



# PREVENTING MALNUTRITION-CRITICAL ACTIONS TO BE TAKEN BY AWW

- ❖ A child who does not get enough nutrition becomes unhealthy. This also affects the child's growth, academic performance and other activities. An AWW can prevent the occurrence of malnutrition in a child, if the following steps are taken appropriately.

Contact Period	Messages/Points for discussion with mother & Family
4th-6th Month of pregnancy:	<ul style="list-style-type: none"> <li>• Counseling for IFA -dosage depending on the anaemia status (100 or 200 tablets total)</li> <li>• Ensuring TT-two doses, Taking care of MCP card</li> <li>• Eating more -Increasing quantity and frequency of meals; use iodized salt</li> <li>• Taking more rest – 8 hours at night; 2 hours during the day</li> <li>• Saving for delivery</li> <li>• Avail supplementary food from AWC &amp; Antenatal check-up regularly</li> </ul>
7th-9th Month of pregnancy:	<p>Apart from above points, ensure following:</p> <ul style="list-style-type: none"> <li>• Completing IFA, TT if not yet completed</li> <li>• Having atleast 3 Antenatal checkups (during NHD), including blood pressure</li> <li>• Ensuring that the family has a clear plan for institutional delivery (identify institution, save money, arrange for transportation, identify person to accompany)</li> <li>• Preparing for eventuality of home delivery (Identify SBA, keep ready DDK/blade and thread, clean cloth)</li> <li>• Completion of preparations for possible emergency (identify appropriate institution, blood donor, phone numbers).</li> <li>• Readiness for immediate newborn care (Early and exclusive breastfeeding, immediate skin-to-skin care, delayed bathing, not applying anything to cord)</li> <li>• Readiness for family planning: spacing (IUD) or limiting (TL) after delivery, or by husband (NSV)</li> </ul> <p>If a daughter-in-law is going to her mother's place to deliver (usually by 7th to 9th month), ensure that she gets all necessary services and counseling, as well as updated immunization cards, before leaving the village. This should include preparation for institutional delivery; clean home delivery, postnatal care (including neonatal care) and possible emergency.</p>
Day of Delivery:	<ul style="list-style-type: none"> <li>• Immediate and exclusive breastfeeding (avoid pre-lacteal feeds)</li> <li>• Personal hygiene/cleanliness to prevent infection (minimal handling, hand-washing, continuing cord care)</li> <li>• BCG and OPV-0</li> <li>• Counselling for recognition of maternal complications – bleeding and fever</li> <li>• Checking whether the baby is a weak newborn:               <ul style="list-style-type: none"> <li>○ Birth more than 1 month before the expected date, OR</li> <li>○ Birth weight less than 2 kg, OR</li> <li>○ Weak feeding right from the time of birth</li> </ul> </li> </ul>



Contact Period	Messages/Points for discussion with mother & Family
Day of Delivery:	<ul style="list-style-type: none"> <li>• If baby is weak, counseling for special efforts at cleanliness, warmth and breastfeeding, including skin-to-skin care</li> <li>• Counseling for early detection of sickness in newborn (deterioration of vigor of feeding and activity) and immediate referral to hospital</li> </ul>
First Week after birth: (at least two more visits after the day of birth, many more if it is a weak newborn)	<ul style="list-style-type: none"> <li>• Counseling for continued feeding, warmth, cleanliness</li> <li>• Counseling for early detection of sick newborn (deterioration of vigor of feeding and activity) and immediate referral to hospital</li> <li>• Counseling for recognition and referral of maternal complications – fever, foul discharge, fresh bleeding</li> <li>• Help manage weak babies:               <ul style="list-style-type: none"> <li>○ Frequent visits – twice a day until feeding is well established</li> <li>○ More efforts at cleanliness, feeding, warmth, including skin-to skin care</li> <li>○ Expressed breast milk as needed</li> </ul> </li> </ul>
8-30 days after birth:	<ul style="list-style-type: none"> <li>• Counseling for continued feeding, warmth, cleanliness</li> <li>• Counseling for early detection of sick newborn (as before)</li> <li>• Identifying and managing breastfeeding problems</li> <li>• Immunization</li> <li>• Help manage weak babies (as before)</li> <li>• Counseling for birth spacing (provide the list of choices and refer to the ANM)</li> </ul>
Between age 1-5 months:	<ul style="list-style-type: none"> <li>• Counseling and support for exclusive breastfeeding until 6 months</li> <li>• Immunization &amp; Monthly weighing at AWC</li> <li>• Counseling for birth spacing (provide the list of choices and refer to the ANM)</li> <li>• If a woman is using a spacing method, provide supplies.</li> <li>• Complementary feeding on completion of 6 months.</li> </ul>
Between age 6-8 months:	<ul style="list-style-type: none"> <li>• Appropriate complementary feeding:               <ul style="list-style-type: none"> <li>○ Gradual initiation of feeding semisolids like rice, khichdi or roti,</li> <li>○ Feeding from a separate katori, at least 2-3 feeds per day, a total of at least 2 small katoris (200 grams) of semisolids per day.</li> <li>○ Add ghee or oil to the feed</li> <li>○ Continue breast feeding, particularly at night</li> <li>○ Responsive feeding: understand signals, sit with child to feed h. Increased feeding after illness</li> </ul> </li> <li>• Remind about Measles vaccine, Vitamin A at 9 months</li> <li>• Monthly weighing and supplementary food from AWC</li> <li>• Identify families needing special support (food insufficiency, gender discrimination, poor caring skills of caretakers)</li> <li>• Counseling for birth spacing (provide the list of choices and refer to the ANM)</li> </ul>
Between 9– 24 months:	<ul style="list-style-type: none"> <li>• Counsel for pediatric IFA after 12 months</li> <li>• Continued attention to:               <ul style="list-style-type: none"> <li>○ Appropriate complementary feeding (As before, but increase to 3-4 times a day, to give a total of at least 3 small katoris or 300 grams per day, increasing to about 500 grams per day by 18 months)</li> <li>○ Increased feeding after illness</li> <li>○ Timely completion of immunization, Vitamin A &amp; measles</li> </ul> </li> <li>• Monthly weighing</li> <li>• Identify families needing special support (food insufficiency, gender discrimination, poor caring skills of caretakers)</li> </ul>

