



FEEDING IN DIFFICULT CIRCUMSTANCES

Feeding Pre-Term /Low Birth Weight Infants

- ❖ LBW infants are at risk of early growth retardation, infectious disease, developmental delay and death during infancy and childhood.
- ❖ Feeding recommendations for low birth weight infants are:
 - All babies (LBW or pre-tem) should be fed breast milk
 - If unable to suckle, these babies should be fed with expressed breast milk using a katori and spoon.
 - LBW infants should be exclusively breastfed until 6 months i.e 180 days of age.
 - An alternative oral feeding method may be used when prescribed by the pediatrician
 - Pre-term babies should be fed every two hours during the day and night.
 - Practice kangaroo care (baby is kept between the mother's breast for skin to skin contact).

Low-birth weight is defined as weight at birth less than 2.5 Kg

Pre-term birth is defined as birth before 37 completed weeks of gestation.

Infant Feeding in Various Conditions

...

- ❖ Breastfeeding on demand should be promoted in normal active babies.
- ❖ In difficult circumstances, use alternate cup and spoon for feeding.
- ❖ Seek expert guidance for very sick babies.
- ❖ Use small frequent feeds and upright positioning for 30 minutes after feeds in children who regurgitates the food soon after feeding.
- ❖ During emergencies, priority health and nutrition support must be arranged for pregnant and lactating mothers.
- ❖ Donation of bottles, and teats should be refused and their use actively avoided.
- ❖ Exclusively breastfed from birth to 6 months in all circumstances, if possible.
- ❖ Complementary foods should be prepared and fed frequently with good hygiene and proper food handling.



Feeding in Maternal HIV

- ❖ Exclusive breastfeeding is the recommended infant feeding choice in the first 6 months.
- ❖ Mixed feeding should not be practiced.
- ❖ Complementary feeding may be introduced gradually, irrespective of whether the infant is diagnosed HIV negative or positive by early infant diagnosis.
- ❖ Abrupt stopping of breastfeeding should NOT be done. Mothers who decide to stop breastfeeding should stop gradually over one month.

Making Breastfeeding Safe

- ✓ Initiate breast feeding within one hour of birth
- ✓ Exclusive breastfeeding for six months. Mixed feeding to be avoided at all costs
- ✓ Practice good breastfeeding techniques
- ✓ Ensure correct attachment at the breast
- ✓ Recognize and promptly manage breast like mastitis, sore nipple and abscess. Do not breastfeed the infant from affected breast
- ✓ Check for and promptly treat oral ulcers or candidiasis in infant
- ✓ Mothers should follow safe sex practices and avoid other high risk behaviour to prevent reinfection throughout the period of breastfeeding
- ✓ Seek medical help, if need arises

Role of AWW

- ❖ Ensure exclusive breastfeeding message and complementary feeding messages are reinforced in all conditions.
- ❖ Refuse and prohibit the supply of donated bottles and subsidized supply of breast milk substitutes in your area.
- ❖ Mothers who are unwell or on medication should be encouraged to continue breastfeeding unless it is medically indicated to discontinue breastfeeding.
- ❖ If the breastfeeding is noted to be temporarily discontinued due to an inadvertent situation, “re-lactation” should be tried as soon as possible.
- ❖ Provide specific counselling and management if mother is HIV positive.
- ❖ Review of feeding practices, counselling & support on feeding options in context of HIV (for mothers identified as HIV positive)