

HIV and infant feeding counselling tools



COUNSELLING CARDS

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HIV and infant feeding counselling tools

These tools are based on current 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 infant 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 health workers trained in infant feeding counselling to support HIV-positive mothers.

Counsellors using the tools should have received specific training through such courses as the *WHO/UNICEF Breastfeeding Counselling: A training course* and the *WHO/UNICEF/UNAIDS HIV and Infant Feeding Counselling: A training course*.

The tools consist of the following parts:

- **A FLIPCHART** that includes a flow chart illustrating the counselling process and counselling cards to be used during one-to-one sessions with pregnant women and/or mothers.
- **TAKE-HOME FLYERS** for mothers on how to practise safely the chosen feeding options.
- **A REFERENCE GUIDE** to provide additional technical information for counsellors.
- **SUGGESTED ORIENTATION CONTENT** for health care managers to train infant feeding counsellors on how to use these tools.

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COUNSELLING TOOLS

HIV and infant feeding



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How to use the flow chart

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

And she is pregnant:

- Follow steps 1–5. If she needs time to decide which feeding option to choose, follow steps 1–4 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 1–4. 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:

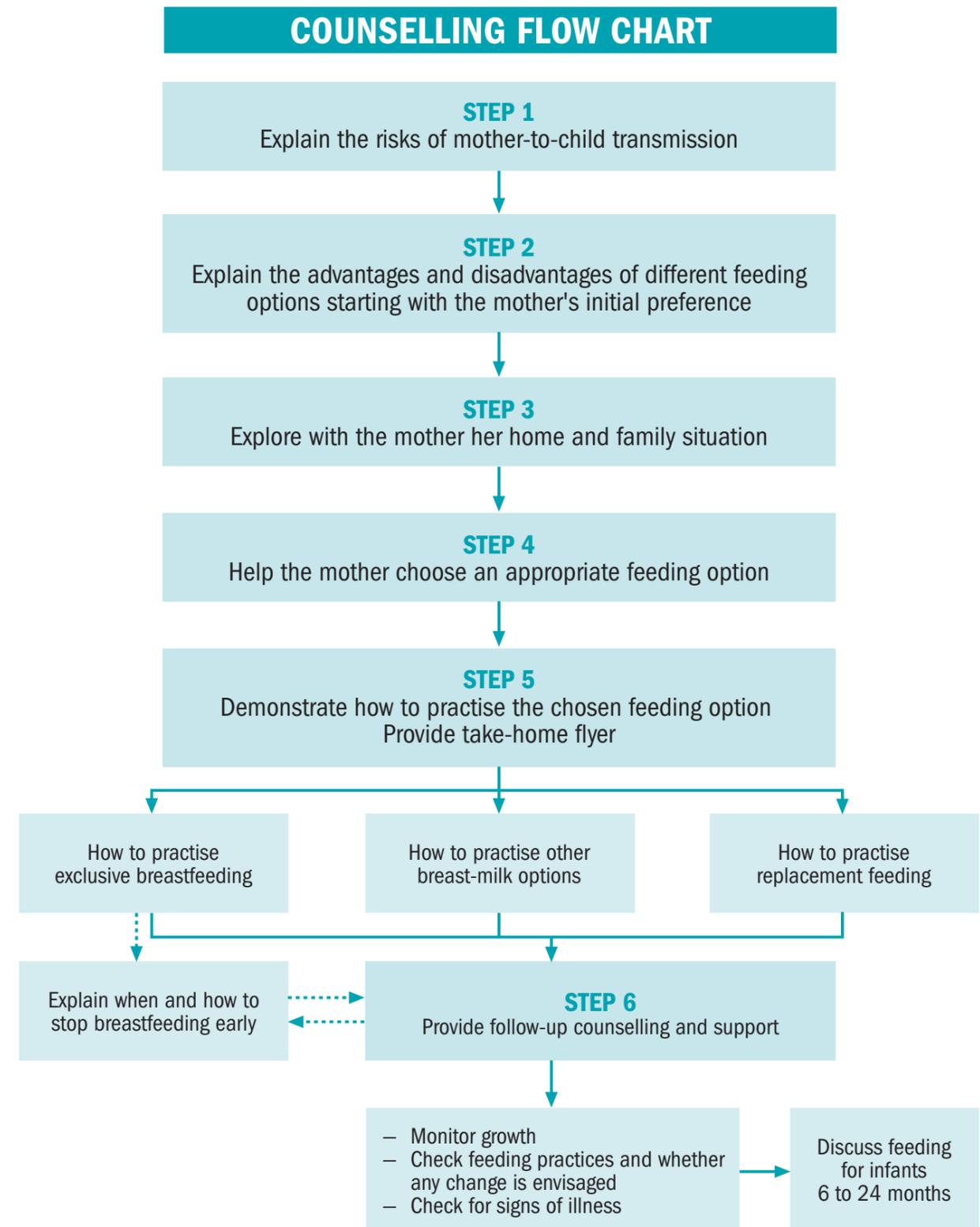
- Do Step 5 only.

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.





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

The risk of mother-to-child transmission

USE WITH: All HIV-positive women who are being counselled for the first time

ASK: What have you heard about how HIV is passed from mothers to babies? Do you know how many babies get infected through breastfeeding?

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 these 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 usually not possible to tell whether a baby is infected with HIV until he/she is 15–18 months old.
 - Some things can increase the risk of passing HIV through breastfeeding. For example, there is a higher chance if you have been recently infected with HIV or if you breastfeed for a long time.
 - There are ways of reducing the risk of transmission by practising a feeding option that is appropriate for your situation.
-

ASK: What questions or concerns do you have about what we have just discussed?



Advantages and disadvantages of commercial infant formula

USE WITH: All HIV-positive women who are being counselled for the first time

ASK: What have you heard about commercial infant formula (especially formulated powdered milk for babies)?

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.

DISADVANTAGES

- 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, especially if the formula is not prepared correctly.
- You must stop breastfeeding completely or the risk of transmitting HIV will continue.
- You need fuel and clean water (boiled vigorously for 1 to 2 seconds) 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 you are HIV-positive.
- Formula takes time to prepare and must be made fresh for each feed (unless you have a refrigerator).
- Formula is expensive, and you must always have enough on hand. Your baby needs forty (40) 500 g tins for the first 6 months. This will cost about ____ per month (insert local cost).
- The baby will need to drink from a cup. Babies can learn how to do this even when they are very young, but it may take time to learn.
- You may get pregnant again too soon.

ASK: What questions or concerns do you have about what we have just discussed? How do you feel about commercial infant formula?



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 this picture? What do you think “exclusive breastfeeding” means?

Exclusive breastfeeding means giving only breast milk and no other drinks or foods, not even water, with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines to the baby. This is the safest way for you to breastfeed your baby for the first few months.

ADVANTAGES

- Breast milk is the perfect food for babies and protects them from many diseases, especially diarrhoea and pneumonia, and the risk of dying from these diseases. Breast milk gives babies all of the nutrition and water they need. Breastfed babies do not need any other liquid or food.
- Breast milk 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 doing it.
- Exclusive breastfeeding helps you recover from childbirth and protects you from getting pregnant again too soon.

DISADVANTAGES

- As long as you breastfeed, your baby is exposed to HIV.
- People may pressure you to give water, other liquids, or foods to the baby while you are breastfeeding. This practice, known as mixed feeding, may increase the risk of diarrhoea and other infections.
- You will need support to exclusively breastfeed until it is possible for you to use another feeding option.
- It may be difficult to do if you work outside the home and cannot take the baby with you.
- It may be difficult to do if you get very sick.

ASK: What questions or concerns do you have about what we have just discussed?



Advantages and disadvantages of expressing and heat-treating breast milk

USE WITH: All HIV-positive women who are being counselled for the first time

ASK: What do you see in this 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 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 breast milk in protecting the baby from other diseases; but it is still better than formula.
- Expressing and heating breast milk takes time and must be done frequently. It can be hard to do for a long time.
- The baby will need to drink from a 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 spoil.
- 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 have HIV.

ASK: What would people in your community think of this? What questions or concerns do you have about what we have just discussed? How do you feel about expressing and heating your breast milk?



Advantages and disadvantages of wet-nursing

USE WITH: All HIV-positive women who are being counselled for the first time

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 a baby for another woman.

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 babies and can protect them from diseases.
- Breast milk is free.

DISADVANTAGES

- 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 time she is breastfeeding. This means not having sex, using condoms 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 about what we have just discussed? How do you feel about wet-nursing?



Advantages and disadvantages of home-modified animal milk

USE WITH: All HIV-positive women who are being counselled for the first time

ASK: What do you see in this picture? How easy is it to get this kind of milk? How commonly is it used for babies in your community?

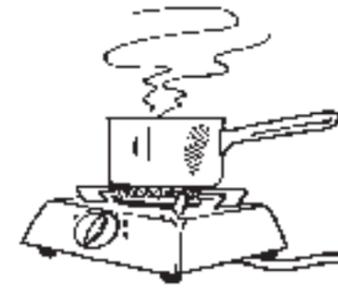
ADVANTAGES

- There is no risk of transmitting HIV through home-modified animal milk.
- Home-modified animal milk may be cheaper than commercial infant formula and is easily available if you have milk-producing animals.
- Other responsible family members can help feed the baby.

DISADVANTAGES

- Animal milk is hard for babies to digest and does not contain all the nutrients that babies need. Both fresh and processed milk need to be mixed with water and sugar in exactly the right amounts. Your baby also needs to have a micronutrient supplement.
- Your baby is more likely to get sick from diarrhoea, chest infections, and malnutrition if he/she is fed home-modified animal milk, especially if it is not prepared correctly.
- You must stop breastfeeding completely or the risk of transmitting HIV will continue.
- Home-modified animal milk takes time to prepare and must be made fresh each time you feed your baby, unless you have a refrigerator.
- Your baby will need about 15 litres of milk per month for the first 6 months. You will also need to buy sugar and a micronutrient supplement, which will cost approximately _____ (insert local costs).
- Your baby will need to drink from a cup. Babies can learn how to do this even when they are very young, but it may take time to learn.
- You will need fuel and clean water (boiled vigorously for 1 or 2 seconds) to prepare the formula, and soap to wash the baby's cup.
- People may ask why you are using home-prepared formula instead of breastfeeding, and this could cause them to suspect you are HIV-positive.
- You may get pregnant again too soon.

ASK: What would people in your community think of this? What questions or concerns do you have about what we have just discussed? How do you feel about home-modified animal milk?



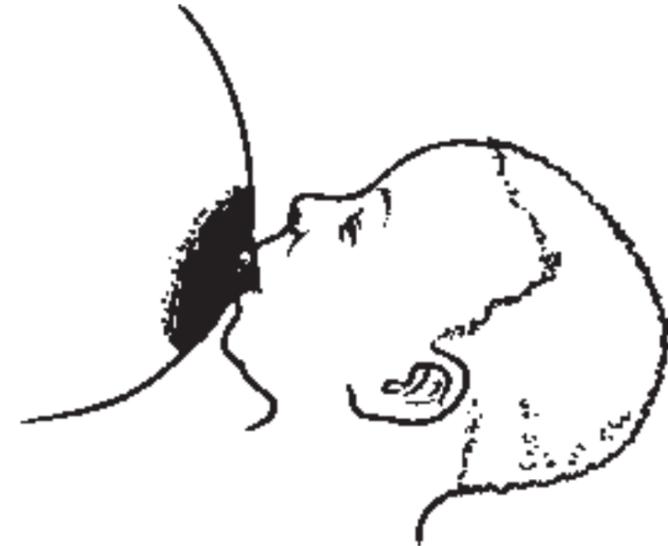
Assessing the mother's situation

USE WITH: All HIV-positive women who are being counselled for the first time or who are thinking of changing their feeding option

ASK the questions 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 for her situation, after she has learned the advantages and disadvantages of each method.

	MOST SUITABLE FEEDING METHOD		
	BREASTFEEDING/WET-NURSING	UNCLEAR	REPLACEMENT FEEDING OR EXPRESSED AND HEAT-TREATED BREAST MILK
Where do you get your drinking water?	River, stream, pond, or well	Public standpipe	Piped water at home or can buy clean water
What kind of latrine/toilet do you have?	None or pit latrine	VIP latrine	Waterborne latrine or flush toilet
How much money could you afford for 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)
Do you have a refrigerator with reliable power?	No, or irregular power supply	Yes, but not at home	Yes
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 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
Is your family supportive of milk 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.



How to start breastfeeding

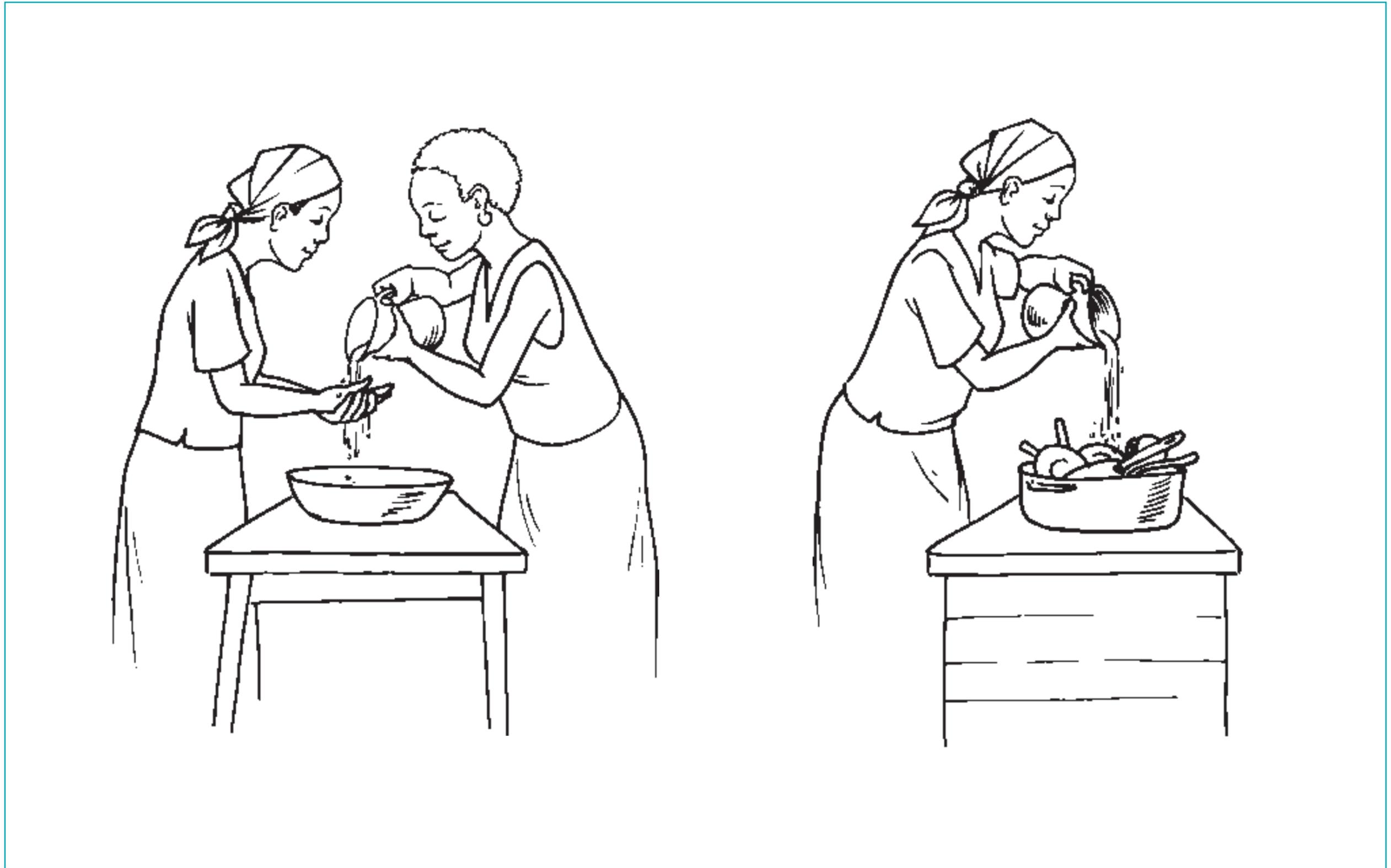
USE WITH: All HIV-positive women who have chosen to breastfeed

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.
 - The 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 he/she 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 or drink, not even water), frequent 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?



Hygienic preparation of formula, milk, and food

USE WITH: HIV-positive women who have chosen commercial formula, home-modified animal milk, 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? What are some ways that you can practise good hygiene when preparing formula, milk, or food?

Simple ways to practise good hygiene are to:

KEEP CLEAN

- Wash your hands with soap¹ and water before preparing formula or food or before feeding your child and also after going to the toilet.
- Wash your child's cup or bowl thoroughly with soap and water or boil it.
- Keep food preparation surfaces clean using water and soap or detergent to clean them every day.

USE SAFE WATER AND WASH RAW MATERIALS

- Boil water vigorously for 1–2 seconds.²
- 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

- Especially meat, poultry, eggs and seafood.
- 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 instead of keeping it until the next feed.
- Do not leave cooked food at room temperature for more than 2 hours.
- Refrigerate prepared formula and all cooked and perishable foods promptly (preferably below 5 °C).

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?

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

² Bringing water to a rolling boil is the most effective way to kill disease-causing germs, even at high altitudes. 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.



Cup-feeding

USE WITH: HIV-positive women who have chosen to use commercial infant formula or home-modified animal milk or who have chosen to express and heat-treat their breast milk

ASK: What do you see in this picture? What do you think about how this baby is being fed? Have you ever seen it done?

- If you give your baby formula or expressed breast milk, he/she will need to feed from a cup. This is better than bottle feeding because:
 - It is harder to clean bottles, so they can easily be contaminated with germs that can make your baby sick.
 - 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/her.
-

DEMONSTRATE THIS WITH THE MOTHER'S BABY OR A 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 any dribble.
 - 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 on the baby's lower lip. Let the baby take the milk at his/her own speed.
 - You will know your baby has had enough when he/she 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 do you think you might have with cup-feeding? How can you deal with those difficulties?

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

Commercial infant formula: important facts

USE WITH: HIV-positive women who have chosen to use commercial infant formula

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

- Your baby will not need anything but formula until he/she is 6 months old. Do not breastfeed or give him/her food, water, or any other types of liquids.
- Your baby can become sick or malnourished if he/she 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. Feed your baby modified animal milk with added water, sugar and a micronutrient supplement until you can buy more formula (*see Card 12*).
- 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 one 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.

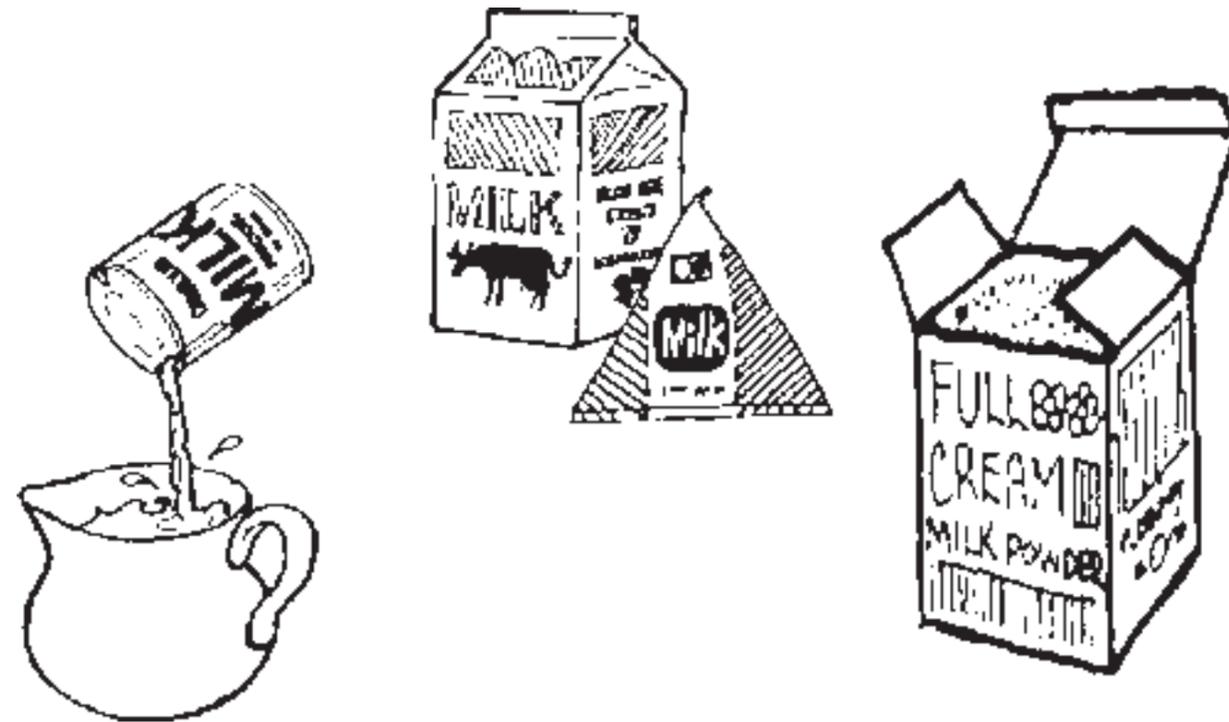
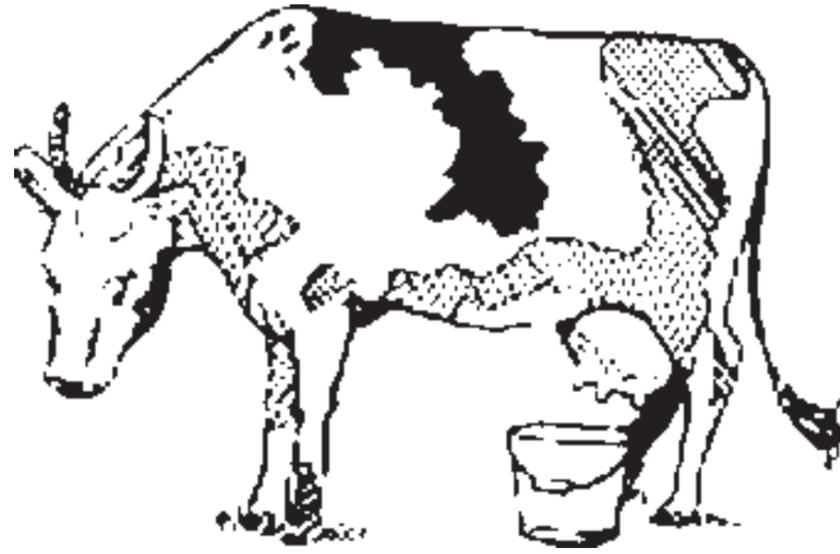
Month	Number of 500 g tins needed per month	Number of 450 g tins needed per month	Number of 400 g tins needed per month
First month	4	5	5
Second month	6	6	8
Third month	7	8	9
Fourth month	7	8	9
Fifth month	8	8	10
Sixth month	8	9	10

- Do not keep milk in a thermos flask, because it will become contaminated quickly. You can keep hot water in the thermos to make formula for each feed.
- An open tin of formula should be used within 4 weeks.

REVIEW with the mother the take-home flyer on how to prepare commercial 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 commercial infant formula? How can you deal with those difficulties?



Home-modified animal milk: important facts

USE WITH: HIV-positive women who have chosen to use home-modified animal milk

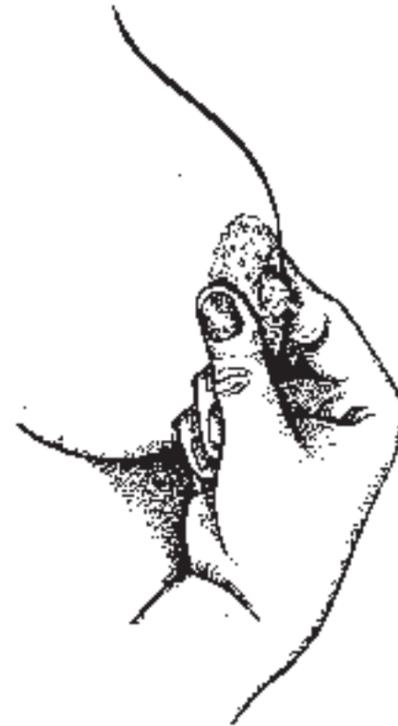
ASK: What do you see in this picture? What kinds of animal milk are available in your community? Which of these are used to feed babies? How do women in your community normally prepare animal milk?

- Animal milk is not fit for a baby less than 6 months unless it is modified. You need to add sugar and water to the milk and boil it so that the baby can easily digest it. If you do not do this, your baby may develop health problems.
 - You can make home-modified animal milk from the following types of milk:
 - Fresh cow’s milk
 - Fresh goat’s milk
 - Fresh sheep’s milk
 - Fresh buffalo’s milk
 - Full-cream milk (pasteurized)
 - Ultra high temperature (UHT) milk
 - Full-cream milk (powdered)
 - Evaporated milk
 - You should NOT use sweetened condensed, skimmed, or partially skimmed milk.
 - Make enough formula for one feed at a time.
 - Home-modified animal milk does not have all the nutrients the baby needs. For this reason, your baby needs to take a micronutrient supplement every day that is especially made for children.
-

REVIEW the appropriate take-home flyer 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.

ASK: What questions or concerns do you have about what we have just discussed? What difficulties might you have with home-modified animal milk? How can you deal with those difficulties?



How to express breast milk

USE WITH: HIV-positive women who have chosen to express and heat-treat their milk, who are 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, how did you do it?

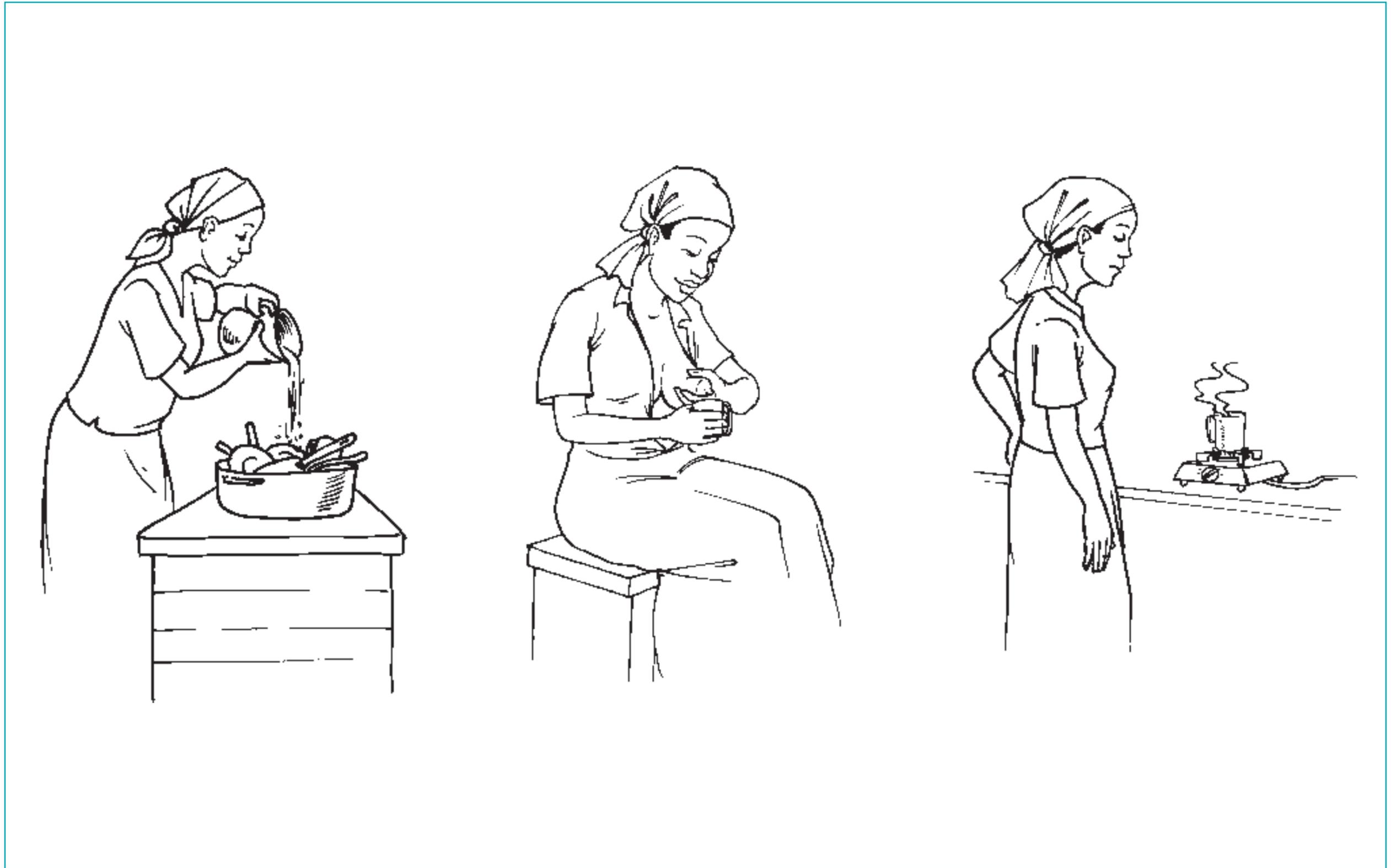
HERE IS HOW TO EXPRESS MILK FROM YOUR BREAST

- 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 a warm compress 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 not doing it right.
- 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 to 5 minutes until the flow 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 14*). 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 might you have with expressing milk? How can you deal with those difficulties?



How to heat-treat and store breast milk

USE WITH: HIV-positive women who have chosen to express and heat-treat their milk

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 and covers, enough to store the milk;
- A small pot to heat the milk;
- A large container of cool water;
- Fuel to heat the milk; and
- Soap and clean water to wash the equipment.

FOLLOW THESE STEPS

- Wash all of the pots, cups and containers with soap and water.
 - Only heat enough expressed milk for one feed.
 - Heat your 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 it 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 might you have with heating milk? How can you deal with those difficulties?



Wet-nursing (breastfeeding by another woman)

USE WITH: HIV-positive women who have chosen to use a wet-nurse

ASK (*if the 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 that she is breastfeeding.
- This means:
 - Not having sex; or
 - Using a condom 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 he/she 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 she has cracked nipples.

IF THE WET-NURSE HAS COME WITH THE MOTHER

- Go through the exclusive breastfeeding cards 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 her last test? (If yes, recommend that she be retested three months from the last time she had unprotected sex).
- Recommend that she comes to discuss breastfeeding.



Progress check on infant feeding from 0 to 6 months

USE WITH: All HIV-positive women bringing their 0–6 month 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 mother’s breasts.
- If baby is approaching six months, discuss the possibility of stopping early (*see Card 17*).

IF SHE IS REPLACEMENT FEEDING, CHECK THAT SHE¹

- is using a suitable type of replacement milk.
- is able to get new supplies of milk before she runs out.
- is measuring the milk and other ingredients correctly.
- is giving an appropriate volume and number of feeds. If not, recommend that she adjust the amount according to the baby’s age.
- is preparing the milk cleanly and safely.
- is cup-feeding.
- is not breastfeeding.

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

REVIEW the appropriate take-home flyer 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.

¹This applies to commercial infant formula and home-modified animal milk.



How to stop breastfeeding early

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?

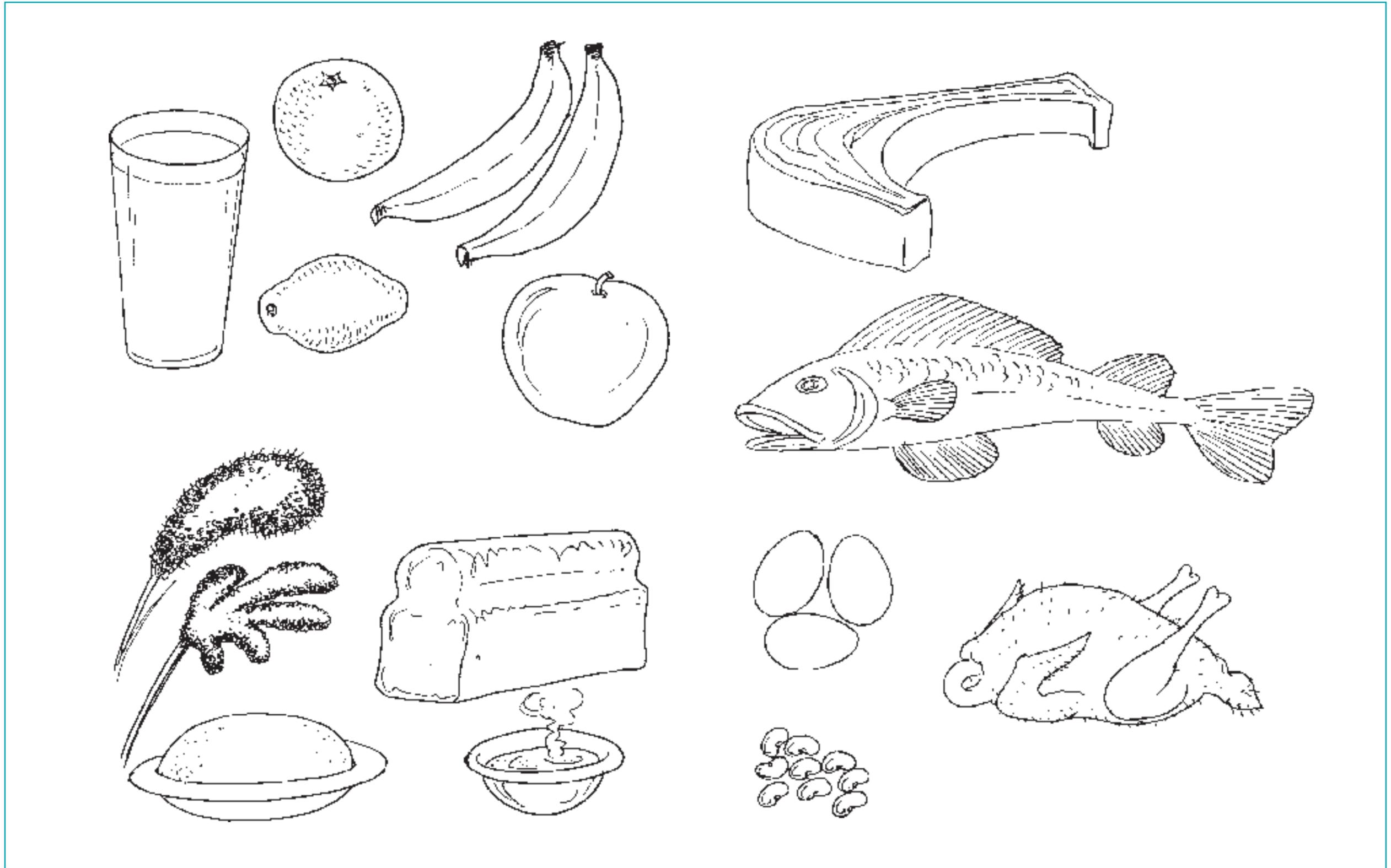
You may wish to consider stopping early to reduce the risk of passing HIV to your baby:

- 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 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 10 and 13*).
 - This milk may be heat-treated to destroy the HIV (*see Card 14*).
 - 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 he/she is getting enough milk.
 - Gradually replace the expressed breast milk with formula or home-modified animal milk.
 - If your baby needs to suck, give him/her one of your clean fingers instead of the breast.
 - To avoid breast 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 the inflammation. Wear a firm bra to prevent breast discomfort.
 - Do not begin breastfeeding again once you have stopped. If you do, you can increase the chances 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 might you have with stopping early? How can you deal with those difficulties?



What to feed babies from 6 to 24 months

USE WITH: All HIV-positive women with babies approaching or older than 6 months of age (180 days)

ASK: What do you see in this picture? What will you feed your baby once he/she reaches 6 months of age?

- Your baby needs other foods and liquids in addition to some form of milk once he/she reaches 6 months of age.
- Staple foods give your baby energy. These foods include cereals, (rice, wheat, maize, millet, and quinoa), roots (cassava, yam, and potato), and starchy fruits (plantain and breadfruit).
- 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 the staple:
 - *Animal products:* Liver, meat, chicken, fish, and eggs
 - *Milk products:* Milk, cheese, yogurt, and curds
 - *Green leafy and orange-coloured vegetables:* Sweet potatoes, carrots, pumpkins, spinach, broccoli and chard.
 - *Pulses:* Chickpeas, lentils, cow peas, black-eyed peas, kidney beans, and lima beans
 - *Oils and fats:* Oils (preferably soy or rapeseed oil), margarine, butter or lard.
- Groundnut paste, other nut pastes; soaked or germinated seeds such as pumpkin, sunflower, melon, and sesame seeds.
- At each meal, feed your baby different foods from the groups mentioned above together with the staple food.
- Increase the kinds of foods that your baby eats as he/she gets older. Starting at 8 months, your baby also needs “finger foods”, or snacks, in between meals.
- Your baby still needs milk to grow well. If you have been using formula or home-modified animal’s milk you can switch to regular animal’s milk.
- 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 feeding 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?



How to introduce foods from 6 to 24 months

USE WITH: HIV-positive women with babies approaching or older than 6 months of age (180 days)

ASK: What do you see in this picture? How do you plan to introduce foods to your child?

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 and foods that baby can pick up	3 meals plus 1 snack between meals	3/4 cup‡
12-24 months	Family foods, chopped or mashed if necessary	3 meals plus 2 snacks between meals	1 full cup‡

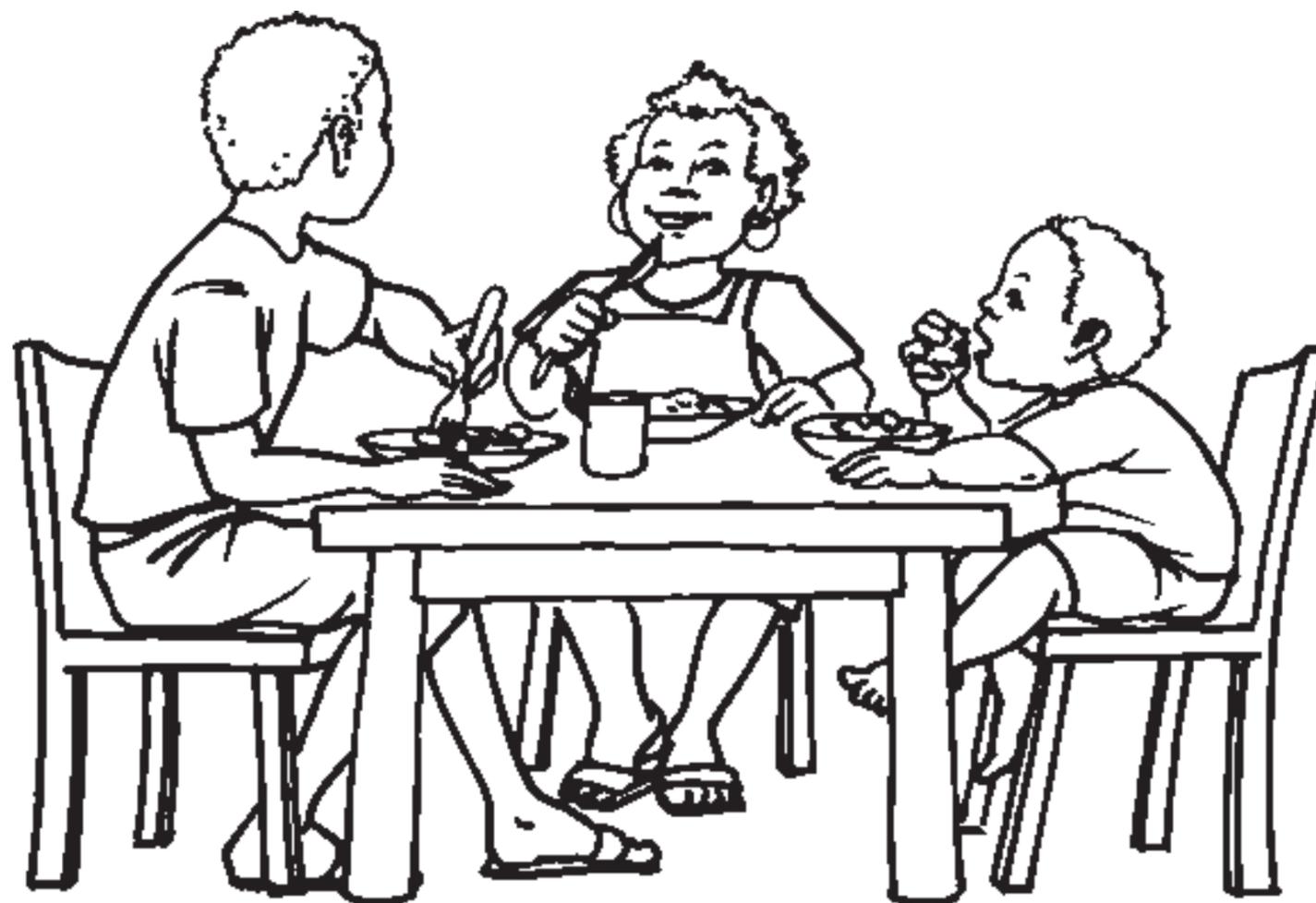
These amounts are in addition to breastfeeds. If baby is not breastfed, give in addition: 1-2 cups of milk per day, and 1-2 extra meals per day.

† This chart should be adapted to the local context, using local utensils to show the amount.

‡ One cup = 250 ml

- If your child refuses some types of foods, try giving different foods in various combinations.
- Feed the child 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 water after eating.
- Patiently help your child eat. Talk to him/her lovingly, look into his/her eyes and actively encourage him/her to eat. Once your child gets older, help him/her to feed him/herself.
- If your child loses interest while eating, try to remove any distractions.
- Practise good hygiene to keep your child from getting sick (*review Card 9*).
- Avoid foods that can cause choking.
- If your baby is receiving breast milk or animal milk 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 _____ [appropriate calcium-rich foods locally available].

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



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 baby is receiving a balanced diet. Refer to Card 18.*)
- How often have you been feeding your child food and snacks? (*Check that the baby is fed often enough. Refer to Card 19.*)
- How large are the servings? Does the child receive his/her own serving? (*Check that the quantity of food increases as the baby 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 baby has his/her own bowl.*)
- Tell me about how you prepare the food and clean the dishes.
- How is the food stored after it is prepared?
- What kind of milk or formula have you been feeding your child?
- How much milk or formula 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.*)
- What questions do you have?

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