DISTANCE LEARNING COURSE

Module 7

Ear problems
Integrated Management of Childhood Illness: distance learning course.

15 booklets


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Acknowledgements

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## 7.1 MODULE OVERVIEW

Ear problems are a common presentation at health clinics. You will check all children for ear problems.

For ALL sick children – ask the caregiver about the child’s problems, check for general danger signs, assess and classify for main symptoms, then

**ASK: DOES THE CHILD HAVE AN EAR PROBLEM?**

- **NO**
  - **CONTINUE ASSESSMENT:** check for malnutrition and anaemia, check immunization status, HIV status, and other problems

- **YES**
  - **ASSESS & CLASSIFY** the child using the colour-coded classification chart for ear problems.

### MODULE LEARNING OBJECTIVES

After you study this module, you will be able to:

- Explain why it is necessary to check all children for ear problems.
- Explain why ear problems can cause long-term ear damage and deafness.
- Recognize tender swelling, the clinical sign of mastoiditis.
- Determine if an ear infection is chronic or acute.
- Classify ear problems using IMCI charts.
- Counsel caregivers on wicking an ear dry.
- Follow-up with a child with ear problems according to IMCI guidelines.

### YOUR RECORDING FORM

Look at your IMCI recording form for the sick child. This section deals with this module:

**DOES THE CHILD HAVE AN EAR PROBLEM?**

- Is there ear pain?
- Is there ear discharge?
  - If Yes, for how long? ___ Days
- Look for pus draining from the ear
- Feel for tender swelling behind the ear

**Yes ___  No ___**
MODULE ORGANIZATION
This module follows the major steps of the IMCI process:
✔ Assess all children for ear problems
✔ Classify ear problems
✔ Treat ear problems
✔ Counsel caregiver on home treatment for ear problems
✔ Follow-up care for ear problems
✔ Module contents

BEFORE YOU BEGIN
What do you know now about managing ear problems?
Before you begin studying this module, quickly practice your knowledge with these multiple-choice questions.

Select the best answer for each question:

1. What is mastoiditis?
   a. Infection of the ear drum, which can cause deafness
   b. Infection that has spread from the ear to the brain
   c. Infection of the bone behind the ear

2. What is a clinical sign of mastoiditis?
   a. A lot of pus is seen draining from the ear
   b. Tender swelling behind the ear
   c. The ear has a very terrible smell

3. Why are ear problems important in IMCI?
   a. Ear problems are a common health issue in children, and can cause deafness and serious infection
   b. Ear problems are a major killer of children
   c. Ear problems are sign of serious brain or bone infections

4. What is an acute ear infection?
   a. When one point of the ear (like the ear lobe) has a local infection
   b. When the child is experiencing ear pain, and pus is draining from the ear
   c. When the child has had pus draining from the ear for over a month

5. What is an important care measure for ear infections?
   a. Regularly wicking the ear to keep it dry
   b. Rinsing out the ear with saline water
   c. Antiseptic ointment

After you finish the module, you will answer the same questions. This will demonstrate to you what you have learned during the course of the module!
7.2 INTRODUCTION TO EAR PROBLEMS

Consider a typical case that you might see in your practice. Imagine the situation. This will help you start thinking about the problem of a child with an ear problem.

OPENING CASE STUDY – TELISA

Sara has brought in her daughter Telisa to your clinic. Telisa and Sara live some distance from the clinic. They travelled this morning by taxi and walking. Telisa is a small girl, and she looks very tired. Her mother, Sara, sits down and puts Telisa on her lap. She takes a strip of cloth out of her bag, pours some water into it, and holds the rag on Telisa’s neck. She says Telisa has been feeling hot.

WHY DO YOU CHECK EVERY CHILD FOR EAR PROBLEMS?

Ear problems are a common complaint when children and caregivers come to the clinic. Ear infections rarely cause death. However, they cause many days of illness in children.

Ear infections are the main cause of deafness in developing countries, and deafness causes learning problems in school. It is very important to assess, classify, and treat an ear problem to prevent pain in the short term, and more serious consequences in the long-term.

WHAT IS AN EAR INFECTION?

A child with an ear problem may have an ear infection. When a child has an ear infection, pus collects behind the eardrum and causes pain and often fever.

If the infection is not treated, the eardrum may burst. The pus discharges, and the child feels less pain. The fever and other symptoms may stop, but the child suffers from poor hearing because the eardrum has a hole in it. Usually the eardrum heals by itself. At other times the discharge continues, the eardrum does not heal and the child becomes deaf in that ear.

WHEN DOES AN EAR PROBLEM CAUSE SEVERE DISEASES?

Sometimes the infection can spread from the ear to the bone behind the ear (the mastoid) causing mastoiditis. Infection can also spread from the ear to the brain causing meningitis. These are severe diseases. They need urgent attention and referral.
How will you begin to assess Telisa?

First, you gather important information in the greeting. Sara tells you that Telisa is 3 years old. Telisa was weighed in triage, and she weighs 13 kg. You take her temperature. It is 37.5 °C.

You ask Sara what Telisa’s problem is. Sara says that she came to the clinic today because Telisa has felt hot for the last 3 days. Telisa also woke the past 2 nights complaining of ear pain. You praise Sara for bringing Telisa into the clinic.

**Next, you check for general danger signs.**

You ask Sara “is Telisa is able to drink?” She says yes, with no trouble. Telisa has not had convulsions. You look at Telisa’s condition. She is sitting on Sara’s lap and looking around the room. She is holding onto her mother’s arm. Does Telisa have any general danger signs?

**Next, you will assess Telisa for main symptoms.**

You ask if Telisa has a cough or any difficult breathing. Sara says no. Telisa does not have diarrhoea. Sara has already said that Telisa has been feeling hot. Her temperature is also 37.5 °C, which is fever. You will assess and classify Telisa for fever.

**Then you will assess Telisa’s fever.**

You assess Telisa for fever because she has a temperature, and Sara says she feels hot. You ask how long Telisa has been feeling hot. Her mother says 3 days. There is no malaria risk for this area. You ask Sara if they have travelled to another area in the last month. She says no.

You look to see if Telisa has signs of meningitis. You watch Telisa to see if she moves her head and neck. She is sitting quietly. You ask her to look down at her mother’s shoes. She bends over easily to look down at the shoes.

You check for runny nose, generalized rash, and red eyes. You ask Telisa’s mother if she has had measles in the last 3 months, and she says no. Given that there is no clear source of fever, you quickly do a malaria test to rule out malaria. The result is negative.

**How will you classify Telisa’s fever?**

Telisa is not in an area of malaria risk. She does not have any signs of measles. She does not have a general danger sign, or stiff neck.

<table>
<thead>
<tr>
<th>Malaria test NEGATIVE and/or Other cause of fever PRESENT.</th>
<th>Green: FEVER: NO MALARIA</th>
<th>Give one dose of paracetamol in clinic for high fever (38.5°C or above)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Give appropriate treatment for any other cause of fever</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advise mother when to return immediately</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow-up in 3 days if fever persists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If fever is present every day for more than 7 days, refer for assessment</td>
</tr>
</tbody>
</table>
How will you record your assessment thus far?

### MANAGEMENT OF THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

<table>
<thead>
<tr>
<th>Name: Telisa</th>
<th>Age: 3 years</th>
<th>Weight (kg): 13 kg</th>
<th>Temperature (°C): 37.5 °C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feels hot, complaining of ear pain</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### ASSESS (Circle all signs present)
- NOT ABLE TO DRINK OR BREASTFEED
- VOMITS EVERYTHING
- CONVULSIONS
- LETHARGIC OR UNCONSCIOUS
- CONVULSING NOW

#### CHECK FOR GENERAL DANGER SIGNS

- General danger sign present? Yes ___ No ___
- Remember to use Danger sign when selecting classifications

#### DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?
- Yes ___ No ___
- For how long? ___ Days
- Count the breaths in one minute: breaths per minute. Fast breathing?
- Look for chest indrawing
- Look and listen for stridor
- Look and listen for wheezing

#### DOES THE CHILD HAVE DIARRHOEA?
- Yes ___ No ___
- Is there blood in the stool?
- Look at the child's general condition. Is the child:
  - Lethargic or unconscious?
  - Restless and irritable?
  - Look for sunken eyes.
  - Offer the child fluid. Is the child:
    - Not able to drink or drinking poorly?
    - Drinking eagerly, thirsty?
  - Pinch the skin of the abdomen. Does it go back:
    - Very slowly (longer than 2 seconds)?
    - Slowly?

#### DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above)

- Yes ___ No ___
- Decide malaria risk: High ___ Low ___ No ___
- For how long? ___ Days
- If more than 7 days, has fever been present every day?
- Has child had measles within the last 3 months?
- Do malaria test if NO general danger sign
- High risk: all fever cases
- Low risk: if NO obvious cause of fever
- Test POSITIVE? P. faliparum P. vitamin A NEGATIVE?

#### if the child has measles now or within the last 3 months:
- Look for mouth ulcers.
  - If yes, are they deep and extensive?
  - Look for pus draining from the eye.
  - Look for clouding of the cornea.

You have assessed Telisa for the symptoms we have learned about so far. Now you will learn how to check Telisa for the next main symptom: ear problems. **You check every child for an ear problem.**
7.3 ASSESS AN EAR PROBLEM

ASK: DOES THE CHILD HAVE AN EAR PROBLEM?

Be sure to ask this question for all sick children who come to your clinic for care.

NO  If the caregiver says NO, continue your assessment to malnutrition and anaemia.

YES  If the caregiver answers YES to your question about her child’s ear problem, continue:

HOW DO YOU ASSESS FOR AN EAR PROBLEM?

To determine if a child has an ear problem, you should ask, look, and feel. Open your ASSESS chart for ear problems. It has these instructions, which you will now read about:

<table>
<thead>
<tr>
<th>If yes, ask:</th>
<th>Look and feel:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there ear pain?</td>
<td>Look for pus draining from the ear.</td>
</tr>
<tr>
<td>Is there ear discharge?</td>
<td>Feel for tender swelling behind the ear.</td>
</tr>
<tr>
<td>If yes, for how long?</td>
<td></td>
</tr>
</tbody>
</table>

ASK: DOES THE CHILD HAVE EAR PAIN?

Ear pain can mean that the child has an ear infection. If the caregiver is not sure that the child has ear pain, ask if the child has been irritable and rubbing his ear.

ASK: IS THERE DISCHARGE FROM THE EAR?

Use words the caregiver understands. If the caregiver answers “yes,” ask how long the child has had the discharge. Give her time to answer the question. She may need to remember when the discharge started. You will classify and treat the ear problem depending on how long the ear discharge has been present.

- Ear discharge reported for 2 weeks or more (with pus seen draining from the ear) is treated as a chronic ear infection.
- Ear discharge reported for less than 2 weeks (with pus seen draining from the ear) is treated as an acute ear infection.

LOOK: IS THERE PUS DRAINING FROM THE EAR?

Look inside the child’s ear to see if pus is draining. That is a sign of infection, even if the child is not feeling any pain. Draining pus is a sign of infection.

FEEL: IS THERE TENDER SWELLING BEHIND THE EAR?

If both tenderness and swelling are present, the child may have mastoiditis, a deep infection in the mastoid bone. Feel behind both ears. Compare them and decide if there is tender swelling of the mastoid bone. In infants, the swelling may be above the ear. Do not confuse this swelling of the bone with swollen lymph nodes.
SELF-ASSESSMENT EXERCISE A

Answer the following questions about assessing an ear problem.

1. Ear problems can be the result of:
   a. Acute or chronic ear infections
   b. Mastoiditis
   c. Fever

2. What is mastoiditis? What signs you will look for to see if the child has mastoiditis?

3. What is an acute ear infection?

4. What is a chronic ear infection?
7.4 **CLASSIFY AN EAR PROBLEM**

**HOW DO YOU CLASSIFY AN EAR PROBLEM?**

There are four classifications for an ear problem. In order of seriousness, they are:

1. **MASTOIDITIS**
2. **ACUTE EAR INFECTION**
3. **CHRONIC EAR INFECTION**
4. **NO EAR INFECTION**

**Open to your classification chart for ear problems. What do you see?**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Symptoms and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pink:</strong> MASTOIDITIS</td>
<td>Tender swelling behind the ear.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Yellow:</strong> ACUTE EAR INFECTION</td>
<td>Pus is seen draining from the ear and discharge is reported for less than 14 days, or Ear pain.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Yellow:</strong> CHRONIC EAR INFECTION</td>
<td>Pus is seen draining from the ear and discharge is reported for 14 days or more.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Green:</strong> NO EAR INFECTION</td>
<td>No ear pain and No pus seen draining from the ear.</td>
</tr>
</tbody>
</table>

Now you will read more about each of these classifications.

**MASTOIDITIS (RED)**

If a child has tender swelling behind the ear, classify the child as having MASTOIDITIS.

**What actions will you take?**

Refer to hospital urgently. This child needs treatment with injectable antibiotics (ceftriaxone). He may also need surgery. Before the child leaves for hospital, give the first dose of the antibiotic and give one dose of paracetamol if the child is in pain.

**ACUTE EAR INFECTION (YELLOW)**

If you see pus draining from the ear and discharge has been present for less than two weeks, classify the child’s illness as ACUTE EAR INFECTION.

If the caregiver says that the child has ear pain, ask whether the pain wakes the child at night. If the child is able to tell you that the ear is hurting or if the child is distressed with pain or the caregiver tells you the child has been distressed with pain earlier, classify as ACUTE EAR INFECTION.

However if the only history is that the child seems to have been scratching or pulling the ear but otherwise does not appear to be in pain, do not classify. Explain to the caregiver that children often rub their ears and it is not always a sign of ear pain.
What actions will you take?
Give a child with an ACUTE EAR INFECTION amoxycillin for 5 days. Antibiotics for treating pneumonia are also effective against the bacteria that cause most ear infections. Give paracetamol to relieve the ear pain (or high fever). If pus is draining from the ear, dry the ear by wicking.

The child should be seen again after 5 days if there is still pain or if the ear is still discharging. A follow-up visit after 14 days must be scheduled for all children with ACUTE EAR INFECTION.

CHRONIC EAR INFECTION (YELLOW)
If you see pus draining from the ear and discharge has been present for two weeks or more, classify the child’s illness as CHRONIC EAR INFECTION.

What actions will you take?
Most bacteria that cause CHRONIC EAR INFECTION are different from those causing acute ear infections. Do not give antibiotics to a child with a chronic ear infection. Appropriate drops (usually acetic acid) if available, are instilled into the ear after drying the ear by wicking whenever pus can be seen.

The most important and effective treatment for CHRONIC EAR INFECTION is to keep the ear dry by wicking. You will learn to teach the caregiver how to do this in the COUNSEL section.

NO EAR INFECTION (GREEN)
If there is no ear pain (or pain that does not wake the child at night) and no pus is seen draining from the ear, the child’s illness is classified as NO EAR INFECTION.

What actions will you take?
The child needs no additional treatment.

An infant or small child that is irritable and slightly feverish – but does not have ear pain – may have an ear infection, but is unable to locate the pain. This child will have a fever for which no cause is obvious, so you will ask the caregiver to bring the child back after two days if there is no improvement. One reason for doing this is because by then there may be pus draining from the ear.
**How will you assess and classify Telisa for ear problems?**

You have assessed and classified Telisa for general danger signs, cough or difficult breathing, diarrhoea, and fever. Next you will ask about the next main symptom, ear problems. Telisa’s mother has already mentioned that an ear problem is part of the reason they came to the clinic today.

**How will you assess Telisa’s ear problem?**

Sara said she came to the clinic because Telisa has ear pain. The child cried most of the night because her ear hurt. You ask if there is discharge coming from Telisa’s ear. Sara says there has been discharge on and off for about a year. You look but you do not see any pus draining from the child’s ear. You feel behind Telisa’s ears. You feel tender swelling behind one ear.

**How will you classify Telisa’s ear problem?**

You have identified one clinical signs from your assessment: **tender swelling behind the ear**. Telisa’s mother says there has been discharge in the past, but you do not see any. You feel behind Telisa’s ears. You feel tender swelling behind one ear.

**How will you complete this section of Telisa’s recording form?**

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE AN EAR PROBLEM?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>• Is there ear pain?</strong></td>
</tr>
<tr>
<td><strong>• Is there ear discharge?</strong></td>
</tr>
<tr>
<td><strong>If Yes, for how long? ___ Days</strong></td>
</tr>
<tr>
<td><strong>• Look for pus draining from the ear</strong></td>
</tr>
<tr>
<td><strong>• Feel for tender swelling behind the ear</strong></td>
</tr>
</tbody>
</table>

**With these signs, how will you classify?**

You classify as **MASTOIDITIS**. In the next section you will learn about identified treatments.

- Tender swelling behind the ear.  
  **Pink:**  
  MASTOIDITIS
  - Give first dose of an appropriate antibiotic
  - Give first dose of paracetamol for pain
  - Refer URGENTLY to hospital
SELF-ASSESSMENT EXERCISE B

How will you classify the following children?

1. You can see pus draining from Ben’s ear. His grandmother tells you it has been happening for about 3 months.

2. Leboheng is not able to sleep because he says his ears hurt. There has been discharge for less than 1 week.

3. Akiiki has a fever. You feel swelling behind her ear, and she cries when you touch this area.

4. Khotso wakes up at night crying because his right ear hurts.

5. Jamie says that his ears hurt. He does not wake up at night from pain. You do not see discharge. You ask the mother if there is pus draining from the ear. She says no.
SELF-ASSESSMENT EXERCISE C

Record Dana’s signs of ear problem and classify them on the Recording Form.

Dana is 18 months old. She weighs 9 kg. Her temperature is 37 °C. Her mother said that Dana had discharge coming from her ear for the last 3 days. Dana does not have any general danger signs. She does not have cough or difficult breathing. She does not have diarrhoea and she does not have fever. The health worker asked about Dana’s ear problem. The mother said that Dana does not have ear pain, but the discharge has been coming from the ear for 3 or 4 days. The health worker saw pus draining from the child’s right ear. She did not feel any tender swelling behind either ear.

MANAGEMENT OF THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

Name: [Name]
Age: [Age]
Weight (kg): [Weight]
Temperature (°C): [Temperature]
Initial Visit: [Initial Visit]
Follow-up Visit: [Follow-up Visit]

CHECK FOR GENERAL DANGER SIGNS

- NOT ABLE TO DRINK OR BREASTFEED
- LETHARGIC OR UNCONSCIOUS
- VOMITS EVERYTHING
- CONVULSING NOW
- CONVULSING NOW

CLASSIFY

General danger sign present?
- Yes ___
- No ___

Remember to use Danger sign when selecting classifications

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?
- For how long? [For how long] Days
- Count the breaths in one minute
  - [Number of breaths per minute]. Fast breathing?
- Look for chest indrawing
- Look and listen for stridor
- Look and listen for wheezing

DOES THE CHILD HAVE DIARRHOEA?
- For how long? [For how long] Days
- Is there blood in the stool?
- Look at the child’s general condition. Is the child:
  - Lethargic or unconscious?
  - Restless and irritable?
  - Look for sunken eyes.
  - Offer the child fluid. Is the child:
    - Not able to drink or drinking poorly?
    - Drinking eagerly, thirsty?
  - Pinch the skin of the abdomen. Does it go back:
    - Very slowly (longer than 2 seconds)?
    - Slowly?

DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above)
- Decide malaria risk: High ___ Low ___ No ___
- For how long? [For how long] Days
- If more than 7 days, has fever been present every day?
- Has child had measles within the last 3 months?
- Do malaria test if NO general danger sign
  - High risk: all fever cases
  - Low risk: if NO obvious cause of fever
- Test POSITIVE? P. falciparum P. vivax NEGATIVE?

DOES THE CHILD HAVE AN EAR PROBLEM?
- Is there ear pain?
- Is there ear discharge?
- If Yes, for how long? [For how long] Days
- Look for pus draining from the ear
- Feel for tender swelling behind the ear
7.5 TREAT AN EAR PROBLEM

HOW WILL YOU TREAT AN EAR PROBLEM?

Open to your ear problem classification table. What treatments are identified in the TREATMENT column?

➡ Give ceftriaxone IM – you learned about this in Module 3
➡ Give paracetamol – you learned about in Module 5
➡ Give amoxicillin – you learned about giving oral drugs in Module 3
➡ Teach the to wick the ear
➡ Give recommended ear drops

You will read more about counselling on wicking the ear in the next section. Now let us return to Telisa’s case to determine what treatment she requires.

What treatment does Telisa require?

You have classified Telisa’s ear problem as MASTOIDITIS. This is a red classification. It requires urgent referral.

What urgent pre-referral treatments are required for Telisa?

Review what you have classified Telisa with today:

- FEVER and
- MASTOIDITIS

What pre-referral treatments are identified in bold in these classification tables?

| Tender swelling behind the ear. | Pink: MASTOIDITIS | Give first dose of an appropriate antibiotic
| No ear pain and No pus seen draining from the ear. | Green: NO EAR INFECTION | No treatment

These are the required pre-referral treatments before you send Telisa to the hospital:

1. Give an appropriate antibiotic
2. Give first dose of paracetamol
How will you prepare Telisa and Sara for referral?

You will prepare a referral note for Sara to carry with her to the hospital. You will also counsel Sara on why Telisa must be referred.

Sara is confused when you tell her Telisa must go to the hospital. She says that all children have fevers and ear problems. She did not think that this was so serious. She is worried that her husband will not want her to go to the hospital today. He already did not think that it was necessary to come today. He said that all children have pain in their ears and it goes away. It is a small issue. She says that Telisa is moving around fine, besides the ear pain.

How will you address Sara’s concerns?

You explain to Sara that yes, ear problems are often common with children. You explain that Telisa has a problem in her ear that is now outside of her ear, in the bone. You explain that this is serious and must be treated.

Sara still seems unsure.

You explain more. If the ear problem is not treated, it could cause more damage. It could cause damage to her ears, and damage her ability to hear properly. It could also spread to other parts of her body, like her brain. You tell Sara that this is why Telisa has a fever and is feeling hot. Her body is trying to fight the infection.

Sara now looks panicked and afraid. You tell her not to be afraid, but that you are telling her these things so she understands what is causing Telisa’s ear problem. You are firm and tell Sara that if she goes immediately to the hospital, they can provide more care for Telisa. They will treat the infection.
7.6 COUNSEL A CAREGIVER ABOUT AN EAR PROBLEM

WHAT ARE GOOD COMMUNICATION SKILLS FOR HOME TREATMENT?

Good communication is critical when teaching a caregiver about home treatment. It is also important to never be judgemental when speaking to the caregiver. Remember the APAC process when you are counselling:

ASK questions to find out what the caregiver is already doing for the child.
PRAISE the caregiver for what she has done well.
ADVISE her how to treat the child at home. Use the teaching steps below.
CHECK the caregiver’s understanding

WHAT ARE THE IMPORTANT STEPS WHEN TEACHING A CAREGIVER?

1. GIVE INFORMATION – about a home treatment. Ask checking questions to make sure she understood the information. She needs to know:
   a. How to give the treatment
   b. How much to give
   c. For how long to give the treatment
   d. Why the treatment is important, and what the drugs will be doing.

2. SHOW AN EXAMPLE – for example, how to hold the child still and wick the ear. It may be enough to ask the caregiver to describe how she will do the task at home.

3. LET HER PRACTICE – ask the caregiver to do the task while you watch. For example, have the caregiver wick the child’s ear. Letting a caregiver practice is the most important part of teaching a task.

HOW WILL YOU COUNSEL THE CAREGIVER TO WICK THE EAR?

To teach a caregiver how to dry the ear by wicking, first tell her it is important to keep an infected ear dry to allow it to heal. Then show her how to dry wick her child’s ear.

As you wick the child’s ear dry, tell the caregiver to:

- Use clean, absorbent cotton cloth or soft strong tissue paper for making a wick. Paper towels used in some clinics are also suitable. Do not use a cotton-tipped applicator, a stick or flimsy paper that will fall apart in the ear.
- Clean the child’s ear with the wick and then place a clean wick in the child’s ear until the wick is wet.
• Replace the wet wick with a clean one.
• Repeat these steps until the wick stays dry. Then the ear is dry.

Observe the caregiver as she practises

Give feedback. When she is finished, give her the following information.

What is important information for wicking the ear?

• Wick the ear dry 3 times daily.
• Use this treatment for as many days as it takes until the wick no longer gets wet when put in the ear, and no pus drains from the ear.
• Do not place anything (oil, fluid, or other substance) in the ear between dry wicking treatments. Recommended ear drops (1% acetic acid) can be used if these are available. If these ear drops are not available, then none should be used. Do not plug the ear – it needs air to dry out. Do not allow the child to go swimming. No water should get in the ear.

HOW WILL YOU CHECK TO BE SURE THE CAREGIVER UNDERSTANDS?

If the caregiver thinks she will have problems wicking the ear dry, help her solve them. Ask checking questions, such as:

• “What materials will you use to make the wick at home?”
• “How many times per day will you dry the ear with a wick?”
• “What else will you put in your child’s ear?”

COUNSEL ON WHEN TO RETURN

For an Acute or Chronic Ear Infection, the child should follow-up in 14 days.

Any sick child should return immediately if they:

✔ Not able to drink or breastfeed
✔ Become sicker
✔ Vomiting everything
✔ Convulsions
SELF-ASSESSMENT EXERCISE D

Answer the following questions about treatment.

1. Paracetemol is given when a child’s temperature is what degrees? __________
2. How often should a caregiver wick the ear dry? ______________________
3. What is important information to tell a caregiver about wicking an ear?
4. When should a child with an ear infection return for follow-up?

SELF-ASSESSMENT EXERCISE E

INTRODUCTION TO EXERCISE: You are going to read about four important skills when counselling a caretaker. These skills focus on building a caregiver’s confidence. This is important for a caregiver to feel confident, informed, and supported when caring for a child and providing treatment and good feeding.

In the following pages, there will be a section explaining each skill. It will be followed by a set of exercises about the skill you just read about. You will begin with skill 1 below.

Skill 1: Acknowledge how the caregiver thinks and feels.

What is this skill?

It is important not to disagree with a caregiver; it is also important not to agree with a mistaken idea. You may want to suggest something quite different. That may be quite difficult if you have already agreed with her. Instead you just accept how she thinks or feels. This means responding in a neutral way, and not agreeing or disagreeing.

Example: Many caregivers have the idea that ‘My milk is weak and thin.’ What are the possible ways you can respond to this?

   Inappropriate response:  ‘Oh no milk is never weak and thin’
   Agreeing:                ‘Yes, thin and weak milk can be a problem’
   Accept:                  ‘I see, you are worried about your milk’ or ‘Ah-ha’

Reflecting back and giving simple responses are useful ways to show acceptance. These are also good listening and learning skills.

Example: It is important to accept how the caregiver feels. You let her know that you understand the emotions she is feeling about her child’s health. For example, a caregiver might say ‘My baby has a cold and blocked nose and just cries all the time.’ Which response accepts how the caregiver feels?

   • Don’t worry, your baby is doing very well.
   • You are upset about him, aren’t you?
   • Don’t cry, it’s not serious. He will soon be better.
The second response here recognizes how the caregiver feels: she is upset and worried. On the other hand, the first and third responses do not accept how she feels. Instead they seem to argue against her.

**SKILL 1 EXERCISE:**

For each of the following scenarios write another response that shows you accept what the caregiver thinks or feels.

<table>
<thead>
<tr>
<th>CAREGIVER SAYS:</th>
<th>HEALTH WORKER RESPONSE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ‘It is so hot that I am giving him water.’</td>
<td></td>
</tr>
<tr>
<td>2. ‘I am so worried because he refuses to take any porridge, he just wants to breastfeed.’</td>
<td></td>
</tr>
<tr>
<td>3. ‘I am giving him some porridge in a bottle, and he really likes it.’</td>
<td></td>
</tr>
<tr>
<td>4. Mother is HIV positive: ‘He cries so much at night I have to breastfeed him or else he will wake the whole family.’</td>
<td></td>
</tr>
<tr>
<td>5. Caregiver of an 11-month old baby: ‘I never give him egg or meat, he will get an allergy’</td>
<td></td>
</tr>
<tr>
<td>6. ‘My child does not want to eat. I have to close his nose and put food into his mouth.’</td>
<td></td>
</tr>
</tbody>
</table>

**Skill 2: Recognize and praise what a caregiver and baby are doing right.**

**What is this skill?**

We are trained to look for problems. This means that we see only what we think people are doing wrong, and try to correct them. If you tell a caregiver she is doing something wrong, you make her feel bad, and that reduces her confidence. As counsellors we must look for what caregivers and babies are doing right. We must recognize what they do right and then we should praise or show approval of the good practices.

**Praising good practices has these benefits:**

- It builds a caregiver’s confidence,
- Encourages her to continue those good practices and
- Makes it easier for her to accept suggestions later.

**Example:** You are weighing a baby together with his caregiver. He is exclusively breastfed. He has gained some weight in the last month, however his growth line shows that he is growing too slowly. *Which of these remarks will help build the caregivers confidence?*

- ‘Your baby’s growth line is going up too slowly’
- ‘I don’t think your baby is gaining enough weight’
- ‘Your baby gained weight last month just on your breastmilk’
SKILL 2 EXERCISE

In the scenarios below, there are three responses that are good things to say to the caregiver. Tick the response that best praises the caregiver.

1. A mother has started bottle-feeding her baby by day while she is at work. She breastfeeds as soon as she gets home, but the baby does not want to suckle as much as he did before.
   - You are very wise to breastfeed whenever you are at home.
   - It would be better if you gave him artificial feeds by cup and not by bottle
   - Babies often do stop wanting breastfeeds when you start giving bottles.

2. A 15 month old child is breastfeeding and having thin porridge and sometimes tea and bread. He has not gained weight for 6 months and is thin and miserable.
   - He needs to eat a more balanced diet.
   - It is good that you are continuing to breastfeed him at this age, as well as giving him other food.
   - You should be giving him more than breastmilk and thin porridge at this age.

In the scenarios below, write your own response to the caregiver.

3. A 3 month old is completely bottle fed, and has diarrhoea. The growth chart shows that he weighed 3.5 kg at birth. He has gained only 200 grams in the last two months. The bottle smells very sour.

4. Neera comes to the clinic to learn how to take her 3 month old baby off the breast. She is HIV positive and is going back to work soon. She is breastfeeding and giving him bottles, which Neera is refusing, so she asks you to advise her. Neera is alert and active.
Skill 3: Give a little relevant information

Caregivers often need information about feeding, but it is important to give information that is relevant to her situation now. Try to give her only one or two pieces of information at a time, especially if the caregiver is tired and has already received a lot of advice. Give information in a positive way, so that it does not sound critical, or make the caregiver feel she is doing something wrong. This is especially important if you want to correct a mistaken idea. Wait until you have built the caregiver’s confidence by accepting what she says, and praising what she does well.

Skill 3 Exercise

Read each scenario below. Which response gives information that is more relevant? Tick your answer.

1. Lerato is 2 months old, breastfeeding exclusively, and gaining weight happily. Now she suddenly seems hungry, and she wants to feed more often. Her caregiver thinks that she does not have enough milk.

☐ Oh, Lerato is growing well. Don’t worry about your breastmilk supply. It is best to breastfeed exclusively for 6 months, and then you can start complementary feeds.

☐ Lerato is growing fast. Healthy babies have these hungry times when they grow fast. Lerato’s growth chart shows she is getting all the breastmilk she needs. She will settle in a few days.

2. Joseph is 3 months old. His mother recently started giving him some bottle feeds in addition to breastfeeding. The baby has started having diarrhoea. She asks you if she should stop breastfeeding.

☐ It is good that you asked before deciding. Diarrhoea usually stops sooner if you continue breastfeeding.

☐ Oh no, don’t stop breastfeeding. He may get worse if you do that.

3. You are talking with the mother of a 15 month old child who is no longer breastfed. The child has PERSISTENT DIARRHOEA. He normally takes 2 feeds of cow’s milk and 1 meal of family foods each day. His diet has not changed since the diarrhoea started.

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

☐ Give your child amasi or yoghurt instead of milk (until the follow-up visit in 5 days). Or give only half the usual milk and increase the amount of family foods to make up for this
**Skill 4: Use simple language**

Health workers often use technical terms when they talk to caregivers, and caregivers do not understand them. It is important to use simple familiar terms to explain things to caregivers.

**SKILL 4 EXERCISE:**

**Restate the following advice in simpler words:**

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

2. Consider starting a ‘safe transition’

3. When your baby suckles, prolactin is released which makes breasts secrete more milk.

**Skill 5: Make one or two suggestions, not commands**

When you counsel a caregiver, you suggest what she could do. Then she can decide if she will try it or not. This leaves her feeling in control, and helps her to feel confident. You must be careful not to tell or command her to do something. This does not help her feel confident. Commands use the imperative form of verbs (give, do, bring) and words like always, never, must, should be avoided.

**Suggestions include:**

- Have you considered...?
- Would it be possible...?
- What about trying...to see if it works for you?
- Would you be able to?
- Have you thought about...? Instead of ...?
- You could choose between... and....
- Usually... sometimes... often..
**SKILL 5 EXERCISE**

Rewrite the following as suggestions, not commands

1. Use a cup to feed your baby.

2. Do not give cereal or juice as a substitute for milk if your baby is under 6 months old.

3. Give your child 5 meals a day and add a teaspoon of oil to each feed.

4. Never give your baby water; he does not need it if he is breastfeeding.

5. Always remember to give the child his own serving.

6. You must wash your hands before preparing the formula.
7.7 PROVIDE FOLLOW-UP CARE

WHEN WILL CHILDREN FOLLOW-UP FOR ACUTE EAR INFECTIONS?
If the child has an ACUTE EAR INFECTION:

➢ Follow-up in 5 days: If discharge persists
➢ Follow up in 14 days: If discharge does not persist

If the child has a CHRONIC EAR INFECTION, they will follow-up in 14 days. During a follow-up visit, follow the instructions in the follow-up box of the Chart Booklet. Reassess the child for ear problem and check for fever. Then select treatment based on the child’s signs.

REMEMBER! If you feel tender swelling behind the ear:
The child may have developed mastoiditis. If there is a high fever (axillary temperature of 38.5 °C or above), the child may have a serious infection. A child with tender swelling behind the ear or high fever has become worse, and thus needs URGENT REFERRAL.

ACUTE EAR INFECTION (follow-up 5 days if persists)

▲ NO EAR PAIN OR DISCHARGE
Praise the caregiver. Advise her to come back to the clinic immediately if the ear becomes painful or starts to discharge again.

► EAR PAIN OR DISCHARGE PERSISTS
If ear pain or discharge persists after 5 days of antibiotics treat with 5 additional days of the same antibiotic. Continue wicking if ear discharge is still present.

Ensure the caregiver is properly wicking. Ask the following, and correct if necessary:
• To describe or show you how she wicks the ear
• How frequently the ear is wicked
• What problems are faced when wicking, and discuss how to overcome them

Discuss with her the importance of keeping the ear dry so that it will heal. Encourage her to continue wicking the ear. Show her how to give ear drops, if available. Explain that drying is the only effective therapy for a draining ear. Hearing loss could occur if the ear is not wicked.

Ask the caregiver to return in 5 days so that you can check whether the ear infection is improving. It is important that the child has a follow-up visit to ensure that mastoiditis has not developed and to ensure that the ear is being wicked (if ear discharge). After 2 weeks of adequate wicking, refer if discharge persists.

REFER if no improvement after 14 days despite ear drops and adequate wicking.
CHRONIC EAR INFECTION (follow-up 14 days)

▲ NO EAR PAIN OR DISCHARGE
Praise the caregiver. Advise her to come back to the clinic immediately if the ear becomes painful or starts to discharge again.

► EAR PAIN OR DISCHARGE PERSISTS
Check that the caregiver is wicking the ear correctly, using the steps above. Explain the importance of properly wicking the ear.

Review in 14 days. If no improvement (persistent pain or offensive discharge or reduced hearing), refer.

▼ NO IMPROVEMENT DESPITE EAR DROPS AND ADEQUATE WICKING
If there is no improvement despite proper care, refer the child.
7.8 USING THIS MODULE IN YOUR CLINIC

HOW WILL YOU BEGIN TO PRACTICE THIS MODULE IN YOUR CLINIC?

In the coming days, you should focus on these key clinical skills. Practicing these skills and using your job aids will help you to better understand how to use IMCI for ear problems.

ASSESS
✔ Check every child for malnutrition and anaemia.
✔ Look for draining pus.
✔ Feel for tender swelling behind the ear.
✔ Ask how long the ear has been draining, in order to determine if the infection is acute or chronic.

CLASSIFY
✔ Use your chart booklet to classify ear problems.
✔ Identify any pre-referral treatments if required.

TREAT & COUNSEL
✔ Give paracetamol for high fever.
✔ Give amoxicillin for infection.
✔ Give ceftriaxone IM if required before an urgent referral.
✔ Teach a caregiver to wick the ear dry. Demonstrate and let her practice. Give feedback.

FOLLOW-UP
✔ Follow the IMCI instructions for follow-up with children who were classified with ear problems.

Remember to use your logbook for MODULE 7:
- Complete logbook exercises, and bring completed to the next meeting
- Record cases on IMCI recording forms, and bring to the next meeting
- Take notes if you experience anything difficult, confusing, or interesting during these cases. These will be valuable notes to share with your study group and facilitator.
7.9 REVIEW QUESTIONS

AFTER THE MODULE: WHAT DO YOU KNOW NOW ABOUT MANAGING EAR PROBLEMS?

Before you began studying this module, you practiced your knowledge on with several multiple-choice questions. Now that you have finished the module, you will answer the same questions. This will help demonstrate what you have learned.

Circle the best answer for each question.

1. What is mastoiditis?
   a. Infection of the ear drum, which can cause deafness
   b. Infection that has spread from the ear to the brain
   c. Infection of the bone behind the ear

2. What is a clinical sign of mastoiditis?
   a. A lot of pus is seen draining from the ear
   b. Tender swelling behind the ear
   c. The ear has a very terrible smell

3. Why are ear problems important in IMCI?
   a. Ear problems are a common health issue in children, and can cause deafness and serious infection
   b. Ear problems are a major killer of children
   c. Ear problems are sign of serious brain or bone infections

4. What is an acute ear infection?
   a. When one point of the ear (like the ear lobe) has a local infection
   b. When the child is experiencing ear pain, and pus is draining from the ear
   c. When the child has had pus draining from the ear for over a month

5. What is an important care measure for ear infections?
   a. Regularly wicking the ear to keep it dry
   b. Rinsing out the ear with saline water
   c. Antiseptic ointment

Check your answers on the next page. How did you do? ............... complete out of 5.
Did you miss questions?
Turn back to the section to re-read and practice the exercises.
7.10 ANSWER KEY

REVIEW QUESTIONS

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
<th>Did you miss the question? Return to this section to read and practice:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>C</td>
<td>INTRODUCTION, ASSESS</td>
</tr>
<tr>
<td>2</td>
<td>B</td>
<td>ASSESS</td>
</tr>
<tr>
<td>3</td>
<td>A</td>
<td>INTRODUCTION</td>
</tr>
<tr>
<td>4</td>
<td>B</td>
<td>CLASSIFY</td>
</tr>
<tr>
<td>5</td>
<td>A</td>
<td>CLASSIFY, TREAT, COUNSEL</td>
</tr>
</tbody>
</table>

EXERCISE A

1. A and B

2. Mastoiditis is a deep infection in the mastoid bone, which is behind the ear. You will look for tenderness and swelling behind the ear at the mastoid bone. This might be a sign of mastoiditis. It is important not to confuse this swelling of the bone with swollen lymph nodes.

3. A chronic infection is when there has been discharge from the ear for longer than 2 weeks.

4. An acute ear infection has had discharge for less than 2 weeks.
## EXERCISE B

### MANAGEMENT OF THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

<table>
<thead>
<tr>
<th>Name: Dana</th>
<th>Age: 18 months</th>
<th>Weight (kg): 9 kg</th>
<th>Temperature (°C): 37 °C</th>
</tr>
</thead>
</table>

**Ask:** What are the child's problems? **Discharge from ear for three days**

### ASSESS (Circle all signs present)

<table>
<thead>
<tr>
<th>CHECK FOR GENERAL DANGER SIGNS</th>
<th>LETHARGIC OR UNCONSCIOUS</th>
<th>CONVULSING NOW</th>
<th>General danger sign present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO DRINK OR BREASTFEED</td>
<td></td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td>VOMITS EVERYTHING</td>
<td></td>
<td></td>
<td>Remember to use Danger sign when selecting classifications</td>
</tr>
<tr>
<td>CONVULSIONS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?

- For how long? ___ Days
- Count the breaths in one minute
- ___ breaths per minute. Fast breathing?
- Look for chest indrawing
- Look and listen for stridor
- Look and listen for wheezing

### DOES THE CHILD HAVE DIARRHOEA?

- For how long? ___ Days
- Is there blood in the stool?
- Look at the child's general condition. Is the child:
  a. Lethargic or unconscious?
  b. Restless and irritable?
  c. Not able to drink or drinking poorly?
  d. Drinking eagerly, thirsty?
  e. Very slowly (longer than 2 seconds)?
  f. Slowly?

### DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above)

Decide malaria risk: High ___ Low ___ No ___
- For how long? ___ Days
- If more than 7 days, has fever been present every day?
- Has child had measles within the last 3 months?
- Do malaria test if NO general danger sign
  High risk: all fever cases
  Low risk: if NO obvious cause of fever
  Test POSITIVE? P. falciparum P. vivax NEGATIVE?

If the child has measles now or within the last 3 months:
- Look for mouth ulcers.
- Look for pus draining from the eye.
- Look for clouding of the cornea.

### DOES THE CHILD HAVE AN EAR PROBLEM?

- Is there ear pain?
- Is there ear discharge?
  - If Yes, for how long? ___ Days
  - Look for pus draining from the ear
  - Feel for tender swelling behind the ear

### CLASSIFY

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE AN EAR PROBLEM?</th>
<th>Acute ear infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ___ No ___</td>
<td></td>
</tr>
</tbody>
</table>

### EXERCISE C

1. CHRONIC EAR INFECTION
2. ACUTE EAR INFECTION
3. MASTOIDITIS
4. ACUTE EAR INFECTION
5. NO EAR INFECTION
EXERCISE D

1. 38.5 degrees C or more

2. They should wick the ear 3 times a day, for as many days as necessary until the ear is dry and no pus drains from the ear.

3. Some important information is:
   a. Use clean, absorbent cotton cloth or soft strong tissue paper for making a wick. Paper towels used in some clinics are also suitable. Do not use a cotton-tipped applicator, a stick or flimsy paper that will fall apart in the ear.
   b. Clean the child’s ear with the wick and then place a clean wick in the child’s ear until the wick is wet.
   c. Replace the wet wick with a clean one.
   d. Repeat these steps until the wick stays dry. Then the ear is dry.

4. In 14 days

EXERCISE E

Skill 1: Acknowledge how the caregiver thinks and feels

TO ANSWER: For each case, write a response that acknowledges or accepts how the caregiver thinks or feels.

1. Caregiver: “It is so hot that I am giving him water”
   Health worker: I can understand that you want to give him water when it is so hot.

2. Caregiver: “I am so worried – he refuses to take any porridge, he just wants to breastfeed.”
   Health worker: I can see that you are worried that he does not want to eat porridge.

3. Caregiver: “I am giving him some porridge in a bottle, and he really likes it.”
   Health worker: He certainly seems to like porridge in the bottle, or Many caregivers put porridge into the babies’ bottles.

4. HIV positive mother: “He cries so much at night, I have to breastfeed him or else he will wake the whole family.”
   Health worker: It is very considerate of you not to want to wake the family when you get up to prepare a feed.

5. Caregiver of an 11 month old: “I never give him egg or meat, he will get an allergy.”
   Health worker: Yes, it is a common belief that giving infants meat or eggs cause an allergy.

6. Caregiver: “My child does not want to eat. I have to close his nose and put food into his mouth.”
   Health worker: It can be very frustrating when a child does not want to eat.
Skill 2: Recognize and praise what a mother and baby are doing right

TO ANSWER: In stories 1 and 2, there are three responses. They are all things you might want to say. Tick the response that praises what the mother is doing right. For stories 3 and 4, write a praising response of your own.

1. A mother has started bottle-feeding her baby by day while she is at work. She breastfeeds as soon as she gets home, but the baby does not want to suckle as much as he did before.
   — You are very wise to breastfeed whenever you are at home
   — It would be better if you gave him artificial feeds by cup and not by bottle
   — Babies often do stop wanting breastfeeds when you start giving bottles

2. A 15 month old child is breastfeeding, having thin porridge and sometimes tea and bread. He has not gained weight for 6 months and is thin and miserable.
   — He needs to eat a more balanced diet
   — It is good that you are continuing to breastfeed him at this age, as well as giving him other food
   — You should be giving him more than breastmilk and thin porridge at this age

3. A 3 month old is completely bottle fed, and has diarrhoea. The growth chart shows he weighed 3.5 kg at birth, and he has only gained 200 grams in the last two months. The bottle smells very sour. It is good that you brought the Growth Chart today, so that we can see how he is growing.

4. Neera comes to the clinic to learn how to take her 3 month old off the breast. She is HIV positive and going back to work soon. She is breastfeeding and giving him bottles, which he is refusing, so she asks you to advise. The baby is alert and active. It is good of you to bring your bright baby boy to get advice on the feeding difficulty.

Skill 3: Give a little relevant information

1. Lerato is growing fast. Health babies have these hungry times when they grow fast. Lerato’s Growth Chart shows that she is getting all the breastmilk she needs. She will settle in a few days.

2. It is good that you asked before deciding. Diarrhoea usually stops sooner if you continue breastfeeding.

3. Your child needs more food each day. Try to give him 3 family meals plus 2 feedings between meals.
Skill 4: Use simple language

TO ANSWER: Restate the following advice in simpler words:

- Give foods that are high in energy and nutrient content in relation to volume.
  
  **NEW:** It is important to give him food which helps him to grow without making him feel too full.

- Consider starting a “safe transition”.
  
  **NEW:** It is time for us to think about getting him used to other milk as you stop breastfeeding.

- When your baby suckles, prolactin is released which makes breasts secrete more milk.
  
  **NEW:** Every time your baby suckles your breast makes more milk.

Skill 5: Make one or two suggestions, not commands

TO ANSWER: Rewrite as suggestions rather than commands (you can use your own language):

- Use a cup to feed your baby.
  
  **NEW:** You may wish to try feeding him with a cup.

- Do not give cereal or juice as a substitute for milk if your baby is under 6 months old.
  
  **NEW:** Once your baby is 6 months old you could think about giving him some cereal and a little juice.

- Give your child 5 meals a day and add a teaspoon of oil to each feed.
  
  **NEW:** As your child is growing he needs more food. Five meals a day with a little oil added to each meal should be just right for him.

- Never give your baby water; he does not need it if he is breastfeeding.
  
  **NEW:** Babies don’t need extra water as long as they are fully breastfed.

- Always remember to give the child his own serving.
  
  **NEW:** By always giving your child his own serving you can see exactly how much he is eating.

- You must wash your hands before preparing the formula.
  
  **NEW:** It is advisable for you to wash your hands before preparing the formula.