Remember that you can get micronutrient and iron supplements at the township health center or village clinic. Ask township health center or village doctor about where to get supplements for your baby.

H9 Knowledge/Attitude Check

As you end this session, ask the mother (or mother and grandmother) the following:

1. When should you start breastfeeding your baby?
 - a. Within the first hour after birth
2. How long should you feed your baby each session?
 - a. Usually 20-30 minutes, but it could be longer or shorter depending on when the baby is full

INFANCY 1 Month

Infancy 0-6 months Special Module: Formula Feeding

Instruction to CHW: While this program emphasizes breastfeeding for its many benefits for mom and baby, there are some women who will be unwilling or unable to breastfeed. It is important to support them as well and help them make good decisions on formula feeding. This module, designed for women with children 0-6 months old, discusses various aspects of formula use.

Action: Introduce this module: I know you want to give your baby the best health and future, so we're going to talk today about how to formula feed safely.

Action: Tell her: Here are some things to think about when you are choosing what formula to feed your baby:

Be sure to check the label.

- Make sure the formula you use is for babies under 6 months. Some formulas are meant only for older babies and should not be given to younger babies.
- Also make sure you are giving the appropriate amount of formula according to the label, based on your baby's weight and age.
- Be careful of added sugar (other than lactose) or corn syrup in formula. Formula does not need added corn syrup or non-lactose sugars, and the extra sweetness can be addicting to your baby and is very unhealthy. Avoid these formulas.

Some babies don't react well to certain kinds of formula.

- Most formula is made from cow's milk. Goat's milk formula is also available and approved for use. Do not use formula that is based on soy milk or other milks unless recommended by your doctor.
- If your baby is not digesting the formula (for example, has diarrhea) you have chosen or gets a rash or other reaction from the formula, stop using the formula immediately, consult your doctor and discuss switching to one that uses a different kind of milk (goat or cow only). If the reaction is severe or does not improve, see your doctor.
- You should choose a brand that you trust – and not just one that has been

marketed to you by a salesperson.
Assess: Ask her: How often are you feeding your baby?
Action: Listen to her answer. If her response is 8-12 times a day or “as often as the baby wants”, praise her for the correct response. If not, gently correct her with the following points: • Your baby knows best when he needs to feed, so you should feed on demand whenever possible. This means feeding whenever your baby shows signs of hunger. • By the time your baby starts crying, he has already been hungry for a while. So you should look for earlier signs that your baby is hungry, which include ○ Restlessness ○ Opening mouth and turning head from side to side ○ Putting tongue in and out of mouth ○ Sucking on fingers or fists • Most newborns want to feed frequently, 8 to 12 times/day. But if the baby is contented and gaining weight, the number of feeds is not important.
Assess: Ask her: Are you giving your baby anything to drink besides formula?
Action: Praise her if she is only feeding her baby formula or breastmilk. Regardless of her response, read the following key messages: • The nutrients in formula and breastmilk are all your baby needs for the first 6 months • Do not give anything else to your baby before 6 months, not even water. • The water in prepared formula contains all the water your baby needs, even in a hot climate, if the formula is prepared properly. • At 6 months, you can start introducing other foods to your baby. • At 1 year, you should switch from formula to other kinds of milk.
Assess: Ask her: Can you tell me how to safely prepare formula for your baby?
Action: Ask her to outline the steps if she knows any, then go over the following points from the B0-6 Formula Feeding Handout: • Prepare formula on a clean, disinfected surface

- Wash your hands with soap and water before preparing the formula
- Bring the appropriate amount of water to a boil
- Leave the water at room temperature for no more than 30 minutes to let it cool, then pour the slightly cooled water into a clean bottle
- Add the appropriate amount of formula according to the label – do not add too much powder or the baby can become constipated, and do not add too much water or the baby may become undernourished.
- Shake or swirl until the formula and water have combined
- Cool the mixture to the proper feeding temperature by running the bottle under cool water
- Test the temperature by letting one drop fall on your wrist. It should feel the same as body temperature.
- Discard any prepared formula that has not been used within 2 hours.

Assess: Ask her: Can you tell me how to clean the bottles to make sure they are safe for your baby?

Action: Ask her to outline the steps if she knows any, then go over the following points from the **B0-6 Formula Feeding Handout:**

1. **Wash hands.** Wash your hands well with soap and water for 20 seconds.
2. **Take apart.** Separate all bottle parts (for example, bottles, nipples, caps, rings, valves).
3. **Rinse.** Rinse bottle parts and any other feeding items by holding them under warm or cold running water. Do not set them in the sink where they can pick up germs.
4. **Wash feeding items.**
 - a. Place all items in a clean basin or container used only to clean baby feeding items. Do not wash directly in the sink because it may contain germs that could contaminate these items.
 - b. Fill wash basin with hot water and add soap.
 - c. Scrub items using a clean brush that is used only to clean baby feeding items.
 - d. Squeeze water through nipple holes to be sure they get clean.
5. **Rinse again.** Rinse by holding items under running water, or by holding completely under fresh water, in a separate basin that is used only for cleaning baby feeding items.
6. **Allow to air-dry.** Place bottle parts, wash basin, and bottle brush on a clean, unused dish towel or paper towel in an area protected from dirt and dust. Allow to air dry thoroughly.

- a. Do not use a dish towel to rub or pat items dry because doing so may transfer germs to the items.
- 7. **Clean wash basin and bottle brush.** Rinse the wash basins and brush well and allow them to air-dry after each use. Wash them every few days with soap and warm water².
- 8. **For extra sanitizing, boil all feeding items for 5 minutes.** Put in a pot with a lid and turn the heat on. Once the water boils, keep the heat on for 5 minutes. Remove from water with clean tongs.

² CDC.gov. How to Clean, Sanitize and Store Infant Feeding Items.

Session B1-1

Action: **Introduce this session:** Congratulations on the birth of your baby! I hope you are getting plenty of rest. Having a baby is a life-changing event that comes with a lot of new responsibilities, but I want to remind you that I am here to support you through it. Now that your baby is here, a lot of the material we will cover will focus directly on your baby's health, but remember that maintaining your own health is equally as important. Today, we will be covering the topics of breastfeeding, maternal nutrition, hygiene, and caregiver mental health. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

B1-1.1: Breastfeeding Techniques and Practice (Troubleshooting)

Action: Introduce this module: Let's check in on how things are going with feeding your baby and how you're recovering from childbirth.	
Assess: Is this her first visit?	
⇒If yes	Action: If this is the mother's first visit in the program, tell her: Before we begin, I'd like to start by showing you a brief video about the importance of breastfeeding and then a second video about the mechanics of breastfeeding. Show her The Benefits of Breastfeeding Video and ask if she has any questions about the content. Then proceed to the Breastfeeding Mechanics Video and ask if she has any questions about this content.
⇒If no	Action: Tell her: Before we begin, I'd like to start by showing you a brief video about the mechanics of breastfeeding. Show her Breastfeeding Mechanics Video, then ask if she has any questions about the content.
Assess: Ask her: Are you breastfeeding your baby?	
⇒If yes	Action: Tell her: That's great! Breastfeeding is the best decision for your baby's growth and development.
⇒If no	Action: Ask her why. Address her concerns, reminding her of the benefits

	of breastfeeding when possible: • Mothers and their children are healthier with breastfeeding and are less likely to become ill. And when your baby does catch a cold, breastfeeding supports his immune system better than any other medicine or food, and will provide him with the tools to recover faster. • Breastfeeding is also beneficial for your baby's development, particularly for his brain. Children who are breastfed have higher IQs and better schooling outcomes. • Breastfeeding reduces your workload as a mother. No time is involved in going to buy the formula, boiling water, or preparing formula. • Breast milk is convenient. It is available at anytime and anywhere and is always clean, nutritious, and at the right temperature. • Breastfeeding also helps you recover from childbirth and can help you lose weight after the birth. Assess: Ask her: If you started breastfeeding and stopped, or haven't started, you still have the opportunity to breastfeed. Good breastfeeding technique can make breastfeeding more comfortable for you and your baby. Would you like to try it now?	
	⇒If yes	Action: Tell her: That's great! Breastfeeding is the best decision for your baby's growth and development.
	⇒If no	Action: If she is unable or unwilling to breastfeed, go directly to the Infancy 0-6 months Special Module: Formula Feeding. After the Formula Module, go to module B1-1.2.
Assess: Ask her: I'd like to see you breastfeed so I can make sure the baby is latched on to the breast in a way that's best for you and your baby. Would that be ok?		

⇒If yes	Action: Introduce activity: During this activity, we will evaluate how well your baby is breastfeeding and troubleshoot anything that feels uncomfortable. Please feel free and ask questions at any point during this activity or describe anything that feels uncomfortable or painful during breastfeeding. Action: Have the mother demonstrate how she breastfeeds her baby. As you observe, encourage her with phrases like, “you are doing a great job,” “you are so caring and loving with your baby,” or “you can tell how much your baby is enjoying breastfeeding.” 1. Start by evaluating how she holds her baby. Correct her position if you see any of the following bad techniques: • If she is holding her baby with a bent wrist, tell her: In this position, you’re carrying your baby’s weight completely on your wrists. This may result in a strained or tender wrist. Try to keep your forearm, wrist, and hand in a straight line instead of bending the wrist to hold your baby’s head. • If she is holding her baby with a hunched back, tell her: In this position, your back is hunched over your baby while your breastfeeding. This may result in a strained neck and shoulders. Try and look up occasionally from breastfeeding. Stretch your neck by rolling it side to side when you are not breastfeeding. You can also try putting a pillow on your lap to raise your baby higher and closer to you. 2. Next, have her show you her baby’s latch. Troubleshoot her baby’s latching technique using the following tips if necessary: • If the baby is having trouble latching – make sure mother is in a comfortable environment; have mother tickle baby’s mouth with nipple; move baby’s lower jaw and chin so that it is pushing into the breast. • If baby’s latch is painful for mother – tell mother to unlatch her baby by carefully inserting a clean finger into the corner of baby’s mouth, and try re-latching.
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3. While her baby is breastfeeding, ask her to identify the aspects of the latch, position, and suckling of her baby in this breastfeeding session that are good. If this is her first visit, or she doesn't remember, point out each of the following aspects to her:

- Latch:
 - The baby's mouth is wide open.
 - There is more of the darker skin on the breast (areola) above the baby's mouth than below.
 - The baby's lower lip is turned outwards.
 - The baby's chin is touching your breast.
- Position:
 - The baby's body is straight, not bent or twisted, with her head slightly back.
 - The baby's body is facing the breast, not held flat to her chest or abdomen, and he is able to look up into her face.
 - The baby is held close to her.
 - She is supporting the baby's whole body, not just the neck and shoulders, with her hand and forearm.
- Suckling:
 - The baby is taking slow deep suckles, sometimes pausing.
 - You can see or hear the baby swallowing after one or two suckles.

Tell her: You are doing a great job giving your baby the best nutrition possible! Having a good latch will make sure you don't feel pain and the baby gets all the nourishment he/she needs.

After the breastfeed, ask if the mother has any remaining questions for you about breastfeeding. Refer to the **H7.1 Breastfeeding Techniques Handout** and patiently answer any questions she has.

⇒If no	Action: Refer to the H7.1 Breastfeeding Techniques Handout and tell her: Ok, I will just tell you about what you should look for when you breastfeed to make sure your baby is latched on well. Pay attention to: • The position of your baby’s body – it should be straight and facing you, • The distance between your baby’s chin and your breast - it should be close, • How open your baby’s mouth is – it should be wide open, but not with cheeks sucked in, • Your areola in comparison to your baby’s mouth - there should be more areola above his mouth than below, • The position of your baby’s lips – his lower lip turned outwards Tell her: You are doing a great job giving your baby the best nutrition possible! Having a good latch will make sure you don’t feel pain and the baby gets all the nourishment he/she needs.
Assess: Ask her: How often are you feeding your baby?	
Action: Listen to her answer. If her response is 8-12 times a day or “as often as the baby wants”, praise her for the correct response. If not, gently correct her with the following points: • Your baby knows best when he needs to feed, so you should breastfeed on demand whenever possible. This means breastfeeding whenever your baby shows signs of hunger. • Breastfeeding frequently from birth helps your baby learn to attach and helps to prevent breast engorgement and other complications. • Frequent breastfeeding is also key because it helps you stimulate breast milk production and maintain a sufficient milk supply. More suckling with good attachment creates more breastmilk. • By the time your baby starts crying, he has already been hungry for a while. So you should look for earlier signs that your baby is hungry, which include ○ Restlessness ○ Opening mouth and turning head from side to side ○ Putting tongue in and out of mouth ○ Sucking on fingers or fists	

- After the first few days, most newborns want to breastfeed frequently, 8 to 12 times/day. But if the baby is latching well, contented and gaining weight, the number of feeds is not important.

Assess: **Ask her:** Do you have any other concerns about breastfeeding?

Action: Listen to her responses and address her concerns. Counteract the following common concerns using the following statements if applicable:

If she is concerned that she might not be producing enough milk:

- The more your baby breastfeeds, the more milk your body will produce, so unless there is a medical issue, you should be able to produce enough milk to satisfy your baby.

If she is concerned that breastfeeding alone isn't enough for her baby, remind her that:

- Your breasts are made to feed your baby and give your baby all the nutrition that he needs for the first 6 months of life, including all of the water he needs, even in a hot climate.
- Giving water will fill your baby and cause less suckling; less breast milk will be produced.

Action: **Tell her:** One thing to keep in mind while breastfeeding is for you to stay well hydrated. Hydration for the mother is important for milk supply. Every time you breastfeed, you should also drink a full glass of water or broth. Water or broth are best for hydration because they do not contain caffeine or sugar, both of which can make it hard for you and your baby to sleep and can cause your baby to be fussy.

B1-1.2: Maternal Nutrition (During breastfeeding)

Assess: Is the mother breastfeeding?	
⇒If yes	Action: Continue with this module (B1-1.2).
⇒If no	Action: Skip this module (B1-1.2), and just tell her: Even though you are not breastfeeding, it is important to still eat healthfully from all of the main food groups so that you can recover from childbirth and have enough energy to take care of your baby. Then go directly to module B1-1.3.
Assess: Is this her first visit?	
⇒If yes	Action: Perform the activity in the H4.1 24-hour Dietary Recall Activity Handout. Introduce 24-hour Dietary Recall activity: I know that you want to make healthy choices so that you and your baby can be healthy. Eating well is one of the best ways to do that. Everything you eat and drink affects your baby as well. Please describe the foods (meals and snacks) that you ate or drank yesterday during the day and night, whether at home or outside the home. Start with the first food or drink consumed in the morning. Use the handout to write down the list of foods she has eaten in the last 24 hours as she names them. When composite dishes are mentioned, ask for the list of ingredients. When the respondent has finished, probe for meals and snacks that she may have forgotten to mention. When the respondent recall is complete, note which of the food groups she consumed based on the information recorded. Refer to H4.1 Food Groups Handout. Explain the importance of the food group by reading the messages below for each. As you go through each food group, note if she consumed the food group based on the information recorded above. Praise her for the healthy choices she is making in her diet. For any food groups not mentioned, ask the respondent if a food item from this group was consumed. From the chart on the handout, provide examples of foods that fit into each food group that can

	supplement what the woman is already eating to improve the diversity of her diet. Explain the importance of the food group by reading the messages below for each: 1) Carbohydrate sources: <u>Grains, such as rice and noodles, and tubers, such as potatoes and sweet potatoes,</u> contain carbohydrates that provide you with energy. Whole grains, such as brown rice, also contain fiber that will aid with digestion. 2) Protein sources: <u>Meat, poultry, fish, eggs, beans, soy-based products, and dairy products,</u> are a good source of protein and minerals that are essential for your health and the health of your growing baby. We will discuss the importance of one of these minerals, iron, in more detail in a few minutes. 3) Vegetables: Vegetables are an important source of fiber as well as essential vitamins and minerals. <u>Dark green leafy vegetables,</u> such as spinach and Chinese broccoli, contain iron and are a good source of folate, which plays an important role in your baby's brain and spinal development. <u>Orange/yellow vegetables,</u> such as carrots and pumpkin, are rich in vitamin A, which is important for children's brain and eye development. 4) Fruits: Fruits are also an important source of fiber, vitamins and minerals. <u>Citrus fruits,</u> such as lemons and oranges, are rich in vitamin C, which supports a healthy immune system. Like orange/yellow vegetables, <u>orange/yellow fruits,</u> such as persimmons, papaya, mango, and apricot, are rich in vitamin A.
⇒If no	Action: Continue with this module.
Action: Introduce this module: Women have extra nutrition and hydration needs while breastfeeding. Today we are going to talk about what mothers should eat while breastfeeding and how often. We are also going to discuss the importance of drinking enough water.	
Assess: Ask her: Do you know whether you are eating or drinking enough to be able to breastfeed? Do you feel increased hunger and thirst?	
Action: Listen to her response. Regardless of her response, tell her: • It is normal for women to feel hungrier while breastfeeding. Extra food is required to produce breastmilk. • You should eat more to satisfy your hunger. While breastfeeding, eat two extra small meals or “snacks” (extra food between meals) each day to provide energy and nutrition for you and your growing baby.	

- Just like when you were pregnant, you need to focus on eating the best foods available, including foods from each of the main food groups. Eating from each of these food groups provides you with essential nutrients that you need to stay healthy and for the health of your baby.

Action: **Tell her:** In addition to eating more, you also need to drink more water to produce breastmilk because breastmilk is nearly 90% water!

- For breastfeeding mothers, the recommendation is to drink an additional 2 cups (700 mL) of water per day, above and beyond your usual intake.
- Staying hydrated is very important for milk supply. Your milk supply may decrease if you are dehydrated.
- Drinking water or broth is better than drinking tea, coffee, soda, or juice because it keeps you hydrated without introducing extra caffeine or sugar. Too much caffeine can be dehydrating and can make the baby fussy.
- Drink whenever you are thirsty, and keep a glass of water with you when breastfeeding.

Remind her: Remember that whatever you eat or drink passes through the breastmilk to the baby! By continuing to eat healthy food options and staying hydrated, you are ensuring a healthy development for your baby.

B1-1.3: Hygiene (Handwashing, bathing and cord care)

Action: Introduce this module: Now that your baby has arrived, I would like to talk with you about the importance of hygiene. Right now, your new baby's system for fighting off illness and infections is not fully developed, so practicing good hygiene is essential to prevent your baby from getting sick. Over the next months, we'll discuss various hygienic behaviors that will keep your baby happy and healthy.

Action: Tell her: One of the keys to good hygiene is handwashing, which helps to prevent the transmission of germs that can cause disease. Germs, including bacteria and viruses, are tiny organisms that are so small we need a microscope to see them. They get into our bodies without being noticed until we have symptoms that let us know we are sick!

Think of all the things that you touch or come into contact with – animals, trash, or raw meat, for example. If you do not wash your hands before touching your baby, germs from these things may make their way into your baby's body and make him sick.

To keep your baby from getting sick, it's especially important to wash your hands:

- Before feeding your baby
- After handling raw food
- After you have gone to the toilet
- After cleaning your baby after he has peed or pooped
- After coming in contact with a person who is sick
- After touching anything dirty like animals, trash or feces.

Remember to also ask other family members and friends to wash their hands before touching your baby. Even if they look clean and feel healthy, they could still be carrying invisible germs on their hands, and these germs can pass onto your baby and make her sick.

Medical experts agree that the single best way to prevent your baby from getting a cold is having all of the adults in the household wash their hands frequently with soap.

Refer her to the B1-1.3 Hygiene Handout, and tell her: The handout covers these handwashing tips and more to help you keep your baby clean and healthy. I'd like to review bathing and umbilical cord care tips with you now and leave the handout for you to review the rest on your own. If you have any questions, we'll be covering the other tips at another visit.

Assess: **Ask her:** Have you bathed your baby since you've come home from the hospital?

Action: Listen to her response and tell her:

- A good bath is essential for keeping your baby clean. However, newborn babies should only be bathed one to two times a week. More than this is not necessary and can dry out his skin.
- Until the umbilical cord has fallen off, avoid placing your baby in water when bathing her. Instead, give your baby a sponge bath using a soft wash cloth and warm water and do not rub the cord.
- Never leave your baby alone in a bath, not even for a few seconds, because he may be at risk of drowning if left unattended!

Tell her: As you know, after you give birth, your baby's umbilical cord is cut, and a small stump is left attached to your baby's tummy. This stump will get darker and shrivel up and will eventually fall off. This process generally takes a week or two. During this process, it's important to clean and care for your baby's belly button. Do this by:

- Always washing your hands with soap before handling the cord, and avoid touching it whenever possible.
- Use water to keep the belly button area clean. You don't usually need to use soap, creams or alcohol to clean it.
- Make sure the stump dries properly after giving the baby a sponge bath. It will dry and heal much faster if you expose it to air as much as possible.
- Try not to cover the stump with clothing or diapers.
- Never try to pull the stump off!

Watch the cord for signs of infection, including:

- Bad smell
- Red skin around the stump
- Yellow fluid coming out of the stump; and
- Fever

If you think your baby's umbilical cord stump is infected, be sure to call or see your doctor.

Action: Tell her: Now I'd like to go over the tips in the handout about hygiene that we didn't cover previously.

Action: Review the following from the **B1-1.3 Hygiene Handout**. Tell her: There are five key areas of your baby's body that require extra attention.

1. Your baby's eyes, nose and ears.

- You want to keep your baby's eyes and nose clear of dried mucous on a daily basis. To clean your baby's eyes, use water and wipe from the corner near the nose to the outer corner. Use a washcloth (use a clean part for each eye) or two cotton balls (one for each eye)
- When cleaning the ears and nose, clean only the surface. Never insert anything into the ears or nostrils.
- If your baby is fussy and touching his ears repeatedly, this could be a sign of infection — be sure to get this looked at by a medical professional.
- If your baby is having trouble breathing because of dried mucous in his nostrils, consult your doctor.

2. Your baby's fingernails.

- Always keep your baby's nails well-trimmed so that he can't scratch himself — the best time to trim them is when your baby is asleep.
- If you can, use baby-sized nail clippers and do not cut the nails too short, as this could hurt your baby.
- Sometimes your baby can get a small infection around a fingernail or toenail. This often clears up on its own. If the areas become swollen or red, talk with your doctor about it.

3. Your baby's mouth.

- Even though your baby's first tooth is several months away, it's a good idea to start wiping your baby's gums with a soft wet cloth during bath time, or a few times each week. Simply wrap the cloth around your index finger and rub it very gently over his gums.
- This will keep to clean your baby's mouth. Plus, it will get your baby used to having her mouth cleaned as part of her daily routine and will make it easier to brush her teeth later.
- Make sure that the cloth you use is clean, and that you wash your own hands with soap before putting your fingers in baby's mouth. This will help prevent her from catching a cold.

B1-1.4: Caregiver Mental Health (Understanding Mental Health)

Assess: <u>Is this her first or second visit?</u>	
⇒If yes	Action: Go to Session H4.2: Caregiver Mental Health (Three Pillars Intro), then deliver the rest of today's session.
⇒If no	Action: Continue with this session.
Action: <u>Introduce this session:</u> Having a new baby is a life-changing event. It can result in countless joyful moments, but it also comes with new responsibilities and sources of stress. If you're feeling down, you're not alone. Many moms feel overwhelmed in the weeks after giving birth, and some moms feel depressed for much longer. These feelings are completely natural. However, it's important to recognize when you have these emotions and know where to seek help. Today, we will watch a video that discusses some of the challenges with being a new mother.	
	Action: Show the Mental Health video. After watching the video, ask her the following questions: • In the last two weeks, have you on some or most days: felt unable to stop worrying or thinking negative thoughts? • Have you felt down, depressed, or hopeless? • Have you had thoughts or plans of harming yourself or your baby? <u>Patiently listen to her answers. Tell her:</u> It is common for mothers to feel down or depressed. As the video said, being a mother can be hard on the body and the mind. If you ever feel this way, especially if you think you may harm yourself or your baby, it is important that you speak with your doctor as soon as possible. <u>If the mother reports that she has thought about harming herself or the baby, suggest to her that she goes to the health center as soon as possible. Either accompany her directly, or ensure that another family member or friend goes with her.</u>

B1-1 Knowledge/Attitude Check

As you end this session, ask the mother (or mother and grandmother) the following:

1. Can you tell me three times when it's important to wash your hands to maintain your baby's health and the health of your family?
 - a. Before feeding the baby, after handling raw food, after going to the toilet, after cleansing the baby after he has peed or pooped, after coming in contact with someone who is sick, and after touching anything dirty like animals, trash or feces.
 - b. It's also important to ask family and visitors to wash their hands with soap before holding the baby.
2. How frequently should you bathe your newborn?
 - a. One to two times a week
3. How should you bathe your newborn before his umbilical cord falls off?
 - a. Sponge bath with a soft washcloth and warm water; avoid placing him in water and do not rub the cord
4. Can you give me 3 examples of good umbilical cord care and hygiene before it falls off?
 - a. Always washing your hands with soap before handling the cord, and avoid touching it whenever possible.
 - b. Use water to keep the belly button area clean. You don't usually need to use soap, creams or alcohol to clean it.
 - c. Make sure the stump dries properly after giving the baby a sponge bath. It will dry and heal much faster if you expose it to air as much as possible.
 - d. Try not to cover the stump with clothing or diapers.
 - e. Never try to pull the stump off!
5. What are 2 signs that your baby's umbilical cord could be infected?
 - a. Bad smell
 - b. Red skin around the stump
 - c. Yellow fluid coming out of the stump
 - d. Fever
6. Can you name 3 parts of your baby's body that you will need to pay special attention to when cleaning?
 - a. Eyes, nose, ears
 - b. Fingernails
 - c. Mouth/teeth
7. How soon should you seek help if you're showing signs of depression?
 - a. As soon as possible.
8. Why does a mother need extra food while breastfeeding?
 - a. Because extra energy is required to produce breastmilk

9. Why does a mother need to drink more water while breastfeeding?
 - a. Breastmilk is largely made up of water.
 - b. Staying hydrated maintains the mother's milk supply
10. How much water should a breastfeeding mother drink each day?
 - a. An additional 2 cups (700 mL) of water per day, above and beyond your usual intake
11. What are some ways another adult in the home can support the mother while breastfeeding?
 - a. Helping her with her duties and chores
 - b. Helping to make sure she gets enough sleep
 - c. Bringing her food and water while breastfeeding her
 - d. Reassuring her and supporting her decision to breastfeed

Session B1-2

Action: **Introduce this session:** I hope all is going well with you and your baby! The first month is a busy time in you and your baby's life, so we will be covering a lot of material over the next couple of sessions. I know it can be overwhelming and confusing, so please don't hesitate to ask me to repeat what I say or ask any questions that you have. Today, we will be covering the topics of breastfeeding, maternal nutrition, hygiene, and caregiver mental health. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

B1-2.1: Breastfeeding Check-in (Pain Troubleshooting)

Action: **Introduce this module:** I hope you and your baby are both getting enough rest and enough to eat and drink. We're going to briefly check in with you to see how things are going with feeding your baby. Before doing so, would you like to grab a glass of water to accompany the module?

Assess: **Ask her:** **Have you been breastfeeding your baby?**

⇒If yes

Action: **Tell her:** That's wonderful. That means your baby is getting good nutrition and a boost to the immune system.

Assess: **Follow up by asking:** **How has breastfeeding been going? Any problems or concerns?**

Listen empathetically and affirm her concerns. If she is concerned that the baby is not getting enough food, listen to her reasons for thinking that and remind her:

- It is common for women to worry about not producing enough breastmilk, but all women can produce enough breastmilk for their baby.
- As long as you are breastfeeding when the baby wants to eat and you are eating enough and drinking plenty of water, you should be able to produce enough milk. Breast size does not matter.
- Make sure to drink water or broth and not tea or other drinks. Water or broth are best because they do not contain caffeine or sugar unlike tea that can make it hard for you and your baby to sleep and can cause your baby to be fussy or irritable.

	If she is concerned about nipple pain or breast discomfort, note that you will discuss this next.	
⇒If no	Action: Ask what concerns she has or problems she has experienced with breastfeeding. If she is concerned that the baby is not getting enough food, listen to her reasons for thinking that and remind her: • It is common for women to worry about not producing enough breastmilk, but all women can produce enough breastmilk for their baby. Breast size does not matter. • Frequent breastfeeding helps you stimulate breast milk production and maintain a sufficient milk supply. • As long as you are breastfeeding when the baby wants to eat and you are eating enough and drinking plenty of water, you should be able to produce enough milk. • Make sure that you drink water or broth and not tea or other drinks. Water or broth are best because they do not contain caffeine or sugar unlike tea that can make it hard for you and your baby to sleep and can cause your baby to be fussy or irritable. If she is concerned about nipple pain or breast discomfort, note that you will discuss this a little later. Tell her, Most causes of pain when breastfeeding can be fixed with some adjustments. If the pain continues, see your doctor or midwife. Action: Tell her: If you started breastfeeding and stopped, or even if you never started, you still have the opportunity to breastfeed your baby. Assess: Ask her: Would you like to try it with me now? We can try to work through any problems you may have experienced or concerns that you have.	
	⇒If yes	Action: Tell her: That's great! By watching you breastfeed, I can make sure the baby is latched on to the breast in a way

		that's best for you and your baby. Please feel free and ask questions at any point or describe anything that feels uncomfortable or painful during breastfeeding. Action: Have the mother demonstrate how she breastfeeds her baby. As you observe, encourage her with phrases like, "you are doing a great job," and try to address her concerns. Evaluate how she holds the baby, the quality of the baby's latch, and the baby's suckling (follow instructions from module B1-1.1). Praise her for doing well and gently correct if necessary. Refer her to the H7.1 Breastfeeding Techniques Handout for additional tips on positioning and latching. Ask if she has any remaining questions or concerns.
	⇒If not now	Action: If she is willing to try, but wants to try it later or on her own, refer her to the H7.1 Breastfeeding Techniques Handout for tips on positioning and latching.
	⇒If no	Action: If she is unable or unwilling to breastfeed, go directly to the Infancy 0-6 months Special Module: Formula Feeding. After the Formula Module, go to module B1-2.2.
Assess: Ask her: Have you ever experienced nipple pain from breastfeeding, or feelings of swelling, warmth or tenderness in your breasts?		
⇒If yes	Action: Ask the mother to describe her symptoms. Use the following information from the B1-2.1 Breastfeeding Pain Troubleshooting Handout to advise. Read the following messages that correspond to her symptoms. If the mother experiences swelling, tenderness, warmth, slight redness, pain, shiny and tight skin, flattened nipples that make it difficult for the baby to attach, tell her: You may be dealing with breast engorgement. This is when the breast is so full of milk that it is swollen and hard, which can be very painful! This is often due to infrequent feeding or poor attachment, so that you don't get enough milk out to relieve the pressure. To reduce your pain, I recommend:	

	○ Gently stroking the breast to improve milk flow ○ Pressing around your areola to reduce swelling in nipple and help the baby latch ○ Hand-expressing milk to relieve pressure until your baby can attach more easily ○ Applying a warm cloth to your breast before expressing and a cold cloth after expressing milk • To prevent breast engorgement from happening again, you should make long-term changes, such as increasing frequency of breastfeeding or improving attachment based on our activity from the last visit. If the mother experiences breast or nipple pain, cracks around her nipples, occasional bleeding, or infection around her nipples, tell her: • Sore or cracked nipples are common when mother start breastfeeding, often because of incorrect technique. To reduce your pain, I recommend: ○ Improving attachment. Make sure your baby is coming up to the breast from underneath and is held close to your body. ○ Start breastfeeding on the side that hurts less, then switch to the more painful side. ○ Let your baby decide when to come off the breast. ○ Change breastfeeding positions. ○ Apply drops of breastmilk to your nipples. ○ Do not use soap or cream on your nipples. ○ Continue breastfeeding. Do not stop or use bottles for feeding, as this is only a temporary issue that can be resolved quite simply if you improve your breastfeeding technique. If the mother experiences breast lumps and tender localized redness but feels well otherwise with no fever, tell her: • You may be struggling with plugged milk ducts or a breast infection. To reduce your pain and resolve this issue, I recommend: ○ Breastfeeding on demand. Do not stop breastfeeding as this is only a temporary issue that can be resolved. ○ Applying warmth to the painful areas using a hot cloth ○ Holding your baby in different positions to unblock your duct
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	○ Ensuring good attachment ○ Getting rest and drinking more liquids ○ Hand-expressing milk if it is too painful to breastfeed your baby directly ○ If you do not see any improvements in 24 hours, seek medical care
⇒If no	Action: Tell her: That's great. Keep up the good work, and remember to drink plenty of water and make sure you are in a comfortable position when you breastfeed.
Action: Tell her: Most causes of pain when breastfeeding are due to poor breastfeeding technique, and can be fixed with some adjustments. Even pain in your shoulders or back may be a matter of adjusting your position when breastfeeding. Remember, breastfeeding should not be painful. But if you make adjustments and the pain continues or gets worse, it's best to go see your doctor. Refer her to the B1-2.1 Breastfeeding Pain Troubleshooting Handout and tell her: You can always refer to this handout for more information if you experience any breastfeeding complications.	
Assess: Ask her: Do you have any other concerns about breastfeeding?	
Action: Listen to her responses and address her concerns. Counteract the following common concerns using the following statements if applicable: If she is concerned that she might not be producing enough milk: • The more your baby breastfeeds, the more milk your body will produce, so unless there is a medical issue, you should be able to produce enough milk to satisfy your baby. If she is concerned that breastfeeding alone isn't enough for her baby, remind her that: • Your breasts are made to feed your baby and give your baby all the nutrition that he needs for the first 6 months of life, including all of the water he needs, even in a hot climate. • Giving water will fill your baby and cause less suckling; less breast milk will be produced.	

Assess: Ask her: Do you feel supported by other adults in the household in your breastfeeding?	
⇒If yes	Action: Tell her: That's great to hear! Can I speak to them now? Ask the support people to join you, thank them for joining you and praise them for supporting the mother's decision to breastfeed. Ask how they have supported the mother. Offer these additional ways that they can provide support if not mentioned: • Help the mother with her typical duties and chores • Make sure the mother is comfortable, is sitting in a supported position • Make sure the mother has plenty of water to drink when breastfeeding • Make sure she gets plenty to eat • Make sure she gets plenty of sleep • Encourage exclusive breastfeeding for the first 6 months • Do not offer anything besides breastmilk to the baby, including water.
⇒If no	Assess: Ask her: Are there are any other adults who live nearby who can provide support or who you can contact through WeChat to offer support? Action: Follow up by asking her: Can I speak to the other adults who live in the house or in the area about the kinds of support they can offer for breastfeeding? Ask the other adults: Do you believe that babies should be breastfed?

	⇒If yes	Show them The Benefits of Breastfeeding Video. Then tell them: • You can be a great source of support for the breastfeeding mother. • Breastfeeding takes time and energy so it is important to help a mother with her typical duties and household chores. You could offer to perform some of these tasks for her. Help make sure she gets plenty of sleep. • A breastfeeding mother is often very hungry and thirsty so you can offer to get her some food or water while she is feeding the baby. • You can reassure the mother that she is doing the best possible thing for her baby by breastfeeding.
	⇒If no	Show them The Benefits of Breastfeeding Video. Then tell them: • Breastmilk is the ideal food for babies and it is all they need until they are 6 months old • It nourishes them and provides them with immunity so that they don't get sick. • Breastfeeding also helps the mother recover from childbirth and to bond with her baby.

B1-2.2: Maternal Nutrition (Review 1 if breastfeeding)

Assess: Is the mother breastfeeding?	
⇒If yes	Action: Continue with this module (B1-2.2).
⇒If no	Action: Skip this module (B1-2.2), and go directly to module B1-2.3.
Action: Introduce this module: Last time, we spoke about the importance of eating more and drinking more water to maintain breastmilk supply. Today, we will discuss how eating diverse foods – just as you did when you were pregnant – is also important for breastfeeding.	
Assess: Ask her: How well-balanced and healthy are your current dietary and drinking habits? What do you think you're doing well? Where do you think you could improve?	
Action: Listen to her own assessment of her eating and drinking. Regardless of her answer, refer her to the H4.1 Food Groups Handout and the H6.1 Water, Other Liquids and Harmful Substances Handout. Tell her: - Eating food from each of these groups gives a breastfeeding mother the nutrients she needs to pass on to her baby through the breastmilk. - Because breastmilk contains what you eat or drink, it is important to eat diverse foods that contain vitamins and minerals necessary for your baby's development. Also, the flavors of the foods that you eat come through in your breastmilk, which will help make your baby more accepting of local foods and flavors later on.	
Assess: Ask her: Do you know if any medications you are taking might affect your breastmilk?	
Action: Tell her: Because many medicines can go from your body to your baby's body through breastmilk, you have to be careful in taking medications while breastfeeding. - Some medicines can lower your milk supply or directly harm your baby's brain development. You should consult your doctor before taking any medication. The doctor will be able to advise on whether that medicine is safe to take while breastfeeding. - Breastfeeding mothers should not smoke or drink alcohol because doing so exposes the baby to toxic substances through breastmilk.	

- You should also avoid alcohol and cigarette smoke, because doing so exposes the baby to toxic substances through breastmilk. Smoking and drinking alcohol may lead to lower milk supply and fussier babies.
- Exposure to secondhand smoke can also harm your baby's lungs and lead to breathing problems or infection.

B1-2.3: Hygiene (Infant pee and poop)

Action: **Introduce this module:** You may be curious to know if the quantity, consistency or color of your baby's pee and poop are "normal." You are not alone! Most mothers want to know. Today, we'll talk about what to expect from your baby.

Action: **Tell her:** Understanding the quantity, consistency, and color of your baby's pee and poop is one of the best ways to easily and regularly check on your baby's health.

Babies' pee:

- New babies can pee very often, usually 6-8 times a day or more. Having lots of wet diapers is a good sign. It shows that your baby is getting all the fluids he needs and are well hydrated.
- Every time your baby pees, look at the color of the pee (on the diaper if you use them). This will tell you a lot about your baby's health.
 - Light pink or orange color is nothing to worry about. Infrequent or darker yellow pee, on the other hand, is a sign that your baby might be dehydrated or not feeding enough.
 - If the pee is colored red or brown, and you think there might be blood in the pee or your baby doesn't seem well, see your doctor immediately.

Babies' poop:

- Your baby's first poop was probably dark green, which is normal. It's your baby's body emptying his stomach and bowel after being in your womb. In fact, you might have seen dark green poop for a few days. After this, expect a wide range in what your baby's poop smells and looks like.

Refer her to **B1-2.3 Infant Stool Chart** for the normal range of colors to expect.

Assess: **Ask her:** **How often is your baby pooping?**

Action: **Listen to her response and tell her:**

- Pooping between three times a day and three times a week are all normal.
- However, it can be hard to tell when newborns are pooping too often. Look for changes, such as more stools all of a sudden, possibly more than one stool per feeding, or really watery stools. These may be symptoms of diarrhea, so it's important to see your doctor if it continues.
- Diarrhea can lead to dehydration, which is very serious in newborns. You should see your doctor if you notice any of these signs of dehydration in your baby:
 - Peeing less often (fewer wet diapers)
 - Acting fussy or irritable

○ Dry mouth ○ No tears when he or she cries ○ Unusual drowsiness or sluggishness ○ Sunken soft spot on the top of the baby's head ○ Skin that isn't as elastic as usual (doesn't spring back when you gently pinch and release it)	
Assess: Ask her: Are you using diapers for your baby?	
⇒If yes	Action: Tell her: After your baby pees or poops be sure to: • Wrap up the diaper to contain the mess (if possible, dump the contents in the toilet before throwing the disposable diaper away to reduce odor and bacteria). • Throw disposable diapers in a designated trash bin. • If you are using cloth diapers, then clean the diaper in a hygienic manner, ensuring that all fecal material and water from washing the diapers ends up in the toilet.
⇒If no	Action: Tell her: It's best to have a designated basin for your baby's pee and poop and clean it out afterwards. This way, you can maintain a clean and hygienic environment for everyone in the family.
Action: Tell her: Either way, it's important that when your baby pees or poops you always remember to: • Clean your baby's genitals (if a girl, wash the genitals from front to back so the germs in the poop do not spread to her vagina, where they could cause an infection). • Dry off your baby and apply a rash cream if you see any signs of redness or irritation, and; • ALWAYS wash your hands with soap before and afterward.	
Assess: Ask her: Washing your own hands with soap is also so important. Can you tell me <u>when</u> it's important to wash your hands?	
Action: Ask her to give examples if she can, gently correct or add as needed to the following list:	

- Before feeding the baby
- After handling raw food
- After going to the toilet
- After the baby has peed or pooped
- After touching anything dirty like animals, trash or feces.

Tell her:

Washing your hands with soap is important for removing harmful bacteria and germs that can make people sick. It's also important to ask family and visitors to wash their hands with soap before holding the baby.

B1-2.4: Caregiver Mental Health (Self-care)

Action: Introduce this session: Being a new mother is very challenging. It is a big change in your life. Today, we will discuss some of the difficulties of being a new mother and some negative thinking that may arise in the first few weeks. We are also going to talk about how to change those thoughts to be more positive. Let's look at a series of images of a mother of a newborn baby and see how she is feeling.



Picture 1: I have too much to do already. I can't be bothered about my health.

Action: Ask her to focus on Picture 1 and read the caption.

Tell her: These kinds of thoughts are normal after the baby's arrival, but can become a problem if you feel overwhelmed most of the time. It is not your fault for being disorganized. It is normal for new mothers to feel overwhelmed. Sometimes ordinary or simple tasks such as taking care of your own health can feel difficult.

Ask her: Have you ever felt this way? As a new mother, what has been bothering you lately?



Picture 2: Not caring about your health, for example, not getting enough rest or eating a balanced diet.

Action: Ask her to focus on Picture 2 and read the caption.

Discuss how these problems have induced a state of despondency and helplessness in the woman.

Tell her:

- Feeling overwhelmed can lead to the mother not caring about her own health.
- With a new baby, there are many more demands on her time. It feels like there is no time for her to spend on her own needs and her own health.
- But over time, thinking that her needs are not important and not taking care of herself can be bad for her health and for her baby's health.

	It is important to identify these negative thinking styles and related feelings early, so that the actions and consequences below can be changed.
 Picture 3: Difficulty caring for the baby due to exhaustion and weakness.	Action: Ask her to focus on Picture 3 and read the caption. Discuss the consequences of the negative state of mind described in Picture 2. Tell her: - Thinking that your needs are not important and always putting your baby's needs first can lead to you feeling tired and weak. - This can make it very hard for you to take care of your baby. Even though the baby is the priority, the mother has to look after herself. If the mother is not healthy, her baby's health will suffer.
Assess: Ask her: Have you ever had similar thoughts?	
⇒If yes	Action: Ask her to share her thoughts and feelings, and listen to her patiently.
⇒If no	Action: Gently encourage her to share her feelings, assuring her that she can trust you and that you are here to help her. Give her examples of thoughts she might have had: - I am too tired to think clearly or do anything productive - Other people are responsible for my health - My health is not in my control - No one cares about my health and needs - I am not good enough to be a mother If she still says no, <u>do not</u> continue probing her and continue with the session.
Action: Tell her: It is normal to feel this way. Identifying unhealthy thoughts is the first step in starting to change them towards more healthy and positive ones. Now, we will discuss how to transform negative thoughts and practice more healthy thinking.	

 Picture 4: If I spend a small amount of time on my health every day, I will remain strong and be able to do my everyday chores.	Action: Focusing on the woman in Picture 4, read out the caption. Discuss why the thought in Picture 4 is a healthier alternative to the one in Picture 1. Tell her: • It is good for mothers to take some time each day for themselves. During this time, you can take a nap or get some rest. • You can also spend this time meditating quietly, reading, or going for a walk. These are all great coping mechanisms for when you feel sad or stressed. • Taking time for yourself is important because it allows you to rest and recover from taking care of your baby and lets you take care of yourself.
 Picture 5: Organize yourself so that some time can be spared for healthy or relaxing activities.	Action: Ask her to focus on Picture 5 and read the caption. Tell her: • Although it seems that there is not enough time in the day to take care of yourself, by asking for help from your friends and family, you can take some time to tend to your own needs and your own health. • For example: You may be able to leave your napping baby with one of your family members and go for a walk on your own. Or you can read or rest while your baby is napping.
 Picture 6: Better health and easier coping with caring for baby and other life demands.	Action: Ask her to focus on Picture 6 and read the caption. Tell her: • It's important not to think in terms of "all or none." • Even small changes can make a big difference to the health of the whole family. You don't need to make big changes. Instead, commit to small changes that don't require much time or resources. One example that I shared earlier is that you can rest while your baby is napping.

Assess: Ask her: Now that we've gone over some examples of how to turn negative thoughts into positive, healthier thoughts, can you think of any healthy thoughts to replace your own negative thoughts?	
⇒ If yes or no	Action: Listen to her answers, praising her for any alternative thoughts. If the mother is unable to think of any, prompt her with the following alternative thoughts: • Doing just a little everyday (as much as I can) is better than just sitting and worrying. • Looking out for early signs of poor health and getting help early is my responsibility and will help the doctors help me. • I have friends and family that care deeply about my well-being • Under the circumstances, I try to do my best for my children. Tell her: Thinking healthy thoughts like these leads to healthy actions. We will continue to work on thinking healthy throughout the program.

B1-2 Knowledge/Attitude Check

As you end this session, ask the mother (or mother and grandmother) the following:

1. If you have pain while breastfeeding, what should you do?
 - a. Adjust your breastfeeding technique
 - b. If you make the adjustments and the pain continues or gets worse, go to the doctor
2. What should a breastfeeding mother do before taking medications?
 - a. Consult her doctor
3. Why is it important for a woman to avoid smoking and drinking alcohol while breastfeeding?
 - a. Smoking and drinking excessive amounts of alcohol are not good for the baby.
4. Can you describe the normal frequency and color of newborn poop?
 - a. First poop will be dark green.
 - b. After this, the poop will range in smell and consistency
 - c. Pooping between about three times a day and three times a week is normal.
5. Can you name 3 signs that your baby might be dehydrated?
 - a. Peeing less often (fewer wet diapers)
 - b. Acting fussy or irritable
 - c. Dry mouth
 - d. No tears when he or she cries
 - e. Unusual drowsiness or sluggishness
 - f. Sunken soft spot on the top of the baby's head
 - g. Skin that isn't as elastic as usual (doesn't spring back when you gently pinch and release it)
6. How should you safely dispose of your baby's waste?

If she is using diapers:

 - a. Wrap up the diaper to contain the mess (if possible, dump the contents in the toilet before throwing the disposable diaper away to reduce odor and bacteria). Throw the disposable diaper in a designated trash bin. If you are using cloth diapers, then clean the diaper in a hygienic manner, ensuring that all fecal material ends up in the toilet. Water from washing cloth diapers should also be disposed of in the toilet.

If she is not using diapers:

 - a. Have a designated basin for the pee and poop and clean it out afterwards.
7. Why is it important for mothers to take care of their health?
 - a. An unhealthy mother will not be able to fully care for her baby
8. Why is it important to maintain a diverse and healthy diet when breastfeeding?
 - a. Everything the mother eats or drinks will be passed to the baby through breastmilk
 - b. To give enough minerals and nutrients to the baby
 - c. The baby may be more accepting of local foods in the long run

B1-3 Knowledge/Attitude Check

As you end this session, ask the mother (or mother and grandmother) the following:

1. What are some ways another adult in the home can support the mother while breastfeeding?
 - a. Helping her with her duties and chores
 - b. Helping to make sure she gets enough sleep
 - c. Bringing her food and water while breastfeeding her
 - d. Reassuring her and supporting her decision to breastfeed
2. Can you name 3 parts of your baby's body that you will need to pay special attention to when cleaning?
 - a. Eyes, nose, ears
 - b. Fingernails
 - c. Mouth/teeth
3. What are some activities you can do with your baby to help tune into how your baby is feeling and help you bond with your baby?
 - a. playing with your baby
 - b. singing to your baby
 - c. talking to your baby
 - d. making different facial expressions at your baby
4. What should a breastfeeding mother do before taking medications?
 - a. Consult her doctor
5. Why is it important for a woman to avoid smoking and drinking alcohol while breastfeeding?
 - a. Smoking and drinking excessive amounts of alcohol are not good for the baby.

INFANCY 2-3 Months

Session B2

Action: Introduce this session: I hope everything has been going well with you and your baby! These next few months will mostly be about checking in with you to make sure everything is going smoothly and if there are any challenges you are facing with your baby. Today, we will be covering the topics of breastfeeding, maternal nutrition, and caregiver mental health. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

B2.1: Breastfeeding Check In; Breastfeeding Support and Troubleshooting

Assess: Is this her first visit?	
⇒If yes	Action: If this is the mother's first visit in the program, tell her: Congratulations on the birth of your baby! I hope you are getting plenty of rest and support during this important time. Today, I'd like to start by showing you a brief video about the importance of breastfeeding. Show her the Benefits of Breastfeeding Video and Breastfeeding Mechanics Video and ask if she has any questions about the content.
⇒If no	Introduce this module: Today, we're going to check in on how things are going with breastfeeding.
Assess: Ask her: Are you breastfeeding your baby?	
⇒If yes	Action: Tell her: That's wonderful. That means your baby is getting good nutrition and a boost to the immune system. Assess: Next ask her: Are you giving your baby anything to drink besides breastmilk? Praise her if she responds that she is exclusively breastfeeding. If she is giving the baby other liquids remind her that: Breastmilk provides all the nutrition a baby needs for the first 6

	months of life. • Breast milk also contains all the water a baby needs, even in a hot climate. • Giving water will fill your baby and cause less suckling; less breast milk will be produced. • Water and other liquids and foods for a baby less than six months can cause diarrhea. The baby receives hydration from the mother. Assess: Follow up by asking: How has breastfeeding been going? Any problems or concerns? Listen empathetically and affirm her concerns. If she is concerned that the baby is not getting enough food or water, listen to her reasons for thinking that and remind her: • It is common for women to worry about not producing enough breastmilk, but all women can produce enough breastmilk for their baby. Breast size does not matter. • Frequent breastfeeding helps you stimulate breast milk production and maintain a sufficient milk supply. • As long as you are breastfeeding when the baby wants to eat and you are eating enough and drinking plenty of water, you should be able to produce enough milk. • Make sure that you drink water or broth and not tea or other drinks. Water or broth are best because they do not contain caffeine or sugar unlike tea that can make it hard for you and your baby to sleep and can cause your baby to be fussy or irritable. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding, as well as problems with the baby's attachment, can be fixed with some adjustments. Assess: Ask her: Would you like to try breastfeeding with me now? We can try to work through any problems you may have experienced or
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	concerns that you have.	
	⇒If yes	Action: Tell her: During this activity, please feel free and ask questions at any point during this activity or describe anything that feels uncomfortable or painful during breastfeeding. Action: Have the mother demonstrate how she breastfeeds her baby. As you observe, encourage her with phrases like, “you are doing a great job,” and try to address her concerns. Evaluate how she holds the baby, the quality of the baby’s latch, and the baby’s suckling (follow instructions from module B1-1.1). Praise her for doing well and gently correct if necessary. While her baby is breastfeeding, ask her to identify the aspects of the latch, position, and suckling of her baby in this breastfeeding session that are good. If this is her first visit, or she doesn’t remember, point out each of the following aspects to her: • Latch: ○ The baby’s mouth is wide open. ○ There is more of the darker skin on the breast (areola) above the baby’s mouth than below. ○ The baby’s lower lip is turned outwards. ○ The baby’s chin is touching your breast. • Position: ○ The baby’s body is straight, not bent or twisted, with her head slightly back. ○ The baby’s body is facing the breast, not held flat to her chest or abdomen, and he is able to look up into her face. ○ The baby is held close to her. ○ She is supporting the baby’s whole body,

		not just the neck and shoulders, with her hand and forearm. • Suckling: ○ The baby is taking slow deep suckles, sometimes pausing. ○ You can see or hear the baby swallowing after one or two suckles. Refer her to the H7.1 Breastfeeding Techniques Handout for additional tips on positioning and latching. Tell her: Having a good latch will make sure you don't feel pain and the baby gets all the nourishment he/she needs. However, if you have pain after making these adjustments, or the pain gets worse, it's best to go see your doctor.
	⇒If no	Action: Refer to the H7.1 Breastfeeding Techniques Handout and tell her: Ok, I will just remind you about what you should look for when you breastfeed to make sure your baby is latched on well. Pay attention to: • The position of your baby's body – it should be straight and facing you, • The distance between your baby's chin and your breast - it should be close, • How open your baby's mouth is – it should be wide open, but not with cheeks sucked in, • Your areola in comparison to your baby's mouth - there should be more areola above her mouth than below, • The position of your baby's lips – her lower lip turned outwards Tell her: Having a good latch will make sure you don't feel pain and the baby gets all the nourishment he/she needs. However, if you have pain after making these

		adjustments, or the pain gets worse, it's best to go see your doctor.
⇒If no	Action: If she had started breastfeeding and stopped, ask if there was a problem she had that made her stop. If she is concerned that the baby is not getting enough food, listen to her reasons for thinking that and remind her: • It is common for women to worry about not producing enough breastmilk, but all women can produce enough breastmilk for their baby. Breast size does not matter. • Frequent breastfeeding helps you stimulate breast milk production and maintain a sufficient milk supply. • As long as you are breastfeeding when the baby wants to eat and you are eating enough and drinking plenty of water, you should be able to produce enough milk. • Make sure that you drink water or broth and not tea or other drinks. Water or broth are best because they do not contain caffeine or sugar unlike tea that can make it hard for you and your baby to sleep and can cause your baby to be fussy or irritable. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her, Most causes of pain when breastfeeding can be fixed with some adjustments. If the pain continues, see your doctor or midwife. Action: Tell her: If you started breastfeeding and stopped, you still have the opportunity to restart breastfeeding. Assess: Ask her: Would you like to try it with me now? We can try to work through any problems you may have experienced or concerns that you have.	
	⇒If yes	Action: Praise her for agreeing to try. Tell her:

		• You can restart breastfeeding but it will require some effort. • You will need to have the baby suckle frequently in order to reestablish breastfeeding. • It may take 1-2 weeks or longer before much breastmilk comes in. Tell her: Now I will remind you of the techniques of how to breastfeed so that it is easier for you to resume breastfeeding. During this activity, please feel free and ask questions at any point during this activity or describe anything that feels uncomfortable or painful during breastfeeding. Action: Have the mother demonstrate how she breastfeeds her baby. As you observe, encourage her with phrases like, “you are doing a great job,” and try to address her concerns. Evaluate how she holds the baby, the quality of the baby’s latch, and the baby’s suckling (follow instructions from module B1-1.1). Praise her for doing well and gently correct if necessary. While her baby is breastfeeding, ask her to identify the aspects of the latch, position, and suckling of her baby in this breastfeeding session that are good. If this is her first visit, or she doesn’t remember, point out each of the following aspects to her: • Latch: ○ The baby’s mouth is wide open. ○ There is more of the darker skin on the breast (areola) above the baby’s mouth than below. ○ The baby’s lower lip is turned outwards. ○ The baby’s chin is touching your breast. • Position:
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		○ The baby's body is straight, not bent or twisted, with her head slightly back. ○ The baby's body is facing the breast, not held flat to her chest or abdomen, and he is able to look up into her face. ○ The baby is held close to her. ○ She is supporting the baby's whole body, not just the neck and shoulders, with her hand and forearm. ● Suckling: ○ The baby is taking slow deep suckles, sometimes pausing. ○ You can see or hear the baby swallowing after one or two suckles. Refer her to the H7.1 Breastfeeding Techniques Handout for additional tips on positioning and latching. Tell her: Having a good latch will make sure you don't feel pain and the baby gets all the nourishment he/she needs. However, if you have pain after making these adjustments, or the pain gets worse, it's best to go see your doctor.
	⇒If not now	Action: If she is willing to try, but wants to try it later or on her own, refer her to the H7.1 Breastfeeding Techniques Handout for tips on positioning and latching. Praise her for agreeing to try. Tell her: ● You can restart breastfeeding but it will require some effort. ● You will need to have your baby suckle frequently in order to reestablish breastfeeding. ● It may take 1-2 weeks or longer before much breastmilk comes in.

		Tell her: Now I will remind you of the techniques of how to breastfeed so that it is easier for you to resume breastfeeding and to make sure your baby is latched on well. Pay attention to: • The position of your baby's body – it should be straight and facing you, • The distance between your baby's chin and your breast - it should be close, • How open your baby's mouth is – it should be wide open, but not with cheeks sucked in, • Your areola in comparison to your baby's mouth - there should be more areola above her mouth than below, • The position of your baby's lips – her lower lip turned outwards Tell her: Having a good latch will make sure you don't feel pain and the baby gets all the nourishment he/she needs. However, if you have pain after making these adjustments, or the pain gets worse, it's best to go see your doctor.
	⇒If no	Action: If she is unable or unwilling to breastfeed, go directly to the Infancy 0-6 months Special Module: Formula Feeding. After the Formula Module, go to module B2.2.
Assess: Ask her: How often are you feeding your baby?		
Action: Listen to her answer. If her response is 8-12 times a day or “as often as the baby wants”, praise her for the correct response. If not, gently correct her with the following points: • Your baby knows best when he needs to feed, so you should feed on demand whenever possible. This means feeding whenever your baby shows signs of hunger. • By the time your baby starts crying, he has already been hungry for a while. So you should look for earlier signs that your baby is hungry, which include		

○ Restlessness ○ Opening mouth and turning head from side to side ○ Putting tongue in and out of mouth ○ Sucking on fingers or fists • Most newborns want to feed frequently, 8 to 12 times/day. But if the baby is contented and gaining weight, the number of feeds is not important.	
Assess: Ask her: Do you feel supported by other adults in the household in feeding your baby?	
⇒If yes	Action: Tell her: It's great to hear that there's support for you during this important time! Be sure to be getting plenty to eat and drink, and don't forget to ask if you need anything from the others in the household.
⇒If no	Assess: Ask her: Are there are any other adults who live nearby who can provide support or who you can contact through WeChat to offer support? Action: Follow up by asking her: Can you speak to the other adults who live in the area or who you can contact through WeChat about the kinds of support they can offer for breastfeeding?

B2.2: Maternal Nutrition

Assess: Is the mother breastfeeding?	
⇒If yes	Action: Continue with this module (B2.2).
⇒If no	Action: Skip this module (B2.2), and go directly to module B2.3.
Action: Introduce this module: We have discussed how what you eat or drink affects your breast milk. This includes not only the food that you eat but also the medicines that you take and whether you smoke or drink alcohol. Today we will talk about paying attention to how much caffeine breastfeeding mothers should drink.	
Assess: Ask her: Do you know how caffeine consumption affects breastfeeding?	
Action: Regardless of her response, tell her: • We discussed earlier that it is best for breastfeeding mothers to drink extra water. Breastmilk is mostly water, so staying hydrated is very important for milk supply. • However, drinking tea and coffee is dehydrating for the mother and can reduce milk supply as well as make your baby irritable and fussy. • Consuming tea or coffee with food can also limit your nutrient absorption, which could affect the quality of your breastmilk, so it is important to separate meals or snacks from drinking tea or coffee. • You may already know that caffeine affects your sleep, but did you know it also interferes with your baby's rest? Therefore, breastfeeding mothers should limit the amount of caffeine they drink in caffeinated tea or coffee to avoid passing caffeine to their babies through breastmilk.	

B2.3: Caregiver Mental Health (Baby Bonding Activity)

Assess: Is this her <u>first or second</u> visit?	
⇒If yes	Action: Go to Session H4.2: Caregiver Mental Health (Three Pillars Intro), then deliver the rest of today's session.
⇒If no	Action: Continue with this session.
Bonding with your baby can be challenging. Often, mothers can have negative thoughts about their baby. This is normal. However, these negative thoughts can lead to unhealthy actions. Recognizing these thoughts is the first step in trying to change them. Today we will work on identifying negative thoughts and how to change them to be more positive in order to have a healthier relationship with your baby. Let's look at a series of images of a mother and go through how she is feeling.	
 Picture 1: “My baby is too young to have feelings for me. All they need is feeding and cleaning.”	Action: Ask the mother to focus on the woman in Picture 1 and read the caption. Discuss the mother's opinion about this statement by asking her: • Do you feel that your baby only needs you for food and changing his diaper? • Do you feel like your baby loves you? • Do you feel a connection with your baby? Tell her: • Mothers can sometimes find it hard to connect with their babies because they seem to only want to eat and sleep. • But babies need their mothers for much more than food and cleaning. Even at this tiny age, babies can recognize and be comforted by your smell and the sound of your voice. The bond between you and your baby is critical for your baby's development and health.
	Action: Now ask the mother to focus on Picture 2 and read the caption. Ask her: • Do you feel like it's been hard to interact with your baby? • Why might it be hard to interact with your baby? • What are the challenges that you have experienced in bonding with your baby?

Picture 2: Harder to interact with your baby.	Tell her: • Mothers may also find it hard to interact with their babies because they are so small and can't talk yet. • But even the smallest baby can interact with you in meaningful ways. Before they develop words, babies use their voice, face and eyes, and move their head, arms and legs, to communicate how they feel and what they want.
 Picture 3: Negative thinking affects both you and your baby's health.	Action: Now focus on Picture 3. Discuss the effects of the mother's feelings on the baby. Tell her: Sometimes a mother might not have any positive feelings about her baby. It is important not to feel guilty about this. Your feelings will likely change over time as you get to know your baby better and your baby becomes more interactive. However, it is important to identify these negative thinking styles and related feelings early, because these feelings affect both you and your baby.
Action: Ask her: Have you had similar thoughts about your baby?	
⇒If yes	Action: Ask her to share her thoughts and feelings, and listen to her patiently.
⇒If no	Action: Gently encourage her to share her feelings, assuring her that she can trust you and that you are here to help her. Give her examples of thoughts she might have had: • My baby only needs me for food and changing his diaper • My baby doesn't love me • I don't have a connection with my baby If she still says no, <u>do not</u> continue probing her and continue with the session.
Action: Tell her: We have discussed before how it is normal to feel this way. By identifying these thoughts, you can start to change them towards more healthy and positive ones. Now we will discuss how to transform negative thoughts and practice more healthy thinking.	



Picture 4: My baby responds to my feelings when I interact with her. This is enjoyable for me.

Action: Focusing on the woman in Picture 4, read out the caption. Discuss why the thought in Picture 4 is a better alternative to the one in Picture 1. Tell her:

- The mother sees her baby responding to her care and attention.
- She realizes that her baby needs her for more than food and diaper changes.
- By realizing these things, the mother feels happier and more fulfilled in her role as her baby's mother.



Picture 5: Tune into baby's reactions to your feelings and she will also tune into yours.

Action: Focusing on Picture 5, read out the caption. Tell her:

- Activities that allow the mother to tune into how her baby is feeling and allow her to bond with her baby can help improve and lift the mother's mood, as well as greatly assist with her baby's psychological development.
- Each day, try to spend some time playing with your baby, singing to him, talking to him, making different facial expressions at him, and engaging in other bonding activities.



Picture 6: Building this emotional bond between you and your baby positively affects both you and your baby's health.

Action: Focusing on Picture 6, read out the caption. Tell her:

- Not only the mother but also other family members can assist with your baby's development by positively interacting with your baby.
- This will allow you to get some rest and also strengthen the bonds between your baby and other family members.

Assess: Ask her: Now that we have seen examples of how to turn negative thoughts and feelings about your baby into positive, healthier thoughts, can you think of some positive thoughts to replace your own negative thoughts about your baby?

⇒If yes or no	Action: Listen to her answer, praising her for any alternative thoughts. Tell her: - Although it is normal to feel this way, it can be harmful for you and the baby to have negative thoughts. - By recognizing these negative thoughts, we can start to change them towards more positive thoughts that will lead to healthy actions. Through this program, we will work towards thinking and acting in healthy ways.
Action: Continue the session: The quality of the relationship between you and your baby is important for optimal health for both you—the mother—and your baby. Now, we will practice ways to strengthen your bond with your baby. You should practice these exercises on your own – every day, if possible.	
Action: Ask her: Do you do anything currently to bond with your baby?	
⇒If yes or no	Action: Praise the mother for doing a good job if she does bonding activities with her baby, and ask her to give examples of activities if she can. Tell her: Today I will show you a few more activities to improve your bond with your baby.
Action: Introduce the Bonding Exercise Activity: Now we will learn about some simple and fun activities you can do with your baby to strengthen the mother-baby bond. These can also be a good way for you to relax with your baby.	
	Action: Teach the mother to carry out the activities below. Demonstrate each bonding activity, then ask the mother to try it with her baby. Refer her to the B2.2 Bonding Activity Handout to practice on her own and keep track of when she has done the exercises.
 Exercise 1	- Very gently massaging your baby - At least once a day while making soothing sounds or saying loving words to baby



Exercise 2

- Talking or singing to baby 3 or 4 times every day, e.g., during and after feeding
- Listen to the sounds and watch the gestures your baby makes and copy them



Exercise 3

- Playing with your baby 3 or 4 times every day after feeding
- For example, show her toys or objects from your house, such as things that are colorful or make sounds.
- Hold the objects close enough so that your baby can reach out and grasp them

Ask her:

- What are some ways in which you are caring for your baby?
- How have you been taking care of yourself?

B2 Knowledge/Attitude Check

As you end this session, ask the mother (or mother and grandmother) the following and note her (their) responses:

1. What does it mean to breastfeed on demand?
 - a. Breastfeeding as much as the baby wants.
 - b. Your baby will be the one who knows best when to feed, so respond to the baby's signals in breastfeeding
2. What are two ways you can alleviate breast engorgement?
 - a. Improve attachment.
 - b. Breastfeed more frequently
 - c. Gently massage the breasts to get the milk flowing
 - d. Express milk by hand
3. True or False: Breast size determines whether your baby can get enough to eat through breastfeeding.
 - a. False
4. Why should a breastfeeding mother limit caffeine consumption?
 - a. Caffeine affects the baby through the breastmilk and can make the baby irritable or fussy and interfere with both the mother and child's sleep.
 - b. It is also dehydrating for the mother and can affect milk supply.
 - c. Consuming tea or coffee with food can also limit nutrient absorption so it is important to separate meals or snacks from tea or coffee consumption

Session B3

Action: Introduce this session: I hope everything has been going well with you and your baby! We will continue checking in with you to make sure everything is going smoothly and if there are any challenges you are facing with your baby. Today, we will be covering the topics of illness, breastfeeding, maternal nutrition, and caregiver mental health. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

B3.1: Illness (Respiratory Infections)

Instruction to CHW: While breastfeeding infants have a lower risk of respiratory infections such as colds and pneumonia than those who are formula fed, it's important to look out for signs of respiratory infections in infants because these can become serious. These modules will help caregivers prevent respiratory infection and to identify when a cough might indicate that they need to seek urgent medical care.

Action: Introduce this module: As a caregiver, I know one of your top priorities is preventing your baby from falling sick. Today and in future sessions, we are going to talk a bit about respiratory infections so that you can tell the difference between a minor cold and something more serious that might require urgent medical attention.

Action: Tell her: First, let's review how colds and respiratory infections are spread.

Action: Refer her to **B3.1 Respiratory Infections Handout**, and tell her: The vast majority of colds and respiratory infections are caused by viruses that are so small you cannot see them with your naked eye. In order to catch a cold, your baby must come in contact with one of these viruses, which can spread:

- **Through the air.** If a person with a cold sneezes or coughs near your baby, small amounts of the virus can go into the air and infect your baby when he breathes in that air.
- **From close personal contact.** This means that your baby directly touched a person who is sick. For example, your baby could catch a cold when playing with another child who is sick or when being held by a sick family member.
- **From contaminated surfaces.** It is important to know that viruses can be spread through objects, such as toys, that have been touched by someone with a virus and that are then touched by your baby. A cold is especially easy for babies to catch (and spread) because they touch their nose, mouth, and eyes often.

Assess: Ask her: Do you know how to prevent your baby from getting a respiratory infection?	
Action: Ask her to give you examples if she can, and correct her answers if necessary. Regardless of her response, tell her: Some of the ways you can prevent respiratory infections in your baby are: • Keep anyone who has a cold, pneumonia or other respiratory illnesses or fever away from your baby • Ask everyone who interacts with your baby to wash their hands with soap and water before touching your baby • Breastfeed your baby exclusively until 6 months of age ○ One of the benefits of breastfeeding is that your immune system helps strengthen your baby's immune system. If your baby happens to fall sick, breastfeeding can help your baby recover quicker. • Reduce indoor air pollution in your home, such as from cigarette and cooking smoke, by smoking outside away from your baby and by properly ventilating the kitchen and home when cooking.	
Assess: Ask her: Are there any cigarette smokers who are around your baby frequently?	
⇒If yes	Assess: Ask her: Are you comfortable asking them to not smoke around your baby – to either delay smoking or to go outside? If she says yes, praise her. Regardless of her answer, tell her: It's important for your baby's growing lungs to be away from cigarette smoke. Cigarette smoke contains poisons that can weaken your baby's lungs, contributing to respiratory infections such as pneumonia. If you are ever with your baby and around someone who smokes, try to keep your distance or stay close to a fresh air source, like a window. Here are some things you can say to convince someone not to smoke around your baby: • "I can tell that the smoke bothers the baby, and we know that smoke is bad for the baby's growing lungs." • "I know you care about the baby, so please smoke somewhere else,

	either outside or in rooms the baby does not go into.” • “I know you are used to smoking in the house, but one way you can help me to raise a healthy baby is by smoking outside or away from the baby.” • You may also try to get help from an older person in the household to convince the smoker to stop smoking entirely, or at least stop smoking around your baby.
⇒If no	Action: Tell her: Great, it’s important for your baby’s growing lungs to be away from cigarette smoke. Cigarette smoke contains poisons that can weaken your baby’s lungs, contributing to respiratory infections such as pneumonia. If you are ever with your baby and around someone who smokes, try to keep your distance or stay close to a fresh air source, like a window.
Assess: Tell her: Even if you try really hard to keep your baby healthy, he still might get sick and it’s important for you to recognize when it might be serious. Do you know signs of a fever in your baby?	
Action: Ask her to give examples if she can, gently correcting her when necessary. Regardless of her response, tell her: Here are some ways you can tell that your baby has a fever: • Forehead hotter than normal (use the back side of the hand or a kiss on the forehead) • Fussiness • Lack of interest in eating • Poor sleep • Listlessness • Temperature above 37.5 degrees (for babies, a rectal temperature is most accurate if you have a thermometer.) Tell her: If your baby is under 2 months old and develops a fever, you should seek medical care right away.	
Assess: Tell her: In the event that your baby becomes ill with a cold or cough, I would like to provide you with some ways to relieve some of the symptoms. Has your baby shown any of these symptoms: low fever, congested or runny nose, nasal	

discharge (clear at first but may thicken to green or yellow), sneezing, coughing, decreased appetite, irritability, difficulty sleeping, trouble nursing or taking the bottle due to nasal congestion?

Action: Listen to her response and tell her: The most important practices to support your baby with these symptoms are by providing comfort, ensuring that your baby is getting all of his fluids, and providing enough rest for your baby.

- Ensuring that your baby is receiving all of his fluids is very important. Sick babies may not seem hungry but need nourishment to fight the illness. Breastfeeding will also help speed up the process by providing the nutrients to fight the sickness.
 - Also, sick babies may sweat more so ensuring that they get enough fluids is important to prevent dehydration.
- If you own a humidifier, using it while your baby is sick can help keep his nose from drying.
- Medications for relieving cold symptoms are not recommended for babies. The scientific evidence has not shown them to be helpful and they can have side effects. Using adult medicines can be harmful to babies so refrain from using any medications without a doctor's approval.

Action: Tell her: You should seek medical care if your baby:

- Develops a cough accompanied by a fever
- Develops a cough that sounds raspy and it seems like your baby is having trouble breathing.
- Develops a cough that lasts more than three days

You can refer to this handout for more information on newborn breathing, signs of unusual breathing, and when you should seek a doctor.

Refer her to **B3.1 Relieving Cold and Fever Handout**, and tell her: All the information on colds and fevers is in this handout for your reference.

B3.2: Breastfeeding Check In (Exclusive breastfeeding)

Assess: Ask her: Are you currently exclusively breastfeeding your baby?	
=> If yes	Action: Tell her: That's great! Up until 6 months, breastmilk supplies all the energy and nutritional needs of your baby. Assess: Follow up by asking: How has breastfeeding been going? Do you have any problems or concerns? Listen empathetically and affirm her concerns. If she is concerned that the baby is not getting enough food, listen to her reasons for thinking that and remind her: • It is common for women to worry about not producing enough breastmilk, but all women can produce enough breastmilk for their baby. • Frequent breastfeeding is key because it helps you stimulate breast milk production and maintain a sufficient milk supply. More suckling with good attachment creates more breastmilk. • One thing to keep in mind while breastfeeding is for you to stay well hydrated. Hydration for the mother is important for milk supply. • As long as you are breastfeeding when the baby wants to eat and you are eating enough and drinking plenty of water, you should be able to produce enough milk. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. If the pain continues, see your doctor or midwife.
=> If no (mixed feeding)	Action: Tell her: That's great that you are still breastfeeding! Assess: Follow up by asking: How has it been going? Do you have any problems or concerns that are preventing you from exclusively breastfeeding?

	Listen empathetically and affirm her concerns. If she is concerned that the baby is not getting enough food, listen to her reasons for thinking that and remind her: • It is common for women to worry about not producing enough breastmilk, but all women can produce enough breastmilk for their baby. • Frequent breastfeeding is key because it helps you stimulate breast milk production and maintain a sufficient milk supply. More suckling with good attachment creates more breastmilk. • One thing to keep in mind while breastfeeding is for you to stay well hydrated. Hydration for the mother is important for milk supply. • As long as you are breastfeeding when the baby wants to eat and you are eating enough and drinking plenty of water, you should be able to produce enough milk. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. If the pain continues, see your doctor or midwife. If she plans to continue using formula and not previously presented, go to the Infancy 0-6 months Special Module: Formula Feeding, then go directly to module B3.3.
=> If no (<u>formula</u> <u>feeding</u>)	Assess: Follow up by asking: Were there any problems or concerns that made you decide to stop breastfeeding? Empathetically address her concerns, reminding her of the benefits of breastfeeding when possible: • Mothers and their children are healthier with breastfeeding and are less likely to become ill. And when your baby does catch a cold, breastfeeding supports their immune system better than any other medicine or food, and will provide them with the tools to recover faster. • Breastfeeding is also beneficial for your baby's development, particularly for their brain. Children who are breastfed have higher IQs and better schooling outcomes.

	- Breast milk is convenient. It is available at anytime and anywhere and is always clean, nutritious, and at the right temperature. If she is concerned that the baby is not getting enough food, listen to her reasons for thinking that and remind her: - It is common for women to worry about not producing enough breastmilk, but all women can produce enough breastmilk for their child. - Frequent breastfeeding is key because it helps you stimulate breast milk production and maintain a sufficient milk supply. More suckling with good attachment creates more breastmilk. - As long as you are breastfeeding when the baby wants to eat and you are eating enough and drinking plenty of water, you should be able to produce enough milk. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. Let's go over the handout together and see if we can address the source of the problem. But if the pain continues, see your doctor or midwife. Action: Tell her: If you started breastfeeding and stopped, you may still have the opportunity to restart breastfeeding. Proper breastfeeding technique can make breastfeeding more comfortable for you and your baby. But, restarting breastfeeding will require some effort. You will need to have the baby suckle frequently to reestablish breastfeeding, and it may take 1-2 weeks or longer before much breastmilk comes in. Assess: Ask her: Would you like to try it with me now? We can try to work through any problems you may have experienced or concerns that you have.	
	⇒If yes	Action: Praise her for agreeing to try. Tell her: Now I will remind you of the techniques of how to breastfeed so that it is easier for you to resume breastfeeding.

		During this activity, please feel free and ask questions at any point during this activity or describe anything that feels uncomfortable or painful during breastfeeding. Action: Have the mother demonstrate how she breastfeeds her baby. As you observe, encourage her with phrases like, “you are doing a great job,” and try to address her concerns. Evaluate how she holds the baby, the quality of the baby’s latch, and the baby’s suckling (follow instructions from module B1-1.1). Praise her for doing well and gently correct if necessary. While her baby is breastfeeding, ask her to identify the aspects of the latch, position, and suckling of her baby in this breastfeeding session that are good. If this is her first visit, or she doesn’t remember, point out each of the following aspects to her: • Latch: ○ The baby’s mouth is wide open. ○ There is more of the darker skin on the breast (areola) above the baby’s mouth than below. ○ The baby’s lower lip is turned outwards. ○ The baby’s chin is touching your breast. • Position: ○ The baby’s body is straight, not bent or twisted, with their head slightly back. ○ The baby’s body is facing the breast, not held flat to her chest or abdomen, and they are able to look up into her face. ○ The baby is held close to her. ○ She is supporting the baby’s whole body, not just the neck and shoulders, with her hand and forearm. • Suckling: ○ The baby is taking slow deep suckles, sometimes pausing.
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		○ You can see or hear the baby swallowing after one or two suckles. Refer her to the H7.1 Breastfeeding Techniques Handout for additional tips on positioning and latching. Tell her: Having a good latch will make sure you don't feel pain and the baby gets all the nourishment he/she needs. However, if you have pain after making these adjustments, or the pain gets worse, it's best to go see your doctor.
	⇒If not now	Action: If she is willing to try, but wants to try it later or on her own, refer her to the H7.1 Breastfeeding Techniques Handout for tips on positioning and latching. Praise her for agreeing to try. Tell her: Now I will remind you of the techniques of how to breastfeed so that it is easier for you to resume breastfeeding and to make sure your baby is latched on well. Pay attention to: • The position of your baby's body – it should be straight and facing you, • The distance between your baby's chin and your breast - it should be close, • How open your baby's mouth is – it should be wide open, but not with cheeks sucked in, • Your areola in comparison to your baby's mouth - there should be more areola above their mouth than below, • The position of your baby's lips – their lower lip turned outwards Tell her: Having a good latch will make sure you don't feel pain and the baby gets all the nourishment he/she needs. However, if you have pain after making these adjustments, or the pain gets worse, it's best to go see your doctor.

	⇒If no	Action: If she is unable or unwilling to breastfeed, go directly to the Infancy 0-6 months Special Module: Formula Feeding , then go to module B3.3.
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B3.3: Maternal Nutrition

Action: Introduce 24-hour Dietary recall activity: We have talked a lot about maternal nutrition in this program. Today, we are going to review what you have eaten in the day to see if you are getting the right nutrients and a balanced diet. As you know, you need extra nutrition and hydration while breastfeeding, so let's see if you are getting enough from your current diet.

Assess: Tell her: Please describe the foods (meals and snacks) that you ate or drank yesterday during the day and night, whether at home or outside the home. Start with the first food or drink eaten in the morning.

Action: Use the **H4.1 24-hour Dietary Recall Activity Handout** to write the list of foods down while she names them. When composite dishes are mentioned, ask for the list of ingredients. When the respondent has finished, probe for meals and snacks not mentioned.

When the mother's recall is complete, fill in the food groups based on the information recorded above. For any food groups not mentioned, ask the respondent if a food item from this group was consumed.

Discuss which food groups have the most items and which have missing elements. Praise her for the healthy choices she is making in her diet.

B3.4: Caregiver Mental Health (Building Confidence – newborn)

Action: Ask her: Before we begin, I wanted to check in on how you are doing.

- Is there anything that you have been particularly worried about lately?
- Are there any specific problems that have been a significant source of stress for you?

Are there some ways in which you have taken care of your own physical and mental health lately?

Action: Listen to her answer patiently. Let her tell you anything she feels comfortable sharing and show your support for her. If there is anything in her answer that you feel uncomfortable handling, encourage her to speak to her doctor.

Action: Introduce the module: Remember, you are not alone in caring for your baby, and it is very normal to have doubts about your caregiving skills – everyone does! Today, I'd like to ask you to reflect about what it feels like when things go well.

Assess: Ask her:

- What have you been feeling really confident about lately in caring for your baby? (Listen and praise her for her caregiving skills)
- Can you talk about times recently that you felt very close to your baby?
- What are some things you've done to care for yourself and make yourself feel more positive?
- What are some ways people have been helpful to you in the last few weeks? How has that felt?

Action: Suggest that the next time she feels overwhelmed or doubtful, she should remember her feelings of confidence and positivity toward mothering.

B3 Knowledge/Attitude Check

As you end this session, ask the mother (or mother and grandmother) the following:

1. What are three ways you can prevent respiratory infections in your baby?
 - a. Keep anyone who has a cold/respiratory illness or fever away from the baby
 - b. Exclusive breastfeeding
 - c. Frequent handwashing with soap
 - d. Reducing indoor air pollution from cigarette or cooking smoke
2. What are three signs of fever?
 - a. Forehead hotter than normal
 - b. Temperature above 37.5 degrees
 - c. Listlessness
 - d. Fussiness
 - e. Poor appetite
 - f. Poor sleep
3. Can you name two indications that your baby's respiratory infection requires medical attention?
 - a. Cough accompanied by fever
 - b. Breathing sounds raspy or difficult
 - c. Persistent cough that lasts more than three days
4. What are two actions that you can do to alleviate symptoms of a cough or runny nose?
 - a. Providing the baby with enough fluids, rest, and comfort.
 - b. Breastfeeding will provide the baby with the tools to fight the sickness quickly.
 - c. The use of a humidifier may help with the baby's breathing.

INFANCY 4-6 Months

Session B4

Action: Introduce this session: As your baby grows older, they will be going through new stages in their lives, and we want you to be prepared to face the new challenges that are associated with them. Over these next few months, we will be talking about some new topics that will be relevant to how your baby is growing and developing. Today, we will be covering the topics of complementary feeding, breastfeeding, hygiene and illness, and caregiver mental health. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

B4.1: Transition to Solids (Energy needs)

Action: Introduce this module: To start our session, I want to talk to you about the importance of introducing new foods when your baby reaches 6 months so that you can be prepared for the transition.

Action: Tell her:

- When a baby is 6 months old and becoming more physically active, breastmilk and/or formula is no longer sufficient to meet his nutritional needs.
- Other foods, called complementary foods, should be given along with breastmilk and/or formula, because without enough nutrients, your baby won't be able to develop properly and be as healthy as he can be.
- From 6 to 12 months, breastmilk and/or formula gradually decrease in importance for filling the energy and nutritional needs of your baby and your baby will need more and more complementary foods to make up the difference. For example,
 - At 6 months, formula and/or breastmilk still supply most of his needs, so it's a great time to start introducing new foods.
 - However, by 12 months, formula and breastmilk only supply about 50% of his energy and nutritional needs so the other 50% must be filled with complementary foods.
- Also, by about 6 months, babies are developmentally ready for other foods. Their digestive system is mature enough to handle different food types and babies start to receive and hold semi-solid food in their mouths more easily. We'll talk about this more at our next visit.

Assess: Ask her: Are you currently exclusively breastfeeding your baby?

=> If yes	Action: Tell her: That's great! Up until 6 months, breastmilk supplies all the energy and nutritional needs of your baby. Even when you start to give your baby complementary foods, you should continue to breastfeed because: • Breastmilk provides him with protection against many illnesses; • Breastfeeding brings comfort and close contact with your baby that helps with his development; • Breastmilk still provides a significant amount of his energy needs beyond 6 months. Continued breastfeeding means that you should continue to make healthy choices in your own diet so that your baby is receiving a well-rounded diet through your breastmilk.
=> If no (<u>mixed</u> <u>feeding</u>)	Action: Tell her: That's great that you are still breastfeeding! Up until 6 months, the combination of breastmilk and formula is enough to supply all the energy and nutritional needs of your baby. Even when you start to give your baby complementary foods, you should continue to breastfeed because: • Breastmilk provides him with protection against many illnesses; • Breastfeeding brings comfort and close contact with your baby that helps with his development; • Breastmilk and formula still provide a significant amount of his energy needs beyond 6 months, as we just discussed. Continued breastfeeding means that you should continue to make healthy choices in your own diet so that your baby is receiving a well-rounded diet through your breastmilk. As your baby starts eating complementary foods, you can start to wean her off of formula. She should not be consuming any formula by the time she is 12 months old.
=> If no (<u>formula</u> <u>feeding</u>)	Action: Tell her: That's OK. Up until 6 months, infant formula is enough to supply all the energy and nutritional needs of your baby. Even when you start to give your baby complementary foods, you should continue to give him formula because formula still provides a significant amount of his energy needs beyond 6 months, as we just discussed.

Action: If this is the mother's first session <u>and</u> the baby is 6 months , refer her to the B5.1 Rainbow diet and Complementary feeding practices handouts . Tell her: Please review the information in these handouts, and we will discuss it next month.	

B4.2: Breastfeeding Check-in

Assess: Ask her: Are you breastfeeding your baby?		
=> If yes	Action: Tell her: That's great! By breastfeeding, you are ensuring that your baby gets the most nutritious food possible. Assess: Follow up by asking: How has breastfeeding been going? Do you have any problems or concerns? Listen empathetically and affirm her concerns. If she is concerned that the baby is not getting enough food, listen to her reasons for thinking that and remind her: • It is common for women to worry about not producing enough breastmilk, but all women can produce enough breastmilk for their baby. • Frequent breastfeeding is key because it helps you stimulate breast milk production and maintain a sufficient milk supply. More suckling with good attachment creates more breastmilk. • One thing to keep in mind while breastfeeding is for you to stay well hydrated. Hydration for the mother is important for milk supply. • As long as you are breastfeeding when the baby wants to eat and you are eating enough and drinking plenty of water, you should be able to produce enough milk. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. Let's go over the handout together and see if we can address the source of the problem. But if the pain continues, see your doctor or midwife.	
	Assess: Ask her: Are you exclusively breastfeeding your baby?	
	=> If yes	Action: Tell her: That's great! That means your baby is getting good nutrition and a boost to his immune system. Up until 6 months, breastmilk supplies all the energy and nutritional needs of your baby.

	=> If no (mixed feeding)	Assess: Follow up by saying: It's great that you are still breastfeeding. Do you have any problems or concerns that are preventing you from exclusively breastfeeding? Listen empathetically and affirm her concerns. If she is concerned that the baby is not getting enough food, listen to her reasons for thinking that and remind her: • It is common for women to worry about not producing enough breastmilk, but all women can produce enough breastmilk for their baby. • Frequent breastfeeding is key because it helps you stimulate breast milk production and maintain a sufficient milk supply. More suckling with good attachment creates more breastmilk. • One thing to keep in mind while breastfeeding is for you to stay well hydrated. Hydration for the mother is important for milk supply. • As long as you are breastfeeding when the baby wants to eat and you are eating enough and drinking plenty of water, you should be able to produce enough milk. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. Let's go over the handout together and see if we can address the source of the problem. But if the pain continues, see your doctor or midwife. If she plans to continue using formula and not previously presented, go to the Infancy 0-6 months Special Module: Formula Feeding. Then go directly to module B4.3.
=> If no (formula		Assess: Follow up by asking: When did you decide to stop breastfeeding?

feeding)	=> If stopped in the past month	Assess: Ask her: Were there any problems or concerns that made you decide to stop breastfeeding? Empathetically address her concerns, reminding her of the benefits of breastfeeding when possible: • Mothers and their children are healthier with breastfeeding and are less likely to become ill. And when your baby does catch a cold, breastfeeding supports her immune system better than any other medicine or food, and will provide her with the tools to recover faster. • Breastfeeding is also beneficial for your baby's development, particularly for her brain. Children who are breastfed have higher IQs and better schooling outcomes. • Breast milk is convenient. It is available at anytime and anywhere and is always clean, nutritious, and at the right temperature. If she is concerned that the baby is not getting enough food, listen to her reasons for thinking that and remind her: • It is common for women to worry about not producing enough breastmilk, but all women can produce enough breastmilk for their baby. • Frequent breastfeeding is key because it helps you stimulate breast milk production and maintain a sufficient milk supply. More suckling with good attachment creates more breastmilk. • As long as you are breastfeeding when your baby wants to eat and you are eating enough and drinking plenty of water, you should be able to produce enough milk. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments.
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		Let's go over the handout together and see if we can address the source of the problem. But if the pain continues, see your doctor or midwife. Action: Tell her: If you started breastfeeding and stopped, you may still have the opportunity to restart breastfeeding. Proper breastfeeding technique can make breastfeeding more comfortable for you and your baby. But, restarting breastfeeding will require some effort. You will need to have the baby suckle frequently to reestablish breastfeeding, and it may take 1-2 weeks or longer before much breastmilk comes in. Assess: Ask her: Would you like to try it with me now? We can try to work through any problems you may have experienced or concerns that you have.	
		⇒If yes	Action: Praise her for agreeing to try. Tell her: Now I will remind you of the techniques of how to breastfeed so that it is easier for you to resume breastfeeding. During this activity, please feel free and ask questions at any point during this activity or describe anything that feels uncomfortable or painful during breastfeeding. Action: Have the mother demonstrate how she breastfeeds her baby. As you observe, encourage her with phrases like, "you are doing a great job," and try to address her concerns. Evaluate how she holds the baby, the quality of the baby's latch, and the baby's suckling (follow instructions from module B1-1.1). Praise her for doing well and gently correct if necessary.

			While her baby is breastfeeding, ask her to identify the aspects of the latch, position, and suckling of her baby in this breastfeeding session that are good. If this is her first visit, or she doesn't remember, point out each of the following aspects to her: • Latch: ○ The baby's mouth is wide open. ○ There is more of the darker skin on the breast (areola) above the baby's mouth than below. ○ The baby's lower lip is turned outwards. ○ The baby's chin is touching your breast. • Position: ○ The baby's body is straight, not bent or twisted, with his head slightly back. ○ The baby's body is facing the breast, not held flat to her chest or abdomen, and he is able to look up into her face. ○ The baby is held close to her. ○ She is supporting the baby's whole body, not just the neck and shoulders, with her hand and forearm. • Suckling: ○ The baby is taking slow deep suckles, sometimes pausing. ○ You can see or hear the baby swallowing after one or two suckles.
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			Refer her to the H7.1 Breastfeeding Techniques Handout for additional tips on positioning and latching. Tell her: Having a good latch will make sure you don't feel pain and the baby gets all the nourishment he/she needs. However, if you have pain after making these adjustments, or the pain gets worse, it's best to go see your doctor.
		⇒If not now	Action: If she is willing to try, but wants to try it later or on her own, refer her to the H7.1 Breastfeeding Techniques Handout for tips on positioning and latching. Praise her for agreeing to try. Tell her: Now I will remind you of the techniques of how to breastfeed so that it is easier for you to resume breastfeeding and to make sure your baby is latched on well. Pay attention to: • The position of your baby's body – it should be straight and facing you, • The distance between your baby's chin and your breast - it should be close, • How open your baby's mouth is – it should be wide open, but not with cheeks sucked in, • Your areola in comparison to your baby's mouth - there should be more areola above his mouth than below, • The position of your baby's lips – his lower lip turned outwards Tell her: Having a good latch will make sure you don't feel pain and the baby gets all the

			nourishment he/she needs. However, if you have pain after making these adjustments, or the pain gets worse, it's best to go see your doctor.
		⇒If no	Action: If she is unable or unwilling to breastfeed, go directly to the Infancy 0-6 months Special Module: Formula Feeding . Then go directly to module B4.3.
	⇒ If stopped more than 1 month ago		Action: Tell her: That's OK. Up until 6 months, infant formula is enough to supply all the energy and nutritional needs of your baby. If not previously presented, go to the Infancy 0-6 months Special Module: Formula Feeding . Then go to module B4.3.

B4.3: Hygiene and Illness (Constipation & Diarrhea)

Action: **Introduce the module:** As a caregiver, I know one of your top priorities is preventing your baby from falling sick. Today, we are going to review things you can do to help your baby stay well and learn how to recognize signs of illness.

Action: **Refer her to the B1-1.3 Hygiene Handout and highlight the following points:**

Tell her: First, let's go over useful tips to keep your baby clean and healthy:

1) *Wash your hands.*

- Washing your hands with soap is important for removing harmful bacteria and germs that can make people sick. Think of all the things that you touch or come into contact with. If you do not wash your hands before touching your baby, germs from these things may make their way into your baby's mouth and nose and can make your baby sick.
- It's especially important to wash your hands before feeding your baby, after handling raw food, after you have gone to the toilet, after your baby has peed or pooped, and after touching anything dirty like animals, trash or feces.
- It's also important to ask family and visitors to wash their hands with soap before holding the baby.

2) *Bathe your baby.*

- A good bath is essential for keeping your baby clean.
- During bath time, never leave your baby alone, not even for a few seconds, because he or she may be at risk of drowning if left unattended!

Tell her: The handout covers these handwashing tips and more to help you keep your baby clean and healthy. If you have any questions about tips that we don't cover today, please let me know next time.

Action: **Tell her:** Now I'd like to talk to you about your baby's poop and two problems you may encounter once your baby starts eating solid foods: constipation and diarrhea. You may be curious to know if the quantity and consistency are "normal" for their age.

Action: **Tell her:** By now, your baby's poop should range in color, smell, and frequency, as indicated in the **B1-2.3 Infant Stool Chart**. You may have even noticed that your baby's poop has become firmer and smellier. This becomes more common as your baby starts eating solid foods at 6 months.

Refer caregiver to **B4.3 Constipation and Diarrhea Handout**, and tell her: Constipation is when the poop is hard and dry, and looks like little marbles or pebbles. This kind of poop is difficult for your baby to push out.

If your baby seems to be putting a lot of effort into pooing, it doesn't necessarily mean he is constipated. Young babies often go red-faced, grunt or even cry during pooing, but they usually grow out of this when they get more used to the experience. If your baby isn't pooping very often but the poop is soft and easy to push out, it's probably nothing to worry about.

Assess: Is the mother breastfeeding her baby?

⇒If yes	Action: Tell her: It's rare for breastfed babies to be constipated. So, if your baby is suffering from constipation, it's possible that he isn't getting enough breastmilk and you might need to feed your baby more often.
⇒If no	Action: Tell her: If the baby is only receiving formula, you might need to try a different brand of formula. Once you've introduced solid foods, then you should try to increase foods that are high in fiber, like fruits and vegetables, which helps with digestion.

Action: Tell her: However, if you are worried about your baby being constipated, you should take him to the doctor. You should definitely take him to the doctor if:

1. Your baby is straining and producing hard, dry pebbles for an extended amount of time
2. Your baby hasn't gone poop for several days
3. You think he has a tear in the rectum or anus, which is hurting him
4. You think you see blood in the stool.

Action: Tell her: Now I'd like to talk to you about diarrhea.

Diarrhea is when your baby has very runny or watery poop, more often than usual.

- Other symptoms that you might notice with your baby's diarrhea are stomach pain or cramps, bloating, nausea, vomiting or fever.
- Diarrhea may also lead to dehydration, which can be serious. If your baby is dehydrated, you'll notice that he isn't peeing, may look pale and thin, and may be more tired than usual or listless.

If your baby has diarrhea, the most important thing you can do is make sure he gets enough fluids. Let's talk a little bit about how you can do that.

Assess: Is the mother breastfeeding her baby?

⇒If yes	Action: Tell her: Breastmilk is easy to digest and is usually the best option for your baby if she has diarrhea. So, keep breastfeeding, but feed more often. You should talk with your doctor about the possibility of giving oral rehydration fluids between feeds. Oral rehydration fluids are more than just water—they contain important salts and minerals to help your baby overcome dehydration.
⇒If no	Action: Tell her: You can give your baby oral rehydration fluid for the first 24 hours only and then reintroduce full-strength formula in smaller more frequent feeds. Oral rehydration fluids are more than just water—they contain important salts and minerals to help your baby overcome dehydration. You should talk with your doctor about your different options.
Action: Tell her: When your baby has diarrhea, be sure to take your baby to the doctor if she has blood in her poop, if she is vomiting, or if she is losing weight. If the diarrhea continues for more than 2 weeks, it is a sign for chronic diarrhea, and you should be sure to take her to the hospital. Please refer to the B4.3 Constipation and Diarrhea Handout for more suggestions on when to see a doctor. You can help prevent the spread of the infection that caused the diarrhea by making sure everyone in the family washes their hands regularly and doesn't share drink bottles, cups or food utensils. Also, it's important to wash your plates and utensils with soap, and make sure your fruits and vegetables are clean. Finally, it's best to keep your baby away from other children until he has not had diarrhea for at least 24 hours.	
Action: Introduce Hygiene Trivia activity: Now we're going to do an activity that draws on all the knowledge on illness that we've talked about so far. I'm going to present you a scenario that includes potential symptoms that your baby might have, and then I will ask you to try your best to determine what's wrong with your baby. It's ok if you are wrong, this is just a fun way to see how much we've learned over the last few months!	
Action: Read the list of symptoms the baby might have and ask the mother to diagnose the disease and suggest ways to manage it. If the mother is unsure or her answer is incomplete, read her the answer. • Case #1: You are exclusively breastfeeding the baby. The baby's poop is hard and dry. The baby is having trouble pooping or hasn't pooped for a while. ○ Answer: The baby is experiencing constipation. Since the baby is exclusively breastfed, the baby might not be getting enough milk. He might need to be fed more often. • Case #2: The baby has not gone poop for two days. When he finally goes poop, it looks like marbles and has a bit of blood.	

- **Answer:** The baby is experiencing severe constipation. You should take the baby to the doctor.
- **Case #3:** The baby has a hotter forehead than normal. He has had poor sleep for a few nights and has lost interest in eating
 - **Answer:** The baby has a fever. Make sure the baby is getting enough fluids and rest but don't give your baby any adult medicines. You should also take your baby to see a doctor.
- **Case #4:** The baby has very runny poop and has thrown up a few times. The baby has a fever and stomach pains
 - **Answer:** The baby has diarrhea. You should take your baby to see a doctor because she is vomiting and has a fever too. You should feed the baby more often with breastmilk because it is easy to digest and it prevents the baby from getting dehydrated. If needed, your doctor can give the baby oral rehydration fluids.
- **Case #5:** The baby has not peed as often as he usually does. Your baby is acting fussy and cries without tears. His mouth is also quite dry.
 - **Answer:** The baby is dehydrated. You should feed the baby more breastmilk more often. You should also take your baby to see a doctor.
- **Case #6:** The baby has a fever and a cough. His breathing sounds raspy.
 - **Answer:** This may be a respiratory infection. Make sure your baby is getting enough fluids and rest. You should also take the baby to the doctor.

After going through these questions, tell her: Good job. I hope you now have a better understanding of your baby's possible illnesses and how to manage them.

B4.4: Caregiver Mental Health (Relaxation Techniques)

Assess: Is this her <u>first or second</u> visit?	
⇒If yes	Action: Go to Session H4.2: Caregiver Mental Health (Three Pillars Intro), then deliver the rest of today's session.
⇒If no	Action: Continue with this session.
Action: Introduce this session: We talked a lot about how being a new mother can be difficult for the body and the mind. Over the last few months, your baby may have fallen sick, had problems with digestion, or struggled with breastfeeding. All of this can be overwhelming. Today, I wanted to talk about some of the challenges that you may be experiencing and how to cope with them.	
	Action: Refer her to the B4.3 Relaxation Techniques Handout, and tell her: First, let's learn a few relaxation techniques that you can use in the future when you feel anxious. Encourage her to follow your instructions as you read: 1. Visualization: Close your eyes. Take a moment to think of a place where you feel happy and relaxed. It could be a place you've been or a place you imagine. Close your eyes and picture this place in your mind. Notice how things look, what colors you see, whether you are inside or outside, whether it is sunny, cloudy, snowing or raining. Then notice the smells around you. It could be the smell of grass, flowers, spices, or whatever smells would be in this place. Now pay attention to the sounds. You might hear birds, animals, water rippling, or music. Now, slowly open your eyes. Do you notice any difference in how you feel after doing this? For example, your breathing may have slowed, your muscles (especially jaw, shoulder, neck area) may feel relaxed, your heart rate may have slowed, or you may feel generally calmer. 2. Deep Breathing: Put a hand on your stomach and breathe in fully. You should feel your stomach moving outward. Then slowly breathe out all of the air. It may help to imagine that you are breathing in calmness and peace and that you are breathing out all of your worries, stress, and other negative feelings. Repeat at least 10 times. 3. Progressive Muscle Relaxation: Tense the muscles in your toes, hold for 5 seconds, then relax. Repeat with each muscle

	group in your body, working your way from your toes to your head: toes, feet, lower legs, upper legs, pelvic area, stomach, chest, back, shoulders, arms, hands, fingers, neck, jaw, face and head. Tell her: It is good for mothers to take some time each day for themselves. In addition to these meditation exercises, you can also read, go for a walk, take a nap, or listen to music. This can help decrease your stress and improve your health and your baby's health.
Action: Ask her: • Now let's take a minute to just talk about you. What are somethings that have been rewarding to you? It could be anything. • Are there things that have been challenging to you lately?	

B4 Knowledge/Attitude Check

After finishing the session, ask the mother/grandmother the following:

1. Can you explain what complementary feeding is?
 - a. Feeding baby other foods in addition to breastmilk or formula
2. How much energy is provided by breastmilk/formula during the first 6m?
 - a. All energy is provided by breastmilk/formula
3. What is the general trend of how much breastmilk/formula compared to complementary foods contribute to the energy needs of your baby from 6-12 m?
 - a. The amount of complementary foods needed for energy slowly increases; at 12 m only about half of the energy needed by the baby is provided by breastmilk/formula, and the other half from complementary foods
4. Why is complementary feeding beneficial for your baby?
 - a. It is necessary for your baby to develop properly; breast milk or formula alone are insufficient to meet your baby's nutrition and energy needs
5. What are two signs that you should seek medical care if your baby is constipated:
 - a. Baby hasn't pooped for several days
 - b. Baby has blood in her poop or weight loss
 - c. Baby has painful cracks in the skin around her anus
 - d. Worried she isn't eating or drinking enough
6. What are three ways to prevent diarrhea and its spread to other family members?
 - a. Make sure everyone in the family washes their hands regularly and doesn't share drink bottles, cups or food utensils.
 - b. Wash plates and utensils with soap, and make sure fruits and vegetables are clean.
 - c. Keep baby away from other children until she has not had (or they have not had) diarrhea for at least 24 hours, if possible.
7. When should you seek medical care for a baby sick with diarrhea?
 - a. Baby has diarrhea for 2 weeks or longer
 - b. Baby has blood in her poop
 - c. Baby is vomiting
 - d. Baby is losing weight.
8. What are some healthy coping mechanisms you can use when you feel negative?
 - a. Visualization
 - b. Deep breathing
 - c. Progressive muscle relaxation

Session B5

Action: Introduce this session: As your baby grows older and start facing new challenges, we will continue to help support you and your family in facing these challenges. Today, we will be covering the topics of complementary feeding, breastfeeding, caregiver mental health, and available government services. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

B5.1: Transition to Solids (Developmental readiness)

Action: Introduce this module: Last time, we talked about introducing solid foods into your baby's diet. Remember that after 6 months of age, babies need both breastmilk (or formula) and other foods to get enough nutrients and develop properly. Because the foods that you introduce at 6 months of age are complementary to continued breastmilk (or formula) feeding, we call these foods complementary foods.

Action: Tell her: Today, we will watch a video that discusses what you should feed your baby when he turn 6 months old. Would you like to grab a glass of water before getting started?

Show complementary feeding video. Afterwards, tell her:

Today and over the next few months we will be discussing complementary feeding in more detail.

Assess: Ask her: Are you still breastfeeding or giving formula to your baby?

=> If yes

Action: Tell her: That's great! Remember to continue breastfeeding (or giving formula) to your baby even as you start introducing solid foods.

=> If no

Action: Tell her: Remember, at this point, breastmilk (or formula) should still be the main source of energy for your baby. You should still continue breastfeeding (or using formula) as you start introducing solid foods.

Action: Tell her: Introducing complementary foods will help your baby get important nutrients, such as iron and zinc, which he won't be getting enough of just from breastmilk or formula. However, each baby is different and will indicate when they are ready to transition to complementary foods.

Around the age of 6 months you should look for the following signs that show that your baby is ready for complementary foods.

- Your baby no longer has the “tongue-thrust” reflex. This reflex prevents your baby from choking but also causes him to push food out of his mouth. You can test for the reflex by placing a small amount of soft food in your baby’s mouth; if he swallows the food (and doesn’t spit it out), this means that your baby may be ready for complementary foods.
- Your baby can sit up on his own and hold his head up without aid (sitting up alone prevents choking).
- Your baby may grab at your food or open his mouth and lean forward when food is offered.

Assess: **Ask her:** Now that we’ve gone over some ways to determine when to start feeding your baby complementary foods, do you have any questions regarding what kinds of foods to feed your baby?

Action: Refer her to **B5.1 Rainbow diet Handout.**

Tell her: This handout contains information on locally available foods that we will refer to in future sessions when we discuss how to prepare complementary foods for your baby.

When he is ready, you should plan to feed your baby food from each of the following four food groups to make sure he gets the proper nutrients to grow up healthy and strong:

- a) Carbohydrate sources (such as rice and noodles)
- b) Protein sources (meat, poultry, fish, eggs, beans, soy-based products, and dairy products)
- c) Vegetables (especially dark leafy greens and orange/yellow vegetables)
- d) Fruits (especially orange/yellow fruits and citrus)

For specific examples of each food group, please refer to the handout.

Action: If this is the mother’s **second session** and the baby is 6 months, refer her to **B6.1 Complementary Feeding Practices Handout.** **Tell her:** Please review the information in this handout, and we will discuss it next month.

B5.2: Breastfeeding Check-in

If in previous sessions, she has told you that she is unable or unwilling to breastfeed, make sure that she has received the **Infancy 0-6 months Special Module: Formula feeding**. Then, go directly to module B5.3.

Otherwise, continue with this module (B5.2).

Assess: Ask her: Are you currently breastfeeding your baby?

=> If yes

Action: Tell her: That's great! By breastfeeding, you are ensuring that your baby gets the most nutritious food possible.

Assess: Follow up by asking: How has breastfeeding been going? Do you have any problems or concerns?

Listen empathetically and affirm her concerns. If she is concerned that the baby is not getting enough food, listen to her reasons for thinking that and remind her:

- It is common for women to worry about not producing enough breastmilk, but all women can produce enough breastmilk for their baby.
- Frequent breastfeeding is key because it helps you stimulate breast milk production and maintain a sufficient milk supply. More suckling with good attachment creates more breastmilk.
- One thing to keep in mind while breastfeeding is for you to stay well hydrated. Hydration for the mother is important for milk supply.
- As long as you are breastfeeding when your baby wants to eat and you are eating enough and drinking plenty of water, you should be able to produce enough milk.

If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the **B1-2.1 Breastfeeding Pain Troubleshooting Handout**. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. Let's go over the handout and see if we can address the source of the problem. But, if the pain continues, see your doctor or midwife.

	Assess: Ask her: Are you exclusively breastfeeding your baby?	
	=> If yes	Action: Tell her: That's great! Up until 6 months, breastmilk supplies all the energy and nutritional needs of your baby.
	=> If no (mixed feeding)	Assess: Follow up by asking: That's great that you are still breastfeeding. Do you have any problems or concerns that are preventing you from exclusively breastfeeding? Listen empathetically and affirm her concerns. If she is concerned that the baby is not getting enough food, listen to her reasons for thinking that and remind her: • It is common for women to worry about not producing enough breastmilk, but all women can produce enough breastmilk for their baby. • Frequent breastfeeding is key because it helps you stimulate breast milk production and maintain a sufficient milk supply. More suckling with good attachment creates more breastmilk. • One thing to keep in mind while breastfeeding is for you to stay well hydrated. Hydration for the mother is important for milk supply. • As long as you are breastfeeding when your baby wants to eat and you are eating enough and drinking plenty of water, you should be able to produce enough milk. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. Let's go over the handout and see if we can address the source of the problem. But, if the pain continues, see your doctor or midwife.

		If she plans to continue using formula and not previously presented, go to the Infancy 0-6 months Special Module: Formula Feeding. Then go directly to module B5.3.
=> If no (<u>formula</u> <u>feeding</u>)	Assess: Ask her: Were there any problems or concerns that made you decide to stop breastfeeding? Empathetically address her concerns, reminding her of the benefits of breastfeeding when possible: • Mothers and their children are healthier with breastfeeding and are less likely to become ill. And when your baby does catch a cold, breastfeeding supports her immune system better than any other medicine or food, and will provide her with the tools to recover faster. • Breastfeeding is also beneficial for your baby's development, particularly for her brain. Children who are breastfed have higher IQs and better schooling outcomes. • Breast milk is convenient. It is available at anytime and anywhere and is always clean, nutritious, and at the right temperature. If she is concerned that the baby is not getting enough food, listen to her reasons for thinking that and remind her: • It is common for women to worry about not producing enough breastmilk, but all women can produce enough breastmilk for their baby. • Frequent breastfeeding is key because it helps you stimulate breast milk production and maintain a sufficient milk supply. More suckling with good attachment creates more breastmilk. • As long as you are breastfeeding when your baby wants to eat and you are eating enough and drinking plenty of water, you should be able to produce enough milk. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. Let's go over the handout together and see if we can address the source of the problem. But, if the pain continues, see your doctor or midwife.	

	Action: Tell her: If you started breastfeeding and stopped, you still have the opportunity to restart breastfeeding. Proper breastfeeding technique can make breastfeeding more comfortable for you and your baby. But, restarting breastfeeding will require some effort. You will need to have the baby suckle frequently to reestablish breastfeeding, and it may take 1-2 weeks or longer before much breastmilk comes in. Assess: Ask her: Would you like to try it with me now? We can try to work through any problems you may have experienced or concerns that you have.
⇒If yes	Action: Praise her for agreeing to try. Tell her: Now I will remind you of the techniques of how to breastfeed so that it is easier for you to resume breastfeeding. During this activity, please feel free and ask questions at any point during this activity or describe anything that feels uncomfortable or painful during breastfeeding. Action: Have the mother demonstrate how she breastfeeds her baby. As you observe, encourage her with phrases like, “you are doing a great job,” and try to address her concerns. Evaluate how she holds the baby, the quality of the baby’s latch, and the baby’s suckling (follow instructions from module B1-1.1). Praise her for doing well and gently correct if necessary. While her baby is breastfeeding, ask her to identify the aspects of the latch, position, and suckling of her baby in this breastfeeding session that are good. If this is her first visit, or she doesn’t remember, point out each of the following aspects to her: • Latch: ○ The baby’s mouth is wide open. ○ There is more of the darker skin on the breast (areola) above the baby’s mouth than below.

		○ The baby's lower lip is turned outwards. ○ The baby's chin is touching your breast. ● Position: ○ The baby's body is straight, not bent or twisted, with his head slightly back. ○ The baby's body is facing the breast, not held flat to her chest or abdomen, and he is able to look up into her face. ○ The baby is held close to her. ○ She is supporting the baby's whole body, not just the neck and shoulders, with her hand and forearm. ● Suckling: ○ The baby is taking slow deep suckles, sometimes pausing. ○ You can see or hear the baby swallowing after one or two suckles. Refer her to the H7.1 Breastfeeding Techniques Handout for additional tips on positioning and latching. Tell her: Having a good latch will make sure you don't feel pain and the baby gets all the nourishment he/she needs. However, if you have pain after making these adjustments, or the pain gets worse, it's best to go see your doctor.
	⇒If not now	Action: If she is willing to try, but wants to try it later or on her own, refer her to the H7.1 Breastfeeding Techniques Handout for tips on positioning and latching. Praise her for agreeing to try. Tell her: Now I will remind you of the techniques of how to breastfeed so that it is easier for you to resume breastfeeding and to make sure your baby is latched on well. Pay attention to: ● The position of your baby's body – it should be straight and facing you,

		• The distance between your baby’s chin and your breast - it should be close, • How open your baby’s mouth is – it should be wide open, but not with cheeks sucked in, • Your areola in comparison to your baby’s mouth - there should be more areola above his mouth than below, • The position of your baby’s lips – his lower lip turned outwards Tell her: Having a good latch will make sure you don’t feel pain and the baby gets all the nourishment he/she needs. However, if you have pain after making these adjustments, or the pain gets worse, it’s best to go see your doctor.
	⇒If no	Action: If she is unable or unwilling to breastfeed, go directly to the Infancy 0-6 months Special Module: Formula Feeding if she has not been given content yet. After the Formula Module, go directly to module B5.3.

B5.3: Caregiver Mental Health (Mood Chart)

Assess: **Ask her:** Before we continue, I wanted to check in on how you are doing. Is there anything that you have been particularly worried about lately? Are there any specific problems that have been a significant source of stress for you?

Action: **Listen to her answer patiently.** Let her tell you anything she feels comfortable sharing and show your support for her. If there is anything in her answer that you feel uncomfortable handling, encourage her to speak to her doctor.

Action: **Introduce the module and Mood Chart activity:** We've talked a lot about how important it is for mothers to take care of their minds and bodies, both for their own health and their baby's. However, being a new mother can be hard. Your baby may have fallen sick or struggled with eating. All of this can be difficult for the mother. Today, we will be doing a small mental health activity that will help you be more aware of how you are feeling.

Action: **Show the mother the B5.3 Mood Chart Activity Handout. Tell her:**

- This is a mood chart. It helps to categorize how you feel.

Direct her attention to the "very bad" picture.

- In the past few days, have you ever felt very bad?
 - **If yes:** Tell me, why did you feel that way?
 - What did you do to cope with that feeling?
 - Remembering to do relaxation exercises (refer together to B4.5 Relaxation Techniques Handout) can help you cope with stress or negative feelings.
 - **If no:** That's very good. Do you do things so that you don't feel that way?
 - How do you make yourself feel better?
- Look at these pictures now and tell me how you feel today.
 - Why do you feel this way?
- I would like you to continue to record your feelings using the mood chart for the next four days. Please take a note of how you are feeling, why you feel that way, and how you have reacted to your feelings.
- At the end of four days, you can look at the chart and think about what you have been feeling, and why. This can help you recognize your own stress level and needs. For example, if you see a lot of frown faces, you can practice some of the relaxation and positive thinking exercises we have discussed. Remember, these include:
 - Deep breathing exercises and other relaxation techniques
 - Taking short walks
 - Recognizing your negative thoughts and replacing them with positive thoughts.
 - Focusing on small, easy changes rather than large changes

- Spending more time bonding with your baby
- Seeing your doctor if your feelings are consistently down or you feel constantly stressed or overwhelmed

B5.4: Uptake of Government Service (YYB)

Action: Tell her: In addition to complementary feeding, you should also plan to give your baby supplemental iron or YYB starting at 6 months (180 days after birth).

Action: If the government provides free YYB in her area, tell her:

The government provides free YYB to 6-24 months babies, which contains many micronutrients and vitamins your baby needs at this stage, such as calcium, iron and zinc and so on. You should consult the township health center or village doctor about where you can get these. It is a good source of **supplemental micronutrients** for your baby, beginning at 6 months. YYB can be taken until the baby is 24 months old. You should get the YYB regularly and give one packet to your child per day.

If the government DOES NOT provide free YYB in her area, tell her:

Consult township health center or village doctor about where to get YYB or iron supplements and how much to give. It is a good source of **supplemental micronutrients** for your baby, beginning at 6 months.

Action: Tell her: Refer to the **H4.4 Uptake of Government Service Handout** for a reminder of the information on free government services that you should take advantage of.

B5 Knowledge/Attitude Check

After finishing the session, ask the mother/grandmother the following:

1. When should babies be given food other than breastmilk or formula?
 - a. When they are 6m old.
2. What are two benefits of complementary feeding?
 - a. Additional nutrition that is not provided through breastmilk, particularly iron and zinc
 - b. Important for the baby to develop properly
3. What are some signs that your baby is ready for complementary feeding?
 - a. Tongue-thrust reflex is gone, is able to swallow food when placed in mouth
 - b. Your baby is able to sit up straight and support his head on his own
 - c. Baby grabs at food during meals, opens mouth and leans forward when food is offered
4. Name two food groups and name an example of each.
 - a. Carbohydrate sources: e.g. rice
 - b. Protein sources: e.g. chicken liver
 - c. Vegetables (especially dark green leafy and orange/yellow vegetables): e.g. spinach
 - d. Fruits (especially orange/yellow fruits and citrus): e.g. persimmons
5. In addition to complementary food, what else should you give your baby after 6 months?
 - a. Iron supplements or YYB

Session B6

Action: Introduce this session: 6 months is an exciting time for your baby! As your baby grows older and start facing new challenges, we will continue to help support you and your family in facing these challenges. Today, we will be covering the topics of complementary feeding, breastfeeding, and hygiene. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

B6.1: Transition to Solids (Overview of what, when & how)

Action: Introduce the : Now that your baby is 6 months old, it is time to begin introducing solid foods into his diet. We will start off by talk about which complementary foods you should give your baby to help him develop to his full potential. Then, we will do an activity to help you prepare healthy meals for your baby.

Assess: Ask her: **From our previous sessions, do you remember why complementary feeding is beneficial?**

Action: Praise her for the reasons she remembers. Gently remind her of anything she forgets:

- Breast milk and/or formula alone are no longer sufficient to meet your baby's nutrition and energy needs at this age
- Complementary feeding provides nutrients that are not sufficiently available in breast milk or formula, such as iron and zinc
- Complementary feeding is necessary for children to develop properly

Action: Tell her: There are a lot of different things to think about when starting to give your baby complementary foods. I will briefly introduce them, and then we will go over each of them together. I know this topic might be confusing, so please let me know if you have any questions along the way!

Action: Tell her: There are a few things that we should consider when talking about complementary feeding. These include:

- Frequency of foods. How often you feed your baby complementary foods varies depending on how old he is.
- Amount and texture of food. The amount of food also varies based on the age of your baby, as does the food's thickness and consistency.
- Variety of food. Babies need a variety of foods just like adults to meet all their nutritional needs. However, new foods must be introduced slowly so that your baby can get used to the different foods.

- Responsive feeding. It's important to pay attention to your baby as you feed him to better meet his needs, as well as strengthen the caregiver-child bond.
- Hygiene. Good hygiene helps protect your baby from getting sick. You should always wash your hands before preparing food and feeding your baby. It is also important to use a clean bowl and spoon to feed your baby.

Refer her to **B6.1 Complementary Feeding Practices Handout**. Tell her: More information on these considerations is included in this handout. We will talk more about each of these considerations next.

Assess: Ask her: Have you already tried to feed your baby foods other than breastmilk or formula? If yes, tell me what you've tried.

=> If yes

Tell her: That's great! You're off to a great start for complementary feeding.

=> If no

Tell her: That's OK. Now is a good time to start trying.

Action: Tell her: Now, I'd like to tell you about some recommendations for the frequency of feeding, amount and consistency of complementary foods:

- At 6 months old, your baby should eat 2-3 meals a day along with frequent breast or formula feeds.
- Start with 2-3 spoonfuls of food at each meal. Over the next few months, gradually increase the amount to half a bowl each feed.
- At this early stage, all of the solids foods that are given to your baby should be mashed into a porridge-like consistency so that it's easy to swallow.
- Start with a staple cereal (e.g. corn, wheat, rice, millet, or sorghum) to make a thick porridge that can be fed by hand. When possible, use iodized salt and milk instead of water to cook the porridge to increase the nutrient content of the meal.
- Protein source foods (such as meat, tofu, beans, fish) are very important and can be given to babies and young children. Be sure to cook them well and mash or chop into fine pieces.

Tell her: Remember that breastmilk or formula continue to provide the majority of your baby's energy needs until he is one year old, so it is important to continue giving your baby breast milk or formula on demand in addition to complementary foods. However, do not use formula as a substitute to complementary foods - this can be harmful to your baby's healthy development.

Action: Tell her: Next, I'd like to talk to you about the importance of feeding your baby a variety of different foods in order to meet all his nutritional needs. But before we

start, recall that last time we introduced the 4 food groups that you should be feeding your baby. **Can you tell me what they are?**

Have the **B5.1 Rainbow diet and Locally Available Foods Handout** available for reference.

Action: Praise her for her correct answers, gently correct or remind her of the groups she forgets:

- a) Carbohydrate sources (such as rice and noodles)
- b) Protein sources (meat, poultry, fish, eggs, beans, soy-based products, and dairy products)
- c) Vegetables (especially dark leafy greens and orange/yellow vegetables)
- d) Fruits (especially orange/yellow fruits and citrus)

Action: Tell her: Each of these food groups provide babies with many nutrients that are important for their health, growth and development, including 3 key vitamins and minerals: iron, vitamin A and calcium.

Tell her: Today, we will watch a video that describes these three key vitamins and minerals in more detail. Would you like to grab a glass of water before getting started?

Show rainbow feeding video. Afterwards, tell her:

Babies need a lot of iron for optimal development:

- Their iron stores present at birth are gradually used up over the first six months
- There is very little iron in breastmilk. After 6 months, your baby's 'iron needs' must be met by the complementary food he eats.
- The best sources of iron are animal foods, such as liver, lean meats and fish.
- Iron is also available from some plant-based foods, such as tofu, peanuts, and spinach. Feed your baby a piece of citrus after every meal to help him absorb the iron from these sources. It's easy, inexpensive, and babies love it!
- Other good sources are iron-fortified foods and iron supplements.

Tell her: Babies also need vitamin A for their eyes and for healthy development overall:

- The best sources of vitamin A are yellow/orange-colored fruits and vegetables (papaya, mangoes, oranges, carrots, pumpkins, yellow/orange sweet potato); dark-green leafy vegetables, and organ foods/offal (liver) from animals; eggs and milk; dried milk powder and other foods fortified with vitamin A.
- Oil and fat added to vegetables and other foods will improve the absorption of some vitamins and provide extra energy. Babies only need a very small amount, no more than half a teaspoon per day.

Tell her: It's also important for babies to get enough calcium for strong bone growth and healthy teeth. Calcium is readily available in breast milk and formula. Dairy products, such as cow's milk and yogurt, are also rich in calcium, and can be used in your baby's complementary food. However, wait until your baby is one year old before giving cow's milk as his main drink.

Refer her to B5.1 Rainbow diet and Locally Available Foods Handout, and tell her: One way to increase the chance of including all these nutrients in one meal is to include a variety of colors in your baby's food! This handout shows which colors of food correlate to what important nutrients they can provide, so the more different colors you can get in one meal, the better!

Action: **Tell her:** Let's move on to some tips about responsive feeding. **What do you think I mean by "responsive feeding"?**

Action: Listen to her response and praise her if she responds correctly. Reassure her that you'll explain it if she doesn't know.

Tell her: I'd like to share with you some information about responsive feeding and why it's important.

- Responsive feeding is being alert and responsive to your baby's signs that he is ready to eat.
- Feeding responsively recognizes that feeds are not just for nutrition, but also for love, comfort and reassurance between baby and mother.
- Responsive feeding means being patient while actively encouraging, but not forcing, your baby to eat more food.

For example,

- If your baby refuses to eat, encourage him repeatedly. Offer new foods several times because children may not like or accept new foods in the first few tries.
- Try to minimize distractions during feeding. Try holding your baby in your lap during feeding, or face him while he sits on someone else's lap.
- Do not force feed your baby because it may cause him to develop negative associations with food and eating issues later in life.
- Remember, your baby is at the age where he will want to start exploring the world, and part of that includes his food. He may want to touch it with his hands and face, spit things out, throw food or drop it. All of that is normal at this stage.

Starting complementary feeding with your baby will be hard and time consuming, but this is all part of a healthy experience. The most important thing is to be patient with

your baby. Feeding times are opportunities for learning and love for both you and your baby.

Action: Tell her: Finally, I'd like to talk about hygiene as it relates to complementary feeding.

Tell her: Feeding is one of the easiest times for your baby to pick up germs that can make him sick, such as causing diarrhea or intestinal problems. Here are a few tips for how to prevent that from happening:

- Feed your baby using a clean cup and spoon.
- Wash your hands with soap and water before preparing the food, before eating, and before feeding your baby.
- Wash your baby's hands with soap and water before meals.
- When preparing meals for your baby, chop on clean cutting boards with clean knives, and cook in clean pots.
- Store prepared food in a refrigerator or cold storage.
- Make sure that all of the surfaces that your baby is consuming food from are clean. This includes a table, chair, plate, cup, and utensils.

Action: Introduce the Complementary Food Preparation Techniques activity: We know it can be hard sometimes to know what kinds of food you should prepare for your baby. This activity will give you some ideas of healthy meals you could prepare for your baby.

1. Refer the mother/caregiver to **B7.1 Meal and Snack Preparation Handout** for pictures of locally, available, feasible, affordable and seasonal foods: carbohydrate sources, protein sources, vegetables and fruits in a variety of colors.
2. Ask her to use the available foods to prepare **three separate meals** that could be fed to a baby of 6-9 months through the course of a day. Encourage her to try to use a variety of colors of food.
3. Ask her to show and explain the 'prepared meals', discussing age-appropriate characteristics of complementary feeding: frequency, amount, thickness (consistency), variety. (Refer mother/grandmother to **B5.1 Rainbow diet and Locally Available Foods Handout** and **B6.1 Complementary feeding practices Handout** for reference)
4. Ask her to identify the food groups that are represented in the three meals. Praise her if all four food groups are represented at least once across the three meals (carbohydrates, protein sources, vegetables and fruits). If a group is not represented, ask her if she can add it or substitute another food in one of the meals.

5. Count the number of different colors of food (refer to **B5.1 Rainbow diet and Locally Available Foods Handout** for 5 main colors). Praise her if 4 or more colors are represented across the three meals. If fewer than 4 colors are represented, ask her if she can substitute another food with a different color in one of the meals. Remind her that including more colors of the rainbow in a meal increases the chances of providing her baby with a variety of different nutrients.
6. Ask her to also identify which foods in the meals are iron, vitamin A or calcium rich.

B6.2: Breastfeeding Check-in

If in previous sessions, she has told you that she is unable or unwilling to breastfeed, skip this module (B6.2) and make sure that she has received the **Infancy 0-6 months Special Module: Formula feeding**. Then go directly to module B6.3.

Otherwise, continue with this module (B6.2).

Assess: Ask her: Are you currently breastfeeding your baby?

=> If yes

Action: Tell her: That's great! That means your baby is getting good nutrition and a boost to the immune system.

Assess: Follow up by asking: How has breastfeeding been going? Do you have any problems or concerns?

Listen empathetically and affirm her concerns. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the **B1-2.1 Breastfeeding Pain**

Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. Let's go over the handout together and see if we can address the source of the problem. But if the pain continues, see your doctor or midwife.

=> If no

Assess: Ask her: Were there any problems or concerns that made you decide to stop breastfeeding?

Empathetically address her concerns, reminding her of the benefits of breastfeeding when possible:

- Even as you begin to introduce other foods to your baby, breast milk still remains an important source of nutrients for her, all the way up until her first birthday.
- Mothers and their children are healthier with breastfeeding and are less likely to become ill. And when your baby does catch a cold, breastfeeding supports her immune system better than any other medicine or food, and will provide her with the tools to recover faster.
- Breastfeeding is also beneficial for your baby's development, particularly for her brain. Children who are breastfed have higher IQs and better schooling outcomes.

	• Breast milk is convenient. It is available at anytime and anywhere and is always clean, nutritious, and at the right temperature. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. Let's go over the handout together and see if we can address the source of the problem. But if the pain continues, see your doctor or midwife. Action: Tell her: You may still have the opportunity to restart breastfeeding. Proper breastfeeding technique can make breastfeeding more comfortable for you and your baby. But, restarting breastfeeding will require some effort. You will need to have the baby suckle frequently to reestablish breastfeeding, and it may take 1-2 weeks or longer before much breastmilk comes in. Assess: Ask her: Would you like to try it with me now? We can try to work through any problems you may have experienced or concerns that you have.
⇒If yes	Action: Praise her for agreeing to try. Tell her: Now I will remind you of the techniques of how to breastfeed so that it is easier for you to resume breastfeeding. During this activity, please feel free and ask questions at any point during this activity or describe anything that feels uncomfortable or painful during breastfeeding. Action: Have the mother demonstrate how she breastfeeds her baby. As you observe, encourage her with phrases like, "you are doing a great job," and try to address her concerns. Evaluate how she holds the baby, the quality of the baby's latch, and the baby's suckling (follow instructions from module B1-1.1). Praise her for doing well and gently correct if necessary. While her baby is breastfeeding, ask her to identify the aspects of the latch, position, and suckling of her baby in this

		breastfeeding session that are good. If this is her first visit, or she doesn't remember, point out each of the following aspects to her: • Latch: ○ The baby's mouth is wide open. ○ There is more of the darker skin on the breast (areola) above the baby's mouth than below. ○ The baby's lower lip is turned outwards. ○ The baby's chin is touching your breast. • Position: ○ The baby's body is straight, not bent or twisted, with his head slightly back. ○ The baby's body is facing the breast, not held flat to her chest or abdomen, and he is able to look up into her face. ○ The baby is held close to her. ○ She is supporting the baby's whole body, not just the neck and shoulders, with her hand and forearm. • Suckling: ○ The baby is taking slow deep suckles, sometimes pausing. ○ You can see or hear the baby swallowing after one or two suckles. Refer her to the H7.1 Breastfeeding Techniques Handout for additional tips on positioning and latching. Tell her: Having a good latch will make sure you don't feel pain and the baby gets all the nourishment he/she needs. However, if you have pain after making these adjustments, or the pain gets worse, it's best to go see your doctor.
	⇒If not now	Action: If she is willing to try, but wants to try it later or on her own, refer her to the H7.1 Breastfeeding Techniques Handout for tips on positioning and latching. Praise her for agreeing to try.

		Tell her: Now I will remind you of the techniques of how to breastfeed so that it is easier for you to resume breastfeeding and to make sure your baby is latched on well. Pay attention to: • The position of your baby's body – it should be straight and facing you, • The distance between your baby's chin and your breast - it should be close, • How open your baby's mouth is – it should be wide open, but not with cheeks sucked in, • Your areola in comparison to your baby's mouth - there should be more areola above his mouth than below, • The position of your baby's lips – his lower lip turned outwards Tell her: Having a good latch will make sure you don't feel pain and the baby gets all the nourishment he/she needs. However, if you have pain after making these adjustments, or the pain gets worse, it's best to go see your doctor.
	=> If no	Action: If she is unable or unwilling to breastfeed, go directly to the Infancy 0-6 months Special Module: Formula Feeding if she has not been given content yet. Then go directly to module B6.3.

B6.3: Hygiene (Review & Teeth brushing)

Action: Introduce this module: Your baby has grown significantly in the past months, and is more alert and curious than ever. She probably likes grabbing things and putting them in her mouth – so cute! But at the same time, her system for fighting off illness is far from developed. This is why practicing good hygiene is crucial for your baby’s health, especially now that she is more mobile and interacting more with the world around her.	
Assess: Has she completed module B1-3.3: Hygiene (Cleanliness tips)?	
⇒If yes	Assess: Ask her: Can you remember some of the things you can do to keep your baby clean and prevent disease? Action: Ask her to give examples if she can, gently correct or add as needed to the following list: 1. Wash your hands when handling the baby, and have others do the same; 2. Stay away from people who are smoking; 3. Stay away from cooking smoke; 4. Keep your baby’s eyes, nose and ears clean; 5. Keep your baby’s finger nails trimmed; 6. Bathe your baby a few times each week; 7. Gently wipe baby’s gums with a soft wet cloth during bath time, or a few times each week.
⇒If no	Action: Deliver content from module B1-3.3: Hygiene (Cleanliness tips), then continue with module (B6.3).
Action: Tell her: Today, I’d like to talk some more about how to keep your baby’s mouth clean now that her first teeth are starting to emerge.	
Action: Tell her: Now that your baby is using her own hands more often, it is also a good idea to start washing your baby’s hands with soap and water. This will help prevent the spread of germs that can make your baby sick, and will also establish good habits as she grows. Babies enjoy playing with water, so there are a few fun ways that you can do this: • You can prepare a basin of warm soapy water and encourage your baby to splash her hands around in it, then you can wipe her hands off with a clean damp cloth.	

- You can bring your baby to a faucet with warm water and lather her hands with soap, then rinse them off and dry with a clean towel.
- You can also simply wipe your baby's hands thoroughly with a soapy wet towel, then with a warm wet towel to rinse the soap (and germs!) off.

It is a good idea to wash your baby's hands before and after eating, and after playing with toys.

Assess: Ask her: Washing your own hands with soap is also so important. Can you tell me when it's important to wash your hands?

Action: Ask her to give examples if she can, gently correct or add as needed to the following list:

- Before feeding the baby
- After handling raw food
- After going to the toilet
- After the baby has peed or pooped
- After touching anything dirty like animals, trash or feces.

Action: Tell her: Now that your baby is 6 months old, you may see some teeth coming in.

- If you see teeth, it's good to start brushing them twice a day.
- Use a tiny amount of fluoride toothpaste (about the size of a grain of rice) on a baby toothbrush and brush gently.
- If you don't see any teeth, it's a good idea to continue wiping your baby's gums with a soft wet cloth during bath time. Simply wrap the cloth around your index finger and rub it gently over his gums. Don't forget to wash your hands first!

B6 Knowledge/Attitude Check

After finishing the session, ask the mother/grandmother the following:

1. How often should babies be breastfed/formula-fed when they are 6m old?
 - a. On demand
2. How much food and how often should babies be fed when they are 6m old?
 - a. 2-3 spoonfuls given 2-3 times per day
3. What are three iron-rich foods that can be given to a baby?
 - a. Liver and lean meats
 - b. Tofu and peanuts
 - c. Spinach
4. What are two responsive feeding practices?
 - a. If your baby refuses to eat, encourage him repeatedly
 - b. Try holding you baby in your lap during feeding, or face him while he sits on someone else's lap.
 - c. Offer new foods several times, children may not like or accept new foods in the first few tries.
 - d. Do not force feed.
5. What are three hygienic practices that you should do when feeding a baby?
 - a. Wash your hands thoroughly with soap and water before preparing food, before eating, and before feeding your baby.
 - b. Wash the baby's hands thoroughly with soap and water.
 - c. Feed the baby with a clean plate and spoon.
 - d. When preparing meals, chop on clean cutting boards with clean knives, and cook in clean pots.
 - e. Store prepared food in a refrigerator or cold storage.
 - f. Ensure that all surfaces that the baby will be eating on are clean.
6. How often should you brush your baby's teeth once they start coming in?
 - a. Twice a day

INFANCY 7-9 Months

Infancy 7-12 months Special Module: Formula Feeding

Action: Introduce this module: I know you want to give your baby the best, so we're going to talk today about formula feeding at this age.

Assess: Ask her: How often are you feeding your baby formula? What else are you feeding your baby?

Action: Listen to her response. Tell her:

The most important thing to know is that as you introduce solid foods to your baby, he will need less and less formula, and you should stop giving formula completely at 1 year old. After 1 year, your baby can drink full-fat cow's milk or other milks, which will save you money and time!

Read the following messages:

- You can mix some prepared formula into rice or other cereals
- At 7-9 months, your baby should be getting around 30-32 ounces of formula per day. By 10-12 months, this should be 24-30 ounces of formula per day. After 12 months, you should completely substitute formula with other liquids such as milk.
- You should not use formula as a substitute for solid food. It does not contain enough nutrients for your baby at this age. If you continue to only feed formula to your baby after 6 months, your baby is at risk of malnutrition and other developmental delays, including possible difficulty eating solid food as she grows older.
- Take care not to overfeed your baby with formula. Once again, remember, formula is only one of several parts of your baby's diet after 6 months of age.

Knowledge/attitude check

As you end this module, ask the mother (or mother and grandmother) the following:

1. Should a baby be drinking more or less formula as she gets older?
 - a. Less, as complementary solid foods will be giving the baby needed nutrients
2. When should you stop giving your baby formula?
 - a. 1 year old

Session B7

Action: Introduce this session: These next few months will be very exciting and very important for your baby's development. They will start eating complementary foods, moving around more, and with that probably get sick more and get into more trouble. All of this can be overwhelming, but remember that we are here to support you, and with enough knowledge you will be able to make sure that your baby is healthy. Today, we will be covering the topics of complementary feeding and breastfeeding. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

B7.1: Transition to Solids (Snacks & meal preparation tips)

Assess: Is this her second or third session?	
=> If yes	Action: Deliver module B6.1, then go directly to module B7.2.
=> If no	Action: Continue with this module (B7.1), then go to module B7.2.
Action: Introduce the module: Your baby is old enough to be eating complementary foods now! Today we will continue to discuss how and how much to feed your baby at this age.	
Assess: Ask her: Has your baby started eating complementary foods yet?	
=> If yes	Action: Tell her: That's great! Eating complementary foods will allow your baby to get enough nutrients and help him develop properly. However, remember that you should still be breastfeeding/using formula, since that still provides the majority of your baby's energy needs at this age.
=> If no	Action: Remind her: While you should still be breastfeeding/using formula to feed your baby, complementary foods are a necessary addition to your baby's diet at this age in order to provide all of the nutrients your baby needs to grow. Without introducing complementary foods, your baby may not grow as well as he could, and could create health risks later in life.

Action: Tell her: Did you know that introducing complementary foods now can also help your baby learn how to talk? The movements of the mouth and tongue when chewing and swallowing helps build muscles in the mouth that will help your baby speak later. This is another important reason to start complementary feeding!

Action: Tell her: Previously, we talked about feeding your baby 2-3 meals a day, along with frequent breast or formula feeds. As your baby gets older, you can gradually start feeding your baby more and more complementary foods, including small snacks between meals.

Action: Tell her:

- Give your baby 1 to 2 snacks between meals that are easy to prepare, clean, safe and locally available and can be eaten as finger foods.
- Snacks can be pieces of ripe mango, papaya, tofu, sweet potato, or other soft fruits and vegetables.
- Packaged snacks have sugars and additives that can be bad for your baby so it's better to feed him foods that you've prepared yourself.
- You should not be giving your baby tea, coffee, and sugary drinks. These drinks are bad for his teeth and can make him fussy.
- Try to add one new food item to your baby's diet each week.
- Formula is not a complementary food! It should not be used as a replacement of complementary foods as this can be harmful to your baby's healthy development.

Action: Tell her: Now let's go over some tips for how to feed and prepare meals for your baby.

Action: Tell her: Feeding you baby can be time-consuming and messy in the beginning but your patience and attention to your baby will lead to a healthier baby who is less picky about what he eats later on.

- Since your baby will be eating many of the same foods throughout the day or week, a time saving trick is to make larger portions of your baby's food and store the extra in the refrigerator, where it will stay fresh for 2-3 days. (You can also put any extra food in the freezer, where it will last for several months.) However, ensure that the containers and storage are clean to prevent your baby from getting sick.
- If this advanced preparation is not an option, consider the staples your family is eating during the day. It is common to feed babies softened mo, noodles, or porridge. You can prepare the meal for the rest of your family and leave some aside to soften and feed to your baby later.
- Add egg, soft tofu, mashed vegetables or finely minced meat to the softened mo or noodles to ensure your baby is getting all of the nutrients he needs.

- Use iodized salt when preparing solids for your baby. Iodine is an essential nutrient for proper bone and brain development.
- Try to feed your baby around mealtimes when you are also eating so that your baby learns that meals are a social activity.

Refer her to **B7.1 Snack and Meal Preparation Handout**, and tell her: All of this information is on the handout for your reference.

B7.2: Breastfeeding Check-in

Assess: Ask her: Are you currently breastfeeding your baby?	
=> If yes	Action: Tell her: That's great! By continuing to breastfeed as your baby starts to eat other foods, you are ensuring that your baby gets all the nutrition he needs to grow strong and smart. Assess: Follow up by asking: How has breastfeeding been going? Do you have any problems or concerns? Listen empathetically and affirm her concerns. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. Let's go over the handout together and see if we can address the source of the problem. But if the pain continues, see your doctor or midwife.
=> If no	Action: Introduce and deliver the Infancy 7-12 months Special Module: Formula Feeding. Then go to B7 Knowledge/Attitude Check.

B7 Knowledge/Attitude Check

After finishing the session, ask the mother/grandmother the following:

1. How many times per day should babies be fed complementary foods when they are 7m old?
 - a. 2-3 meals plus 1-2 snacks
2. How many times per day should babies be breastfed when they are 6-9m old?
 - a. On demand
3. Name two things that you should avoid feeding your baby.
 - a. Packaged snacks with sugars and additives
 - b. Tea, coffee, and sugary drinks
4. Name two foods that you can use for snacks between meals
 - a. Mango, papaya, tofu, sweet potato
5. What are examples of time-saving tricks that you can use when preparing meals for your baby?
 - a. Set aside food that you prepare for the family to soften and feed to your baby later.
 - b. Prepare larger batches and store baby's meals in a refrigerator or cold storage.
 - c. Ask for help from family members to prepare the baby's meal.

Session B8

Action: Introduce this session: I hope everything is going well with you and your baby! I know your baby is probably growing very fast and facing a lot of new challenges, so please let me know if you have any questions or if I can help and support you in any way. Today, we will be covering the topics of complementary feeding, breastfeeding, and available government services. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

B8.1: Responsive Feeding

Action: Introduce this module: We talked about what to feed your baby in previous sessions. Now, we will continue talking about how to respond to the baby's cues when eating.

Action: Introduce the “Responsive Feeding Story” activity. Tell her: You may remember in past sessions that we talked about responding to your baby's signs around feeding, such as noticing when he is hungry, making meal time interesting and rewarding, and noticing when he is done eating. Today, we're going to talk a little more about this. I will read a story to you and ask you some questions.

Read the following story:

Wei is a happy mother to 14-month-old Ai. At mealtimes, Ai picks up little chunks of food on her own and puts them in her mouth. Wei is overjoyed and begins doing other household activities while Ai is placed in front of her food alone. Ai starts off well, but then sees no one is paying attention. She becomes upset, fussing and throwing food, eventually crying. Wei quickly realizes why Ai is crying and consoles her. The other members of the household come over to the table and together, the whole family talks and smiles with Ai while she eats. Ai eats more, and after a little while starts to throw her food on the floor. When her mother offers her more food, she turns her head away and closes her mouth.

Ask her: Why did Ai get so upset while she was eating? How did she tell her mother what she wanted when she was left alone? What did Wei do to help her daughter eat? What signs did Ai make to show she was done eating?

Discuss her answers and praise her acknowledgment of the ways in which babies communicate their feeding needs.

Action: Tell her: Responsive feeding is important because it helps your baby develop healthy eating habits, lowers his risk of becoming overweight in the future, and strengthens the bond between you and your baby.

Action: Tell her: As we started to see in the story of Wei and Ai above, there are ways that your baby will communicate with you about his feeding needs. For example,

When your baby is hungry, he may:

- Lean toward food and open his mouth
- Get excited when he sees food
- Focus on and follow food with his eyes

When your baby is full, he may:

- Spit out or push food away
- Fidget or get distracted easily
- Close his mouth when you offer food
- Turn his head away from food
- Play with his food

Assess: Ask her: **What are some of the cues that your baby has given you about being hungry or being full?**

Action: Listen to her answers and praise her for being aware of her baby's hunger cues. Regardless of her answer, tell her: Here are some ways you can practice responsive feeding, some of which you may already be using:

- Feed your baby as soon as he starts to show early signs of hunger and before he gets fussy.
- Let your baby eat from his own plate.
- You can use your fingers (after washing) to feed your baby.
- Offer food or utensils that your baby can grab and hold; around this age, your baby may want to start feeding himself. Encourage him if he does, but help your baby to get most of the food into his mouth, small bites at a time.
- Babies learn to do new things through play and complementary feeding is no different. Engage your baby in "play" during meals to give him a happy learning experience, so your baby will enjoy eating foods. For example, you can pretend a spoon is an airplane and trace a swirly path and make airplane noises as you aim for his mouth!
- As much as possible, feed your baby when the rest of the family eats, so that the baby learns that meals are a social occasion.
- Do not give your baby too much to drink before or during meals.
- Praise your baby when he eats.

- Stop feeding when your baby indicates that he is full. One of the core principles of responsive feeding is to avoid force-feeding your baby, which can lead to unhealthy eating habits later.
- Be patient! Feeding a baby takes time and attention. You will be rewarded later with a healthy child who is less picky about food.

Refer her to **B8.1 Active and Responsive feeding Handout**, and tell her: All the information we just talked about is in this handout for your reference!

Assess: Tell her: Introducing your baby to new foods can be both fun and frustrating. Giving your baby a varied diet is nevertheless essential to his proper development.

Ask her: **Can you describe a meal that would be appropriate for a 7-month-old?**

Action: Wait for her to describe the meal. Ask her to identify which of the food groups are represented in the meal she just described. Ask her to also identify which foods in the meal are rich in iron, vitamin A and calcium. If the meal doesn't have at least 3 groups (e.g., carbohydrate, protein source, and either fruit or vegetable) or is missing one of the key nutrients, help her add an additional food (or swap out one) that will make up this difference. Remind her that including more colors of the rainbow in a meal increases the chances of providing her baby with a variety of different nutrients.

B8.2: Breastfeeding Check-in

Action: If in previous sessions, she has told you that she is unable or unwilling to breastfeed, skip this module (B8.2) and make sure she has received Infancy 7-12 months Special Module: Formula feeding. Then go directly to module B8.3. Otherwise, continue with this module (B8.2).	
Assess: Ask her: Are you currently breastfeeding your baby?	
=> If yes	Action: Tell her: That's great! Breastfeeding provides your baby with important nutrition, even as he begins to eat other foods. Assess: Follow up by asking: How has breastfeeding been going? Do you have any problems or concerns? Listen empathetically and affirm her concerns. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. Let's go over the handout together and see if we can address the source of the problem. But if the pain continues, see your doctor or midwife.
=> If no	Action: If not previously presented, introduce and deliver the Infancy 7-12 months Special Module: Formula Feeding. Then go to module B8.3.

B8.3: Uptake of Government Service – YYB Check in

Assess: Ask her: A few sessions ago, we spoke about giving your baby supplemental iron or YYB. Are you giving your baby an iron supplement or YYB?	
=> If yes	Action: Tell her: Great job! You are helping your baby get the nutrition s/he needs. In addition to these supplements, make sure that s/he gets to eat different kinds of foods so that s/he gets all the vitamins and minerals s/he needs.
=> If no	Action: Tell her: Remember that you can get micronutrient and iron supplements at the township health center or village clinic. Ask township health center or village doctor about where to get supplements for your baby.
Action: Tell her: Refer to the H4.4 Uptake of Government Service Handout for a reminder of the information on free government services that you should take advantage of.	

B8 Knowledge/Attitude Check

After finishing the session, ask the mother/grandmother the following:

1. Can you remember two responsive feeding practices?
 - a. Let your baby eat from his own plate so you will know how much he is eating.
 - b. Use your fingers (after washing) to feed your baby.
 - c. Give your baby something he can grab and hold (ex. a spoon).
 - d. Engage your baby in "play" during meals to give him a happy learning experience.
 - e. Feed your baby when the rest of the family eats.
 - f. Do not give your baby too much drink before or during meals.
 - g. Praise your baby when he eats.
2. What are two signs that your baby is full?
 - a. Spit out or push food away
 - b. Fidget or get distracted easily
 - c. Close his mouth when you offer food
 - d. Turn his head away from food
 - e. Play with his food

Session B9

Materials: Remember to bring glitter to this session for the Glitter Germs activity!

Action: Introduce this session: I hope everything is going well with you and your baby! I know your baby is probably growing very fast and facing a lot of new challenges, so please let me know if you have any questions or if I can help and support you in any way. Today, we will be covering the topics of illness, complementary feeding, and breastfeeding. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

B9.1: Respiratory Infections Check-In

Action: Introduce this module: We have previously covered how to care for a sick baby and touched on how to prevent him from getting sick. Now, we will do some review and a fun activity to help you visualize how germs spread and how to prevent transmission so you can improve at keeping your baby healthy.

Assess: Has she completed module B3.1: Illness (Respiratory Infections)?

⇒ If yes

Assess: Ask her: Do you remember the 3 different ways in which diseases can spread or be transmitted?

Action: Listen to her response, supplement her answers when necessary:

- **Through the air.** If a person with a cold sneezes or coughs near your baby, small amounts of the virus can go into the air and infect your baby when he breathes in that air.
- **From close personal contact.** This means that your baby directly touched a person who is sick. For example, your baby could catch a cold when playing with another child who is sick, or get diarrhea when being held by an infected family member, even if the adult doesn't have any symptoms.
- 1. **From contaminated surfaces.** It is important to know that viruses can be spread through objects, such as toys, that have been touched by someone with a virus and that are then touched by your baby. It is especially easy for babies to get sick (and spread disease) because they touch their nose, mouth, and eyes often.

⇒If no	Action: Deliver content from module B3.1: Illness (Respiratory Infections) , then continue with this module (B9.1).
Action: Introduce Glitter Germ activity: Now let's move onto our activity to see these germs spreading in action!	
Action: Perform the following steps: 1. Take out the glitter you brought. Ask the mother if she has soap and water, a bowl or sink, and a towel to use for the activity. Also ask if there is anything that she doesn't want glitter to get on, since it's very hard to get off once it's on. 2. Put a small amount of glitter on the mother and/or the baby's hands. Ask them to spread the glitter all over the palm of their hands. 3. Have participants touch other parts of themselves (face, hair, arms, etc.), as well as each other. Point out how the glitter was transferred to wherever they were touching. Explain that germs can transfer from one person to another in the same way, and they can enter your body when your hands touch places like your nose or your mouth. 4. Now have the participants touch other objects and surfaces around the house (if the mother does not mind). Show that the glitter can also be transferred to objects. Touch some of the objects or surfaces with your clean hands. Show that the glitter can then be transferred to other people when they touch the objects. Explain that germs can also be transferred this way. 5. Ask the participants to try to wipe the glitter off with a towel. Then have them wash their hands with just water. Show them that there is still a significant amount of glitter on their hands, and explain that germs are hard to get off with just a towel or water alone. Then ask them to wash their hands with soap and water. Show how soap and water gets rid of the glitter (germs) better than water alone or a towel. Tell her: I hope you now have a better understanding of why it is so important to wash your hands and maintain good hygiene if you want to keep you and your baby healthy. You should be washing your baby's hands now too, either by wiping with a warm soapy cloth, or preparing a basin of warm soapy water for her to splash around in. Let me know if you have any other questions about how diseases spread.	

B9.2: Transition to Solids (Self-feeding)

Action: Introduce this module: Now that your baby is 9 months old, he may be ready to start (or have already started) self-feeding and eating finger foods. For example, around this age, your baby is developing his pincer grasp, which means he'll be able to pick up small objects (like pieces of food) between his thumb and forefinger. Your baby may also be reaching for the spoon you are using to feed him.	
Assess: Ask her: Has your baby shown signs of being ready to self-feed or has started self-feeding already?	
=> If yes	Action: Tell her: That is great! Your baby is learning and excited to do things independently.
=> If no	Action: Tell her: If your baby is not there yet, that is ok and perfectly normal; all babies are different and some may require a little more time than others.
Action: Tell her: Allowing your baby to feed himself will help him to develop hand-eye coordination and motor skills by bringing food to his mouth. Not only does this establish independence within your baby, but in the future, it can also save you time and allow you to relax or get something else done while your baby is eating by himself. • A tip to help your baby prepare for self-feeding is scattering small pieces of food on his plate, such as pieces of mantou, egg, or cut up fruit or vegetable, such as bananas, oranges, or sweet potato. Finger foods should be easily mashable between your baby's gums. • If your baby isn't able to pick it up from the plate, hold it up for him and continue to hold it until he isolates his index finger and thumb to grab it. This could be practiced before each meal and your baby should be self-feeding in no time! • It is important not to force your baby to self-feed before he has a good grasp so that your baby will not be frustrated with eating. You want to prevent any negative feelings that your baby could have with feeding that may complicate eating in the future.	
Assess: Ask her: Has your baby tried drinking from a cup rather than a bottle?	
Action: Regardless of her response, tell her: During the next few months, it's good to introduce your baby to drinking a little milk or formula from a cup. A few sips of water are fine at this age, but you do not want to replace the nutrients your baby needs from breastmilk or formula by giving him a lot of water. Learning to drink from a cup makes	

it easier to transition from breast or bottle later and helps your baby develop fine motor skills and coordination.

Some techniques for introducing a cup or sippy cup (cup with a lid) include:

- Make the cup special, have your baby choose the cup that he would like to use.
- Show him how it is done. Modeling how to drink from a cup will make it easier for your baby to copy.
- Drink with him. Drinking with your baby can be like play time.
- From time to time, introduce a non-lid cup. Your baby probably won't have the motor skills to drink from a regular cup before his first birthday, but he can be practicing starting now.

Remember that juice and sugary drinks should be avoided as these are both unnecessary and can increase your baby's risk of tooth decay.

Ask her: Do you have any questions for me about responsive feeding or self-feeding before we move on?

Answer any questions, then refer her to B9.2 Self-feeding Handout and tell her: This handout includes all the information we just talked about for your reference.

Action: Introduce the “24-hour Dietary Recall” activity: Now, we are going to review what your baby has eaten in the past day to see what nutrients he is receiving. As you know your baby's diet is critical to his or her health so let's see if he or she is getting enough from his or her current diet.

Assess: **Ask her:** How many complementary meals or snacks did your baby eat yesterday during the day and night, whether at home or outside the home?

Action: Regardless of her response, tell her: Remember, as your baby gets older, you can be feeding your baby more and more complementary foods. At 9 months of age, you can start feeding your baby 3-4 meals plus 1-2 snacks per day.

It is important to continue to give your baby breast milk or formula at this age because these provide more than 50% of his energy needs until 12 months of age. It is recommended to wait until your baby is one year old before giving cow's milk as his main drink.

Assess: **Ask her:** Would you please describe the foods or drinks that your baby was given yesterday during the day and night, whether at home or outside the home? Start with the first food or drink consumed in the morning.

Action: Use **H4.1 24-hour Dietary Recall Activity Handout** to write the list of foods down while she names them. When composite dishes are mentioned, ask for the list of ingredients. When the respondent has finished, probe for meals and snacks not mentioned.

When the respondent recall is complete, fill in the food groups based on the information recorded above. For any food groups not mentioned, ask the respondent if a food item from this group was consumed.

Discuss which foods given are rich in iron, vitamin A or calcium. Praise her for the healthy choices she is making in the baby's diet. Discuss missing nutrients and suggestions for foods that could be added that would provide these nutrients.

B9.3: Breastfeeding check-in

Action: If in previous sessions, she has told you that she is unable or unwilling to breastfeed, skip this module (B9.3) and make sure she has received Infancy 7-12 months Special Module: Formula feeding. Then go to B9 Knowledge/Attitude Check. Otherwise, continue with this module (B9.3).	
Assess: Ask her: Are you currently breastfeeding your baby?	
=> If yes	Action: Tell her: That's great! Breastfeeding provides your baby with important nutrition and a boost to the immune system, even as he begins to eat other foods. Assess: Follow up by asking: How has breastfeeding been going? Do you have any problems or concerns? Listen empathetically and affirm her concerns. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. Let's go over the handout together and see if we can address the source of the problem. But if the pain continues, see your doctor or midwife.
=> If no	Action: If not previously presented, introduce and deliver the Infancy 7-12 months Special Module: Formula Feeding. Then go to B9 Knowledge/Attitude Check.

B9 Knowledge/Attitude Check

After finishing the session, ask the mother/grandmother the following:

1. Why do you think it is important for you to allow your baby to feed him or herself?
 - a. It will build independence, develop hand-eye coordination and motor skills by having your baby grab food and bringing it to his mouth.
 - b. Self-feeding may keep you baby entertained and in the future, it will allow you some time to relax or work on something else in the meantime.
2. What are two signs your baby is ready for self-feeding?
 - a. Baby has a good pincher grasp (pincher finger and thumb) and can grab small objects easily.
 - b. Baby reaches out to grab the spoon you are using to feed him.
3. How can you introduce drinking from a cup to your baby?
 - a. Using a sippy cup
 - b. Modeling for him
 - c. Allowing him to pick the cup
 - d. Drinking with him.

INFANCY 10-12 Months

Session B10

Action: Introduce this session: I can't believe your baby is almost 1 year old! Your baby is probably moving around a lot more, starting to eat by himself, and he'll be starting to walk before you know it! This means that safety will become more and more of a concern, as well as increasing his food intake to supply his increase energy needs as he grows, both of which we will focus on addressing over the next few months. Today, we will be covering the topics of injury prevention, complementary feeding, breastfeeding, caregiver mental health, and available government services. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

B10.1: Injury (Prevention – Choking)

Action: Introduce the module: As your baby starts to explore his environment more and grab things with his hands, he might also start putting things in his mouth. Today we will be talking about choking hazards for your baby and how to prevent your baby from choking.

Action: Tell her: Did you know that your baby's trachea, or windpipe, is the size of a straw? This means that anything of similar or larger size can be a choking hazard for your baby. Here are some examples of common things that your baby could choke on:

- **Food** – pieces of meat, nuts, seeds, grapes
- **Household items** – coins, batteries, pen/marker caps
- **Toys/toy parts** – small plastic toys, eyes from stuffed animals
- **Outside objects** – small stones

Refer her to **B10.1 Injury Treatment and Prevention Handout** and tell her: These choking hazards are on this handout for your reference.

Tell her: There are many things you can do to help prevent your baby from choking, including:

- **Make sure he is sitting while eating** – Lying down or running around while eating increases the risk of your baby choking on his food. If you eat with him and entertain him while eating, he is less likely to want to move around.
- **Cut his food into small pieces** – Until your baby learns how to chew properly, any large food pieces could be a choking hazard.
- **Keep small objects out of reach** – Check the floor for any small objects that your baby could easily grab and put in his mouth.

- **Avoid toys with small or breakable parts** – It's better to use toys that are solid and sturdy. Check toys for screws and buttons.
- If your baby has an older sibling, **keep your older child's toys separate** – Store small toys that your older child plays with in separate areas from your baby's toys.

B10.2: Transition to Solids (Refresher and new textures)

Action: Introduce the module: At this age, your baby should be self-feeding and eating finger foods. Self-feeding aids in development and sets your baby up for lifelong healthy eating habits. As he continues to grow and develop, he will require more complementary foods in different forms.

Assess: Ask her: How has complementary feeding your baby been going? Have you encountered any challenges in preparing or feeding your baby solid foods?

Action: Listen to her response. Regardless of her response, tell her: It's not uncommon for babies to refuse to eat the food you prepare for him or to be fussy during meal times. Here are some tips that may help you with these challenges:

- If your baby refuses to eat, try again and again! Offer new foods several times because children may not like or accept new foods in the first few tries.
- Try to minimize distractions during feeding. Try holding your baby in your lap during feeding, or face him while he sits on someone else's lap.
- Your baby is at the age where he is still exploring the world, and part of that includes his food. Touching it, spitting things out, throwing or dropping food are all normal at this stage. Complementary feeding is a messy business, but can also be a lot of fun.
- Babies are good at judging when he is hungry or full. If he indicates that he is hungry – be sure to feed him before he gets fussy.
- Similarly, if he indicates that he is full – it's OK to stop trying to feed him. Never force your baby to eat because it may cause him to develop negative associations with food and eating issues later in life.
- The most important thing is to be patient with your baby and yourself during this process!

Assess: Ask her: How is self-feeding going? Is your baby eating finger foods? Has your baby transitioned to a cup or a cup with a lid?

Action: Praise her if her baby is self-feeding or learning to drink from a cup. Remind her to keep encouraging her baby to self-feed, including offering her baby finger foods. If she has not tried introducing a cup with her baby, offer the following tips:

- Make the cup special, have your baby choose the cup that he would like to use.
- Show him how it is done. Modeling how to drink from a cup will make it easier for your baby to copy.
- Drink with him. Drinking with your baby can be like play time.

- Your baby probably won't have the motor skills to drink from a regular cup before his first birthday, but he can be practicing starting now.

Assess: Ask her: **How many times are you feeding your baby per day?**

Action: Listen to her answer. Praise her if she's feeding the right amount, correct her if she needs to adjust her amount:

- At 10 months old, you should be feeding your baby 3-4 times a day, with 1-2 snacks as desired.
- Each time you feed your baby, he should be eating a little more than a cup of food.

Regardless of her response, tell her: Remember, you should still be breastfeeding if possible! Breastmilk or formula should still provide over half of your baby's energy needs at this age.

Action: Tell her: In addition to feeding your baby more complementary foods than before, you should also start introducing new food textures into his diet.

Action: Tell her: If you haven't already, you should start introducing "lumpy" foods into your baby's diet, such as soup with soft vegetable chunks or egg/tofu pieces mixed with rice. Some benefits of introducing lumpy foods include:

- It helps prepare your baby for eating normally later on. Studies have shown that babies that aren't introduced to lumpy foods until after 10 months of age can increase the risk of feeding difficulties as he grows older.
- Lumpier, denser food often has more nutrients and provide more energy for your baby compared to thin, watery foods. So not only does lumpy food help your baby develop good eating skills, it can also fulfill your baby's increasing energy needs!

Tell her: Soon, your baby will be ready to start eating with the rest of your family, so it is important to start preparing for that now! Let me know if you have any questions.

B10.3: Breastfeeding Check-in

Action: If in previous sessions, she has told you that she is unable or unwilling to breastfeed, skip this module and make sure she has received Infancy 7-12 months Special Module: Formula feeding. Then go to module B10.4. Otherwise, continue with this module (B10.3).	
Assess: Ask her: Are you currently breastfeeding your baby?	
=> If yes	Action: Tell her: That's great! By continuing to breastfeed, you are ensuring that your baby gets all the nutrition he needs as he starts to eat other foods. Assess: Follow up by asking: How has breastfeeding been going? Do you have any problems or concerns? Listen empathetically and affirm her concerns. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. Let's go over the handout together and see if we can address the source of the problem. But if the pain continues, see your doctor or midwife.
=> If no	Action: If not previously presented, introduce and deliver the Infancy 7-12 months Special Module: Formula Feeding. Then go to module B10.4.

B10.4: Caregiver Mental Health (Draw Your Feelings)

Action: Ask her: Before we begin, I wanted to check in on how you are doing. Is there anything that you have been particularly worried about lately? Are there any specific problems that have been a significant source of stress for you?	
⇒If yes or no	Action: Listen to her answer patiently. Let her tell you anything she feels comfortable sharing and show your support for her. If there is anything in her answer that you feel uncomfortable handling, encourage her to speak to her doctor.
Action: Introduce the session and Pencil down How You Feel activity: Being a mother comes with both many rewards and difficulties. Between changing diapers, feeding, and nurturing your baby, your own mental and physical health can often fall to the wayside. However, taking care of yourself is important for you to be able to take good care of your baby. And when we are feeling sad, stressed, worried, or overwhelmed, it is harder to take care of ourselves. Recognizing and acknowledging your feelings is the first step to feeling better. Today, we will be doing a small mental health activity that will help you be more aware of how you are feeling.	
	Action: Tell her: I want you to first close your eyes and think about how you feel today. After 60 seconds of silence, take out a piece of paper and a pencil and give them to the caregiver. - Now I would like you to write down or draw how you feel. If you want to do both, that's also okay. The idea is to get your thoughts and feelings down on to a paper. You can write a couple of words, journal, write a poem, or draw a picture of a person, a scenery, an abstract symbol, anything you would like. Give her 5 minutes or so to let her draw quietly. When you see that she has finished, ask her: - Can you tell me what you have written/drawn? - Why did you write/draw this? - How does it represent your feelings? - How do you feel after this activity? - When you feel angry or unhappy, you can always do this activity to calm down and reset your feelings.

B10.5: Uptake of Government Service – YYB Check in

Assess: Ask her: A few sessions ago, we spoke about giving your baby supplemental iron or YYB. Are you giving your baby an iron supplement or YYB?	
=> If yes	Action: Tell her: Great job! You are helping your baby get the nutrition s/he needs. In addition to these supplements, make sure that s/he gets to eat different kinds of foods so that s/he gets all the vitamins and minerals s/he needs.
=> If no	Action: Tell her: We've talked many times that it's important to give your baby iron supplements in other sessions. Remember that you can get micronutrient and iron supplements at the township health center or village clinic. Ask township health center or village doctor about where to get supplements for your baby.
Action: Tell her: Refer to the H4.4 Uptake of Government Service Handout for a reminder of the information on free government services that you should take advantage of.	

B10 Knowledge/Attitude Check

As you end this session, ask the mother (or mother and grandmother) the following:

1. Can you give me 2 examples of specific objects that your baby could choke on?
 - a. **Food** – pieces of meat, nuts, seeds, grapes
 - b. **Household items** – coins, batteries, pen/marker caps
 - c. **Toys/toy parts** – eyes from stuffed animals, small plastic toys
 - d. **Outside objects** – small stones
2. Can you tell me 2 things you could do to prevent your baby from choking?
 - a. Make sure he is sitting while eating
 - b. Cut his food into small pieces
 - c. Keep small objects out of reach
 - d. Avoid toys with small or breakable parts
 - e. Keep older children's toys separate
3. How many times per day should your 10-month-old be eating?
 - a. 3-4 times a day, with 1-2 snacks as desired
4. Can you tell me one reason to start introducing lumpy foods into your baby's diet at this age?
 - a. It helps him prepare to eat normally and decreases the risk of feeding difficulties later on.
 - b. It has more nutrients and provides more energy than thin, watery foods.

Session B11

Action: Introduce this session: I hope you and your baby are doing well! Today, we will be covering the topics of injury prevention, breastfeeding, and caregiver mental health. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

B11.1: Injury (Prevention - Falls & burns)

Action: Introduce this module: Your baby is going to be walking soon! This is a very exciting time for you and your baby. But as babies become more mobile, they will want to explore, so you will need to be more vigilant to protect them from getting hurt. Let's talk a little bit about how you can help keep your baby safe.

Assess: Ask her: Falls are very common accidents that happen around this age. What are some of the things that you do to prevent your baby from falling and getting hurt?

Action: Listen to her response, praise her for the ways she protects her baby. Regardless of her response, tell her: Here are some things you may not have thought of:

- One way that babies can get injured is by falling out of bed.
 - If your baby is sleeping in the same bed as you, consider putting your mattress on the floor in case your baby rolls out of the bed.
 - You can also push your bed against the wall and have your baby sleep closer to the wall. However, be careful that your baby cannot get caught between the mattress and the wall.
 - Another way to prevent your baby from falling out of bed is to use a guard rail or a fence.
- Do not leave your baby unattended on elevated surfaces like tables, countertops or beds. Always keep your eyes on your baby when your baby is playing or sitting somewhere where he may fall off.
- When your baby starts to learn how to walk, try to remove any objects in his path that may cause injury if your baby were to fall down suddenly. The corners on low tables can be wrapped in soft cloth to help protect your baby's head if they hit them in a fall. Always supervise your baby so that you can catch him or soften his fall.
- Do not let your baby climb on unstable fixtures such as a tall bookshelf or cabinet in case it falls on him. You can make these fixtures more stable by securing them to the walls.
- If there are stairs in your home, place a barrier at the bottom and top of the stairs to prevent your baby from going up or down unsupervised.

Assess: Ask her: Burns are another common accident at this age. What are some of the things that you do to prevent your baby from getting burned?

Action: Listen to her response, praise her for the ways she protects her baby.

Regardless of her response, tell her: You can prevent burns by doing the following:

- Keeping hot pots or drinks out of your baby's reach
- Keeping your baby out of the kitchen
- Never drinking hot liquids while holding your baby
- Not using tablecloths that hang down (or keep them out of baby's reach) so he can't pull hot liquid or food off the table
- Testing the food temperature before feeding your baby
- Testing the water temperature before bathing your baby
- Keep lighters and matches out of the reach of your baby
- Don't leave burning cigarettes in ashtrays
- Don't smoke while holding your baby
- Keep your baby away from fireplaces, open braziers, kerosene heaters, and wood-burning stoves
- Keep your baby away from electrical sockets and plugs

Refer her to **B10.1 Injury Treatment and Prevention Handout** and tell her: All these tips to prevent your baby from getting injured are on this handout. Next time, we will go over how to care for these injuries if your baby does get hurt.

Action: Introduce the Safety walk around the house activity: Now that you know a little more about how to prevent injury in your house, let's take a walk around your house and you can point out all the safety hazards you see to me.

Action: Take the mother on a walk around her house one room at a time. In each room, let her point out any safety hazards you have mentioned in the lesson and ask her why it is unsafe and what she can do to make her home safer. Take note of these potential safety hazards and point them out if the mother does not.

Potential safety hazards

- Tall beds without a guardrail
- Unstable fixtures, like tall bookshelves or cabinets that could fall over
- Reachable stoves or heating elements
- Reachable cleaning products
- Reachable knives or scissors
- Exposed electrical outlets
- Corners of low tables

After the walk, tell her: Great job! Babies are naturally very curious and might get into all kinds of trouble. Although we have found a few hazards, there can be many more so always be on the lookout for potential safety hazards and keep an eye on your baby.

B11.2: Breastfeeding Check-in

Action: If in previous sessions, she has told you that she is unable or unwilling to breastfeed, skip this module (B11.2) and make sure she has received Infancy 7-12 months Special Module: Formula feeding. Then go to module B11.3. Otherwise, continue with this module (B11.2).	
Assess: Ask her: Are you currently breastfeeding your baby?	
=> If yes	Action: Tell her: That's great! By continuing to breastfeed, you are ensuring that your baby gets all the nutrition he needs as he starts to eat other foods. Assess: Follow up by asking: How has breastfeeding been going? Do you have any problems or concerns? Listen empathetically and affirm her concerns. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. Let's go over the handout together and see if we can address the source of the problem. But if the pain continues, see your doctor or midwife.
=> If no	Action: If not previously presented, introduce and deliver the Infancy 7-12 months Special Module: Formula Feeding. Then go to module B11.3.

B11.3: Caregiver Mental Health (Check-in)

Action: Ask her: Before we begin, I wanted to check in on how you are doing. Is there anything that you have been particularly worried about lately? Are there any specific problems that have been a significant source of stress for you?	
⇒If yes or no	Action: Listen to her answer patiently. Let her tell you anything she feels comfortable sharing and show your support for her. If there is anything in her answer that you feel uncomfortable handling, encourage her to speak to her doctor.
Action: Introduce this session: As your baby is growing, things in your household may change too. While you want to have a harmonious house, it's also important to self-reflect and acknowledge how you are feeling about any changes. For example, some mothers must travel back to the cities for work and leave their baby at home.	
Assess: Ask her: Is this the case in your household?	
⇒If yes	Assess: Ask her: How are you feeling about this? Action: Listen empathetically. If she seems upset about it, ask her if there is someone she can talk to about it when she's feeling bad. Suggest that she talk with another family member about what her feelings are, and (if this is the mom) how she would like her baby to be cared for in her absence. If you are speaking with the mom, suggest she make a plan of how she might stay in touch with her baby. If you are speaking with another caregiver, suggest she make a plan for taking over baby's care.
⇒If no	Assess: Ask her: Is there anything else you'd like to discuss about changes in your household or how you are feeling about motherhood? Action: Listen empathetically and praise her skills in caring for her baby.

B11 Knowledge/Attitude Check

As you end this session, ask the mother (or mother and grandmother) the following:

1. Can you recall two ways to reduce falls among babies?

- a. Move your bed on the floor, closer to a wall, or installing a guard rail
- b. Do not leave your baby unattended on elevated surfaces like tables, countertops, beds, or other places he could fall off of.
- c. When the baby starts to learn how to walk, remove any objects in his path that may cause injury if the baby were to fall down suddenly. Always supervise the baby so that you can catch him or her or soften the fall.
- d. Do not let your baby climb on unstable fixtures such as a tall bookshelf or cabinet in case it falls on him. You can make these fixtures more stable by securing them to the walls.
- e. If there are stairs in your home, place a barrier at the bottom and top of the stairs to prevent the baby from going up or down unsupervised.

2. What are three precautions to prevent burns among babies?

- a. Keeping hot pots or drinks out of the baby's reach
- b. Keeping the baby out of the kitchen
- c. Never drinking hot liquids while holding the baby
- d. Not using tablecloths that hang down (or keep out of baby's reach)
- e. Testing the food temperature before feeding the baby
- f. Testing the water temperature before bathing the baby
- g. Keep lighters and matches out of the reach of baby.
- h. Don't leave burning cigarettes in ashtrays.
- i. Don't smoke while holding a baby
- j. Keep babies away from fireplaces, open braziers, kerosene heaters, and wood-burning stoves
- k. Keep babies away from electrical sockets and plugs

Session B12

Action: Introduce this session: I hope you and your baby are doing well! Today, we will be covering the topics of complementary feeding, breastfeeding, and caregiver mental health. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

B12.1: Transition to Solids (Feeding after 12 months)

Action: Introduce the module: To start things off, we will talk about the next stages of feeding for your baby.

Action: Tell her: Let's go over what your baby should be eating now that they're 12 months old.

Action: Tell her:

- At 12 months old, complementary foods should be half of your baby's energy intake, provided during 3-4 meals and 1-2 snacks per day.
- To provide the other half of your baby's energy and nutrient needs, breastmilk, cow's milk, or calcium-fortified soy milk are good options for babies' main drink. Although continued breastfeeding is the best option until 24 months, cow's milk can now be given to your baby as well.
- It is **not** recommended to feed your baby formula after 1 year of age. You should not rely on formula as a substitute to foods even if it's easier or your baby seems to prefer it. Substituting food with formula can actually be harmful to your baby's healthy development. It's also expensive!
- Although your baby should be eating more complementary foods than before, the amount of food he eats every day may start changing. Beginning at 12 months, babies start to grow more slowly than before so he might start eating less regularly. Your baby might even go brief stretches without eating at all.
- Importantly, babies are really good at judging when they're hungry and when they're full, so if they stop they've had plenty to eat. The most important thing to remember is to be patient with your baby and never force your baby to eat. Keep in mind all those responsive feeding techniques we talked about before!

Action: Tell her: If your baby has been consistently self-feeding and eating lumpier foods, your baby is ready to start eating the same foods as the rest of your family! This is a big step to take, but it will make preparing food for your baby much easier. Simply mash and/or finely chop pieces of the meal for your baby.

Assess: Ask her: As you start to help your baby make this transition to the family's food, it's important to keep in mind safety concerns around possible choking hazards. **Can you think of some foods that might be potential choking hazards for your baby?**

Action: Praise her for correct examples. Regardless of her response, tell her: Here are some examples of food that your baby could choke on:

- Whole grapes
- Whole peanuts
- Large pieces of raw fruits or vegetables
- Pieces of tough meat

Tell her: Even though the rest of your family might eat these and they taste very good, these and similar foods should be mashed or cut into small pieces before feeding them to your baby to keep them safe when eating.

B12.2: Breastfeeding Check-in

Action: If in previous sessions, she has told you that she is unable or unwilling to breastfeed, skip this module (B12.2) and make sure she has received Infancy 7-12 months Special Module: Formula feeding. Then go directly to module B12.3. Otherwise, continue with this module (B12.2).	
Assess: Ask her: Are you currently breastfeeding your baby?	
=> If yes	Action: Tell her: That's great! By continuing to breastfeed, you are ensuring that your baby gets all the nutrition he needs as he starts to eat other foods. Assess: Follow up by asking: How has breastfeeding been going? Do you have any problems or concerns? Listen empathetically and affirm her concerns. If she is concerned about nipple pain or breast discomfort, discuss the possible causes and how to address them by referring to the B1-2.1 Breastfeeding Pain Troubleshooting Handout. Tell her: Most causes of pain when breastfeeding can be fixed with some adjustments. Let's go over the handout together and see if we can address the source of the problem. But if the pain continues, see your doctor or midwife.
=> If no	Action: If not previously presented, introduce and deliver the Infancy 7-12 months Special Module: Formula Feeding. Then go to module B12.3.

B12.3: Caregiver Mental Health (Building Confidence - toddler)

Action: Ask her: Before we begin, I wanted to check in on how you are doing. Is there anything that you have been particularly worried about lately? Are there any specific problems that have been a significant source of stress for you?	
⇒If yes or no	Action: Listen to her answer patiently. Let her tell you anything she feels comfortable sharing and show your support for her. If there is anything in her answer that you feel uncomfortable handling, encourage her to speak to her doctor.
Action: Introduce the session: Remember, you are not alone in caring for your baby, and it is very normal to have doubts about your caregiving skills – everyone does! Today, I'd like to ask you to reflect about what it feels like when things go well.	
	Assess: Ask her: • What have you been feeling really confident about lately in caring for your baby? (Listen and praise her for her caregiving skills) • Can you talk about times recently that you felt very close to your baby? • What are some things you've done to care for yourself and make yourself feel more positive? • What are some ways people have been helpful to you in the last few weeks? How has that felt? Action: Suggest that the next time she feels overwhelmed or doubtful, she should remember her feelings of confidence and positivity toward mothering.

B12 Knowledge/Attitude Check

After finishing the session, ask the mother/grandmother the following:

1. How much of your baby's energy needs should be met by complementary foods when they are 1 year old?
 - a. Half of his energy needs
2. Why is it **not** recommended to feed your baby formula after 1 year of age?
 - a. Breastmilk, cow's milk or calcium-fortified soy milk are good options for babies' energy and nutrition needs for his main drink.
 - b. Substituting complementary foods with formula can be harmful to babies' healthy development.
 - c. It's expensive.
3. Can you give me two examples of foods that could be choking hazards for your baby?
 - a. Whole grapes
 - b. Whole peanuts
 - c. Large pieces of raw fruits or vegetables
 - d. Pieces of tough meat

INFANCY 13-15 Months

Session B13

Action: Introduce this session: Your baby is now 1 year old! Over this last year, you and your baby have gone through a lot of experiences, many of which are positive but many of which were also very challenging. I would like to take this moment to acknowledge how great you have been doing! I hope after a year you've been getting more used to motherhood, and I want to ensure you that we've already gone through some of the hardest parts. Over the next few months, there will be a lot of review and refreshers to make sure that you have the knowledge and tools to continue applying everything we've covered in the program. Today, we will be covering the topic of injury prevention. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

B13.1: Injury (Prevention – Poisons)

Action: Introduce this module: At this age, babies are active, very curious, and mobile! They will often investigate anything that they can get into. Therefore, everyday products in your home can be extremely dangerous because your baby might try to eat or drink them! Let's talk about how you can protect your baby from common household poisons.

Action: Tell her: You can help poison-proof your home by doing the following:

- Keep toxic products, such as cleaning solutions, pesticides, and adult medications where your baby can't see or get them, such as in a locked cabinet or high up on a shelf.
- Don't keep it if you don't need it. Safely dispose of unused or unneeded chemicals.
- Never put cleaning products in old soda bottles or containers that were once used for food.
- When you're cleaning or using household chemicals, never leave the bottles or buckets unattended if your baby is present. When you are done cleaning, properly dispose of rags that touched the cleaning chemicals.
- Check every room of your home from a baby's-eye view. Be aware of your baby's surroundings and what could be dangerous if he could reach it.
- Read the labels on your household products for warning messages.

If you think your baby has been ingested a potentially poisonous substance but he is awake and alert, see a doctor for advice and help. Take your baby to the emergency room immediately if your baby has collapsed or is not breathing.

Refer her to **B10.1 Injury Treatment and Prevention Handout**, and tell her: All the information we talked about is in this handout for your reference.

Action: Introduce Poison prevention activity: Today, we're going to read some chemical labels from items in your household so that you know why they are so harmful and so you know what items you should keep away from your baby.

Action: Walk around the household with the mother and pick up items that could be a poison hazard for the baby (ex. bleach, cleaners, pesticides, laundry detergent, adult medications). After collecting as many items as you can find, sit down and read through the warning labels (if they have them) together. Make sure to emphasize that drinking or ingesting these hazardous materials can damage the throat and/or stomach of your baby and could potentially be lethal. After reading each label, ask the mother how she can safely store each of these items around the house.

B13 Knowledge/Attitude Check

As you end this session, ask the mother (or mother and grandmother) the following:

1. Can you name three things you can do to prevent your baby from poisoning himself in the house?
 - a. Keep toxic products, such as cleaning solutions and adult medications, where your baby can't see or get them, such as in a locked cabinet or high up on a shelf.
 - b. Don't keep it if you don't need it. Safely dispose of unused or unneeded chemicals.
 - c. Never put cleaning products in old soda bottles or containers that were once used for food.
 - d. When you're cleaning or using household chemicals, never leave the bottles or buckets unattended if your baby is present. When you are done cleaning, properly dispose of rags that touched the cleaning chemicals.
 - e. Check every room of your home from a baby's-eye view. Be aware of your baby's surroundings and what could be dangerous if he could reach it.
 - f. Read the labels on your household products for warning messages.

Session B14

Action: Introduce this session: I hope you and your baby are doing well! Today, we will be covering the topics of complementary feeding, injury prevention, and available government services. At the end of this session, we will ask a few questions to review what we covered today. If you have any questions, or would like a break, please let me know at any point during this visit.

B14.1: Healthy Local Foods (Refresher – food diversity)

Action: Introduce the module: The majority of what your baby is eating should be complementary foods now! Last time we talked about how your baby can start eating the same foods as your family and certain foods to avoid due to choking hazards. Now, we will review and go over examples of nutritious foods your baby should be eating. Then we will do an activity together to help you review what you have learned.

Assess: Tell her: As your baby starts eating normally with the rest of your family, it is still important to make sure that your baby is eating foods that will give him all the nutrients he needs from the 4 food groups we've talked about before. **Can you tell me what those 4 food groups are?**

Action: Praise her for the groups she remembers, remind her of the ones she has forgotten:

- a) Carbohydrate sources (grains, such as rice, noodles and potatoes)
- b) Protein sources (meat, poultry, fish, eggs, beans, soy-based products, and dairy products)
- c) Vegetables (especially dark leafy greens and orange/yellow vegetables)
- d) Fruits (especially orange/yellow fruits and citrus)

Regardless of her response, tell her: It is important that babies have a balanced diet that includes foods from all four of these food groups in any given day. By feeding your baby foods from all of four groups, you will achieve two important goals.

- First, by providing your baby with a diverse diet, he will be more likely to receive key micronutrients, such as iron, vitamin A and calcium, which are essential for your baby's health and development. For example, animal products and dark leafy greens are a good source of iron. Orange/yellow fruits and vegetables are good sources of vitamin A. And calcium-rich foods include dairy products, such as yogurt and cow's milk, and some dark leafy green vegetables. Even as they grow older, babies still need to get enough of each of these micronutrients!

- Second, your baby will experience different flavors and textures of foods at an early age, which will help to make him a less picky eater when he grows up. It's ok if your baby doesn't seem to like some foods or textures at first. Keep trying different foods and giving him foods at different times, as he may eventually like them.

Tell her: Even if your baby likes sweet or sugary foods, try to avoid feeding your baby junk foods (like processed snacks and sugary drinks) that may satisfy his hunger but won't provide him with the nutrients he needs.

Also, you should not rely on formula or cow's milk as a substitute for food even if it's easier to feed your baby or if your baby prefers it. Substituting formula for food can be harmful to your baby's healthy development.

Action: **Introduce the Complementary Food Preparation Techniques activity:** We know it can be hard sometimes to know what kinds of food you should prepare for your baby. This activity will hopefully give you some ideas of healthy meals you could make for your baby at this age.

Action:

1. Show the mother/caregiver pictures of locally, available, feasible, affordable and seasonal foods: carbohydrate sources, protein sources, vegetables and fruits in a variety of colors on the **B7.1 Meal and Snack Preparation Handout**.
2. Ask her to use the available foods to prepare **three separate meals** that could be fed to a baby of 6-9 months through the course of a day. Encourage her to try to use a variety of colors of food.
3. Ask her to show and explain the 'prepared meals', discussing age-appropriate characteristics of complementary feeding: frequency, amount, thickness (consistency), variety. (Refer mother/grandmother **B5.1 Rainbow diet and Locally Available Foods** and **B6.1 Complimentary Feeding Practices Handout** for reference)
4. Ask her to identify the food groups that are represented in the three meals. Praise her if all four food groups are represented at least once across the three meals (carbohydrates, protein sources, vegetables and fruits). If a group is not represented, ask her if she can add it or substitute another food in one of the meals.
5. Count the number of different colors of food (refer to **B5.1 Rainbow diet and Locally Available Foods** for 5 main colors). Praise her if 4 or more colors are represented across the three meals. If fewer than 4 colors are represented, ask her if she can substitute another food with a different color in one of the meals. Remind her that including more colors of the rainbow in a meal increases the chances of providing her baby with a variety of different nutrients.

6. Ask her to also identify which foods in the meals are iron, vitamin A or calcium rich.

B14.2: Injury (Care-seeking: Falls, cuts & burns)

Action: **Introduce this module:** Last time, we talked how to prevent falls and burns, which are common injuries that your baby may experience. Now, we will talk about what to do if these injuries happen, and discuss when your baby's injury warrants medical care. You can follow along with the **B10.1 Injury Treatment and Prevention Handout**.

Action: **Tell her:** Whether your baby has experienced a fall, cut or burn, a good plan of action is to remove, comfort, inspect, and act. What this means is:

- **Remove** your baby from additional danger such as a sharp object, hot space, or high area.
- **Comfort** your baby. Gently pick him up and let him know that you are there to help.
- **Inspect** the wound or possible damage. See how big the wound or burn is. If your baby falls, inspect his head for visible signs of injury. This is the time to determine whether your baby will need to be taken to the doctor.
- **Act** on the next steps of helping your baby, which we will discuss next. This could include taking your baby to the doctor or treating your baby at home if your baby does not need immediate medical treatment.

Assess: **Ask her:** Now that you know the general plan of action for what to do when your baby gets hurt, can you apply the steps of remove, comfort, inspect, and act, if your baby experiences a burn?

Action: **Listen to her response. Regardless of her response, tell her:** If your baby experiences a burn:

- First, **remove** your baby from the dangerous area. If your baby's clothes are on fire, smother the flames.
- Next **comfort and inspect**. A minor burn is one that looks similar to a sunburn.
- Now **act**. Treating a minor burn can be done by running cool water over the area for several minutes, which lowers the temperature of the skin, then gently wiping or patting the burn with a clean towel and applying a bandage.
- Do not apply ice-cold water or ice to a burn, as this will hurt and can decrease blood flow to the area
- You should see your doctor if:
 - Your baby's burn covers a large area, is on the face, hands, feet, or genitals
 - The burn starts to blister
 - If your baby has trouble breathing or loses consciousness after the burn

Action: Tell her: Now, we will go over specifics of what to do when your baby either gets cut or falls.

Action: Tell her: For cuts, get your baby away from the sharp object, comfort him, and inspect the wound.

- If you see any bleeding, apply pressure gently with gauze or a clean towel or cloth to reduce the bleeding.
- Make sure that your hands are washed before coming in direct contact with an open wound.
- Wash the wound gently with soap and water but do not scrub the wound. This is done in order to remove dirt that could cause the wound to become infected.
- Apply gauze or a clean bandage to cover the wound.
- Make sure to check the wound on a daily basis but avoid blowing on the wound as this can cause germs to grow.
- See your doctor if the bleeding is excessive or can't be stopped or if the wound is deep and may require sutures.

Action: Tell her: After a fall, pick your baby up, comfort him, and examine his head for visible signs of injury.

- Comfort may be the best and only treatment your baby needs.
- However, if your baby loses consciousness after a fall or appears limp or sleeping and then resumes consciousness, you should see your doctor immediately.
- Other reasons for seeing a doctor after your baby experiences a fall are if he exhibits any of the following signs:
 - Being inconsolable
 - Bulging of your baby's soft spot in the front of the head
 - Continually rubbing the head
 - Excessively sleepy
 - Has bloody or yellow fluid coming from the nose or ears
 - Unusually high-pitched cry
 - Loss of balance
 - Poor coordination
 - Pupils that aren't the same size
 - Sensitivity to light or noise
 - Vomiting

B14.3: Uptake of Government Service – YYB Check in

Assess: Ask her: We spoke a few months ago about giving your baby supplemental iron or YYB. Are you giving your baby an iron supplement or YYB?	
=> If yes	Action: Tell her: Great job! You are helping your baby get the nutrition s/he needs. In addition to these supplements, continue to make sure that s/he gets to eat different kinds of foods so that s/he gets all the vitamins and minerals s/he needs.
=> If no	Action: Tell her: Even though your baby is older now, it is still a good idea to continue to supplement his diet. Remember that you can get micronutrient and iron supplements at the township health center or village clinic. Ask your township health center or village doctor about where to get supplements for your baby.
Action: Tell her: Refer to the H4.4 Uptake of Government Service Handout for a reminder of the information on free government services that you should take advantage of.	

B14 Knowledge/Attitude Check

After finishing the session, ask the mother/grandmother the following:

1. What are two advantages to feeding babies foods from all four food groups?
 - a. They will be more likely to receive key micronutrients, such as iron, vitamin A and calcium.
 - b. Experiencing different flavors and textures of foods at an early age, will help to make them a less picky eater when they grow up.
2. What should you do if your baby doesn't like to eat certain foods?
 - a. Keep trying to feed him different foods and at different times, because he may eventually like them.
3. Can you name one action to take when your baby has experienced a burn?
 - a. Run cool water over the area for several minutes, which lowers the temperature of the skin.
 - b. Wipe the burn gently with a clean towel.
 - c. Apply a bandage.
4. What are two ways you can care for your baby when he experiences a fall?
 - d. Pick him up, comfort him, and examine baby's head for visible signs of injury
 - e. If you see any blood, gently apply pressure with gauze, a clean towel, or cloth to stop the bleeding
 - f. Gently wash the wound with soap and water
 - g. See a doctor if the bleeding is excessive or the wound is large or deep
5. What are two signs that you should seek medical care when your baby has experienced a fall?
 - a. Bleeding
 - b. Loss of consciousness
 - c. Being inconsolable
 - d. Bulging of the baby's soft spot in the front of the head
 - e. Continually rubbing the head
 - f. Excessively sleepy
 - g. Has bloody or yellow fluid coming from the nose or ears
 - h. Unusually high-pitched cry
 - i. Loss of balance
 - j. Poor coordination
 - k. Pupils that aren't the same size
 - l. Sensitivity to light or noise
 - m. Vomiting
6. What are two signs that you should seek medical care when your baby has experienced a burn?
 - a. Your baby's burn covers a large area, is on the face, hands, feet, or genitals
 - b. The burn starts to blister
 - c. If your baby has trouble breathing or loses consciousness after the burn

Session B15

Action: Introduce this session: I hope you and your baby are doing well! Today, we will be covering the topic of illness. If you have any questions, or would like a break, please let me know at any point during this visit.

B15.1: Respiratory Infections (Check-in)

Action: Introduce this module: Protecting your baby from sickness requires being watchful of symptoms and knowledgeable about respiratory illnesses such as colds, flu, and pneumonia. Since we first began our monthly chats, we've talked about how to recognize when your baby is ill, how to care for a sick baby, and when to seek medical care. We've covered a lot of information, so today I would like to check in on how things are going and answer any of your questions.

Assess: Ask her: Has your baby been sick in the last couple of months?

⇒If yes

Action: Have her describe the illness, including symptoms, how long it lasted, etc., and how she cared for her baby when he was sick, including if he got medical care. Then ask her for what she thinks are possible ways her baby got sick (sick family member, not washing hands when preparing food, etc).

⇒If no

Action: Tell her: I'm so glad your baby hasn't been sick in the last few months! However, as she gets more active—walking around, grabbing things, and generally interacting with the world around her, including other children and adults—the risk of your baby picking up germs and getting sick will increase. So it's still important to know how to prevent and care for colds and respiratory illnesses.

Action: Tell her: Remember, the best thing that you can do to protect your baby from colds, diarrhea, and other diseases is to wash your and your baby's hands regularly, and to encourage others in your family to wash their hands before playing with or feeding her.

Action: Introduce Hand washing activity. Tell her: Previously, we talked about starting to wash your baby's hands. Today, we can practice washing her hands together. This helps prevent the spread of germs that can make your baby sick, and will also establish good habits as she grows.

Action: Perform the following steps:

1. **Materials:** Ask the mother if she can prepare a clean basin, warm water, soap (either hand soap or dish soap will work), and a clean towel you can use for the activity.
2. Prepare a basin of warm soapy water. Check the temperature to make sure it is comfortable for baby, and swish around the water to make it bubbly.

3. Invite the caregiver to bring baby over and help her to splash around in the basin. Any type of play is good as long as baby's hands get fully covered in soapy water. Smile and praise baby for washing her hands.
4. When baby is done playing, or after a few minutes, have the caregiver sit by baby and rub baby's hands together in the water, making sure to get between her fingers. Then shake off the water and wipe off with the clean towel. Praise baby for being clean and washing her hands.

Tell her: By helping your baby to wash her hands regularly, you are not only protecting her from disease now, but also instilling good hygiene habits that will keep her healthy her whole life.

INFANCY 16-18 Months

Session B16

Action: Introduce this session: We've come so far since we've started this program. Your baby has grown so much, and hopefully you've integrated what you've learned through this program into your daily habits. Over these last few months of the program, we will continue to provide as much support as we can to you and your baby, and review content from a few more topics. Today, we will be covering the topics of complementary feeding and injury prevention. If you have any questions, or would like a break, please let me know at any point during this visit.

B16.1: Healthy Local Foods (Refresher – meal preparation)

Action: Introduce this module: It's been almost a year since your baby began eating complementary foods, but it is still natural to face challenges when feeding him. However, the time and energy you spend helping your baby develop healthy eating habits now will result in a healthier body and mind later in life. Your baby needs to eat a variety of foods in order to reach his fullest potential. Today we will review what you've been feeding your baby.

Assess: Ask her: Are you giving your baby formula?

Action: Praise her if she is not using formula. Regardless of her response, remind her that:

Formula is not recommended for children after 12 months of age. Although your baby still needs a lot of calcium for strong bone growth, breastmilk, cow's milk, or calcium-fortified soy milk are good options for meeting this need – and are a lot less expensive! Remember too that your baby will be getting most of his energy and nutrient needs from complementary foods. Do not use formula as a substitute to complementary foods - this can be harmful to your baby's healthy development.

Assess: Ask her: Is your baby eating the same food as the family?

Action: Praise her if the baby is eating the same food. Regardless of her response, remind her that:

Feeding your baby the same foods as the rest of your family makes preparing food for your baby much easier! Simply mash and/or finely chop pieces of the meal for your

baby. And remember, at this age, your baby should be eating about one-quarter the amount of the adults in your family.

Action: Introduce the “24-hour Dietary Recall” activity: Let’s start with reviewing what your baby has eaten in the past day. As you know your baby’s diet is critical to his or her health so let’s see if he or she is getting enough from his or her current diet.

Assess: Ask her: **Would you please describe the foods or drinks that your baby was given yesterday during the day and night, whether at home or outside the home? Start with the first food or drink consumed in the morning.**

Action: Use **H4.1 24-hour Dietary Recall Activity Handout** to write the list of foods down while she names them (separately for each meal). When composite dishes are mentioned, ask for the list of ingredients. Ask her if she has given the baby any snacks in addition to meals. Write these down too. When the respondent has finished, probe for meals and snacks not mentioned.

After she is done describing all the food that the baby has eaten yesterday, fill in the food groups based on the information recorded above. For any food groups not mentioned, ask the respondent if a food item from this group was consumed.

Discuss which foods given are rich in iron, vitamin A or calcium. Praise her for the healthy choices she is making in the baby’s diet. Discuss missing nutrients and suggestions for foods that could be added that would provide these nutrients.

Ask her what challenges she might have in making such a meal – is it what the family eats? Are the foods available close by? Help her think of ways it can be as easy as possible to make healthy meals.

Carefully review the snacks given in last 24 hours. Remind her that packaged snacks have sugars and additives that can be bad for her baby so it’s better to feed him foods that caregivers have prepared themselves.

Remind her to review **B8.1 Active and Responsive Feeding Handout** whenever she has questions about feeding.

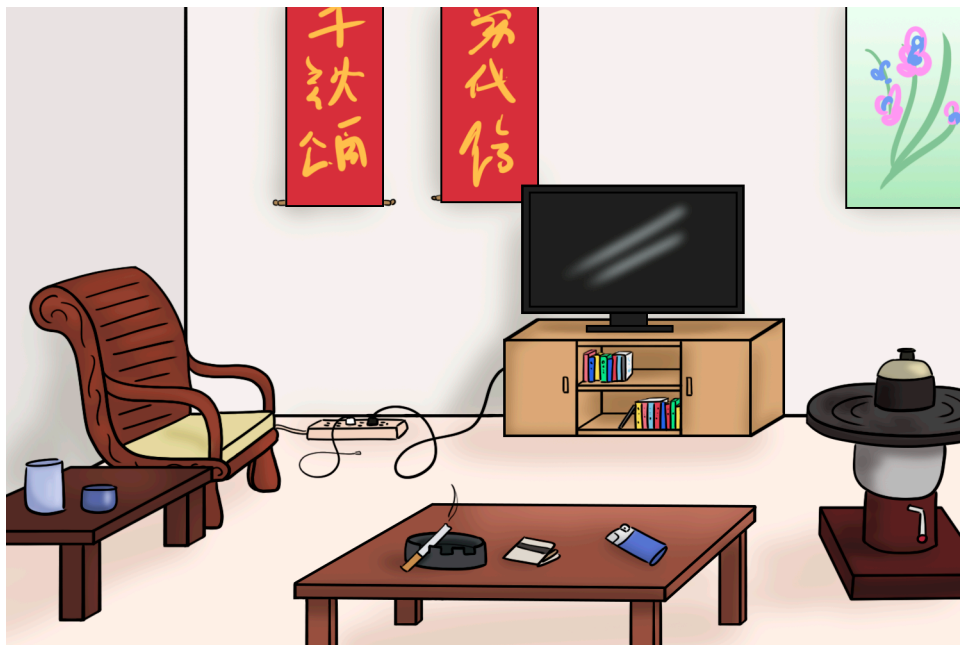
B16.2: Injury (Prevention – Review)

Action: Introduce this module and Safety Hazard Identification activity: In past sessions, we talked about falls and burns, which are common injuries that children experience. Now, we will review how to prevent them with an activity.

Action: Tell her: You have learned all the tips to keep your baby safe. Now it is the time to show off your knowledge!

Point to each picture and ask her to point out the safety problems in each of the drawings.

Living Room



If she doesn't identify them on her own, make sure you point out the following hazards:

- Keep appliance cords out of baby's reach. These can cause her to trip and fall, or if she plays with it, the TV (or other appliance) could fall on her and cause serious injury. You can make sure they are hidden behind furniture, or tape them to the wall or floor.
- Keep your baby away from electrical sockets and plugs
- Don't leave burning cigarettes in ashtrays.
- Keep lighters and matches out of baby's reach.
- Use physical barriers so that a heating device (e.g., stove) is out of baby's reach.
- The corners on the coffee table can be wrapped in soft cloth to help protect baby's head if they hit them in a fall.

Bedroom



If she doesn't identify them on her own, make sure you point out the following hazards:

- Bed should be on the floor, against a wall, or have a guard rail to prevent falls
- Never leave your baby on an elevated surface—like a bed—unattended.
- Tall bookshelves are tempting for babies to climb. You can make these fixtures more stable by nailing them to the walls.

Kitchen



If she doesn't identify them on her own, make sure you point out the following hazards:

- Never leave a pot unattended on the stove. It's a good idea to turn the handle so that the baby can't reach it.
- Store cleaning supplies in places babies can't reach.
- Store knives and sharp objects in places babies can't reach.

Assess: Ask her: **Can you tell me some of the other things that you can do to prevent your baby from getting hurt?**

Action: Listen to her response, praise her for the ways she protects her baby, and remind her of the ones she missed:

- Try to remove any objects in his path as he learns to walk.
- In general, try to keep your baby out of the kitchen
- Keep hot pots or hot drinks out of your baby's reach
- Never drink hot liquids or smoke while holding your baby
- Avoid tablecloths that hang down (or keep them out of baby's reach) so he can't pull hot liquid or food off the table
- Test the food temperature before feeding your baby
- Test the water temperature before bathing your baby
- Place a barrier at the bottom and top of the stairs to prevent your baby from going up or down unsupervised.
- Most importantly – be attentive of your baby and what they are doing!

Session B17

Action: Introduce this session: I hope you and your baby are doing well! Today, we will be covering the topic of injury prevention. If you have any questions, or would like a break, please let me know at any point during this visit.

B17.1: Injury (Care-seeking – Review)

Action: Introduce this module: In past sessions, we talked about falls and burns, which are common injuries that children experience. Today we will check in on how injury care for your baby has been going, and then review how to care for your baby if he experiences these types of injuries by going through a list of scenarios in where your baby is hurt and deciding how to respond.

Assess: Ask her: Has your baby experienced any injuries in the last couple of months?

⇒If yes

Action: Have the mother to describe what happened and how she responded to the injury. Listen to her carefully, commenting on things that she did very well in response to her baby's injury, as well as gently suggesting things she could have done differently. The general steps for a response are listed below for reference:

- **Remove** your baby from additional danger such as a sharp object, hot space, or high area.
- **Comfort** your baby. Gently pick him up and let him know that you are there to help.
- **Inspect** the wound or possible damage. See how big the wound or burn is. If your baby falls, inspect his head for visible signs of injury. This is the time to determine whether your baby will need to be taken to the doctor.
- **Act** on the next steps of helping your baby, which will discuss next. This could include taking your baby to the doctor or treating your baby at home if your baby does not need immediate medical treatment.

⇒If no

Action: Tell her: I'm glad your baby hasn't been up to too much trouble! Keep in mind, however, that as your baby gets more active, the risk of an injury will increase, so it's still important to know how to prevent and care for injuries!

Action: Introduce the Injury care scenario activity: Now we will go through a few potential scenarios of injuries that could happen to your baby. After I read the scenario, I would like you to tell me how you would respond, specifically what you would do in

the order of our procedure of **remove, comfort, inspect, and act**. It's ok if you aren't sure, we'll go through them together!

Action: For each of the scenarios below, read the description out loud, then have the mother say how she would respond to the situation using the steps of remove, comfort, inspect, and act. Fill in details and information that is missing from her answers.

Scenario 1: You accidentally left a knife out on the table when you were cooking. Your baby somehow got a hold of it, and while playing with it, he cut his hand and is now crying and bleeding.

- Remove – Take the knife away and put in safe place.
- Comfort – Comfort your baby.
- Inspect – Look to see how large the wound is. If it is deep and may need suture, take your baby to the doctor. If it is a minor cut, you can treat it at home.
- Act – Wash your hands, then use a gauze/cloth to apply slight pressure on the wounds to stop the bleeding. Wash wound with soap and water, but do not scrub. Cover wound with clean gauze/bandage.

Scenario 2: You have boiled water for drinking. As you are pouring the just boiled water into a cup to drink, your baby pulls on your arm and you accidentally spill some hot water onto your baby's arm. The spot on the arm turns slightly pink, looking like a sunburn.

- Remove – Move the boiled water somewhere else away from your baby.
- Comfort – Comfort your baby.
- Inspect – Examine the burn. Since it looks like a sunburn and is on your baby's arm, it's only a minor burn and can be treated at home.
- Act – Run the burn under cool water for a couple minutes, gently wipe off or pat with a clean towel, and put a bandage over it.

Scenario 3: As your baby is playing with you on your bed, he accidentally falls off onto the floor.

- Remove – Pick your baby up off the floor.
- Comfort – Comfort your baby.
- Inspect – Examine your baby's head to see if there is any bleeding or any other obvious signs of injury.
- Act – Take your baby to see the doctor if:
 - She loses consciousness or seems unusually limp or sleepy
 - There is any bulging on her head
 - She vomits
 - Loss of balance, poor coordination, pupils aren't the same size, sensitivity to light or noise

Scenario 4: As you are cooking, you forget to turn off the fire as you go look for something you need. While you are away, your baby places her hand too close to the stove and gets burned. You return to your baby crying, and see that her hand has blisters.

- Remove – Turn off the fire and move your baby away from the stove.
- Comfort – Comfort your baby.
- Inspect – Examine her hand, and other body parts to see if there are any other burns.
- Act – Take your baby to see the doctor, since the burns are on her hand and it has blisters.

Ask the mother if she has any questions, and answer them patiently.

Session B18

Action: Introduce this session: I hope you and your baby are doing well! Today, we will be covering the topic of caregiver mental health. If you have any questions, or would like a break, please let me know at any point during this visit.

B18.1: Caregiver Mental Health (Slow Breathing Exercise)

Action: Ask her: Before we begin, I wanted to check in on how you are doing. Is there anything that you have been particularly worried about lately? Are there any specific problems that have been a significant source of stress for you?	
⇒If yes or no	Action: Listen to her answer patiently. Let her tell you anything she feels comfortable sharing and show your support for her. If there is anything in her answer that you feel uncomfortable handling, encourage her to speak to her doctor.
Action: Introduce the session: As we close out our monthly sessions with you, we hope you feel comfortable sharing with us any concerns you have about caregiving. Is there anything you want to discuss today about worries you have?	
⇒If yes or no	Action: Listen and help her brainstorm ways she might be able to address these concerns.
Action: Introduce Slow Breathing Activity: Now we are going to do a slow breathing exercise together. You can do it anywhere and at any time, and it is a simple and easy way to relieve stress!	
	Action: Lead her in this exercise by doing it with her. - First, relax your body. - Shake your body and limbs. Start with your hands, moving up to your arms and then your legs - Roll your shoulders, 10 rolls together - Gently move your head from side to side, 10 tilts each side - Now, focus on your breath. Breathe from your stomach, not your chest. Push out when you inhale and push in when you exhale. Feel your stomach expand and contract with every breath. - Try and slow the rate of your breathing. Aim for three seconds of breathing in and three seconds of breathing out

	Once you have completed at least five breaths, tell her: Great job. I hope you find this exercise useful in the future whenever you feel stressed, worried, or overwhelmed.
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Action: Tell her: I can't believe that this is the last visit I have with you! I'd like to thank you for making the effort to take part in the home visits. You are doing so well as a mother and I feel confident in you to take care of yourself and your baby in the future!