



# COUNSEL THE MOTHER



## FOOD

### Assess the Child's Feeding

Ask questions about the child's usual feeding and feeding during this illness. Compare the mother's answers to the **Feeding Recommendations** for the child's age in the box below.

- ASK -**
- Do you breastfeed your child?
    - How many times during the day?
    - Do you also breastfeed during the night?
  - Does the child take any other food or fluids?
    - What food or fluids?
    - How many times per day?
    - What do you use to feed the child?
    - How large are servings? Does the child receive his own serving? Who feeds the child and how?
  - During this illness, has the child's feeding changed? If yes, how?

### Feeding Recommendations During Sickness and Health

<p><b>Up to 6 Months of Age</b></p> <ul style="list-style-type: none"> <li>Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.</li> <li>Do not give any other foods or fluids not even water</li> </ul> <p><b>Remember:</b></p> <ul style="list-style-type: none"> <li>Continue breastfeeding if the child is sick</li> </ul>	<p><b>6 Months up to 12 Months</b></p> <ul style="list-style-type: none"> <li>Breastfeed as often as the child wants.</li> <li>Give at least <b>one katori serving*</b> at a time of :           <ul style="list-style-type: none"> <li>Mashed rotl/ rice /bread/biscuit mixed in sweetened undiluted milk OR</li> <li>Mashed rotl/ rice/ bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee.</li> </ul> </li> <li>Add cooked vegetables also in the servings OR</li> <li>Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR</li> <li>Mashed boiled/fried potatoes</li> <li>Offer banana/biscuit/ cheeko/ mango/ papaya</li> </ul> <p>*3 times per day if breastfed; 5 times per day if not breastfed.</p> <p><b>Remember:</b></p> <ul style="list-style-type: none"> <li>Keep the child in your lap and feed with your own hands</li> <li>Wash your own and child's hands with soap and water every time before feeding</li> </ul>	<p><b>12 Months up to 2 Years</b></p> <ul style="list-style-type: none"> <li>Breastfeed as often as the child wants.</li> <li>Offer food from the family pot</li> <li>Give at least <b>1½ katori serving*</b> at a time of :           <ul style="list-style-type: none"> <li>Mashed rotl/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee.</li> <li>Add cooked vegetables also in the servings OR</li> <li>Mashed rotl/ rice /bread/biscuit mixed in sweetened undiluted milk OR</li> <li>Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR</li> <li>Mashed boiled/fried potatoes</li> <li>Offer banana/biscuit/ cheeko/ mango/ papaya</li> </ul> </li> </ul> <p>* 5 times per day.</p> <p><b>Remember:</b></p> <ul style="list-style-type: none"> <li>Sit by the side of child and help him to finish the serving</li> <li>Wash your child's hands with soap and water every time before feeding</li> </ul>	<p><b>2 Years and Older</b></p> <ul style="list-style-type: none"> <li>Give family foods at 3 meals each day.</li> <li>Also, twice daily, give nutritious food between meals, such as: banana/biscuit/ cheeko/ mango/ papaya as snacks</li> </ul> <p><b>Remember:</b></p> <ul style="list-style-type: none"> <li>Ensure that the child finishes the serving</li> <li>Teach your child wash his hands with soap and water every time before feeding</li> </ul>
--	--	--	---

**Feeding Recommendations For a Child who Has PERSISTENT DIARRHOEA**

- If still breastfeeding, give more frequent, longer breastfeeds, day and night.
- If taking other milk:
  - replace with increased breastfeeding OR
  - replace with fermented milk products, such as yoghurt OR
  - replace half the milk with nutrient-rich semisolid food.
  - Add cereals to milk (Rice, Wheat, Semolina)
- For other foods, follow feeding recommendations for the child's age.

### Counsel the Mother About Feeding Problems

If the child is not being fed as described in the above recommendations, counsel the mother accordingly. In addition:



- If the mother reports difficulty with breastfeeding, assess breastfeeding. (See **YOUNG INFANT** chart.) As needed, show the mother correct positioning and attachment for breastfeeding.
- If the child is less than 6 months old and is taking other milk or foods:
  - Build mother's confidence that she can produce all the breastmilk that the child needs.
  - Suggest giving more frequent, longer breastfeeds day or night, and gradually reducing other milk or foods.
- If other milk needs to be continued, counsel the mother to:
  - Breastfeed as much as possible, including at night.
  - Make sure that other milk is a locally appropriate dairy/animal milk.
  - Make sure other milk is correctly and hygienically prepared and given in adequate amounts.
  - Finish prepared milk within an hour.



- If the mother is using a bottle to feed the child:
  - Recommend substituting a cup for bottle.
  - Show the mother how to feed the child with a cup.
- If the child is not being fed actively, counsel the mother to:
  - Sit with the child and encourage eating.
  - Give the child an adequate serving in a separate plate or bowl.



- If the child is not feeding well during illness, counsel the mother to:
  - Breastfeed more frequently and for longer if possible.
  - Use soft, varied, appetizing, favourite foods to encourage the child to eat as much as possible, and offer frequent small feedings.
  - Clear a blocked nose if it interferes with feeding.
  - Expect that appetite will improve as child gets better.
- Follow-up any feeding problem in 5 days.

## FLUID

### Advise the Mother to Increase Fluid During Illness

FOR ANY SICK CHILD:

- Breastfeed more frequently and for longer at each feed.
- Increase fluid. For example, give soup, rice water, yoghurt drinks or clean water.

FOR CHILD WITH DIARRHOEA:

- Giving extra fluid can be lifesaving. Give fluid according to Plan A or Plan B on **TREAT THE CHILD** chart.

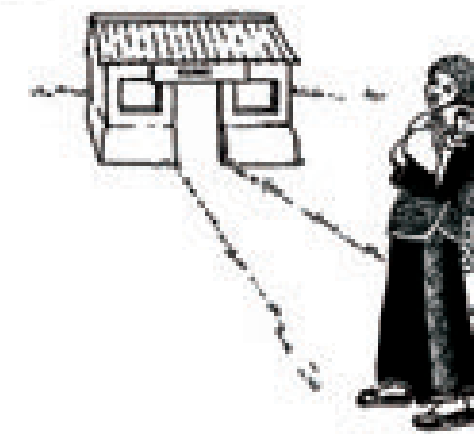
### Advise the Mother When to Return to Health Worker

**FOLLOW UP VISIT** Advise the mother to come for follow-up at the earliest time listed for the child's problems.

If the child has:	Return for follow-up in:
PNEUMONIA DYSENTERY MALARIA, if fever persists FEVER-MALARIA UNLIKELY, if fever persists MEASLES WITH EYE OR MOUTH COMPLICATIONS	2 days
DIARRHOEA, if not improving PERSISTENT DIARRHOEA ACUTE EAR INFECTION CHRONIC EAR INFECTION FEEDING PROBLEM ANY OTHER ILLNESS, if not improving	5 days
ANAEMIA	14 days
VERY LOW WEIGHT FOR AGE	30 days

**NEXT WELL-CHILD VISIT**

Advise mother when to return for next immunization according to immunization schedule.



**WHEN TO RETURN IMMEDIATELY**

Advise mother to return immediately if the child has any of these signs:	
Any sick child	<ul style="list-style-type: none"> <li>Not able to drink or breastfeed</li> <li>Becomes sicker</li> <li>Develops a fever</li> </ul>
If child has NO PNEUMONIA: COUGH OR COLD, also return if:	<ul style="list-style-type: none"> <li>Fast breathing</li> <li>Difficult breathing</li> </ul>
If child has Diarrhoea, also return if:	<ul style="list-style-type: none"> <li>Blood in stool</li> <li>Drinking poorly</li> </ul>

## GIVE FOLLOW-UP CARE FOR THE SICK CHILD

- Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.
- If the child has any new problem, assess, classify and treat the new problem as on the **ASSESS AND CLASSIFY** chart.

### PNEUMONIA

After 2 days:

Check the child for general danger signs. Assess the child for cough or difficult breathing.

Ask:

- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?

Treatment:

- If **chest indrawing or a general danger sign**, give a dose of second-line antibiotic or intramuscular chloramphenicol. Then refer **URGENTLY** to hospital.
- If **breathing rate, fever and eating are the same**, change to the second-line antibiotic and advise the mother to return in 2 days or refer. (If this child had measles within the last 3 months, refer.)
- If **breathing slower, less fever, or eating better**, complete the 5 days of antibiotic.

} See **ASSESS & CLASSIFY** chart.

### DIARRHOEA

After 5 days:

Ask:

- Has the diarrhoea stopped? - How many loose stools is the child having per day?

Treatment:

- If diarrhoea persists, assess the child for diarrhoea (> See **ASSESS & CLASSIFY** chart) and manage as on initial visit.
- If diarrhoea has stopped (*child having less than 3 loose stools per day*), tell the mother to follow the usual feeding recommendations for the child's age.

### DYSENTERY

After 2 days:

Assess the child for diarrhoea. > See **ASSESS & CLASSIFY** chart.

Ask:

- Are there fewer stools? - Is there less blood in the stool? - Is there less fever? - Is there less abdominal pain? - Is the child eating better?

Treatment:

- If the child is **dehydrated**, treat dehydration.
- If **number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same or worse**: Change to second-line oral antibiotic recommended for Shigella in your area. Give it for 5 days. Advise the mother to return in 2 days.

**Exceptions - If the child:** - is less than 12 months old, or - had measles within the last 3 months } Refer to hospital.

- If **fewer stools, less blood in the stools, less fever, less abdominal pain, and eating better**, continue giving the same antibiotic until finished.
- If **number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same or worse after treatment with nalidixic acid/second line drug**: Refer to hospital

## GIVE FOLLOW-UP CARE

- Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.
- If the child has any new problem, assess, classify and treat the new problem as on the **ASSESS AND CLASSIFY** chart.

### MALARIA (Low or High Malaria Risk)

If fever persists after 2 days, or returns within 14 days:

Do a full reassessment of the child. > See **ASSESS & CLASSIFY** chart. Assess for other causes of fever.

Treatment:

- If the child has **any general danger sign or stiff neck**, treat as **VERY SEVERE FEBRILE DISEASE**.
- If the child has **any cause of fever other than malaria**, provide treatment.
- If **malaria is the only apparent cause of fever**:
  - Treat with the second-line oral antimalarial. (If no second-line antimalarial is available, refer to hospital.) Advise the mother to return again in 2 days if the fever persists. Continue Primaquine if P.vivax was positive for a total of 5 days.
  - If fever has been present for 7 days, refer for assessment.

### FEVER-MALARIA UNLIKELY (Low Malaria Risk)

If fever persists after 2 days:

Do a full reassessment of the child. > See **ASSESS & CLASSIFY** chart. Assess for other causes of fever.

Treatment:

- If the child has **any general danger sign or stiff neck**, treat as **VERY SEVERE FEBRILE DISEASE**.
- If the child has **any cause of fever other than malaria**, provide treatment.
- If **malaria is the only apparent cause of fever**:
  - Treat with the first-line oral antimalarial. Advise the mother to return again in 2 days if the fever persists.
  - If fever has been present for 7 days, refer for assessment.

### MEASLES WITH EYE OR MOUTH COMPLICATIONS

After 2 days:

Look for red eyes and pus draining from the eyes. Look at mouth ulcers. Check for foul smell from the mouth.

Treatment for Eye Infection:

- If **pus is draining from the eye**, ask the mother to describe how she has treated the eye infection. If treatment has been correct, refer to hospital. If treatment has not been correct, teach mother correct treatment.
- If **the pus is gone but redness remains**, continue the treatment.
- If **no pus or redness**, stop the treatment.

Treatment for Mouth Ulcers:

- If **mouth ulcers are worse, or there is a very foul smell from the mouth**, refer to hospital.
- If **mouth ulcers are the same or better**, continue using half-strength gentian violet for a total of 5 days.

### EAR INFECTION

After 5 days:

Reassess for ear problem. > See **ASSESS & CLASSIFY** chart.

Measure the child's temperature.

Treatment:

- If there is **tender swelling behind the ear or high fever (38.5°C or above)**, refer **URGENTLY** to hospital.
- Acute ear infection**: If **ear pain or discharge** persists, treat with 5 more days of the same antibiotic. Continue wicking to dry the ear. Follow-up in 5 days.
- Chronic ear infection**: Check that the mother is wicking the ear correctly. If ear discharge getting better encourage her to continue. If no improvement, refer to hospital for assessment.
- If **no ear pain or discharge**, praise the mother for her careful treatment. If she has not yet finished the 5 days of antibiotic, tell her to use all of it before stopping.

## GIVE FOLLOW-UP CARE

- Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.
- If the child has any new problem, assess, classify and treat the new problem as on the **ASSESS AND CLASSIFY** chart.

### FEEDING PROBLEM

After 5 days:

Reassess feeding. > See questions at the top of the **COUNSEL** chart.

Ask about any feeding problems found on the initial visit.

- Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the child back again.
- If the child is very low weight for age, ask the mother to return 30 days after the initial visit to measure the child's weight gain.

### ANAEMIA

After 14 days:

Give iron folic acid. Advise mother to return in 14 days for more iron folic acid.

Continue giving iron folic acid every 14 days for 2 months.

- If the child has palmar pallor after 2 months, refer for assessment.

### VERY LOW WEIGHT

After 30 days:

Weigh the child and determine if the child is still very low weight for age.

Reassess feeding. > See questions at the top of the **COUNSEL** chart.

Treatment:

- If the child is **no longer very low weight for age**, praise the mother and encourage her to continue.
- If the child is still **very low weight for age**, counsel the mother about any feeding problem found. Ask the mother to return again in one month. Continue to see the child monthly until the child is feeding well and gaining weight regularly or is no longer very low weight for age.

**Exception:**

If you do not think that feeding will improve, or if the child has **lost weight**, refer the child.