

Infant and Young Child Feeding Counselling Specialists Training

Date: 27 April to 3 May 2015

Course Director:- Dr. MMA Faridi.

National Trainers:- Dr. MMA Faridi, Dr. Anita Gupta, Ms. Perna Bhardwaj and Ms. Vibharika Chandola.

Training Coordinator:- Fariha Siddiqui

Venue:- UCMS & GTB Hospital and College, Delhi.

No. of IYCF Counselling specialist Participants :- 23

This training course was started from 23rd April 2015. There were 23 participants who attended the training. This training course was inaugurated by Dr. MMA Faridi HoD Paediatric Department, GTB Hospital, Delhi. Day one of the training also started with Dr. Faridi who discussed the local IYCF situation and practices. Before the commencement of the sessions, participants were given a standard questionnaire as a Pre intervention test to assess the present knowledge levels. The questionnaire comprised of 20 multiple choice questions based on the subject. This phase was led by the four National Trainers (Resource Persons) of BPNI. Here the participants were explained about the course objectives, training methodology, training kit and training tools. They were explained about the differences between teaching and training, principles of adult learning and attributes of organizing such trainings. The training of seven days duration was conducted by the national trainers which involved 7 counselling skills practice sessions, 31 Theory sessions, 5 Clinical Practice sessions and 2 Practical sessions. All clinical practices where the participants had to practice counselling skills with new born baby and mother pair were conducted in GTB, Hospital.

The training course was divided into different sessions, which were distributed amongst the four national trainers. The national trainers used the 'Trainer's Guide to impart the training. The training course has been developed keeping in mind the principals of adult learning. The different ways that were used to conduct the sessions in an interactive manner are explained below:

- ❖ **Didactic Lectures using Power point presentations:** Majority of the sessions like 'What is the need for *Optimal Infant and Young Child Feeding*', '*Production and Intake of breast milk*', Different kinds of '*breast conditions*', Reasons for '*baby's refusal to breastfeed and crying*', Need and Importance of '*Complementary Feeding and how one can fill the nutrient gaps*', '*Breastfeeding in Special circumstances especially HIV*', '*Growth Monitoring*' etc. All these sessions were conducted using the power point presentations. These sessions were conducted with an aim to widespread the immense knowledge about Infant and Young Child Feeding. This way the complete theoretical content of the subject was explained to the participants in a very interactive manner.
- ❖ **Demonstration Sessions:** Few sessions were being planned in a more participatory manner wherein the counselling skills were taught to the participants using innovative demonstrations. These demonstrations made the topic easier to understand in an interesting way. Especially the

skills based sessions like '*Listening & Learning*', '*Building Confidence and Giving Support*', how to '*Position baby at the breast*', '*Feeding techniques and strategies* that a care giver should adopt while feeding a child, etc were taught using the demonstration technique.

- ❖ **Enacting Role-plays to convey important information and messages:** To convey important information and messages, trainers enacted the role-plays in front of the group. Such a method is useful for practicing skills like counselling and for exploring how people react in specific situations. The role-play's objective was to lead to an attitudinal change dealing with feeling and emotions. Role-plays have many advantages like: - The trainees get involved in problem solving; active participation of trainees stimulates interest and helps in understanding and developing behaviour of self and others. The sessions which have the role-plays as their backbone are: how is it possible for a '*working mother to breastfeed*', '*Growth Monitoring: Take Action*', '*institutionalizing skilled Infant and Young Child Feeding Counselling*' etc.
- ❖ **Clinical Practice:** Certain practice sessions required working in the clinical settings that were conducted in the hospital premises of Paediatric/ Gynaecology ward and OPD of hospitals near the respective regional centres. In order to conduct these sessions in a more helpful manner, the participants were divided into four groups, comprising of around 6 participants per group. One National Trainer of BPNI led every group.

In these clinical practice sessions, participants got a chance to work with the mother-baby dyad at the bedside. This helped them to understand how they can use their skills and counsel a mother about the real importance of breastfeeding. The participants were also taught how they can help mothers practically to understand the correct attachment and positioning of a baby, which leads to successful breastfeeding. As already taught in the previous sessions, the participants tried using all their *Communication skills (See Annexure 5)*, in order to learn how to *assess and observe a breastfeed and take the child's feeding history from the mother recording feeding habits of a child using a 24 hour dietary recall form and take weight and length (growth measurements) of the child* in real situation, plotting them on the growth charts. They were asked to use all the forms that were provided to them. With the help of all this the participants had to finally counsel the mothers on the child's actual growth status, especially motivating the mothers to breastfeed the child exclusively for the initial 6 months, starting with the complementary feed after 6 months and continuing breastfeeding for 2 years and above.

After returning back from each clinical practice session, a detailed discussion was conducted. Using a discussion checklist, the trainers and participants shared the experiences and difficulties faced at the wards. These discussion sessions have been planned to understand the different experiences from each group. During this session the participants were praised for what they did well and encouraged towards using these skills in subsequent sessions and in their everyday life too. Most participants felt a little hesitant in the first clinical practice while talking to the mothers. By the end of the first phase and having done three clinical sessions they began to feel more confident. These Clinical practice sessions were advantageous as trainees could get hands-on experience on the topic, which they had learnt and discussed, in the previous theoretical sessions.

- ❖ **Practice Sessions:** In these specially designed practice sessions, participants learnt to prepare replacement feeds and complementary foods.

Preparing Replacement Feed: During this session the participants were asked to make the replacement feed as per their groups. Each group was given different heating sources (gas stove, chulah, electric kettle depending on availability at the centers) for boiling the water to prepare the feed and a specific quantity (ml) to prepare. This session helped the participants to understand how

difficult it is to prepare milk feed under different circumstances. They could identify what minor mistakes a mother is likely to make while preparing a feed for e.g. not being able to maintain hygiene (clean hands, clean utensils, clean water and clean surface), improper dilution, which may lead to child sickness and increase the financial burden. The participants could also understand how much time does it take to actually prepare one replacement feed and the cost required to formula feed a child in the long run.

Preparing Complementary Feed: During this session the participants were asked to prepare one complementary feed. This session was also conducted within the groups. All the groups were given different age groups of a child (8 months, 11 months etc.) according to which the participants were asked to prepare the feed. The participants were provided with cooked ingredients from almost all food groups like chapatti, rice, bread, dal, boiled vegetables, milk, curd, egg, oil, butter etc using which they had to prepare one meal. This session helped the participants to understand that it is a matter of concern when we are actually preparing a feed for any child. The participants could understand that there is some specific quantity and consistency that plays an important role while feeding a child. Also it was emphasized during the session that there is a real need to maintain hygiene during all times.

These exercises provided them with a first-hand experience of various logistic needs, time consumption, hygiene requirement etc. in preparing these feeds versus the ease and economic benefit of breastfeeding if compared.

At the end of the training, the Participants were also informed about the utility of the flipbook and explained about how they would use it in the community. This flipbook was provided to them in the training material.

Observations made by the trainers

- The trainers felt that the trainees were quite receptive and ready to learn.
- All the participants were quite hardworking and responsive.
- Participants had some previous knowledge regarding breastfeeding and complementary feeding especially the nutrition counsellors thus they were able to relate to those sessions.
- The group was quite energetic which was motivating for everyone.

Comments from Participants

- Participants said that this is the first training where they are being given in-depth knowledge on a topic. They said that it should be extended to 15 days.
- Few participants especially the Doctors said that they have attended many trainings but this is the first time they are being given an opportunity to practice side by side.
- Participants shared that the counselling skills if they can use in their everyday life would also improve their personality as well.
- All the participants said that after this training they feel confident that they can help mothers especially those who have problems related to breastfeeding.

Final Analysis of Pre and Post test questionnaire:-

| S.No. | Name | Pre test Score | Post Test Score |
|-------|-------------------------|----------------|-----------------|
| 1. | Nisha Mary Thomas | 16 | 27 |
| 2. | Telen kikim kom | 8 | 11 |
| 3. | Rubana Aushaq | 12 | 25 |
| 4. | Kalpana saini | 13 | 22 |
| 5. | Victoria C. Kumar | 20 | 30 |
| 6. | Avneet Kaur Brar | 17 | 29 |
| 7. | Jisbel Maria Jose | 15 | 26 |
| 8. | Dr. Anita Pandit | 21 | 29 |
| 9. | Sujata | 20 | 30 |
| 10. | Dr. Shweta Lukhmana | 20 | 27 |
| 11. | Dr. Naushaba Nazneen | 23 | 27 |
| 12. | Shipali Kapoor | 22 | 32 |
| 13. | Dr. Arun Kumar | 17 | 22 |
| 14. | Vasundhara Bijalwan | 23 | 32 |
| 15. | Richa Bisht | 24 | 29 |
| 16. | Priyanka Khanna | 18 | 29 |
| 17. | Nikita Gahlot | 9 | 16 |
| 18. | Asha Nayak | 19 | 29 |
| 19. | Aisha Siddiqua | 14 | 25 |
| 20. | Shiva Gupta | 13 | 12 |
| 21. | Dr. Divya Khetripal | 22 | 27 |
| 22. | Priti Kumari | 13 | 18 |
| 23. | Balram Jadhav | 18 | 18 |
| | Total Score | 397 | 572 |
| | Total Percentage | 52.3% | 75.3% |

The pre and post test analysis revealed that there was a significant increase in the knowledge of the trainees after the training was over. A detailed analysis of the questionnaire and responses is given above. Some highlighted columns shows that there was not a big difference in knowledge of the participants as per the pre and post test score.

Glimpses of the Training

