

Education checklist Infant and young child feeding topics

<p><i>Objectives</i> (to be achieved by all health students and trainees who will care for infants, young children and mothers)</p>	<p><i>Content/skills</i> (to achieve objectives)</p>
<ul style="list-style-type: none"> ▪ Identify factors that influence breastfeeding and complementary feeding. 	<p>National/local breastfeeding and complementary feeding rates and demographic trends; cultural and psychosocial influences; common barriers and concerns; local influences.</p>
<ul style="list-style-type: none"> ▪ Provide care and support during the antenatal period. 	<p>Breastfeeding history (previous experience), breast examination, information targeted to mother's needs and support.</p>
<ul style="list-style-type: none"> ▪ Provide intra-partum and immediate postpartum care that supports and promotes successful lactation. 	<p>The Baby-friendly Hospital Initiative (BFHI), <i>Ten steps to successful breastfeeding</i>; supportive practices for mother and baby; potentially negative practices.</p>
<ul style="list-style-type: none"> ▪ Assess the diets and nutritional needs of pregnant and lactating women and provide counselling, as necessary. 	<p>Nutritional needs of pregnant and lactating women, dietary recommendations (foods and liquids) taking account of local availability and costs; micronutrient supplementation; routine intervention and counselling.</p>
<ul style="list-style-type: none"> ▪ Describe the process of milk production and removal. 	<p>Breast anatomy; lactation and breastfeeding physiology</p>
<ul style="list-style-type: none"> ▪ Inform women about the benefits of optimal infant feeding. 	<p>Benefits of breastfeeding for infant, mother, family, and community; benefits of exclusive breastfeeding for 0–6 months; options and risks when unable to breastfeed.</p>
<ul style="list-style-type: none"> ▪ Provide mothers with the guidance needed to successfully breastfeed. 	<p>Positioning/ attachment; assessing effective milk removal; signs of adequate intake; practise observing and assessing breastfeeding and suggesting improvements.</p>
<ul style="list-style-type: none"> ▪ Help mothers prevent and manage common breastfeeding problems. Manage uncomplicated feeding difficulties in the infant and mother. 	<p>Normal physical, behavioural and developmental changes in mother and child (prenatal through lactation stages); feeding history; observation of breastfeeding; suckling difficulties; causes and management of common infant feeding difficulties; causes and management of common maternal feeding difficulties.</p>

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<ul style="list-style-type: none"> ▪ Facilitate breastfeeding for infants with special health needs, including premature infants. 	<p>Risk/benefit of breastfeeding/breast milk; needs of premature infants; modifications; counselling mothers.</p>
<ul style="list-style-type: none"> ▪ Facilitate successful lactation in the event of maternal medical conditions or treatments. 	<p>Risk/benefit; modifications; pharmacological choices; treatment choices.</p>
<ul style="list-style-type: none"> ▪ Inform lactating women about contraceptive options. 	<p>Advantages and disadvantages of various child spacing methods during lactation; counselling about LAM; cultural considerations for counselling.</p>
<ul style="list-style-type: none"> ▪ Prescribe/recommend medications, contraceptives and treatment options compatible with lactation. 	<p>Compatibility of drugs with lactation; effects of various contraceptives during lactation.</p>
<ul style="list-style-type: none"> ▪ Assist mothers to sustain lactation during separation from their infants, including during hospitalization or illness of mother or child and when returning to work or school. 	<p>Milk expression, handling and storage; alternative feeding methods; cup-feeding; cause, prevention and management of common associated difficulties such as low milk supply; coordinating out-of-home activities with breastfeeding; workplace support.</p>
<ul style="list-style-type: none"> ▪ Explain the <i>International Code of Marketing of Breast-milk Substitutes</i> and World Health Assembly resolutions, current violations, and health worker responsibilities under the <i>Code</i>. 	<p>Main provisions of the <i>Code</i> and WHA resolutions, including responsibilities of health workers and the breast-milk substitute, bottles and teats industries; violations by infant food companies; monitoring and enforcement of the <i>Code</i>.</p>
<ul style="list-style-type: none"> ▪ Describe what foods are appropriate to introduce to children at various ages and which foods are available and affordable to the general population. 	<p>Developmental approach to introduce complementary foods; foods appropriate at various ages; available foods and their costs; incomes of local families and how income levels affect their abilities to afford various foods.</p>
<ul style="list-style-type: none"> ▪ Ask appropriate questions of mothers and other caregivers to identify sub-optimal feeding practices with young children between 6 and 24 months of age. 	<p>Growth patterns of breastfed infants; complementary foods: when, what, how, how much; micronutrient deficiencies/supplements; young child feeding history; typical problems.</p>
<ul style="list-style-type: none"> ▪ Provide mothers and other caregivers with information on how to initiate complementary feeding, using the local staple. 	<p>Local staples and nutritious recipes for first foods; practise counselling mothers; common difficulties and solutions.</p>
<ul style="list-style-type: none"> ▪ Counsel mothers and other caregivers on how to gradually increase consistency, quantity, and 	<p>Guidelines for feeding young children at various ages and stages of development; potential difficulties and</p>

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<p>frequency of foods, using locally available foods.</p>	<p>solutions regarding feeding and weaning; Essential Nutrition Actions.</p>
<ul style="list-style-type: none"> ▪ Help mothers and other caregivers to continue feeding during illness and assure adequate recuperative feeding after illness. 	<p>Energy and nutrient needs; appropriate foods and liquids during and after illness; strategies for encouraging child to eat and drink; local beliefs about feeding during illness; appropriate feeding support during hospitalization; relactation.</p>
<ul style="list-style-type: none"> ▪ Help mothers of malnourished children to increase appropriate food intake to regain correct weight and growth pattern. 	<p>Feeding recommendations for malnourished children; micronutrient supplements for malnourished children.</p>
<ul style="list-style-type: none"> ▪ Inform mothers of the micronutrient needs of infants and young children and how to meet them through food and, when necessary, supplementation. 	<p>Micronutrient needs of infants and young children (iron, vitamin A, iodine, others); meeting these needs with food (breastfeeding and complementary foods); supplementation needs.</p>
<ul style="list-style-type: none"> ▪ Demonstrate good interpersonal communication and counselling skills. 	<p>Listening and counselling skills, use of simple language, providing praise and support, considering mother's viewpoint, trials of new practices.</p>
<ul style="list-style-type: none"> ▪ Facilitate group education sessions related to infant and young child nutrition and maternal nutrition. 	<p>Adult education methods; strategies for preparing and facilitating competency-based, participatory sessions.</p>
<ul style="list-style-type: none"> ▪ Counsel mothers about prevention and reduction of mother-to-child-transmission of HIV/AIDS; options and risks of various feeding methods to consider when HIV-positive. 	<p>Modes of mother-to-child-transmission of HIV and how to prevent or reduce them; counselling confirmed HIV-positive mothers about feeding options and risks.</p>
<ul style="list-style-type: none"> ▪ Provide guidance on feeding of infants and young children in emergencies and appropriate protection, promotion and support in these circumstances. 	<p>Policies and guidelines on feeding in emergencies; appropriate promotion and support; compliance with the <i>International Code of Marketing of Breast-milk Substitutes</i> and WHA resolutions.</p>