

PROSHAR

Health Promoter's Module-2



Care Group Module

Understanding the Lesson Plan

Each lesson begins with objectives. These are the behavior, knowledge and belief objectives that are covered in the lesson. Make sure that each of these objectives is reinforced during the lesson. Each is described below.

Our main goal is for caregivers to practice healthy behaviors. For this reason, most objectives are **behavioral objectives** written as action statements. These are the practices that we expect the caregivers to follow based on the key messages in the flipchart.

A few objectives are **knowledge objectives**. For example we want mothers to be able to name the danger signs as well as the five ways that diarrhea-causing germs are transmitted. These are things that the caregivers must memorize during the lesson, using the pictures as a reminder.

Each lesson contains one **belief objective**. We know that beliefs and attitudes affect our practices. Many times it is a person's inaccurate belief or worldview that hinders them from making a healthy behavior change. In this module, we are reinforcing the belief that change is possible. If caregivers do not believe that they can make a change the lessons will not make an impact. In this module we are reinforcing the belief that if we work together then we can make the change.

Each lesson contains one **behavioral determinant objective**. Behavioral determinants are reasons why people practice (or don't practice) a particular behavior. These possible behavioral determinants are identified in the Barrier Analysis surveys or other proven methods done in each region. By reinforcing the determinants that have helped the doers (caregivers in the community already practicing the new behavior) we are able to encourage the non-doers (caregivers who have not yet tried or been able to maintain the new practices). We also help non-doers (caregivers who are not practicing new behaviors) to overcome obstacles that have prevented them from trying or maintaining the practice in the past.

Material Preparation

Under the objectives, all of the materials needed for the lesson are listed. The facilitator should make sure to bring all of these materials to the lesson.

Steps for conducting the session using guiding pictures

After greeting the participants each session will start with Game or Ice breaking activities. This activity (Game/Ice Breaking) help the participants to laugh relax, and prepare for the new teaching. If the Game or Ice breaking activity will relate the session may be helpful for the session.

Following the game is the **attendance and troubleshooting**. All facilitators will take attendance. The promoter follows up with any difficulties that the Leader Mothers had teaching the previous lessons.

A small picture identifies each step in the session. Pictures remind non-literate Mother Leaders of the order of the activities. Below guiding pictures are explained in brief-



This picture guides the facilitator to start the session with welcoming the participants.



Facilitator will mark attendance of the participant in the register



Pictures used to elaborate main topics of the session. This guiding picture indicates the facilitator to show the main picture in the flip chart to the participants and ask what they understand. By discussion, facilitator must have a clear idea about their understanding. In the opposite page of the flip chart message for



This picture indicates Probe. Probe is an effective participatory method. This step help the facilitator to find out the caregivers current practices (related to the lesson). Here the facilitator asks about obstacles that prevent the caregivers from trying the new practices. This section meant for discussion, not for teaching. Be sure to let everyone voice their opinion.



The picture means information. The facilitator **informs** the caregivers of ways to overcome their concerns with the help of flip chart information and through discussion. The facilitator gives more information or a different perspective to help the caregivers understand how to move forward.



The picture indicates Practice. This step helps the participants understand and apply what they have learned. Most of these activities require specific materials

(Practice and Coaching: This section is required for the training of Mother Leaders. We want to make sure that they understand the material and can present it to others. In this activity, the

promoter will observe Mother Leaders as they practice teaching in pairs. The Promoter will coach those who are having difficulty.)



The picture indicates the Promise. The facilitator **requests** a commitment from the Leader Mother (or caregivers) to begin practicing the new behaviors they have discussed. If they agree, the caregivers should make a verbal commitment. It is up to the caregivers to make a choice. Do not force them to make a commitment if they are not ready.



The picture means Examine. The facilitator checks with participants about last session promise by asking quick question like: ‘Can you keep the promise what you promised in last session? Did you practice what you learnt (mention the behavior) in last session? Did you face any difficulty to practice the behavior?’



In this last part, thank all the participants for being participatory, attentive and helpful to other. Close the session informing them date, time and place of the next meeting.

We are following Bangla - প্রতঙ্গ method developed in the shadow of English ASPIRE method. Methods have same steps, just ASPIRE Method translates into Bangla and bit fine-tune for Bangladeshi Mother Leaders friendly. This will help the facilitator to remind the sequence properly.

প্রতঙ্গ	ASPIRE
১ প্র- প্রশ্ন ও উত্তর পর্ব } ২ প্র- প্রদর্শন } ১ ত- তথ্য অনুসন্ধান } ২ ত- তথ্য প্রদান }	A - Ask (প্রশ্ন ও উত্তর পর্ব) S - Show (প্রদর্শন) P- Probe (তথ্য অনুসন্ধান বা খোঁজ) I- Informs (তথ্য প্রদান)
প- প্রতিশ্রুতি ত- তৎপর গাং যাচাই	R- Request (প্রতিশ্রুতির জন্য আহ্বান) E- Examine (তৎপর গাং যাচাই বা মূল্যায়ন করা)

Time allocation for the session

The suggested time for each section is listed below.

Sl .#	Steps	Time allocated
1	Greetings / Welcome	02 Minutes
	Game or Ice Breaking	10 Minutes
2	Registration	10 Minutes
3	Key message discussion (Pictures) 10 min/picture	
4	Probe and Inform	15 Minutes
	Coaching	15
5	Practice	10 Minutes
6	Request & Examine	10 Minutes
7	Vote of Thanks	03 Minutes
	Total time	75 Minutes+ time for picture (not more than 2 Hours)

All lessons follow the pattern described above. Lessons can be adapted as needed to fit the needs of topics. Lessons should not exceed two hours in length. However, some lessons may take longer than others. If any session needs more than 2 hours, prior consent from participants should be taken.

Proper preparation for the session is prerequisite of an effective session. Well-planned arrangement ensures successful session which will fulfill the object of the event.

Care of the Postpartum Mother

Module -2, Session- 1

Objectives

After the session participants will be able to understand and explain -

- the advantages of delivery with trained health personal
- post natal care and its importance
- the danger signs during post natal period
- the importance of family planning (birth spacing)

Materials

- Register
- Flipchart



Following the ice breaking is the **attendance and troubleshooting** section. Health Promoter will take attendance. The promoter follows up with any difficulties that the Mother Leader had teaching the previous lessons.

Story: Delivered by Untrained Birth Attendant



What do you see in this picture?



A mother is pregnant. She goes to local service provider for check up. During the check up service provider advises her to plan with the family for where to delivery, the skilled personal to conduct the delivery, talk with local hospital for any help and van puller for emergency transportation, saving money for time of delivery. Service provider also wants to assist the family for it. When the mother shared the information with her family, her mother-in- law was annoyed and told her that there is a lady who she knows well and expert in delivery for many years. There will be no problem in delivery, it's a natural process and need nothing to plan for it.

When the delivery pain started in one morning, her husband informed the lady in the community and she assured the family that she will manage everything. She delivered a child in the evening. The delivery was very problematic; her placenta did not expel in time. So they did not cut the cord and make the newborn cry in believe that it will help the placenta delivery. Failed to delivery placenta, she cut and tie

the cord and send the cold and very weak newborn to other room. She again assured the family that she knows other ways that works previously to handle the situation. The mother was exhausted and bleeds profusely. Trying different massages and applying different medicinal solution but failed. Around mid night, they shift the unconscious mother to the nearby hospital difficulty managing a van. After arriving to the hospital, the duty doctor examined the woman, but it was too late. The woman died on the way.

? What did you notice about the birth? What choices did the family make about conducting the delivery?

? Why do you think her family can do to prevent the unexpected death?

Encourage discussion. Don't correct "wrong answers."

Let everyone give an opinion. You will correct their inaccurate beliefs in the flipchart pages that follow. After the participants answer the last question, move to the next flipchart page by saying, "Let compare your thoughts with the messages on the following pages."



Who conducts most of the deliveries in our area? Do we know the persons who has training on conducting delivery?



Advantages of delivery with trained health personal

What do you see in this picture?



Encourage discussion. Add if they missed any point-

- Women with a Bag
- Same women conducting delivery
- Materials for Safe delivery
- Mother is happy giving Breast milk to the baby

Explain:

- Skilled health personnel/Skilled Birth attendants are those who are “trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in mother and newborns.
- Laboring woman feel comfortable if the delivery is conducted by Skilled Birth Attendant(SBA) at her own house because of her own environment with presence of her relatives
- Trained health personal know how to use safe delivery materials for delivery
- SBA can identify if there is any complication and refer the woman at the referral facility in appropriate time

- As the SBA is residing in local area so there are easy accessible to the family whenever there is any need
- It will cost less and is more convenient.

Additional information for Facilitator:

- All delivery should be conducted by trained health personal like CSBA, FWV and nurses, and doctors etc.
- CSBA can provide exact information on maternal and neonatal health to the community
- CSBA can generate positive impact on maternal health to the women and the community

Post natal care and its importance



What do you see in this picture?

Encourage discussion. Add if they missed any point-

- Mother is taking rest
- Capsule Given to Mother
- Post Natal care by service provider



Explain:

- Rest more often than normal to help the body recover from the blood loss and strain on the body from delivery.
- Eat two additional snacks each day to regain strength and to help with milk production.
- Post Natal Care by service provided within 48 Hours is essential to identify any problem of mother and new born
- Continue taking iron supplements (vitamins) for six months after the infant is born. Iron supplements are distributed by the health centers.
- Wash their genitals with soap and water each day and after passing feces until the area is healed.
- Provide Vitamin A to post partum mother within 42 days it helps improves the health status of the mothers and supplies Vitamin A to the infant through breast milk for improved survival.
- Caregivers will discuss methods to help mothers rest and share her work in the weeks after delivery.

Importance of family planning (birth spacing)



What do you see in this picture?

Encourage discussion. Add if they missed any point-

- Couples discussing with Health Service provider
- Different Family Planning methods
- Happy Family
- Unhappy Family



Explain:

- Mothers who get pregnant too early are more likely become ill or to die from blood loss and prolonged delivery.
- Women should delay new pregnancy for 3/4 years after the birth of the last child.
 - Infants born to mothers who do not delay new pregnancy are more likely to have weak blood (anemia) and be born too early, too small or dead.
 - Families that do not delay pregnancy are more likely to have malnourished children who suffer from frequent illness.
- Women become pregnant even if your menstruation has not started after delivery of the child
- If you have two children you should take long term or permanent methods of family planning.
- Family planning methods are easy, safe and available.
- Couples will meet with a health worker (Family Welfare Assistant or visitor or doctor) and receive counseling to decide which of the family planning methods is best for them.



In your observation, what are the major problems to have post natal care that you can face?

Encourage for discussion and try to find out the participants current practices (**about post natal care**). Make sure to let everyone voice their opinion.



Inform the participants of ways to overcome their concerns (**overcome the major obstacles or problem during post natal care**) with the help of flip chart information and through discussion. Keep in mind to include the points came out in probing session. Help the caregivers understand how to move forward

Additional Information:

- Ask someone to stay with you after delivery for one week or more.
 - This additional person allows the new mother to get extra rest.
 - She cooks for the family.
 - She cares for the children.
- For six weeks after delivery rest often. Work less than normal.
 - Women lose a lot of blood during delivery.
 - Women who do not rest bleed more.
 - Women who bleed too much are at risk of severe sickness and death.
- Eat two additional snacks each day to gain strength after delivery.
 - This mother eats lentils, green leafy vegetables and organ meats, to make her blood strong.
 - These foods are high in iron.

(Practice and Coaching: This section is required for the training of Mother Leaders. We want to make sure that they understand the material and can present it to others. In this activity, the promoter will observe Mother Leaders as they practice teaching in pairs. The Promoter will coach those who are having difficulty.)



Do we all commit to practice post natal care within 48 hours of delivery to make a positive change in our lives and in this area?

Request a commitment from the participants to begin practicing the new behaviors/ information they have discussed (post natal care). If they agree, the participants should make a verbal commitment. It is up to them to make a choice. Do not force them to make a commitment if they are not ready. Support them to understand the importance of the activity with the help from those who committed and realize the importance.



Try to remember what we discussed in last session. ***Can we all took additional diet, proper rest during pregnancy and plan birth preparedness and support other to do so? Were they able to keep their commitments? (Willing to take additional diet, proper rest during pregnancy and plan birth preparedness and support other to do so)***

Have they been practicing behaviors they learned in the last lesson? The facilitator offers support and encouragement to help them maintain their commitments.



Thanks all the participants and inform the date, time and place of next meeting

Module -2, Session- 2

Objectives

At the end of the session, participants will be able to:

- Understand and explain about newborn care
- Know and describe the danger signs in a new born
- Understand importance about newborn visit within 24 hours by Health Service provider
- Know what colostrum is and the importance of early initiation of breastfeeding
- Understand and practice correct positioning and attachment for optimal breastfeeding
- Know and practice proper care of low birth-weight baby

Materials

- Register
- Flipchart



Following the ice breaking is the **attendance and troubleshooting** section. Health Promoter will take attendance. The promoter follows up with any difficulties that the Mother Leader had teaching the previous lessons.

Story: New Born Care After birth



What do you see in this picture?
Tell the Story:



A Mother like us was pregnant after 2 years of marriage. She started received regular Antenatal checkup form Health Worker. Health worker checked up regularly and told she has no problem and her baby is growing well. Since pregnancy she also saved some money if require during delivery. She also collected mobile phone number of Health Worker that she can communicate her during delivery. One of her neighbor told don't worry my mother in law can conduct delivery and I gave birth two babies under her, family member agreed with the proposal. Once evening she developed labor pain and her neighbor brought her mother in law and conducted labor. A well looking baby was born at her residence and its umbilical cord was cut by saving blade and tied with ordinary thread. She put her baby in

breast after birth as she learned from ANC. First one day baby feed breast well but from second day the bay gradually decreasing the feeding and start crying. On third day morning mother felt her bay is cold and almost motion less, she was worried and called health worker immediately. Health Worker Came and examined the baby and found base of umbilicus is red and foul smelling.

Health worker immediately bring the baby with its mom and husband to Upazila Health Complex. Doctor examined the baby found Septicemia and told it is very worst situation and baby's life at risk. Doctors started treatment with inject able antibiotic and after 7 days the baby recovered.

Ask:

? What did you notice about the birth? What choices did they make about delivery and new born care?

? Why do you think her baby was so sick?

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. You will correct their inaccurate beliefs in the flipchart pages that follow.

After the participants answer the last question, move to the next flipchart page by saying, "Let compare your thoughts with the messages on the following pages."



What do you do after birth of a Baby? What are the best practices for a new born baby within first three days of life?

Encourage for discussion and try to find out the participants current practices (newborn care and initiation of breast feeding). Make sure to let everyone voice their opinion.

New born Care after Birth



What do you see in this picture?

Encourage discussion. Add if they missed any point-

- Dry baby immediately after cutting umbilical cord.
- Wrap newborn baby by using available dry and clean cloth.
- After wrapping baby give to mothers lap immediately.
- Start breastfeeding just after birth.



Explain:

- After cutting and tying umbilical cord with sterile blade and thread, dry the baby by using available clean dry cloth immediately. Don't use water.
- After drying wrap the baby with another available clean and dry cloth appropriately to keep the baby warm.
- Transfer the baby to mother's lap for early initiation of breastfeeding and maintain temperature.
- Start breastfeeding just after birth even the placenta is not expelled. Early initiation of Breastfeed helps to expulsion of placenta.
- Don't use any thing in umbilical cord and don't bath the bay before 3 days

Additional information:

- Make delay for hair cutting which prevent the baby from pneumonia
- Advise mother for vaccination
- Give high potency Vitamin-A (200000IU) to mother for preventing blindness of mother and baby
- Continue iron tablet at least 3 months mother will not feel weak
- Umbilical cord heal automatically it does not require anything like Savlon, Sprit
- Giving colostrum to newborn immediately following birth is beneficial for both mother and the baby.

Danger sign of a New born



What do you see in this picture?

Encourage discussion. Add if they missed any point-

- Baby unable to suck the breast milk
- Mother feeling the temperature
- Convulsive baby
- Redness at base of umbilicus
- Baby drawing chest in

Explain:

Following are the danger sign of new born baby

- If you see the baby is unable to suck the breast milk
- If the body temperature of the bay is hot or cold
- Any convulsion
- Redness at base of umbilicus and/or foul smelling from it
- Difficulty in breathing and chest sunken in?

Immediately transfer the baby with mother the nearest hospital if the baby suffers from any of those danger signs to reduce the risk of neonatal death.

Additional Information:

Main Causes of Neonatal Death:

- Neonatal Sepsis
- Birth Asphyxia
- Low Birth weight
-

The following additional information is needed when baby is referred the hospital:

- Which hospital have the treatment facility of child?
- What will be the available and affordable quick transport mode?
- Who will accompany the baby and mother?
- Who will care for baby during transportation?
- Bring some money during referral



Early Initiation of Breast Feeding



Encourage discussion. Add if they missed any point-

- Baby crawling over mother chest to suck breast feeding
- Baby feeding breast milk in her lap, baby's belly is touched mother's belly (skin to skin)
- The baby's mouth is open wide and the mother is guiding the breast into the baby's mouth.
- Correct an incorrect position



Explain:

- When you breastfeed the baby, his/her belly will touch your belly
- The infant must have his mouth open wide, with his lips curled back, and his chin against her breast. Insert the breast with whole areola inside after baby opens the mouth fully.
- If he is only sucking on the teat, it is a poor position. He will not get enough milk and the mother's breasts will become sore.
- The mother should be comfortable. The infant can lie beside her or across her front or under her arm. Just as long as the infant faces the breast and can take enough of the breast into his mouth from the position.
- The yellowish dense breast milk that comes out first from the breast is called colostrum, should be fed to children while initiating breast-feeding.
- Early initiation and giving Colostrum to newborn in time is beneficial for both mother and the baby.
- No other food should be given to the newborn. Do not feed the newborn with honey, sugar and any other food, even water

Additional Information

- **Benefits of breastfeeding for baby:**
 - Increase strength of sucking breast
 - Colostrum provides immunity against diseases
 - It helps in digestion, the Colostrum acts as a laxative cleaning the infant's gut.
- **Benefits of breast feeding for mother:**
 - Initiates normal production of breast milk.
 - Helps expel the placenta more rapidly and reduces blood loss
 - Keeps newborn warm through skin-to-skin contact

Care of low birth-weight baby (i.e. baby who is small and thin)



What do you see in this picture?

- Small or low weight baby
- Normal or healthy baby
- A small baby is attaching to its mother chest.



Explain:

- The baby who's birth weight less than 2.5 kgs, prematurity is the main cause of Low birth weight
- Give only breast milk just after birth and continue frequent exclusive breast feeding. Feeding expressed Breast milk by cup and spoon if unable to suck and if not possible refer.
- Keep baby clean, dry & warm, delay bathing
- Practice skin-to-skin care and proper wrapping
- Hand wash each time before touching the baby
- Refer to a facility with newborn services if any danger sign

Infants born with low birth weight (less than 2500 gm) are disadvantaged from the very beginning of their lives and have poor survival rates.



In your observation what are the major problems of new born and early initiate of breast feeding?

*Encourage discussion and try to find out the participants current practices (**new born care and early initiate breast feeding**). Make sure to let everyone voice their opinion.*



Inform the participants of ways to overcome their concerns (**overcome the major obstacles or problem of New born care and early initiation of breast feeding**) with the help of flip chart information and through discussion. Keep in mind to include the points came out in probing session. Help the caregivers understand how to move forward

Additional Information:

Existing community practices related to new born care that are unhealthy and cause harm to the mother and/or new born:

- Bath just after birth (should be avoided)

- Applying oil, vermeil, ash, Savlon etc to umbilical cord
- Cutting of umbilical cord with chip of bamboo, shaving blade without boiling
- Tying of umbilical cord with ordinary thread without boiling
- Cutting of scalp hair early
- Giving honey or sugar water just after birth
- Delaying breast feeding wait for expulsion of placenta.

(Practice and Coaching: This section is required for the training of Mother Leaders. We want to make sure that they understand the material and can present it to others. In this activity, the promoter will observe Mother Leaders as they practice teaching in pairs. The Promoter will coach those who are having difficulty.)



Do we all commit to practice **new born care and early initiate breast feeding behavior** to make a positive change in our lives and in this are?

Request a commitment from the participants to begin practicing the new behaviors/ information they have discussed (new born care and early initiate breast feeding behavior). If they agree, the participants should make a verbal commitment. It is up to them to make a choice. Do not force them to make a commitment if they are not ready. Support them to understand the importance of the activity with the help from those who committed and realize the importance.



Try to remember what we discussed in last session. **Can we all practice post natal care within 48 hours?**

Were they able to keep their commitments? (practice post natal care within 48 hours) Have they been practicing behaviors they learned in the last lesson? The facilitator offers support and encouragement to help them maintain their commitments.



Thanks all the participants and inform the date, time and place of next meeting

Module -2, Session- 3

Objectives

At the end of the session, participants will be able to:

- Understand and describe the benefits and importance of Exclusive breastfeeding
- Understand and practice correct positioning and attachment for optimal breastfeeding
- Understand and describe nutrition of lactating woman

Materials

- Register
- Flipchart



Following the ice breaking is the **attendance and troubleshooting** section. Health Promoter will take attendance. The promoter follows up with any difficulties that the Mother Leader had teaching the previous lessons.

Story: A bottle fed Baby



What do you see in this picture?

Tell the Story:



A Mother like us gave birth today to a boy. The birth was long and difficult. After the baby's cord was cut tied and he was cleaned, they wrapped him with available clean and dry cloth and took him into another room to feed. Her mother -in -law reminded her that she was exhausted and the first yellow milk is bad for baby. "We must use a bottle him." her mother-in law said. Mother continued to lose blood after delivery. Her placenta took long time to expel out. The baby is now 11 months old but is growing a little. Mother still feeds him with a bottle and milk powder that she buys at the market. But the milk powder is expensive, so sometimes she is not able to mix adequate amount into the bottle. The bay suffered from diarrhea and other diseases frequently. She would like to try to breastfeed again, but her breasts are empty.

Ask:

? What did you notice about the birth? What choices did they make about feeding and caring for the newborn?

? Why do you think her infant is small and weak? Is milk powder as nutritious as breast milk?

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. You will correct their inaccurate beliefs in the flipchart pages that follow. After the participants answer the last question, move to the next flipchart page by saying, "Let compare your thoughts with the messages on the following pages."



What did you feed your infant at birth? What is the best food for a baby up to 6 months of age?

*Encourage for discussion and try to find out the participants current practices (**exclusive breast feeding**). Make sure to let everyone voice their opinion.*

Importance of Exclusive breast feeding



What do you see in this picture?

- Mother with healthy baby
- Mother with ill health baby



Explain

- After the birth, the child should be fed with breast milk only, no other food even water.
- Only breast feeding is enough to ensure normal growth and development of the baby up to the age of 6 months.
- Keeps infant warm
- Helps to form a bond between mother and baby
- Breast milk does not need to be prepared and is the perfect temperature
- Mother's breast milk multiplies based on baby's need. If baby sucks frequently, the breasts make more milk
- The mother's milk changes as the needs of the baby change during the first two years of life
- Saves money and time

Additional information

Benefit for children

- Saves infants' lives, is a whole food for the infant, contains balanced proportions and sufficient quantity, of all the needed nutrients for the first 6 months. Promotes adequate growth and development, thus preventing stunting.
- Is always clean, always ready and at the right temperature and easy to digest. Nutrients are well absorbed
- Contains enough water for the baby's needs (87.5% of water and minerals).
- Helps jaw and teeth development; suckling develops facial muscles.
- Act as vaccine that protect against diseases, especially against diarrhea and respiratory infections.
- Frequent skin-to-skin contact between mother and infant lead to better psychomotor, affective and social development of the infant.

Benefit for the mother

- Establishes bonding between child and mother
- Reduce uterine bleeding
- Helps involution (goes back to normal) of uterus
- Reduces the risk of breast and uterus cancer

Benefit for the family

- Saves money
- Saves time of the family members

Optimal breast feeding practice



What do you see in this picture?

Encourage discussion. Add if they missed any point-

- Mother is feeding breast milk to her baby
- Giving both breast
- Mother giving breast milk day and night



Explain:

- When you breastfeed the baby, his/her belly will touch your belly
- The infant must have his mouth open wide, with his lips curled back, and his chin against her breast. Insert the breast with whole areola inside after baby opens the mouth fully.
- If he is only sucking on the teat, it is a poor position. He will not get enough milk and the mother's breasts will become sore.

- The mother should be comfortable. The infant can lie beside her or across her front or under her arm. Just as long as the infant faces the breast and can take enough of the breast into his mouth from the position.
- Continue breastfeeding the baby until one breast is completely empty so the child receives the white milk and the yellow milk. Give both breasts to the baby.
- Breastfeed the Baby at Least 8 times at Day and 4 times at night

Additional Information regarding breast feeding:

Optimal breast feeding behaviors for the mother

- o Hold the newborn, close to the chest immediately after birth and then put to the breast.
- o Breastfeed often, on demand, day and night.
- o Exclusively breastfeed during the first six months.
- o Continue to breastfeed even if the child or the mother is ill.
- o Position and attach infant correctly at the breast with the mother in good position.
- o Offer second breast after infant releases the first and still seems to be hungry.
- o Before breast feeding have some liquid.
- o Eat more than usual, a varied diet.
- o After age of six months add complementary foods (enriched and varied - increasing the quantity, frequency and density) in addition to breastfeeding.
- o Continue breastfeeding until the child is 2 years of age or older.

Nutrition of lactating woman



What do you see in this picture?

- Different Food
- Mother taking liquid food during breastfeeding



Explain:

- Mothers need to eat well to increase their milk production.
 - o Mothers will drink a lot of fluids when they are breastfeeding.
 - o Eat a variety of foods of many different colors.
 - o Lactating mothers will eat an extra portion of food each day.
- Mothers should avoid things that reduce their milk production.
 - o Do not give other foods or liquids to infants under six months. The infant will suck less on the breast and the breast will produce less milk.
 - o Mothers will be confident that they have enough milk. Worry and anxiety may decrease milk production

- Continue taking iron supplements (vitamins) for six months after the infant is born. Iron supplements are distributed by the health centers.
- Provide Vitamin A to post partum mother within 42 days it helps improve the health status of the mothers and supplies Vitamin A to the infant through breast milk for improved survival.



In your observation, what are the major problems to exclusive breast to your 0-6 month's children and additional diet during lactation?

Encourage discussion and try to find out the participants current practices (to exclusive breast feeding). Make sure to let everyone voice their opinion.



Inform the participants of ways to overcome their concerns (**to exclusive breast feeding and additional diet during lactation**) with the help of flip chart information and through discussion. Keep in mind to include the points came out in probing session. Help the caregivers understand how to move forward

Additional Information:

Existing community beliefs related to colostrums and exclusive breast-feeding that could be harmful to the mother and/or child if followed:

- The child's voice would be sweet if honey or sugar solution is fed first to the baby instead of colostrums or breast milk
- The physical appearance of colostrums is dense, sticky and yellowish which is believed to be a dirty or spoiled thing by the community, thus is discarded.
- The baby might get sick if the baby is breastfed by the sick mother.
- Mothers breast milk is not enough to meet the need of the baby.
- The baby cries when the baby does not get enough milk from mother's breast believed to be due to inadequate production of breast milk.
- Additional water should be given to baby, even if the baby is less than six months of age, because the water content of the breast milk is not enough.
- The baby gets diarrhea when the mother's breast milk gets contaminated.
- The beautiful configuration of the mother may be changed if the mother continues to breastfeed her baby.
- The baby should not be breastfed if mother's nipples are retracted or cracked.

How to remove traditional wrong beliefs and practices mentioned earlier.

Through proper counseling, using appropriate justification and information, the traditional wrong beliefs can be removed. The justification/ information as mentioned below are helpful while doing counseling:

- Give breast-feeding to the newborn including colostrums as immediately as possible, within one hour after birth. No pre-lacteal or any other food should be given because these are harmful for baby's health. While caring and talking to the baby use sweet

language that will allow the child to learn speaking sweet languages, honey or sugar solution does not have any relation/effect on baby's sweet speech.

- The first food colostrum with breast milk adequately meets the need of the baby and frequent breast-feeding stimulates milk adequate production.
- It is a wrong perception that sick mothers breast milk makes the baby sick. Keeping breast feeding suspended during mothers illness will cause child malnutrition and is not helpful for mother as well.
- Breast feeding exclusively for six months adequately meet all the nutritional requirement of the children. No other food, even water, is needed. Breastfeeding reduces the risk of diseases including diarrhea.
- Breast feeding does not affect beauty or configuration of the mother, rather it helps mother to remain slim preventing extra fat deposition. There are scientific evidences that say breast feeding reduces the risk of breast and cervical cancer.
- Proper positioning and attachment are important for allowing child getting adequate breast milk as well as avoid child swallowing additional air that causes flatulent stomach and discomfort for the baby resulting in crying. In between breast feeding if the baby is taken on the neck and shoulder of the mother and a gentle pressure is given on the abdomen of the baby, the additional air is expelled out. This mechanism is called burping.

(Practice and Coaching: This section is required for the training of Mother Leaders. We want to make sure that they understand the material and can present it to others. In this activity, the promoter will observe Mother Leaders as they practice teaching in pairs. The Promoter will coach those who are having difficulty.)



Do we all commit to practice exclusive breast feeding and give complementary food to your 6-24 months children for proper nutrition and health?

Request a commitment from the participants to begin practicing the new behaviors/ information they have discussed (exclusive breast feeding and additional diet during lactation). If they agree, the participants should make a verbal commitment. It is up to them to make a choice. Do not force them to make a commitment if they are not ready. Support them to understand the importance of the activity with the help from those who committed and realize the importance.



Try to remember what we discussed in last session.(Care of the Newborn and proper attachment and position) ?

Were they able to keep their commitments? (Care of the Newborn and proper attachment and position) Have they been practicing behaviors they learned in the last lesson? The facilitator offers support and encouragement to help them maintain their commitments.



Thank all the participants and inform the date, time and place of next meeting.

Module -2, Session- 4

Objectives

At the end of the session, participants will be able to:

- Understand and describe the benefits and importance of complementary feeding for children 6-23 months old
- Understand and practice Optimal Frequency, Quality & diversity of Complimentary Feeding.
- Understand and describe sanitary food preparation

Materials

- Register
- Flipchart



*Following the ice breaking is the **attendance and troubleshooting** section. Health Promoter will take attendance. The promoter follows up with any difficulties that the Mother Leader had teaching the previous lessons.*

Ice Breaking:

Just Fun:

1. Put some material on a cloth in front of all mother leaders where they are seating for education session.
2. There will be two types of Material: some valuables and some less importance.
 - i. Type 1- pencil, Ball point pen, eraser, sharpener & cell phone
 - ii. Type 2- a small piece of fuel wood, a stone/brick chop, and a piece of cloth
3. Keep one material short accordingly number of participants and mixing all and put them closely middle of the mother leader circle
4. Now, Ask all participant to see all materials and keep close eyes for a time being.
5. During close eyes time remix all the material again and ask all to open eyes and catch one material, but don't touch 2nd material, fast touch fast get type. No fight
6. Now you find, some get valuable, some less important material and one participant get nothing.
7. Finished the game with clap all together.

Keep in mind if we do not do right activity in right time; we must loss something what we will not avail again. We have something and if we get that it must help us throughout the life.

Complementary feeding- Importance and role of family members



What do you see in this picture?

Encourage discussion. Add if they missed any point-

- Regular family food from which food for the child can be prepared
- Feeding a baby with Care involving family members



Explain:

- A growing child needs frequent and increasing amounts of meal with variety of foods. Complimentary feeding means giving other foods in addition to breast milk.
- Complementary feeding can be assured from family food, it does require any additional initiative.
- During the period of completed 6month to 23 months, the young child gradually becomes accustomed to eating family foods, through breastfeeding continues to be an important source of nutrients and protective factors until the child is at least two years old
- Starting with appropriate complementary feeding ensure child growth and cognitive development of child

Complementary feeding- Proper frequency and Consistency



What do you see in this picture?

- Regular family food and fruits
- Smashed food in a plate
- Frequency of feeding
- Child is eating from own plate with hand



Explain:

- Begin to give small amounts of food to the infant at six months of age and gradually increase the quantity and diversity of food as the infant gets older.
- From six to eleven months always breastfeed before feeding the infant and after twelve month first complementary feeding and then Breast feeding.
- Continue to breastfeed as often as the infant wants until at least 23 months of age.
- At six months, begin with small spoonfuls that add up to two to four large spoonfuls at each feeding.
- From six to eight months feed the infant three times per day, increase feeding to four times per day for infants nine to eleven months each feeding contains 3-4 table spoons full.
- Children ages 12 to 23 months should eat four-five times a day and each feeding contains 12-14 table spoons full.
- Mother/Caregivers will use nutrient rich foods and snacks when feeding their children and believe that they have the time and ability to make nutritious meals for their child.
- The food suitable for child is soft, semisolid consistency made of regular family foods like mashed rice mixed with lentils, vegetables, cooked soft fish, eggs, milk and sugar, cakes made flour and Fruit or juice as available in different seasons

Sanitary food preparation



What do you see in this picture?

Encourage them for discussion. Add if they missed any point-

- Vegetables are washing before cutting
- Washing of before food preparation,
- Washing utensils with Tube-well water and food is covering
- Washing of child hand before and after feeding



Explain:

- Washing vegetables before cutting with clean water cleans dirt, worm eggs and things which bring sickness from the food and also prevent washing out of some vitamins.
- Water is not enough to clean hands; only soap kills the contaminants that bring sickness.
- Those who prepare food should wash hands with soap and water before preparing food or feeding a child.
- Caregivers (or those who help a child to eat) should wash the child's hands with soap and water before and after eating.
- Food that is not cooked through (hot throughout) can contain worm eggs. Eggs are killed when the food is hot throughout.
- The family should eat cooked foods while they are still hot.
- Cover food until it is time to eat. After eating, cover leftover food with a cloth or lid so that flies cannot land on the food. Flies leave feces and dirt, too small for the eye to see on the food they touch.
- Always reheat stored foods until the center is hot (or the liquid is boiling) before eating.



In your observation, what are the major problems to exclusive breast feeding and give complementary food to your 6-23 months children?

Encourage for discussion and try to find out the participants current practices (to exclusive breast feeding and give complementary food to your 6-23 months children). Make sure to let everyone voice their opinion.



Inform the participants of ways to overcome their concerns (to exclusive breast feeding and give complementary food to your 6-23 months children) with the help of flip chart information and through discussion. Keep in mind to include the points came out in probing session. Help the caregivers understand how to move

forward

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