

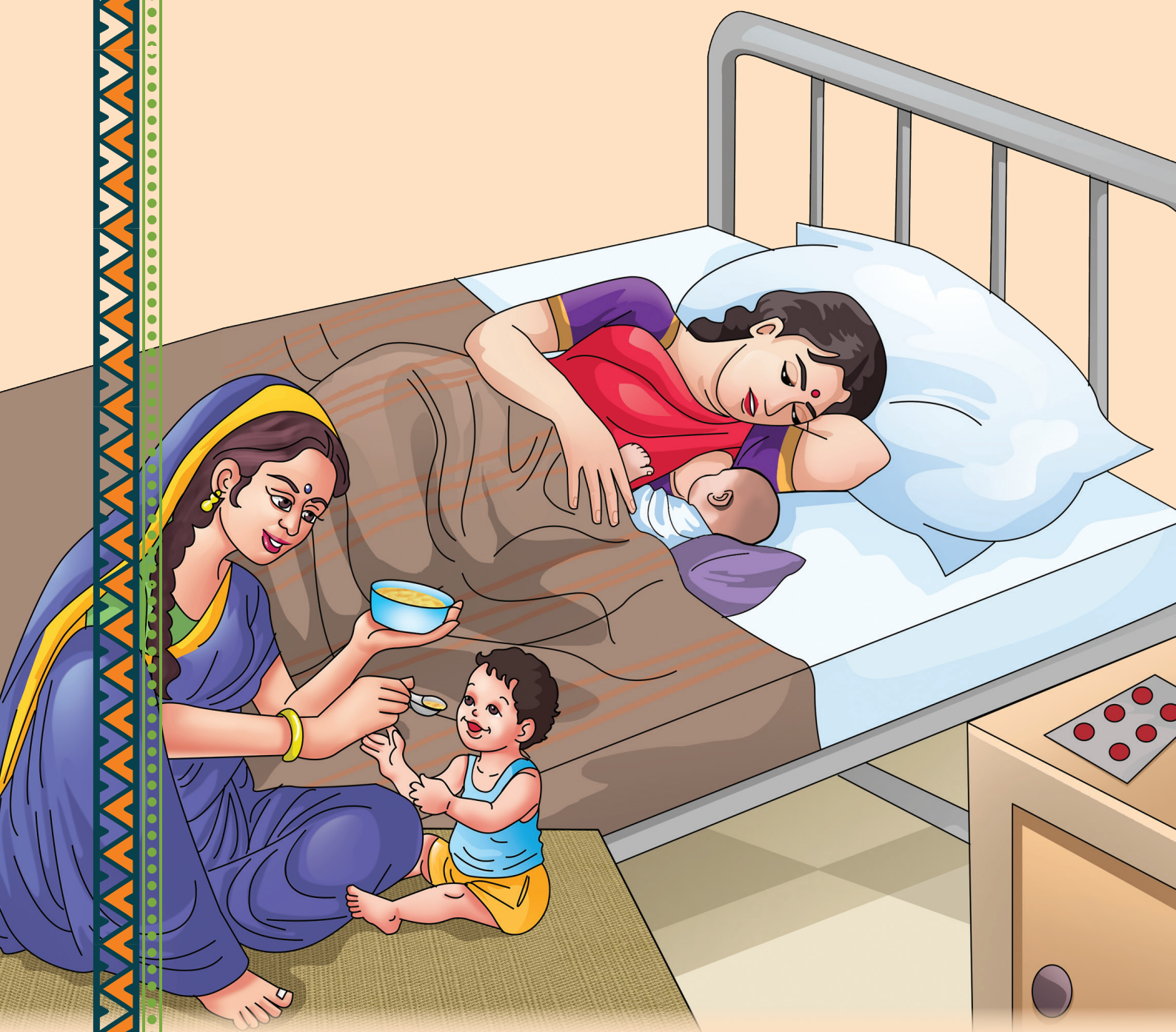


सत्यमेव जयते
ग्रामीण विकास मंत्रालय
भारत सरकार



INFANT AND YOUNG CHILD FEEDING (IYCF)

Facilitator Guide for SHG Meetings



Deendayal Antyodaya Yojana - National Rural Livelihoods Mission (DAY-NRLM)
Ministry of Rural Development, Government of India



Dear Facilitator

This facilitator guide on **“Infant and Young Child Feeding (IYCF)”**, is designed to help all facilitators under State Rural Livelihood Missions (SRLMs) in rolling out the Flipbook and disseminating key messages within the SHG groups and other community cadres. This session is part of a training package on Food, Nutrition, Health and WASH (FNHW) consisting of Flip books, Facilitator guides, Posters, Counselling Cards and Stickers.

The objective of this training is to create awareness and provide information to the participants on appropriate practices of feeding an infant, adequate Breast-feeding and Complementary Feeding practices and other related behaviors around 1000 days in the SHG women and their families. These practices contribute to the optimum development of children. We all know that better health and nutrition results in higher productivity leading to reduction in poverty and improvement in quality of life.

It should be kept in mind that this orientation package, although meant for SHG women, should serve as reference material for the entire family. Information provided under each session through flipbooks and this guide should be seen as collective learning for the family, and each member of the family needs to play their part to ensure that the messages are adopted by them in everyday lives.

The responsibility of getting these behaviors imbibed does not lie with women only; the men/husbands/older boys in the family need to ensure making arrangements for whatever is required to follow these practices on FNHW.

Objectives

After going through the module, the facilitator will be able to:

- Understand and explain the significance and key points on early and exclusive breastfeeding.
- Explain the group about the significance and principles of complementary feeding.
- Understand and clarify the participants about the key hygiene practices, feeding a sick child and the role of other family members.

Initiate the Session

Initiate by asking the group members to remember the 1000 day session and the key messages from that session. Repeat the messages, then start with the case study –

Case Study

Meena recently delivered a girl child, a couple of days before at home as was advised by elders. Neither she got registered in the government hospital nor she availed the services of the Anganwadi or ANM. She was not allowed to see her baby for 48 hours and the first milk colostrum was not given to the newborn, instead the baby was fed with jaggery water.

ANM Didi came for a house visit to see Meena as she came to know about the delivery and the practices followed at home. She called Meena's husband and started to discuss the obvious mistakes observed in his house. She discussed with Meena's husband on the ideal practices on breastfeeding and other care of the new born baby.

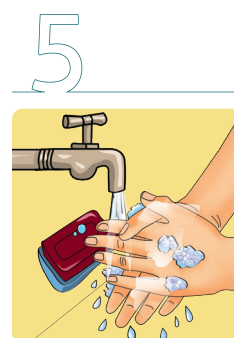
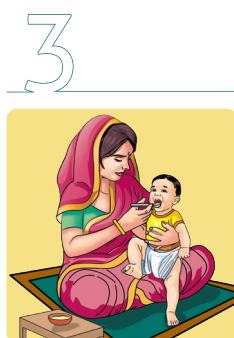
Ask the group now -

- ▶ When should one initiate breastfeeding the newborn?
- ▶ What mistakes do you think Meena and the family have made?

Note: Just listen to what the participants in the group have to say.

Now inform the group about **5 Golden Rules For Infant and Young Child Nutrition;**

- Breastfeed the new-born with mother's first thick-yellow milk, within 1 hour after birth.
- Practice exclusive breastfeeding till the child is 6 months old. Don't even give a drop of water.
- Initiate complementary feeding after the child completes 6 months (180 days). Continue breastfeeding.
- For overall physical and cognitive development of a growing child, add at least 4 different kinds of diverse and nutrient rich food items in the child's daily diet.
- Wash your hands with soap at all critical times, especially:
 - After using toilet
 - Before cooking
 - Before eating



Step 1: Significance of Breastfeeding

Coming to these rules one by one, ask the group on what they think about breastfeeding, when it should begin and till what time it should be continued.

This section will elaborate on early initiation of breastfeeding, exclusive breast feeding and positioning of the mother & child during breastfeeding. Knowledge on these issues will help the facilitators to take appropriate steps and answer to the queries posed by participants.

Key Discussion Points

Initiate Breastfeeding the newborn within one hour of birth

- Breastfeed the child with mother's first milk/colostrum, within 1 hour after birth.
- Do not give honey, janam-ghutti, cow or goat milk or any other thing except mother's milk.
- Don't even give a drop of water.



Now, explain to the group about the benefits of initiating breastfeeding within one hour of birth.

- Infant gets colostrum (mother's first milk). This is considered as the "first immunization" for the child.
- The physical touch helps infants get constant warmth from the mother.
- Prevents excess blood loss post-delivery among mothers.

C- Section Delivery

In case of caesarean deliveries, newborn infants can be started with breastfeeding as soon as the mother is out of anaesthetic effect in case C-section is done with general anaesthesia, with proper support and encouragement. When C-section is done under local/spinal anaesthesia, breastfeeding can be initiated within one hour of delivery with support from facility staff.

Step 2: Exclusive breastfeeding for first six months

Make the participants understand that breastfeeding is the best nutrition for the infant for the first six months of life and the child needs nothing else during this period.

- Mothers' milk contains all the necessary nutrients required for the child.
- Child should be breastfed whenever he/she wants in the day or night. The child should be exclusively breastfed and not even given a drop of water even in summer season, till the child is six months old.





- Family members, especially the father and grandmother should encourage the mother to breastfeed the child and pay attention to any discomforts that the mother may be facing.

Common breastfeeding difficulties

1. Perception of milk insufficiency

Mothers and family members have apprehensions that breastmilk is not sufficient for the child's needs. This is because and leads to –

- Delayed initiation of breastfeeding, Infrequent feeding, not enough time per breastfeed for baby to complete withdrawal of breastmilk
- Giving fluids other than breastmilk, Incorrect position and attachment and anxiety, exhaustion in mother

What to do?

- Reassure the mother that babies cry for many reasons, Observe and check correct positioning of mother & baby and attachment. By using correct skills of position and attachment, and frequent and long enough feeds, almost all mothers can produce plenty of breastmilk.
- Explain to mother and the family the signs of baby getting enough milk
 - Baby passes urine six times or more during the day
 - Baby gaining weight adequately (after first week a newborn gains 150–200 gm per week)
 - Baby is satisfied and sleeps well between feeds
- Family members need to support and allow enough time for her to breastfeed in a relaxing, comfortable atmosphere. Advise mother to relax and take rest. She should eat well and have adequate amount of fluids in her diet

2. Engorged Breast: This may be due to;

- Delayed initiation of breast feeding
- Infrequent feeding
- Poor attachment
- Restricting duration
- Incomplete emptying of breasts

What to do?

- Ensure early initiation of breastfeeding; Observe, check and support mother for correct positioning of mother & baby and right attachment; Encourage demand feeding and complete emptying of breast
- If the baby is not able to attach, apply warm compresses to breast, gently massage from outside toward the nipple and express some breast milk to soften the breast and then put baby to breast, making sure the attachment is correct

3. Sore or cracked nipples

It is mainly caused by poor attachment at breast.

What to do?

- Encourage and support for proper attachment at breast
- Encourage continued breast feeding
- Advise mothers to wash breast once a day, avoiding soaps, medicated lotions and ointments
- Advise applying a few drops of breast milk (hind milk) on nipples after feeding and air-dry

4. Mastitis

It occurs when a blocked duct hampers drainage or flow of milk or may result from infection. Infection typically occurs in one breast only and can be recognized by presence of a well-defined, red, hard or swollen area over the breast.

What to do?

- Encourage and support frequent breastfeeding or expression of milk to increase milk flow
- If mother has fever, feels ill and does not improve in 2 days, she should seek medical treatment and may require antibiotics. She should continue to breastfeed from both breasts even if she is having antibiotics

Position of mother and child while breastfeeding

The facilitator will ask the participants what should be the position of mother and baby during breastfeeding. Start the discussion with the help of Good/ correct shown on the module. Mothers should be sensitized to be in a comfortable position while breastfeeding their child.

- She should sit with proper back support and hold the infant's back and support the child.
- Infants upper and lower body should face the mother.
- While breastfeeding, the infant's lower lip must bend downwards, mouth should be wide open, nose and chin should touch the mother's breast.
- Infant's mouth should be inside the areola of the mother's breast. This will help the mother hear the sound of child drinking milk.

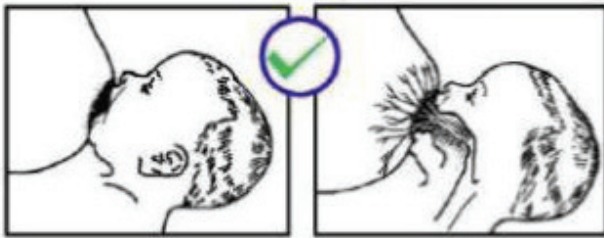
Good Attachment

- The baby should open his/her mouth widely
- Baby's chin is touching the breast

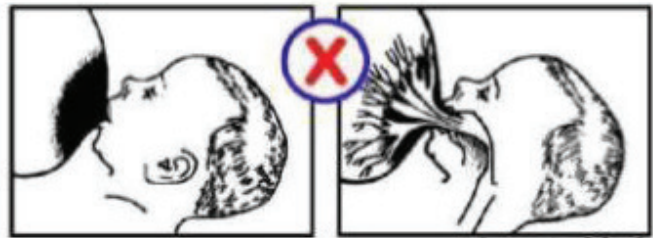


- Baby's lower lip is folded outwards
- Upper areola (dark part of the breast around the nipple) is more visible than lower areola. Proper attachment with mother's nipple allows baby to have adequate milk.

Correct



Incorrect



Consequence of Poor attachment

- The baby does not get enough breast milk, s/he may remain hungry, be unsatisfied and cry.
- The baby may fail to gain weight and the mother may feel that she does not have enough breast milk
- If a baby is poorly attached, and s/he nipple-sucks, it is painful for his mother. Poor attachment is the most important cause of sore nipples.
- As the baby sucks hard to try to get milk s/he pulls the nipple in and out. If the baby continues to suck in this way, s/he can damage the nipple skin and cause cracks. As the baby does not remove breast milk effectively the breasts may become engorged.




Step 3: Significance of Complementary Feeding

Begin by asking 2-3 participants about what they understand by complementary feeding and when should the child get started on complementary foods.

The facilitator will initiate discussion with the participants of this group and inform them that complementary feeding for children needs to be initiated as soon as they are six months old. This is because mothers milk alone can no longer meet the requirements of the growing child and therefore the importance and need of increasing intake of different food items, both in quantity and frequency needs to be understood. The facilitator should also stress the importance of feeding the child locally available home-made food in the recommended quantities depending on the increasing age and requirements of the child.

Importance of complementary feeding (CF)

After 6 months, it becomes increasingly difficult to meet an infant's energy and nutrient needs from breastmilk alone. At 6 months of age infants are developmentally and physiologically ready for other foods. From 6-11 months, there is an energy gap with breastmilk providing more than 50% of the energy needs. From 12-24 months, the energy



gap increases with breastmilk providing about a third – 30% of the child's energy needs.

At 6 months, children should be introduced to age appropriate, nutritious and safe complementary foods, alongside continued breastfeeding. An adequate diet during the complementary feeding period should be nutrient rich, without excess energy, saturated and trans fats, free sugars or salt.

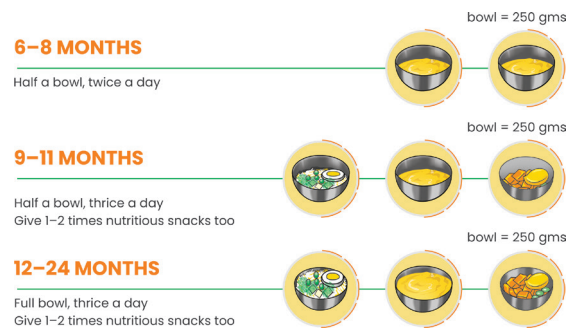
Key principles of complementary feeding

- Complementary food must be adequate—meaning that they provide sufficient energy, protein and micronutrients to meet a growing child's nutritional needs.
- Each meal must be made energy dense by adding sugar/jaggery and ghee/butter/oil. To provide more calories from smaller volumes, food must be thick in consistency – thick enough to stay on the spoon without running off, when the spoon is tilted.
- Consistency of foods should be appropriate to the developmental readiness of the child in munching, chewing and swallowing. Foods which can pose choking hazard are to be avoided.
- Complementary foods should not be liquid or watery. The food should stay on the spoon and fall in lumps when the spoon is tilted, or stay in the fingers when picked up from a plate or bowl. Starting with mashed food at 6 months, the consistency should be small pieces by 9–10 months and soft adult foods by 12 months that can be easily chewed and swallowed by a young child.
- Introduction of lumpy or granular foods and most tastes should be done by about 9 to 10 months. Missing this age may lead to feeding fussiness later. So use of mixers/grinders to make food semisolid/pasty should be strongly discouraged.
- Avoid giving biscuits and sugary or salty packets of snacks to the child.
- Avoid giving water before meals and breastfeed only after meals.
- Iron-fortified foods, iodized salt, vitamin A enriched food etc. are to be encouraged.
- Complementary food must be safe – meaning that they are hygienically prepared and stored, and fed with clean hands using clean utensils, and not bottles.
- Practice of responsive feeding is to be promoted. Young children should be encouraged to take feed by praising them and their foods. Self-feeding should be encouraged despite spillage.
- Each child should be fed under supervision in a separate plate to develop an individual identity. Forced feeding, threatening and punishment interfere with development of good/proper feeding habits. Along with feeding, mother and care givers should provide psycho-social stimulation to the child through

ordinary age-appropriate play and communication activities to ensure early childhood development.

Recommendation:

- 6–8 Months Half a bowl, twice a day
- 9–11 Months Half a bowl, thrice a day.
 - Give 1–2 times nutritious snacks too.
- 12–23 Months Full bowl, thrice a day
 - Give 1–2 times nutritious snacks too.



Step 4: Diet Diversity in Complementary Feeding.

The diversity and quality of children's diets is more important before age 2 than at any other time in life. Appropriate complementary foods and feeding practices contribute to child survival, growth and development; they can also prevent micronutrient deficiencies, morbidity and obesity later in life. The complementary feeding period, from 6 to 23 months of age, is one of the most challenging times to meet children's nutrient demands. While children's stomachs can only hold a small amount of food, their nutrient needs reach a lifetime peak, leaving them vulnerable to growth faltering.

Dietary diversity: Young children need to consume a variety of foods to meet their nutrient needs and expose them to various tastes and textures. A diverse diet includes breastmilk along with meals consisting of foods from a variety of food groups each day: (1) grains, roots and tubers; (2) legumes, nuts and seeds; (3) dairy (milk, yoghurt, cheese); (4) flesh foods (meat, fish, poultry, and liver or organ meats); (5) eggs; (6) vitamin A-rich fruits and vegetables (carrots, mangoes, dark green leafy vegetables, pumpkins, orange sweet potato); and (7) other fruits and vegetables. It should be made sure that children are fed at least 4 of the 7 food groups mentioned here in a day's diet. Children fed a diverse range of foods are more likely to meet their micronutrient requirements, including the need for vitamin A, iron, calcium, thiamine, folate, zinc, and vitamins B6 and B12.



Remind the mother:

- Feed the child in a separate bowl with spoon.
- Add a spoon of ghee/oil in child's food daily.
- While feeding, pay full concentration towards the child.
- Talk to the child while feeding and encourage him/her to chew every bite properly.



- Feed nutritious snacks such as ripe papaya, mango, curd, boiled egg and fortified food supplied from Anganwadi to the child.
- Mother should continue breastfeeding till the child completes 2 years.
- Feed at least 4 different types of diverse and nutrient rich food items daily
- Benefits of including diverse and nutrient rich food items in the daily diet of children:
 - Builds physical strength
 - Development of brain
 - Prevention from illness
 - A family is happy when the child is healthy and disease free.

Show video on key principles of complementary feeding.



Feeding a sick child

Discuss with the participants the issues faced while trying to feed a sick child.

Ask for experiences and then discuss the following points.

- Continue breastfeeding at frequent times.
- Feed the child according to his/her wish.
- Feed the child several times in small quantities.
- When the child starts recovering from illness, increase their food intake so the child regains his/her weight.
- Wash hands with soap before cooking/feeding and after cleaning the feces of the child.



Feeding the child who eats less

Brainstorm with the participants how and what kind of measures could be adopted to feed a child who eats less or is a fussy eater. Encourage suggestions from the group and then discuss the following points.

- Feed the child only when he/she is hungry.
- Change the food items frequently. Don't repeat the same food items in feeding unless the child asks for them.
- Don't give juice, chocolates, chips, biscuits etc. to the child.
- Encourage the child to chew each bite.

- Feed the child patiently. Don't force the child to eat.
- Prepare a meal as per child's wish.

Step 5: Necessary hygiene practices while feeding a child

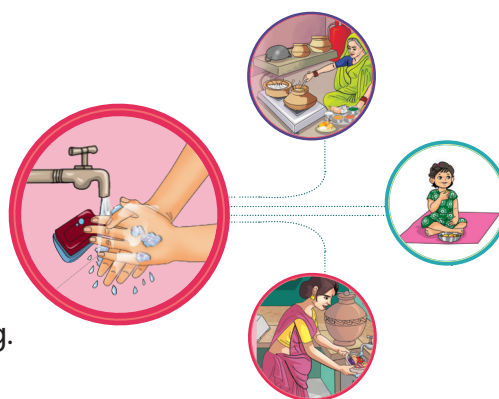
Debate with the participants how and what kind of hygiene practices could be adopted before and during feeding a child. Explain the key practices that should be followed.

Practice good hygiene and proper food handling by a) washing caregivers' and children's hands before food preparation and eating, b) storing foods safely and serving foods immediately after preparation, c) using clean utensils to prepare and serve food, d) using clean cups and bowls when feeding children.

Attention to hygienic practices during food preparation and feeding is critical for prevention of gastrointestinal illness. The peak incidence of diarrheal disease is during the second half year of infancy, as the intake of complementary foods increases. Microbial contamination of foods is a major cause of childhood diarrhea, and can be prevented by the practices described above.

Recommendation:

- Wash hands with soap
 - Before preparing meals
 - Before feeding
- Ensure cleanliness of food items
 - Wash fruits and vegetables before consuming.
 - Feed the child in a washed and cleaned bowl.
- Wash your and your child's hands with soap after cleaning faeces and using toilet



Step 6: Supportive Measures

Before starting the session, the facilitator will ask 2-3 participants about what are the supportive measures and enabling environment which could be provided to the mother and child during breast feeding and complementary feeding time.

Responsibilities of Father and grandmother

Initiate the discussion with the participants on the roles and responsibilities of the family members, including father, and grandmothers at home in supporting and encouraging mother and child's good nutritional and health care practices. List down the understanding of the women participants on the white board and may be projected in case of virtual training.





What can the father/husband do?

- Help and encourage the mother to breastfeed the child.
- Take care that the mother has proper nutritious food as recommended
- Help the mother with household chores and take part in child feeding and rearing activities such as playing or taking care of the child.
- Accompany your wife while she visits a doctor or a community program.
- Maintain a peaceful environment in the house; do not smoke and indulge in other such habits in the house.
- Ensure availability of thick pulses, yellow or orange pulpy fruits and vegetables, dark green leafy vegetables, milk or milk products to feed the child daily. Include eggs/meat/fish in child's diet, if the family is non vegetarian.

What can the Grandmother/Mother in Law do?

- Encourage and help the mother breastfeed the child.
- Help the mother with household chores such as preparing tea or cooking, playing and taking care of the child, buying specific nutrient rich food items, etc.
- Accompany your daughter-in law while she visits a doctor or a community program.
- Ensure that the mother feeds properly mashed, homemade and fresh meals to the child.



Role of Self Help Group

- ▶ Self-help group members should ensure that there is proper understanding on the issues of Breastfeeding and Complementary feeding among all the participants.
- ▶ All the members should ensure that within their families, new born children are breastfed within an hour of birth and thereafter exclusively breastfed for six months.
- ▶ It should also be ensured by the members that small children are started with complementary feeding as soon as they complete six months of age.
- ▶ Special emphasis should be laid by the group members that their families do not feed small children with processed, canned and outside food. They should make sure that children are fed home made, diverse and nutrient rich foods.
- ▶ It should be ensured that washing hands with soap and other hygiene measures are taken care of while cooking for and feeding the child.

Note: The self-help group should be ready to support those members who face problems or find it difficult to convey these messages and convince their families.

Session concludes: End the session by revisiting the questions from the case study and their answers. Thank the participants and close.



The Food, Nutrition, Health and WASH (FNHW) Toolkit has been developed by the National Mission Management Unit (NMMU) with support from Technical Assistance agencies–TA- NRLM (PCI) and inputs from ROSHNI–Centre of Women Collectives led Social Action, National Institute of Rural Development (NIRD), State Institutes of Rural Development (SIRDs), National Resource Persons (NRPs), State Rural Livelihood Missions (SRLMs) of Bihar, Chhattisgarh, Jharkhand, Odisha, Uttar Pradesh, Andhra Pradesh, Telangana and Maharashtra, JEEViKA Technical Support Program–Project Concern International (JTSP–PCI) and UNICEF state teams from Odisha, Bihar and Chhattisgarh.

The standard materials of Ministry of Health and Family Welfare (MoHFW), Ministry of Women and Child Development (MoWCD), National Centre for Excellence & Advanced Research on Diets (NCEARD), Alive & Thrive, JTSP–PCI and UNICEF have been referred while finalizing the content.

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