

# HIV and infant feeding counselling tools



Ministry of Health



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# FLOW CHART

## How to Use the Flow Chart

### 1. IF THIS IS THE MOTHER'S FIRST INFANT FEEDING COUNSELLING SESSION:

And she is pregnant:

- Follow steps 1 to 5. If she needs time to decide which feeding option to choose, follow steps 1 to 4 and ask her to return to discuss step 5.
- If she is early in her pregnancy, ask her to return again closer to her delivery date to review how to implement the feeding method.

If she already has a child:

- Follow steps 1 to 4. If the mother is not breastfeeding at all, however, do not discuss the advantages and disadvantages of breastfeeding.
- Continue with steps 5 and 6

### 2. IF THE MOTHER HAS ALREADY BEEN COUNSELLED AND CHOSEN A FEEDING METHOD, BUT SHE HAS NOT YET LEARNED HOW TO IMPLEMENT IT:

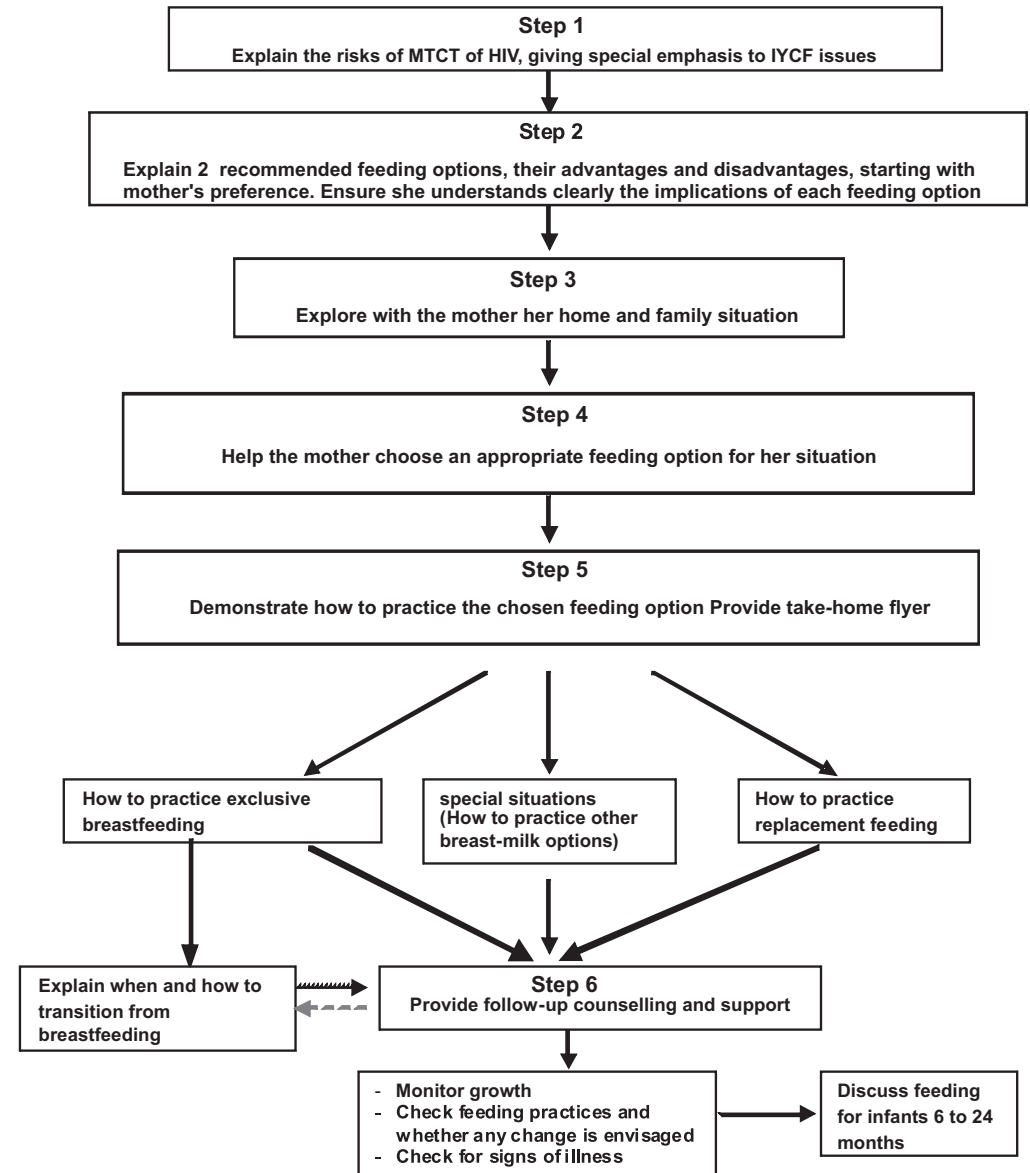
And she is pregnant

- Do step 5 only
- And she already has a child:
- Begin with step 5 and then continue with step 6

### 3. IF THIS IS A FOLLOW UP VISIT

- Begin with step 6
- Review how to implement the feeding method

## Counselling Flow Chart for HIV-Positive Women



## CARD 1

### The risk of mother-to-child transmission

**Use with:** All HIV-positive women who are being counselled for the first time

**Ask:** Do you know or have you heard that HIV infection can be passed from the mother to the baby? What do you know or what have you heard?

### Key messages

- You can pass HIV to your baby during pregnancy, delivery or breastfeeding
- Not all babies born to women with HIV become infected with HIV themselves
- Imagine 20 babies being born to women with HIV. About 7 of these babies will get infected if no drugs are given and 13 will remain uninfected, even if breastfed for two years. Of the 7 babies, 4 will get infected through pregnancy and delivery, and 3 through breastfeeding. If breastfeeding stops early, then fewer babies will be infected.
- It is possible to tell whether a baby is infected by 6 weeks.
- Some things can increase the risk of passing HIV through breastfeeding for example, there is an increased chance if you have been recently infected with HIV or if you breastfeed for a longer period of time
- There are always ways of reducing the risk of transmission by practising a feeding option that is appropriate for your situation.

**Ask:** Do you have any questions or concerns on the things we have just discussed?



Number of babies infected with HIV through pregnancy and delivery



Number of babies infected with HIV through breastfeeding



Number of babies not infected with HIV

## CARD 2

# Advantages and disadvantages of exclusive breastfeeding

**Use with:** All HIV-positive women who are being counselled for the first time

**Ask:** what do you see in the picture? What do you think “exclusive breastfeeding” means?

Exclusive breastfeeding means giving only breastmilk and no other liquids or solids, not even water unless medically indicated. This is the safest way for you to breastfeed your baby for the first 6 months of life.

## Advantages

- Breast milk is the perfect food for babies. It protects them from many diseases, especially diarrhoea and pneumonia. It also reduces the risk of dying from these diseases.
- Breast milk gives babies all of the nutrients and water they need. Breastfed babies do not need any other liquid or food.
- Breastmilk is free, always available and does not need any special preparation
- Exclusive breastfeeding for the first few months may lower the risk of passing HIV, compared to mixed feeding
- Many women breastfeed, so people will not ask why you are not doing it
- Exclusive breastfeeding helps you recover from child birth and protects you from getting pregnant again too soon.

## Disadvantages

- As long as you breastfeed, your baby is exposed to HIV
- It may be difficult to exclusively breast if you get very sick

**Ask:** Do you have any questions or concerns on the things we have just discussed?



## CARD 3

# Advantages and disadvantages of infant formula

**Use with:** all HIV-positive women who are being counselled for the first time

**Ask:** what do you know or heard about infant formula

## Advantages

- Giving only formula carries no risk of transmitting HIV to the baby.
- Most of the nutrients your baby needs have already been added to the formula.
- Other responsible family members can help feed the baby. If you fall ill, others can feed your baby while you recover.

## Points to note

Unlike breast milk, formula does not contain antibodies that protect your baby from infections

- Your formula fed baby is more likely to get seriously sick from diarrhoea, chest infections and malnutrition compared with the breastfed baby. This is especially the case if the formula is not prepared correctly or hygienically.
- Do not mix feed that is giving the baby breast milk and formula alternatively. Give the infant formula only. Mixed feeding increases the risk of transmitting HIV to your baby
- You need fuel and clean water (boiled vigorously for 5-10 minutes) to prepare the formula, and soap to wash the baby's cup
- People may wonder why you are using formula instead of breastfeeding, and this could cause them to suspect that you are HIV positive
- Formula takes time to prepare. Make a fresh feed each time the baby needs it
- Formula is expensive, and you must always have enough on hand. Your baby needs forty (40) 500g tins for the first 6 months. This will cost .....per month
- Feed the baby using a cup. Babies can learn how to do this even when they are very young. However, it may take time to learn. You may also get pregnancy sooner than you wish.

**Ask:** Do you have any questions or concerns on the things we have just discussed? How do you feel about infant formula?





## CARD 4

### Special Situations Only

### Advantages and disadvantages of expressing and heat-treating breast milk

**Use with:** All HIV-positive women who are being counselled for **transitioning from breastfeeding** (when AFASS has been met) and those with **breast conditions** (mastitis, breast abscess)

**Ask:** What do you see in the picture? Have you heard about this? Do you think you could do it?  
Expressing milk means removing it from the breast, usually by hand. The milk must then be heated in order to kill HIV before the milk is fed to the baby.

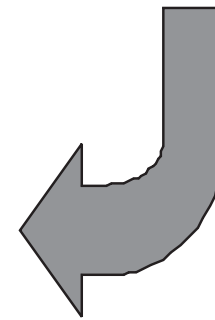
#### Advantages

- HIV is killed by heating the milk
- Breast milk is the perfect food for babies, and most nutrients remain in the breast milk after heating
- Breast milk is always available and you do not have to buy it
- Other responsible family members can help feed the baby

#### Disadvantages

- Although heated breast milk does not contain HIV, it may not be as effective as unheated breastmilk in protecting the baby from other diseases; but it is still better than formula
- Expressing and heat treating breast milk takes time. It must be done frequently. It can be hard to do for a long time. Expressed milk must be heated each time.
- The best way for the baby to drink expressed breastmilk is by cup. Babies can learn how to do this even when they are very young but it may take time to learn.
- The breast milk needs to be stored in a cool place and used within an hour of heating because it could get spoiled.
- You will need clean water and soap to wash the baby's cup and the container used to store the breast milk
- You will need fuel to heat the breast milk
- People may wonder why you are expressing your milk, which could cause them to suspect that you are HIV positive.

**Ask:** what would people in your community think of this? **Ask:** Do you have any questions or concerns on the things we have just discussed? How do you feel about expressing and heat treating your breast milk?



## CARD 5

### Special Situations Only

### Advantages and disadvantages of wet nursing

**Use with:** All HIV-positive women who are being counselled for the first time in special situation.

**Ask:** what do you see in this picture? In what cases do women use wet nurses in your community?

A wet nurse is a woman who breastfeeds another woman's baby.

#### Advantages

- Wet nursing carries no risk of HIV infection from breast milk for the baby as long as the wet-nurse is not infected with the virus
- Breast milk is the perfect food for the baby and can protect them from diseases
- Breast milk is free

#### Disadvantages/Points to note

- The wet-nurse must be tested for HIV and confirmed to be HIV-negative
- The wet-nurse must be able to protect herself from HIV the entire period she is breastfeeding. This means not having sex, using condoms correctly every time she has sex or having sex with only one partner who has also tested HIV negative and remains faithful to her.
- The wet-nurse must be available to breastfeed the baby frequently throughout the day and night or able to express milk if she and the baby are separated
- People may ask why you are not breastfeeding. This could cause them to suspect that you have HIV
- You may get pregnant again too soon

**Ask:** What would people in your community think of this? What questions or concerns do you have on the things we have just discussed? How do you feel about wet-nursing?



## CARD 6

### Assessing the mothers situation

**Use with:** all HIV-positive women who are being counselled for the firsts time or who are thinking of changing their feeding option  
**Ask:** the question in the left hand column while pointing to the drawing that corresponds to each question. Her combined replies to these questions can help the woman to choose the most suitable method to feed her baby in her situation, after she has learnt about the advantages and disadvantages of each method.

	Most suitable feeding method		
	breastfeeding/wet-nursing	Unclear	Replacement feeding or expressed and heat-treated breastmilk
Where do you get you drinking water?	River, stream, pond, unprotected well, protected well	Public standpipe	Piped water at home or can buy clean water
What kind of latrine/toilet do you have?	None, pit latrine	VIP toilet	Waterborne latrine or flush toilet
How much money could you afford for infant formula each month?	Less than .....available for formula each month	.....*.available for formula most months	.....*.available for formula each month
Do you have money for transportation to get formula when you run out?	No	Yes, usually	Always (unless expressing and heat treating breast milk)
Can you prepare each feed with boiled water and clean utensils?	No	Yes, but with effort	Yes
How would you arrange night feeds?	Preparation of milk feeds at night difficult	Preparation of the milk feeds at night possible but with effort	Preparation of milk feeds at night possible
Does your family know you are HIV-positive?	No	Some family members know	Yes
Are the members of the family supportive of feeding and are they willing to help?	Family not supportive and not willing to help, or don't know - can't discuss	Family supportive but not willing to help	Family supportive and willing to help

\* You will need to know the monthly cost of formula in your community

Ask: Following what we have discussed, what is your infant feeding choice?



## CARD 7

### How to start breastfeeding

**Use with:** All HIV-positive women who have chosen to breastfeed

**Ask:** What do you see in this picture? How soon after birth do women you know usually begin breastfeeding? Can you show me how you would attach your baby to the breast?

- Give your baby skin-to-skin contact by putting him/her to the breast soon after giving birth.
- Colostrum or first milk is very good for your baby. It is like a vaccination and protects your baby from many diseases.
- Early and frequent feeding will help your body produce enough milk and keep your breasts from getting engorged (swollen).
- You will know that your baby is getting enough milk if s/he urinates at least six times per day. The urine should be light in colour and not strong smelling.
- Hold the baby close to you, facing the breast, with his/her neck and body straight and supported.
- Support the breast by holding your fingers against your chest wall below your breast. Your first finger should support the breast, with your thumb above. Do not hold your fingers too near the nipple.
- Remember: safer breastfeeding means exclusive breastfeeding (giving no other foods and drink, not even water), frequently day and night feeding and seeking care if there is a problem. This will be helpful for your breast health and for your baby's survival.

**Review** with the mother the take-home flyer on how to breastfeed safely

**Ask:** What questions or concerns do you have about what we have just discussed? What difficulties do you think you might have with exclusive breastfeeding? How can you deal with those difficulties?





## CARD 8

### Hygienic preparation of formula, milk and food

**Use with:** HIV-positive women who have chosen infant formula or expressed breast milk. Discuss hygiene again with all women just before their children start to eat foods.

**Ask:** What do you see in these pictures? Why do you think she is doing this? How easy would it be for you to do it? In what ways can you practice good hygiene when preparing formula milk or food?

**Simple ways to practice good hygiene are to:**

- Keep clean.
- Wash your hands with soap and water before preparing formula, feeding your child and also after using the toilet.
- Wash your child's cup or bowl thoroughly with soap and water or boil it.
- Keep food preparation surfaces clean. Use water and soap or detergent to clean them every day .

**Use safe water and wash raw materials**

- Boil water vigorously for 5-10 minutes
- Wash fruits and vegetables, especially if eaten raw.

**Separate raw and cooked foods**

- Avoid contact between raw and cooked foods.
- Use separate utensils and storage containers for raw foods .

**Cook thoroughly**

- Cook meat, poultry, eggs and fish thoroughly.
- Reheat cooked food thoroughly. Bring soups and stews to boiling point .

**Keep formula and food at safe temperatures**

- Give unfinished formula to an older child or drink it yourself, instead of keeping it for the next feed.
- Do not leave cooked food at room temperature for more than 2 hours.
- Refrigerate all perishable foods promptly (preferably below 5°C). Cool cooked food to room temperature and refrigerate.

**Ask:** what questions or concerns do you have about what we have just discussed? What difficulties might you have in preparing formula or food? How can you deal with those difficulties?

<sup>1</sup> Washing hands especially with soap or a rubbing agent such as ash, helps remove germs and contributes to prevention of disease transmission

<sup>2</sup> Bringing water to a rolling boil is effective to kill germs. Let the hot water cool down on its own without adding ice. If the water is clear and has been boiled, no other treatment is needed.



## CARD 9

### Cup feeding

**Use with:** HIV-positive women who have chosen to use infant formula or express and heat treat their breast milk.

**Ask:** what do you see in this picture? What do you think about the way this baby is being fed? Have you ever seen it done? Can you do it?

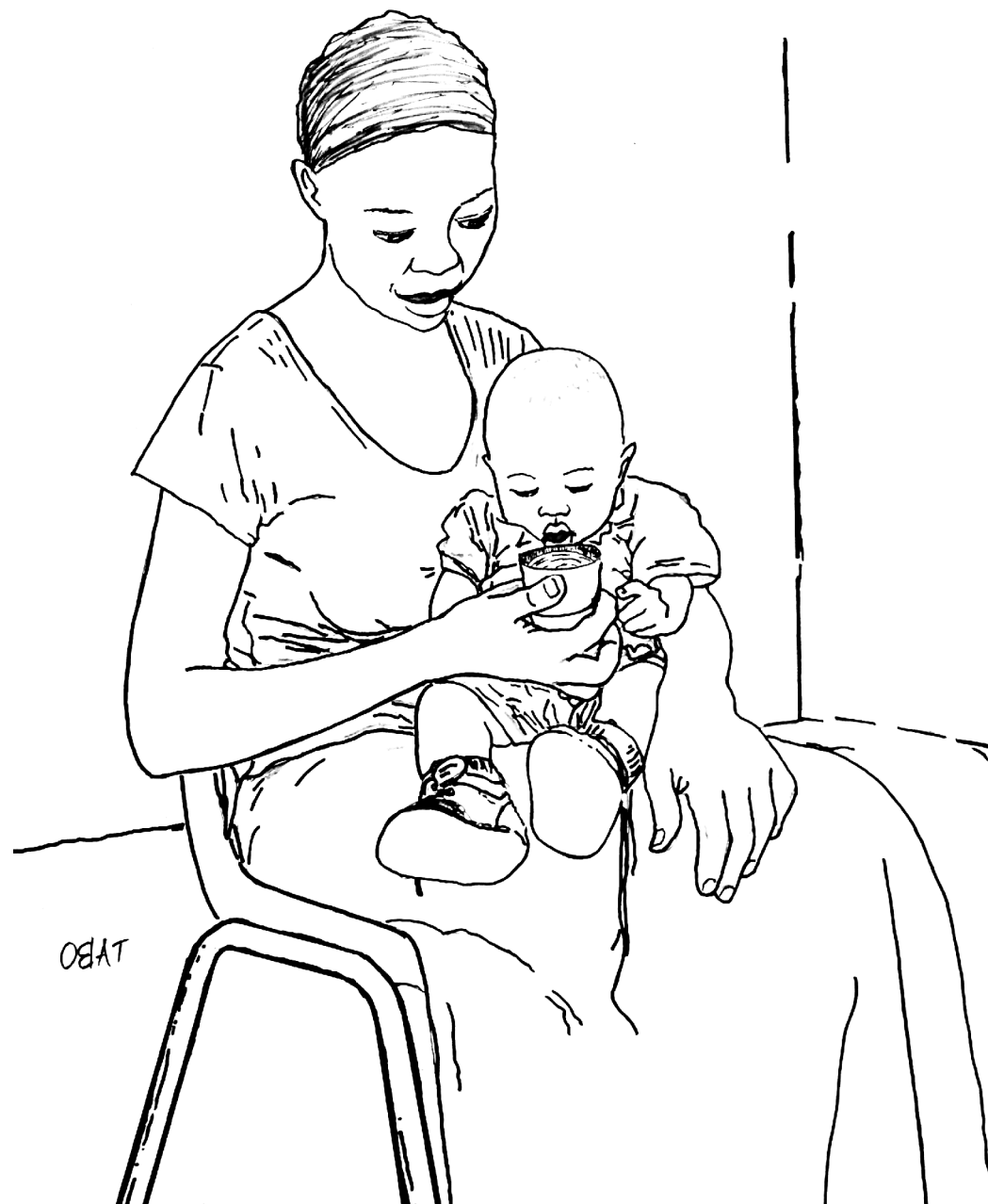
- If you give your baby formula or expressed breast milk, s/he will need to feed from a cup. This is better than bottle feeding because:
- It is harder to clean bottles so they can be easily contaminated with germs that can make your baby sick.
- It is easier to clean a cup, every time before and after a feed.
- You have to pay more attention to your baby when you cup-feed than when you use a bottle, and this can help to stimulate and comfort him or her.

### Demonstrate this with the mother's baby or doll

- Clean the cup with soap and water before filling it with milk or formula.
- Make sure your baby is awake and in an upright position. Put a cloth underneath his/her chin to catch the dribbles.
- Hold the cup to the baby's lips and tilt it just enough so that the milk touches the lips.
- Keep the cup tilted so that your baby can sip the milk. Do not pour the milk or push the baby's lower lip. Let the baby take the milk at his/her own pace.
- You will know your baby has had enough when s/he closes his/her mouth and does not take any more.
- If your baby does not drink very much, offer him/her more at the next feed or feed him/her earlier than usual.
- Look into your baby's eyes and talk to him/her to show your love.

**REVIEW** the take home flyer on cup feeding with the mother.

**Ask:** What questions or concerns do you have about what we have just discussed? What difficulties might you have with cup feeding? How can you deal with those difficulties?



## CARD 10

### Infant formula: Important facts

**Use with:** HIV-positive women who have chosen to use infant formula















**Ask:** what do you see in this picture? Why do you think it is important to follow the instructions for making the formula exactly? Have you ever seen formula prepared? If yes how was it done?

- Your baby will not need anything but formula until s/he is 6 months old. Do not breastfeed or give him/her food, water of any other types of liquids.
- Your baby can become sick or malnourished if s/he does not drink enough formula or if you do not prepare it correctly.
- If you are running low on formula, do NOT add more water to make it last longer.
- Prepare the formula only a short time before giving it to your baby so that it has time to cool (formula should be given within hour of preparation).
- Only make enough formula for one feed at a time, because formula that is not appropriately stored may spoil and make your baby sick.
- Do not keep milk in a thermos flask because it will become contaminated quickly. You can keep hot water in the thermos flask to make formula for each feed.
- An open tin of formula should be used within 4 weeks.

Month	Number of 500 g tins needed per month	Number of 450 g tins needed per month	Number of 400 g tins needed per month
First month	4	5	5
Second month	6	6	8
Third month	7	8	9
Fourth month	7	8	9
Fifth month	8	8	10
Sixth month	8	9	10

Review with the mother the take home flyer on how to prepare infant formula, adjusting the amounts according to the baby's age. Demonstrate the preparation and ask the mother to show you how she will do it.

**Ask:** what will you do if you run out of formula? What questions or concerns do you have about what we have just discussed? What difficulties do you think you might have with infant formula? How can you deal with those difficulties?

Baby's age	 <p>INFANT FORMULA 500g</p> <p>500g tins needed per month</p>	 <p>INFANT FORMULA 450g</p> <p>450g tins needed per month</p>
1 month		
2 months		
3 months		
4 months		
5 months		
6 months		

## CARD 11

### How to express breast milk

**Use with:** HIV-positive women who have chosen to express and heat-treat their milk, transitioning from breastfeeding to replacement feeding and/or have mastitis; and/or HIV-positive women with low-birth-weight babies.

**Ask:** What do you see in this picture? Have you ever expressed breast milk yourself? If yes, why and how do you do it?

#### HERE IS HOW TO EXPRESS BREAST MILK FROM YOUR BREAST

- Wash your hands and the milk container with soap and clean water.
- Sit or stand in a comfortable position in a quiet, private place. Drink something warm and try to relax as much as possible. You may ask someone to massage your back to help you relax.
- Apply warm compresses to your breasts. Lightly massage them and gently pull or roll your nipples.
- Put your thumb on the breast above the nipple and areola (coloured area) and your first finger below the nipple and areola. Support your breast with your other fingers.
- Gently press your thumb and first finger together. Press and release, press and release in order to start the milk flowing. This should not hurt. If it does, then you are doing something wrong.
- Press the same way on the sides of the areola in order to empty all parts of the breast.
- Do not squeeze the nipple itself or rub your fingers along the skin. Your fingers should roll over the breast.
- Express one breast for 3-5 minutes or until the flow of milk slows, and then change to the other breast. Then do both breasts again.
- Change hands when one gets tired. You can use either hand for either breast.

The milk will need to be heated if the mother has already stopped feeding directly from the breast (*see card 12*). If the mother is breastfeeding and she only expresses her milk occasionally, then it does not need to be heated.

**Review** with the mother the take-home flyer on expressing breast milk

**Ask:** What questions or concerns do you have about what we have just discussed? What difficulties do you think you might have with expressing milk? How can you deal with those difficulties?





## CARD 12

### How to heat-treat and store breast milk

**Use with:** HIV-positive women who have chosen to express and heat-treat their milk, transitioning from breastfeeding or has breast condition (mastitis, breast abscess) .

**Ask:** What do you see in this picture? Do women in this community ever heat-treat their breast milk?

#### Before heating your milk, gather the following;

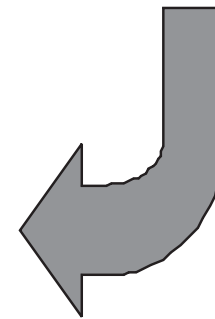
- Clean containers with wide necks, enough to store the milk.
- A small pot to heat the milk.
- A large container of cool water.
- Fuel to heat the milk and water.
- Soap and clean water to wash the utensils.

#### Follow these steps;

- Wash all of the pots, cups and containers with soap and water.
- Only heat enough expressed milk for one feed.
- Heat you milk to the boiling point and then place the small pot in a container of cool water so that it cools more quickly. If that is not possible, let the milk stand until it cools.
- Store the boiled milk in a clean, covered container in a cool place and use within 1 hour.
- You can store unheated breast milk for 8 hours at room temperature. or up to 24 hours in a refrigerator.

**Review** with the mother the take home flyer on heating breast milk.

**Ask:** How do you plan to store your breast milk? What questions or concerns do you have about what we have just discussed? What difficulties do you think you might have with heating breast milk? How can you deal with those difficulties?



## CARD 13

### Wet-nursing (breastfeeding by another woman)

**Use with:** HIV-positive women who have chosen to use a wet-nurse.

**Ask:** (if wet-nurse has not come with the mother): whom have you chosen as your wet-nurse? What do you see in this picture?

- To protect your baby from HIV, the wet-nurse must be HIV-negative. The only way for her to know for sure that she is negative is to be tested at least 3 months after the last time she had unprotected sex or any other possible exposure to HIV.
- The wet-nurse will need to protect herself from HIV infection the entire time she is breastfeeding.
- This means;
  - Not having sex; or
  - Using a condom correctly every time she has sex; or
  - Having sex with only one partner who has tested negative for HIV and who is being faithful to her; and
  - Not sharing any razors, needles or other piercing objects.
- The wet-nurse should be available to feed your baby on demand, both day and night.
- The wet-nurse should receive counselling about how to prevent cracked nipples, breast infections and engorgement.
- If your baby is already infected with HIV, there may be a very small chance that s/he can pass the virus to the wet-nurse through breastfeeding. The wet-nurse needs to know about this small risk and avoid breastfeeding while the baby has oral thrush or when she has cracked nipples.

#### If the Wet-Nurse has come with the mother

- Go through the exclusive breastfeeding and relevant flyers.
- Ask the wet-nurse: how do you feel about being tested for HIV? How will you be able to protect yourself from HIV while you are breastfeeding?

#### If the Wet-Nurse has not come with the mother

- **Ask the mother:** has the wet-nurse tested negative for HIV? If yes, how long ago? Do you think that she has had unprotected sex since the last test? (If yes, recommend that she can be retested three months from the last time she had unprotected sex).
- Recommend that she comes to discuss breastfeeding.



## CARD 14

### Progress check to infant feeding from 0 to 6 months

Use with: All HIV-positive women bringing their 0 - 6 months old children in for follow up visits.

#### Do the following:

- Check how the mother is feeding the baby.
- Check the child's growth and health.
- Check how the mother is coping with her own health and any difficulties.

#### Remember:

- Use “listening and learning skills” and skills for building confidence and giving support.
- Check to ensure that the mother understands what you have discussed.
- Arrange for follow up or referral as needed.

#### If she is Breastfeeding

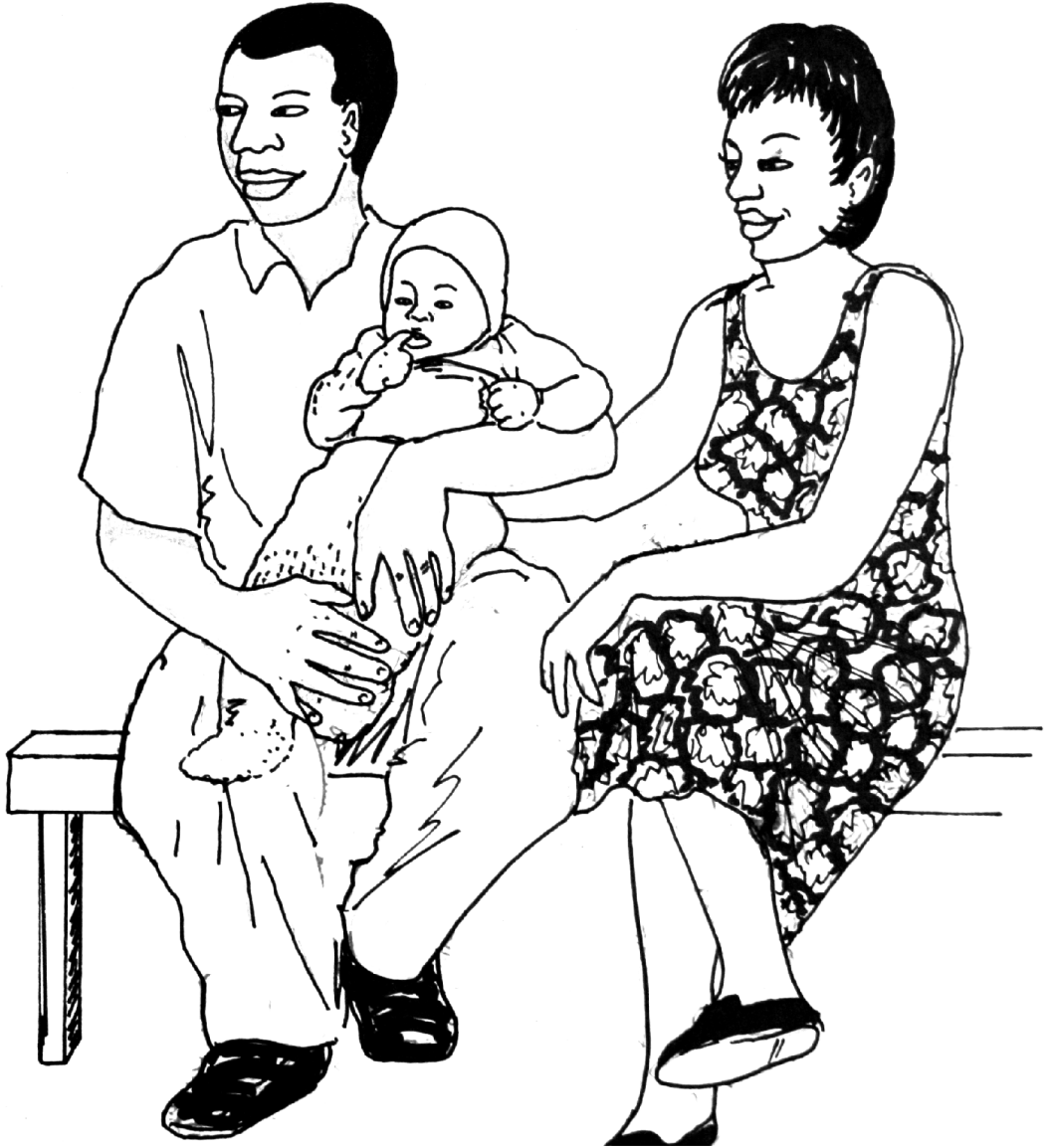
- Check if she breastfeeds exclusively and gives no other milks or water to the baby.
- Check if she breastfeeds as often as the baby wants and for as long as the baby wants.
- Observe a breastfeed and check the mothers breasts.
- If baby is approaching six months, discuss the possibility of slowly changing to other feeds (*see card 15*).

#### if she is replacement feeding, check that she is

- Using a suitable type of replacement milk.
- Able to get new supplies of milk before she runs out.
- Measuring the milk and other ingredients correctly.
- Giving an appropriate volume and number of feeds. If not, recommend that she adjust the amount according to the baby's age
- Preparing the milk cleanly and safely.
- Cup-feeding.
- Not breastfeeding.

**Demonstrate** how to prepare and give formula if there are any problems.

**Review** the appropriate take-home flyers for the type of milk that the mother plans to use, adjusting the quantities according to the baby's age. Demonstrate the preparation and ask the mother to show you how she will prepare the milk.



## CARD 15

### How to transition from breastfeeding

**Use with:** HIV-positive women who are preparing to stop breastfeeding their babies.

**Ask:** What do you see in this picture? When do women you know stop breastfeeding their babies?

You may wish to consider stopping breastfeeding early to reduce the risk of passing HIV to your baby:

- Even if you remain healthy, as soon as you can safely feed your baby another way.
- If your health declines and you develop AIDS because the risk of HIV transmission to your baby will be higher.

**Review** with the mother the take-home flyer on deciding when to stop breastfeeding. You can also stop breastfeeding rapidly or more gradually. Either way, stopping early can be hard for both you and the baby. Here are some things that can make it easier:

- While you are breastfeeding, teach your baby to drink expressed, unheated breast milk from a cup (*see cards 9 and 11*).
- This milk may be heat-treated to destroy the HIV (*see card 12*).
- Once the baby is drinking comfortably, replace one breastfeed with one cup-feed using expressed breast milk.
- Increase the frequency of cup-feeding every few days and reduce the frequency of breastfeeding. Ask an adult family member to help cup-feed the baby.
- Stop putting your baby to the breast completely as soon as you and your baby are accustomed to frequent cup-feeding. From this point on, it is best to heat-treat your breast milk.
- If your baby is only receiving milk, check that your baby is passing enough urine at least 6 wet diapers in every 24-hour period. This means that s/he is getting enough milk.
- Gradually replace the expressed breast milk with formula.
- If your baby needs to suckle, give him/her one of your clean fingers instead of the breast.
- To avoid engorgement (swelling) express a little milk whenever your breasts feel too full. This will help you to feel more comfortable. Use cold compresses to reduce inflammation. Wear a firm bra to prevent breast discomfort.
- Do not begin to breastfeed again once you have stopped. If you do, you can increase the risk of passing HIV to your baby. If your breasts become engorged, express the milk by hand.
- Begin using the family planning method of your choice, if you have not already done so, as soon as you start reducing breast feeds.

**Ask:** What questions or concerns do you have about what we have just discussed? What difficulties do you think you might have with transitioning from breastfeeding? How can you deal with those difficulties?





## CARD 16

### What to feed babies from 6 to 24 months

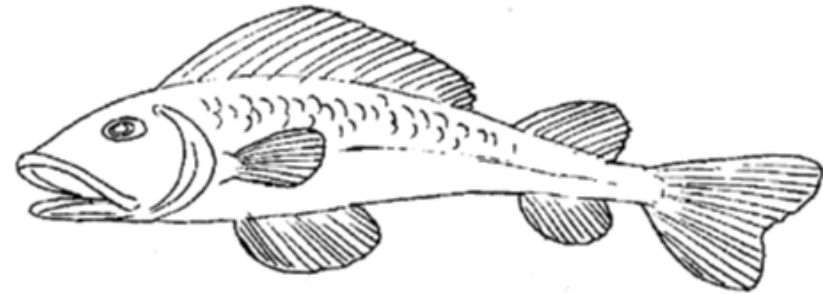
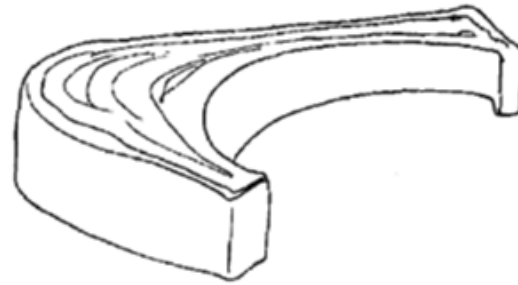
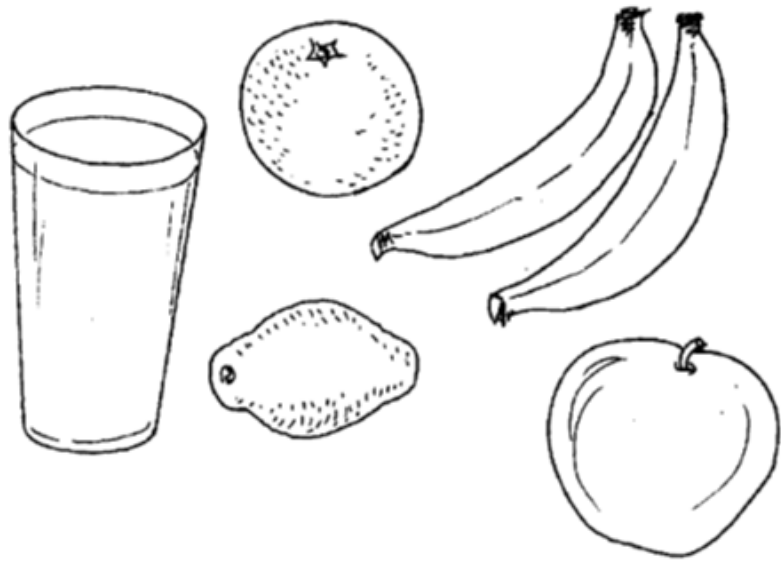
**Use with:** all HIV-positive women with babies approaching 6 months of age and older.

**Ask:** What do you see in this picture? What will you feed your baby once s/he reaches 6 completed months of age?

- Your baby needs other foods and liquids in addition to some form of milk once s/he reaches 6 months of age.
- Staple foods give your baby energy. These foods include cereals (rice, wheat, maize, sorghum and millet), roots (cassava, sweet potatoes and Irish potatoes) and starchy fruits (bananas).
- But staple foods do not contain enough nutrients by themselves. You also need to give other foods. Your baby should eat a variety of the following foods, along with staple foods:
  - o *Animal products:* liver, meat, chicken, fish, eggs.
  - o *Milk products:* milk, cheese, yogurt, sour milk.
  - o *Green leafy and orange coloured vegetables:* sweet potatoes leaves, carrots, pumpkins leaves, spinach, rape, Chinese cabbage, cassava leaves.
  - o *Pulses:* chickpeas, cowpeas, black-eyed peas, kidney beans, bambara nuts.
  - o *Oils and fats:* cooking oil (saladi), margarine, butter or lard.
  - o Groundnut paste, soaked or germinated seeds such as pumpkin, millet, sorghum, sunflower, melon.
- At each meal, feed your baby different foods from the groups mentioned above together with the staple.
- Increase the kind of foods that your baby eats as s/he gets older. Starting at 8 months, your baby also needs “finger foods”, or snacks in between meals.
- Your baby still needs to grow well.
- Do not feed your baby sodas (fizzy drinks), other sugary drinks or sweets/candies. Do not give your baby tea or coffee. Limit the amount of fruit juice offered to no more than one cup per day, because this can decrease his/her appetite and may cause diarrhoea.

**Review** with the mother the take home flyer on from 6 to 24 months.

**Ask:** What questions or concerns do you have about what we have just discussed? What difficulties might you have with complementary feeding? How can you deal with those difficulties?



## CARD 17

### How to introduce foods from 6 to 24 months

**Use with:** HIV-positive women with babies approaching or older than 6 months of age.

**Ask:** what do you see in this picture?

Start by giving your child 1 or 2 tablespoons of new food twice per day. Gradually increase the variety and quantity of foods as follows:

Age	Texture	Frequency	Amount at each meal
Initiation of complementary foods	Soft porridge well mashed foods	2 times per day	2 - 3 tablespoons
7 - 8 months	Mashed foods	3 times per day	2/3 cup
9 - 11 months	finely chopped or mashed foods that a baby can pick	3 meals plus 2 snacks between meals	¾ cup
12 - 24 months	Family foods, chopped or mashed if necessary	3 meals plus 2 snacks between meals	1 full cup

These amounts are in addition to breastfeeds. If baby is not breastfed, give in addition: 1 - 2 cups of milk per day, and 1 - 2 extra meals per day.

- If your child refuses some types of food, try giving different foods in various combinations.
- Feed the baby from his/her own plate or bowl.
- Babies may need more water even when they drink the recommended amounts of milk. To find out if your baby is still thirsty, offer him/her some boiled cooled water after eating.
- Patiently help your child to eat. Talk to him or her lovingly, look into his/her eyes and actively encourage him/her to eat. When your child gets older, help him/her to feed him/herself.
- If your child loses interest while eating, try removing any distractions.
- Practice good practices to keep your child from getting sick (*review card 18*).
- If your baby is receiving breastmilk, give an iron supplement or fortified foods, enough to ensure an adequate iron intake
- If your baby is not receiving any type of milk, give calcium rich foods locally available such as food made from milk or pounded dried fish

**Ask:** What questions or concerns do you have about what we have just discussed? What difficulties do you think you might have with introducing foods? How can you deal with those difficulties?



## CARD 18

### Complementary feeding follow up

Use with: All HIV-positive women with babies over 6 months old

#### Ask The Following

- How well has your child been feeding? What problems have you had?
- Who feeds the child and how?
- What types of foods have you been giving him/her (check that the child is receiving a balanced diet. Refer to card...16)
- How often have you been feeding your child food and snacks? (check that the child is fed enough. Refer to card 17..)
- How large are the servings? Does the child receive his/her own serving? (check that the quantity of food increases as the child gets older)
- Does the child eat most or all of his/her food?
- What utensils do you use to feed the child? (check that the child has his/her own bowl)
- Tell me about how you prepare the food and clean the utensils.
- How is the food stored after it is prepared?
- What kind of milk have you been feeding your child?
- How much milk has your child been drinking each day? (check that the baby is drinking enough milk. See “breast-milk substitutes from 6 to 24 months” in the reference guide)

Do you have any questions?



# HIV and infant feeding counselling tools

These tools are based on current Zambian and United Nations policies and guidelines which state that:

All HIV-infected mothers should receive counselling, which includes provision of general information about the risks and benefits of various feeding options, and specific guidance in selecting the option most likely to be suitable for their situation. Whatever a mother decides, she should be supported in her choice.

They have been created to help workers trained in infant feeding counselling to support HIV positive mothers.

Counsellors using these tools should have received specific training through such courses as the WHO/UNICEF infant feeding Counselling course. In Zambia, this course runs for six days.

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