INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

COUNSEL THE MOTHER

World Health Organization and UNICEF
1997

Integrated Management of Childhood Illness was prepared by the World Health Organization's Division of Diarrhoeal and Acute Respiratory Disease Control (CDR), now the Division of Child Health and Development (CHD), and UNICEF through a contract with ACT International, Atlanta, Georgia, USA.

CONTENTS

INTRODUCTION 1

FEEDING RECOMMENDATIONS 3

EXERCISE A 11

1.0 ASSESS THE CHILD'S FEEDING 13

2.0 IDENTIFY FEEDING PROBLEMS 15

EXERCISE B 18

3.0 COUNSEL THE MOTHER ABOUT FEEDING PROBLEMS 19

3.1 GIVE RELEVANT ADVICE 19

EXERCISE C 25

3.2 USE GOOD COMMUNICATION SKILLS 31

3.3 USE A MOTHER'S CARD 34

EXERCISE D 37

4.0 ADVISE THE MOTHER TO INCREASE FLUID DURING ILLNESS 41

5.0 ADVISE THE MOTHER WHEN TO RETURN TO A HEALTH WORKER 42

EXERCISE E 49

6.0 COUNSEL THE MOTHER ABOUT HER OWN HEALTH 53

EXERCISE F 54

ANNEX: MOTHER'S CARD 55

ANSWERS TO SHORT ANSWER EXERCISES 59

COUNSEL THE MOTHER

INTRODUCTION

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

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

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

LEARNING OBJECTIVES

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

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

In practicing these tasks, you will focus on:

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

Even though you may feel hurried, it is important to take time to counsel the mother

carefully and completely. You have been learning communication skills throughout this course. When counselling a mother, you will use some of the same communication skills that you have already practiced when assessing and treating the child.

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

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

{Module 05 – page 002.jpg}

FEEDING RECOMMENDATIONS

This section of the module will explain the feeding recommendations on the *COUNSEL* chart and any local adaptations. The recommendations are listed in columns for 5 age groups. You need to understand all of the feeding recommendations, but you will not need to explain them all to any one mother. You will first ask questions to find out how her child is already being fed. Then you will give **only the advice that is needed** for the child's age and situation.

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

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

RECOMMENDATIONS FOR AGES UP TO 4 MONTHS

{Module 05 – page 003.jpg}

The best way to feed a child from birth to at least 4 months of age is to breastfeed exclusively. Exclusive breastfeeding means that the child takes only breastmilk and no additional food, water, or other fluids (with the exception of medicines and vitamins, if needed). *Note: If other fluids and foods are already being given, counselling is needed as described in section 3.1 of this module.*

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

The advantages of breastfeeding are described on the next page.

Breastmilk contains exactly the nutrients needed by an infant. It contains:

Protein
Fat
Lactose (a special milk sugar)
Vitamins A and C
Iron

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

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

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

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

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

It is best not to give an infant below the age of 4 months any milk or food other than breastmilk. For example, do not give cow's milk, goat's milk, formula, cereal, or extra drinks such as teas, juices, or water. Reasons:

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

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

RECOMMENDATIONS FOR AGES 4 MONTHS UP TO 6 MONTHS

{Module 05 – page 005.jpg}

Most babies do not need complementary foods before 6 months of age. Breastmilk remains the child's most important food, but at some time between the ages of 4 and 6 months, some children begin to need foods in addition to breastmilk. These foods are often called complementary or weaning foods because they complement breastmilk.

The mother should only begin to offer complementary foods if the child shows interest in semisolid foods, appears hungry after breastfeeding, or is not gaining weight adequately. The child may show interest by reaching for the mother's food, or by opening her mouth eagerly when food is offered.

By 6 months of age, all children should be receiving a thick, nutritious complementary food.

It is important to continue to breastfeed as often as the child wants, day and night. The mother should give the complementary foods 1-2 times daily **after** breastfeeding to avoid replacing breastmilk.

RECOMMENDATIONS FOR AGES 6 MONTHS UP TO 12 MONTHS

{Module 05 – page 006.jpg}

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

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

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

An "adequate serving" means that the child does not want any more food after active feeding.

* *A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal with added oil); meat, fish, eggs, or pulses; and fruits and vegetables.*

GOOD COMPLEMENTARY FOODS

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

Foods that are appropriate in your area are listed in the feeding recommendations on the *COUNSEL* chart and are described here:

{Insert description of local complementary foods for 4-6 months and 6-12 months.}

RECOMMENDATIONS FOR AGES 12 MONTHS UP TO 2 YEARS

{Module 05 – page 008.jpg}

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

Give nutritious complementary foods or family foods 5 times a day.

Adequate servings and active feeding (encouraging the child to eat) continue to be important.

**A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal with added oil); meat, fish, eggs, or pulses; and fruits and vegetables*

.

{Insert description of local foods appropriate for the child age 12 months up to 2 years.}

RECOMMENDATIONS FOR AGES 2 YEARS AND OLDER

{Module 05 – page 009.jpg}

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

{Insert description of local foods appropriate for the child age 2 years and older.}

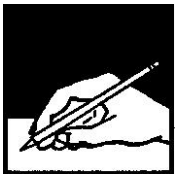
SPECIAL RECOMMENDATIONS FOR CHILDREN WITH PERSISTENT DIARRHOEA

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

{Module 05 – page 010.jpg}

Continue other foods appropriate for the child's age.

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



EXERCISE A

In this exercise you will answer questions about the feeding recommendations.

1. Write a "T" by the statements that are True. Write an "F" by the statements that are False.

   a. ____ Children should be given fewer feedings during illness.

   b. ____ A 3-month-old child should be exclusively breastfed.

   c. ____ A very thin cereal gruel is a nutritious complementary food.

   d. ____ A 3-year-old child needs 5 feedings each day of family foods or other nutritious foods.

   e. ____ A 5-month-old child should be breastfed as often as he wants, day and night.

2. When should complementary foods be added to the child's diet? (*Your answer should include an age range plus three signs that the child needs to start complementary foods.)*

3. List 2 locally available, nutritious complementary foods:

4. Kiera is 9 months old. She is classified as NO ANAEMIA AND NOT VERY LOW WEIGHT. She is still breastfed. Her diet also includes fruit juice, water, and a thick cereal gruel mixed with oil or mashed banana. How many times per day should Kiera be given these foods?

5. Samuel is 15 months old. He is classified as NO ANAEMIA AND NOT VERY LOW WEIGHT. He still breastfeeds, but he also takes a variety of foods, including rice and bits of meat, vegetables, fruits, and yoghurt. How can the mother judge whether she is giving an adequate serving to Samuel?

6. Ramon is 15 months old. He has PERSISTENT DIARRHOEA and NO DEHYDRATION. He is classified as NO ANAEMIA AND NOT VERY LOW WEIGHT. He stopped breastfeeding 3 months ago and has been taking cow's milk since then. He also eats a variety of family foods about 5 times a day. What recommendations should the health worker make for feeding Ramon during persistent diarrhoea?

When should Ramon return for a follow-up visit?

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

Your facilitator will lead a drill on the feeding recommendations.

1.0 ASSESS THE CHILD'S FEEDING

You will assess feeding of children who:

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

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

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

{Module 05 – page 013.jpg}

Note that certain questions are asked only if the child is very low weight for age. For these children, it is important to take the extra time to ask about serving size and active feeding.

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

SHORT ANSWER EXERCISE

1. Which sick children need a feeding assessment?

2. Which of the questions in the box titled "Assess the Child's Feeding" are intended to find out about active feeding?

3. Which of the questions is intended to find out whether a feeding bottle is being used?

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

2.0 IDENTIFY FEEDING PROBLEMS

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

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

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

EXAMPLES OF FEEDING PROBLEMS

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

In addition to differences from the feeding recommendations, some other problems may

become apparent from the mother's answers. Examples of such problems are:

* **Difficulty breastfeeding**

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

* **Use of feeding bottle**

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

* **Lack of active feeding**

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

* **Not feeding well during illness**

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

* *Insert additional common local feeding problems from the adapted COUNSEL chart.*

*

*

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

EXAMPLE

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

{Module 05 – page 017.jpg}

EXERCISE B

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

Role Play Situation

The child's name is Zuwena and she is 5 months old. Zuwena has no general danger signs. She has:

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

The health worker has already told the mother about a soothing remedy for cough.
HEALTH WORKER: Use the questions at the bottom of the Sick Child Recording Form (reprinted below) to assess feeding. Record the mother's answers and any feeding problems. Below the form, also record correct feeding practices.

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

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

{Module 05 – page 018.jpg}

Record any CORRECT feeding practices below:

3.0 COUNSEL THE MOTHER ABOUT FEEDING PROBLEMS

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

3.1 GIVE RELEVANT ADVICE

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

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

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

{Module 05 – page 019.jpg}

You will learn to check and improve positioning and attachment in the module *Management of the Sick Young Infant.* If the mother has a breast problem, such as engorgement, sore nipples, or a breast infection, then she may need referral to a specially trained breastfeeding counsellor (such as a health worker who has taken *Breastfeeding Counselling: A Training Course*) or to someone experienced in managing breastfeeding problems, such as a midwife.

{Module 05 – page 020.jpg}

If a child under 4 months old is receiving food or fluids other than breastmilk, the goal is to gradually change back to more or exclusive breastfeeding. Suggest giving more frequent, longer breastfeeds, day and night. As breastfeeding increases, the mother should gradually reduce other milk or food. Since this is an important change in the child's feeding, be sure to ask the mother to return for follow-up in 5 days.

In some cases, changing to more or exclusive breastfeeding may be impossible (for example, if the mother never breastfed, if she must be away from her child for long periods, or if she will not breastfeed for personal reasons). In such cases, the mother should be sure to correctly prepare cow's milk or other breastmilk substitutes and use them within an hour to avoid spoilage. It is important to use the correct amount of clean, boiled water for dilution.

To prepare cow's milk for infants less than 3 months of age, mix ½ cup boiled whole cow's milk with ¼ cup boiled water and 2 level teaspoons[1] of sugar.

[1] Each level teaspoon of sugar should equal 5 grams. A cup contains 200 ml. Adjust the recipe if you have different size cups or teaspoons.

{Module 05 – page 021a.jpg}

A cup is better than a bottle. A cup is easier to keep clean and does not interfere with breastfeeding. To feed a baby by cup:

- Hold the baby sitting upright or semi-upright on your lap.

- Hold a small cup to the baby's lips. Tip the cup so the liquid just reaches the baby's lips.

- The baby becomes alert and opens his mouth and eyes.
  - A low-birthweight baby takes the milk into his mouth with the tongue.
  - A full-term or older baby sucks the milk, spilling some of it.

- Do not **pour** the milk into the baby's mouth. Just hold the cup to his lips and let him take it himself.

- When the baby has had enough, he closes his mouth and will not take more.

{Module 05 – page 021b.jpg}

{Module 05 – page 022a.jpg}

{Module 05 – page 022b.jpg}

This mother is actively feeding her child.

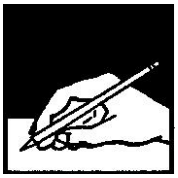
This child must compete with siblings and may not get enough to eat.

{Module 05 – page 023a.jpg}

Even though children often lose their appetites during illness, they should be encouraged to eat the types of food recommended for their age, as often as recommended. Offer the child's favourite nutritious foods to encourage eating. Offer small feedings frequently. After illness, good feeding helps make up for any weight loss and prevent malnutrition.

{Module 05 – page 023b.jpg}

Insert recommended advice for common local feeding problems listed on pages 16 and 17.



EXERCISE C

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

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

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

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

{Module 05 – page 025.jpg}

What is this mother doing correctly to feed her child?

What feeding advice is needed?

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

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

{Module 05 – page 026.jpg}

What is this mother doing correctly to feed her child?

What feeding advice is needed?

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

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

{Module 05 – page 027.jpg}

What is this mother doing correctly to feed her child?

What feeding advice is needed?

4. An 11-month-old is classified as NO ANAEMIA AND NOT VERY LOW WEIGHT. He is primarily breastfed but normally also takes other fluids and a thin cereal gruel twice a day. He does not use a feeding bottle. During the illness, his mother has stopped giving cereal gruel and given more breastmilk. His mother believes that, before 1 year of age, children do not really need foods in addition to breastmilk. Foods available to the family are cow's milk, flat bread, rice, cooking oil, vegetables, fruits, and occasionally fish and eggs.

   The Sick Child Recording Form for this child is on the opposite page. Briefly describe his feeding problem(s) in the appropriate box on the front of the form.

   Then fold the edge of the form back and write the relevant advice on the reverse side.

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

{Module 05 – page 029.jpg}

{Module 05 – page 030.jpg}

3.2 USE GOOD COMMUNICATION SKILLS

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

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

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

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

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

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

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

SHORT ANSWER EXERCISE

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

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

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

   _____ a. You should still be breastfeeding this child.

   _____ b. It is good that your child is still eating as usual during the illness.

   _____ c. It is good that you are using a cup instead of a feeding bottle.

   _____ d. Your child needs food more often. Try to increase the number of times you give the cereal gruel to 5 times a day.

   _____ e. The cereal is good for your child. Add a little oil and some mashed vegetables or peas, or bits of meat to the cereal gruel. Then it will be even better for your child.

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

_____ a. You were right to keep feeding your child during the diarrhoea. He needs food to stay strong.

_____ b. Your child needs more food each day. Try to give him 3 family meals plus 2 feedings between meals.

_____ c. Cow's milk is very bad for your child.

_____ d. Your child may be having trouble digesting the cow's milk, and that may be the reason that the diarrhoea has lasted so long.

_____ e. Give your child yoghurt instead of milk (until follow-up visit in 5 days). Or give only half the usual milk and increase the amount of family foods to make up for this.

4. A health worker has just counselled the mother of a 5-month-old about starting complementary foods. The first and second columns below show the health worker's first checking questions and the mother's responses. In the third column, write another checking question to clarify that the mother knows how to feed the child correctly.

First Checking Question	Mother's Response	Second Checking Question
What are some good foods to give when your baby is ready?	Thick, nutritious foods	
When will you begin giving these foods?	When he is ready	

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

3.3 USE A MOTHER'S CARD

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

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

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

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

- It will remind you or your staff of important points to cover when counselling mothers about foods, fluid, and when to return.

- It will remind the mother what to do when she gets home.

- The mother may show the card to other family members or neighbours, so more people will learn the messages it contains.

- The mother will appreciate being given something during the visit.

- Multivisit cards can be used as a record of treatments and immunizations given.

When reviewing a Mother's Card with a mother:

1. Hold the card so the mother can easily see the pictures, or allow her to hold it herself.

2. Explain each picture. Point to the pictures as you talk. This will help the mother remember what the pictures represent.

3. Circle or record information that is relevant to the mother. For example, circle the feeding advice for the child's age. Circle the signs to return immediately. If the child has diarrhoea, tick the appropriate fluid(s) to give. Record the date of the next immunization needed.

4. Watch to see if the mother seems worried or puzzled. If so, encourage questions.

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

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

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

{Module 05 – page 035.jpg}

EXAMPLE

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

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

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

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

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

{Module 05 – page 036.jpg}

Feeding Advice Given:

EXERCISE D

In this exercise, there will be two role plays of feeding assessment and counselling. HEALTH WORKER: Ask the questions on the recording form to assess feeding. Identify and record feeding problems. Record the feeding advice to be given. Then counsel the mother about feeding, using good communication skills. Use the FOOD section of the Mother's Card. Feel free to refer to the *COUNSEL* chart as necessary.

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

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

Role Play 1

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

{Module 05 – page 037.jpg}

{Module 05 – page 038.jpg}

After the role play you will discuss the following questions:

a. Did the health worker ask all of the necessary questions to assess Sudi's feeding? Did the health worker finish the feeding assessment before identifying the feeding problems and giving advice?

b. What feeding problems did the health worker find?

c. Did the health worker give appropriate praise for something the mother had done?

d. Did the health worker give advice relevant to this child's situation?

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

e. Was the advice correct and complete for the child's age and any problems identified?

f. Did the health worker use clear, simple language?

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

Role Play 2

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

{Module 05 – page 039a.jpg}

{Module 05 – page 039b.jpg}

After the role play you will discuss the following questions:

a. Did the health worker ask all the necessary questions to assess Javas' feeding? Did the health worker finish the feeding assessment before identifying the feeding problems and giving advice?

b. What feeding problems did the health worker find?

c. Did the health worker give appropriate praise for something the mother had done?

d. Did the health worker give advice relevant to this child's situation?

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

e. Was the advice correct and complete for the child's age and any problems identified?

f. Did the health worker use clear, simple language?

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

4.0 ADVISE THE MOTHER TO INCREASE FLUID DURING ILLNESS

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

Mothers of breastfeeding children should offer the breast frequently.

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

{Module 05 – page 041.jpg}

5.0 ADVISE THE MOTHER WHEN TO RETURN TO A HEALTH WORKER

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

- for a FOLLOW-UP VISIT in a specific number of days (for example, when it is necessary to check progress on an antibiotic),

- IMMEDIATELY, if signs appear that suggest the illness is worsening, or

- for the child's next immunization (the next WELL-CHILD VISIT).

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

FOLLOW-UP VISITS

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

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

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

{Module 05 – page 043.jpg}

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

- If a child has a feeding problem and you have recommended changes in feeding, follow-up in 5 days to see if the mother has made the changes. You will give more counselling if needed.

- If a child has pallor, follow-up in 14 days to give more iron.

- If the child has VERY LOW WEIGHT, additional follow-up is needed in 30 days. This follow-up would involve weighing the child, re-assessing feeding practices, and giving any further advice needed from the *COUNSEL* chart.

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

WHEN TO RETURN IMMEDIATELY

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

{Module 05 – page 044.jpg}

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

NEXT WELL-CHILD VISIT

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

SHORT ANSWER EXERCISE

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

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

   What are the signs that this child should return immediately?

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

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

   What are the signs that this child should return immediately?

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

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

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

   What are the signs that this child should return immediately?

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

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

What are the signs that this child should return immediately?

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

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

EXAMPLE

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

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

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

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

EXERCISE E

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

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

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

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

Role Play:

Felice is 2 years and 2 months old. Her Sick Child Recording Form follows. She has VERY LOW WEIGHT (but no palmar pallor) and an ACUTE EAR INFECTION.

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

Questions for Discussion after Role Play:

1. Were all the necessary questions asked about the child's feeding? Did the health worker finish the feeding assessment before identifying the feeding problems and giving advice?

2. What feeding problems were identified, if any?

3. Was the mother praised for something she has been doing correctly?

4. Was counselling about FOOD complete and correct for the child's age and feeding problems?

5. Was advice on FLUID complete and correct?

6. Was advice on WHEN TO RETURN complete and correct? Did it include signs to return immediately?

7. Did the health worker ask appropriate checking questions?

8. If no to any of the above, what could have been done better? Be prepared to make suggestions.

{Module 05 – page 051.jpg}

{Module 05 – page 052.jpg}

6.0 COUNSEL THE MOTHER ABOUT HER OWN HEALTH

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

{Module 05 – page 053.jpg}

EXERCISE F

Your course facilitator will lead a group discussion of common local feeding problems observed during the previous clinical session.

You will discuss the following questions:

- Have the major local feeding problems been described in this module? If not, what are additional or different problems that you have observed?

- Is the recommended advice for local feeding problems practical? Are mothers likely to follow the advice? If not, can you think of alternative suggestions that would improve feeding, be practical, and be followed by mothers?

ANNEX:

MOTHER'S CARD

{Module 05 – page 057.jpg}

{Module 05 – page 058.jpg}

ANSWERS TO SHORT ANSWER EXERCISES:

COUNSEL THE MOTHER

Answers to Short Answer Exercise, Page 14

1. These children need a feeding assessment:

   children who have ANAEMIA OR VERY LOW WEIGHT
   children who are less than 2 years old

2. Does the child receive his own serving?
   Who feeds the child and how?

3. What do you use to feed the child?

Answers to Short Answer Exercise, Page 32

1. Possible answer:

   Give foods that will make your child strong and healthy, not just fill him up. Instead of giving just plain rice or gruel, mix it with some oil for energy and some foods like mashed vegetables, meat, eggs, or fish.

   (You may have included examples of good complementary foods in your local area.)

2. a. No tick. This comment would make the mother feel guilty. You might find out if she would be interested in resuming breastfeeding at night, and if so, refer her to a breastfeeding counsellor.

   b. ✓

   c. ✓

   d. No tick. The feeding recommendations say that a non-breastfed 8-month-old child should be given complementary foods 5 times per day. This child is being given 5 formula feedings plus 3 cereal feedings per day, which is a total of 8 feedings and is plenty for her age.

   e. ✓

3. a. ✓

b. ✓

c. No tick. This comment may make the mother feel guilty. It is better to state this as in "d" below.

d. ✓

e. ✓

4. 1st row: What kinds of thick, nutritious foods will you give? What are some examples of foods you will give?

2nd row: How will you know when your baby is ready for these foods? What signs will you look for?

Answers to Short Answer Questions, Page 46

1. F/up: 2 days

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

2. F/up: 2 days for dysentery

Return immediately if:
-Not able to drink or breastfeed
-Becomes sicker
-Drinking poorly

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

Additional follow-up: 5 days for ear infection

3. F/up: 5 days for feeding problem

Return immediately if:
-Not able to drink or breastfeed
-Becomes sicker
-Develops a fever
-Fast breathing
-Difficult breathing

4. F/up: 5 days for feeding problem

Return immediately if:
-Not able to drink or breastfeed
-Becomes sicker
-Develops a fever
-Blood in stool
-Drinking poorly

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

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