



# Report

Training of National Trainers on Infant and Young Child Feeding Counseling & Lactation Management: The '4 in 1' Training Course





19 Aug – 1 Sep 2019 Delhi

## **Breastfeeding Promotion Network of India**

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### Training of National Trainers on Infant and Young Child Feeding Counselling & Lactation Management: The '4 in 1' Training Course

August 19 - September 1,2019

**Organized by:** BPNI in collaboration with Swami

Dayanand Hospital

Supported by: UNICEF India

Course Director: Dr. M.M.A. Faridi

Co - Course Director: Dr. Surinder Bisht

and Dr. Anita Gupta

#### Background

Optimal breastfeeding practices contributes significantly in reduction of infant and young child mortality and malnutrition. These crucial practices include the starting of breastfeeding within one hour of birth, practicing exclusive breastfeeding for the first six months and appropriate and adequate complementary feeding after six months along with continued breastfeeding for two years or beyond.

Even though breastfeeding is a natural act, breastfeeding is also a learned behaviour. Virtually all mothers can breastfeed provided they have accurate information, and **counselling support** within their families and communities and from the health care system. They should also have access to **skilled practical help** from, for example, **trained health workers**, who can help to build mothers' confidence, improve feeding technique, and prevent or resolve breastfeeding problems

Ministry of Health and Family welfare, Government of India launched a national programme for supporting breastfeeding named Mother's Absolute Affection (MAA) in 2016. One of the major components of the programme is capacity building of the health care providers like ANMs, nurses and doctors. Breastfeeding Promotion Network of India (BPNI) and UNICEF, India came together to support governments of four states, Bihar, Chhattisgarh, Jharkhand and Rajasthan for effective implementation of the MAA programme, including training of health care providers in these states.

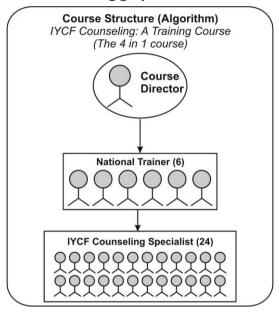
Under this alliance, Breastfeeding Promotion Network of India (BPNI) in collaboration with Swami Dayanand Hospital, organized a training of national trainers (Master trainers) along with a training of counselling specialists was organized in the month of August –September 2019 at Park Plaza hotel, Delhi. Clinical practice sessions were held at Swami Dayanand Hospital, in CBD Dilshad Garden. This is a brief report of the training workshop.

#### **BPNI's 4-in-1 training programme**

BPNI's '4 in 1' cascade training programme is updated and adapted version of WHO/UNICEF trainings on IYCF. It has four components, namely, breastfeeding, complementary feeding, HIV and infant feeding and growth monitoring. Using this training programme, BPNI has trained about 200 national (master) trainers out of which 25 are from other countries. The program has been introduced in 17 states, of India creating a pool of more than 1300 counselling specialists, more

than 2000 middle level trainers for the training of frontline workers and building capacity of more than 45000 health and nutrition care staff of National Health Mission (NHM) and Integrated Child Development Scheme (ICDS).

#### **Cascade training graphic**



#### National Trainers (NT) and Counselling Specialist (CS) guidelines

Criteria and guidelines for a course for preparation of national trainers

Title	"National Trainer" Infant and Young Child Feeding Counselling& Lactation Management
Aim	To prepare National Trainer who can transfer knowledge and training skills on IYCF to all health professionals and child care workers.
Interest and commitment	Protecting, promoting and supporting breastfeeding. Interested to provide time to conduct future training
Who can do it	Preferably senior members in medical colleges (Pediatrics/Oby/Gynae and Preventive & Social medicine), nursing colleges, nutrition colleges etc.
Duration of training (13 days)	<ul> <li>Participate in the 6 days course "Preparation of Trainers",</li> <li>Conduct a 7 –day (51 hrs) training course "Infant and Young Child Feeding Counselling: the 4 in 1 course" including5 x 2 hr clinical training in hospitals for IYCF Counselling Specialist under supervision of BPNI's Course Director for Infant and Young Child Feeding Counselling Specialist</li> </ul>
Competence after receiving training	<ul> <li>Able to Conduct:</li> <li>The 7- day IYCF Counselling – A Training Course: The 4 in 1 to develop Infant and Young Child Feeding Counselling Specialist,</li> <li>A 7-day course on IYCF for developing Middle Level Trainers for frontline workers</li> <li>4- days IYCF training course for Frontline workers/family counsellors</li> <li>The 5-day training course Infant feeding and HIV Counselling for PPTCT counselors/doctors &amp; nurses</li> <li>Able to set up an IYCF Counselling Support Centre</li> </ul>
тот	4-6 National Trainers can be trained by one Course Director
Place of Training	It should be held in a Medical College/hospital setting where 40-50 mothers-baby pairs are available for counselling sessions.

## Criteria and guidelines for a course for preparation of IYCF Counselling & Lactation Management Specialist

Title	We first and Very Child Feeding Councilians I has been a Management Constitution
Title	"Infant and Young Child Feeding Counselling& Lactation Management Specialist"
Aim	To prepare health care providers with knowledge and appropriate counselling skills on infant and young child feeding to manage IYCF counselling center.
Interest and commitment	Protecting, promoting and supporting breastfeeding and complementary feeding. Help for solving mother's problems.
Who can do it	Doctors, staff nurses, graduates in nutrition, science, dietetics, home science, social work etc.
Duration of training (7days)	7 days (51 Hours) including 5 X 2 hours clinical practice in hospital.
Competence after receiving training	<ul> <li>Able to:         <ul> <li>Provide individual counselling on breastfeeding, complementary feeding HIV and Infant Feeding</li> <li>Initiate setting up a infant and young child feeding counselling center</li> <li>Provide referral level support</li> <li>Advocacy on IYCF</li> <li>Monitor IYCF programme and IMS Act.</li> </ul> </li> </ul>
Future potential	Can become National Trainer after undergoing 13 days training in IYCF.
Training	4 National Trainers will train 24 infant and young child feeding counselling specialists in one training session.
Training Material	<ol> <li>Participants Manual</li> <li>Counselling guide for mothers on IYCF</li> <li>*To be obtained from BPNI head quarter, Delhi on payment</li> </ol>
Place of Training	It should be held in medical college/hospital setting where 40-50 mothers-baby pairs are available for counselling sessions.

#### Objectives of the Training Workshop in Delhi

Objectives of the training workshop were as follows:

- 1. To develop six master trainers of IYCF counselling course- an integrated 4-in-1 course for the states of Delhi, Jharkhand, Gujarat and West Bengal.
- 2. To train 19 IYCF counselling specialists from the hospitals in the Delhi, Uttar Pradesh and Haryana.

#### **Training Methodology**

The T-O-T with 4-in-1 integrated course on breastfeeding, complementary feeding and HIV & infant feeding and lactation was completed in 13 working days in two phases. It was organized at Hotel Park Plaza, Shahdara and clinical practice session were held at maternity and pediatric services of Swami Dayanand Hospital, Shahdara.

**Phase-I**, referred to as Preparatory Phase, lasted for 6 days. Dr. M.M.A. Faridi, the course director, explained the objectives of the course, training methodology and training tools to the participants (master trainees) in this phase. The course director also explained to them differences about teaching and training, principles of adult learning and attributes of organizing such training. He

then prepared them to take different interactive sessions like power point presentations, demonstrations, role plays, written exercises, practice classes, clinical bed side working with the mothers in the wards and OPD, preparation of replacement feed and semi solid food meal in order to achieve the above objectives. Use of training tools and mother counselling flip chart were explained. The course director asked master trainees to present some of the sessions before other participants. The master trainees themselves posing as 'health worker and mother' did the role-plays. The course director observed and facilitated their learning by giving them feedback and correcting mistakes. The course director also led them to the hospital facilities and taught them methodology of organizing clinical practice sessions. On the last day of phase-I, administrative and managerial responsibilities were given to each master trainee for smooth conduct of the T-O-T phase-II. This helped them in understanding real issues of logistics in organizing such trainings in future.

**Phase-II**, called Consolidation Phase, in which master trainees got an opportunity to train IYCF counselling specialists for 7 days and sharpen their training and counselling skills under the supervision of the course director. During this phase, master trainees presented sessions allotted to them. Each of them led a group of 4-5 IYCF counselling specialists for group work, demonstration, practice sessions and bedside training. In the trainers' meeting held at the end of the day, course director discussed the proceedings of the day, gave feedback and gave inputs for improving the session in future. This provided master trainee a firsthand opportunity to train participants and to build confidence for future endeavors. In the commencing ceremony, Dr. Anand Aggarwal, HOD Pediatrics, Swami Dayanand Hospital and Dr. Rajni Kherwal, medical superintendent, Swami Dayanand Hospital addressed the trainees and felicitated them with participation certificates.

Timetable used for the training is available at Annexure 1 & 2.

The training was conducted with the help of the following tools and materials.

#### Training modules:

- o Trainer's Guide
- Participant's Manual
- Counselling Flip Charts

#### • Training tools:

- Doll and breast model
- Cup, spoon, bowl, feeding bottle, pacifier
- Breast pump, syringe pump
- Weighing scale, infantometer, measuring tape
- Infant formula, Infant foods

#### • Training aids:

- PowerPoint for didactic lectures
- Videos

#### Printed forms

- o Pre/ Post Test
- o Breastfeeding Observation Form
- Skills Checklist
- o Breastfeeding History Form
- Dietary Recall Form
- Spoon Consistency Photograph
- o HIV Feeding Option Cards
- Growth Charts
  - Weight for Age (Boys) 0-2 years WHO Growth Chart
  - Weight for Age (Girls) 0-2 years WHO Growth Chart
  - Length/ Height for Age (Boys) 0-2 years WHO Growth Chart
  - Length/ Height for Age (Girls) 0-2 years WHO Growth Chart
  - Weight for Length (Boys) 0-2 years WHO Growth Chart
  - Weight for Length (Girls) 0-2 years WHO Growth Chart
- Clinical Practice discussion checklist
- Clinical Practice Progress Form
- History Practice Stories (Session 18)
- o Counselling Skills in HIV Positive Mothers (Session 24)
- Counselling Practice BF and CF (Session 32)
- o Answer Sheets (Session 5, 7, 12, 15, 27, 28, 29, 37)
- Clinical Competency forms
- Training Evaluation Forms

#### • Audio Visuals and others:

- o Projector
- o Projection Screen
- o Laptop
- Mike/Sound System
- White writing boards with Stands

#### • Training Kit:

- o Bag
- Name Tag
- Writing Pad
- o Pen
- o Pencil
- o Eraser
- Sharpener

#### Participants in the National trainers training

Following trainees were trained as the national trainers:

- 1. Dr. Prakash D. Vaishnav (Gujarat)
- 2. Dr Neena Ghose (West Bengal)
- 3. Dr Nilesh Thakor (Gujarat)
- 4. Dr. Dipta Kanti Mukhopadhyay (West Bengal)
- 5. Dr. S R Dangi (Jharkhand)
- 6. Ms. Nupur Bidla (Delhi)

All the 6 national Trainers performed satisfactorily. Dr. Neena Ghose and Dr. Dipta Kanti Mukhopadhyay can be considered for course director position in future. Dr. Nilesh is a good orator and can be utilized for future trainings.

#### Training of counselling specialists and middle level trainers

Training during phase II included 19 participants (See the list in Annexure 3). All the sessions during this phase were taken by the trainees of national trainer's training, which included didactic lectures, visit to postnatal wards, neonatal unit, pediatric OPD & ward, labour room, antenatal Clinic and PPTCT center for the clinical practice sessions.

English as a language of instructions posed a barrier. Trainers tried to teach them in Hindi and provided them some materials in Hindi. Most of the participants are already involved in counselling women for family planning and could be a good human resource for IYCF counselling.

#### Clinical skill competency and future commitments of the participants

Most of participants and trainers scored high in assessment of clinical skill competency. They were able to counsel mothers in different situations. They committed to counsel mothers at their work place, train frontline workers and middle level trainers and faculty. However, they need logistic support to open IYCF counselling centers for effective counselling services.

State should initiate a plan to train all hospital workers to make hospitals baby friendly and to monitor IMS act. Trainers were ready to train frontline workers. State should roll out training of all frontline workers for 4 days throughout state under the MAA programme.

#### **Pre and Post Test**

Before starting the training of the counseling specialists, a pre-test was taken. Same questionnaire was used to do a post-test. The questionnaire contained questions about the knowledge, attitude and practices of the trainees about the infant and young child feeding. (See annexure-4) Knowledge on different areas of IYCF were evaluated in pre and post-test. Following is the table showing the % of participants who answered correctly in pre-test and post-test as well as % increase in the score. There was a marked improvement in the scores in each area of knowledge.

S.No.	Questions Pertaining To	Correct Responses N=19		
		Pre-test (%)	Post-test (%)	% Increase in the score
1.	Knowledge about optimal infant and young child feeding practices	68	89	21
2.	Benefits of breastfeeding mother	21	79	58
3.	Composition of breastmilk	47	68	21
4.	Composition of Cow's Milk	26	42	16
5.	Dangers of pre lacteal feeds	58	89	31
6.	Duration of breastfeeding	53	100	47
7.	Functions of Oxytocin reflex	42	63	21
8.	Key for enhancing breastmilk production	5	84	79
9.	Sign of good attachment	42	79	37
10.	Causes of sore nipples	74	100	26
11.	Practical help for engorged breasts	79	89	10
12.	Reliable sign of enough milk being received by baby	16	89	73
13.	Calorie requirement of a lactating mother	37	74	37
14.	Effect of mother's Nutritional status on breastmilk production	21	84	63
15.	Size of breasts and its effect on milk production	89	100	11
16.	Storage of expressed breast milk	37	84	47
17.	Questions Regarding IMS (Infant Milk Substitute) Act	46	67	21
18.	Appropriate age of starting complementary foods	47	95	48
19.	Number of meals does a child need in a day	16	79	63
20.	Feeding a low birth weight baby	53	95	42
21.	HIV Transmission from mother to child	7	70	63
22.	HIV transmission reduction from MCT	26	63	37
23.	Factor affecting Prolactin reflex	63	89	26
24.	Factors affecting oxytocin reflex	58	89	31
25.	The Growth Chart used in NRHM/ ICDS has How many curves	37	89	52
26.	Which indices are used for Growth Monitoring	84	95	11
27.	A Child who is shorter than expected age	47	74	27

#### **GLIMPSES OF THE TRAINING**



Dr. Faridi, the Course Director in Classroom Sessions



**Feeding Technique Demonstration** 



Teaching through role play



National Trainers with the Co-course Director Dr. Surinder Bisht



Demonstration of breastfeeding technique after caesarian birth



**Clinical Practice Sessions in Hospital** 



**Group Learning Exercise** 



**Valedictory Function** 







**Group Activity: Preparation of Age Appropriate Complementary food** 

#### TIMETABLE FOR A COURSE FOR PREPARATION OF NATIONAL TRAINERS

Infant and Young Child Feeding Counselling and Lactation Management: A training course (The 4 in 1 Course)

(an Integrated Course on Breastfeeding, Complementary feeding, Infant Feeding & HIV and Growth Monitoring- Counselling)

**Duration: 13 Days** (Part I – 6 days)

Time	Day 1 (19 Aug)	Day 2 (20 Aug)	Day 3 (21 Aug)	Day 4 (22 Aug)	Day 5 (23 Aug)	Day 6 (24 Aug)
0900-	Introduction of	Listening and	Positioning baby at	Expression	Hospital practices	Sustaining
0930	trainees and	learning	the breast (10)	breastmilk (21)	and	optimal infant &
0930-	Introduction to the	(6)			BFHI (8)	young child
1000	course material					feeding (33)
	and training skills					
1000-	Tea	Tea	Tea	Tea		Tea
1030					Tea	
1030-	Visit to hospital-	Preparation for	Preparation of	Preparation of	Preparation of	Preparation of
1100	place	clinical practice	clinical practice II	clinical	clinical	clinical practice V
1100-	of clinical practice			Practice III	Practice IV	
1130	Introduction of the	Clinical practice I	Clinical practice II			Clinical practice V
1130-	training skills	(OBG ward)	(OBG ward)	Clinical practice III	Clinical practice IV	(Ped OPD)
1200				(OBG ward+NICU)	(OBG ward, NICU	
1200-	Why optimal infant				&Ped ward)	
1230	and young child					
1230-	feeding (1)	Listening and	Building confidence	Breastfeeding During	Overview of infant	Growth
1300		learning exercises	exercises (12)	Emergencies	feeding and HIV	Monitoring and
		(7)			(19)	Measuring (40)
1300-				Lunch		Growth
1330						Monitoring by
						Growth charts
						(41)
						Measuring
						Growth: Taking
						Action (42)
						(12)
1330-	Lunch	Lunch	Lunch	Complementary	Lunch	Lunch
1400				feeding – foods to fill		
1400-	Production and	Building	Taking a	the nutrient gap (26)	History Practice	Nutrition of
1430	intake of	confidence,	breastfeeding		(18)	Lactating
1430-	breastmilk (3)	giving support and	history (17)	Quantity variety and	. ,	Mothers & their
1500	, ,	checking	, , ,	frequency of		Fertility (35)
		understanding (11)		complementary		, , ,
1500-	Assessing a	Breast conditions	Refusal to	feeds and	Replacement	Refusal to
1530	breastfeed (4)	(14)	breastfeed and	demonstration	feeding in the first	breastfeed,
		(- ')	crying (16)	(27)	six months (20)	Crying and not
1530-			7 0 ( -7	Tea	Preparation of milk	enough milk
1600				100	feeds	exercises (23)
1600-	Tea	Tea	Tea	Feeding techniques,	1	Tea
1630				Strategies and Food	Tea	
1630-	Observing	Breast conditions	Not enough milk	Hygiene (30)		Increase
1700	breastfeeding (5)	exercise (15)	(22)	11/8/6/16 (30)		Breastmilk &
1700-	breastreeding (5)	CVELCISE (T2)	(22)		Counselling	Relactation (25)
					_	Nelactation (23)
1730	Local City ation (2)	Droostfoodinabi	Droostfooding law	Fooding Decrine	Practice (BF & CF)	
1730-	Local Situation (2)	Breastfeeding by	Breastfeeding low	Feeding During	using counselling	
1800	4	Working Mothers	birth weight babies	illness & recovery	stories	
1800-		(36)	& sick babies (24)	(32)	IMS Act (37)	
1830					1	ĺ

TIMETABLE FOR TRAINING OF INFANT AND YOUNG CHILD FEEDING COUNSELLING& LACTATION MANAGEMENT SPECIALIST Infant and Young Child Feeding Counselling: A training course (The 4 in 1 Course) (an Integrated Course on Breastfeeding, Complementary feeding, Infant Feeding & HIV and Growth Monitoring- Counselling)

**Duration: 13 Days** (Part II – 7 days)

Time	Day 1 (26 Aug)	Day 2 (27 Aug)	Day 3 (28 Aug)	Day 4 (29 Aug)	Day 5 (30 Aug)	Day 6 (31 Aug)	Day 7 (1 Sep)
0900- 0930	Registration and Pre- test	Listening and learning exercises (7)	Positioning baby at the breast (10)	Expression of breastmilk (21)	Hospital practices and BFHI (8)	Growth Monitoring and Measuring (40)	Sustaining optimal infant and young child feeding (33)
0930- 1000	Introduction of participants and introduction to course material					Growth Monitoring by Growth charts (41) Measuring Growth: Taking Action (42)	
1000- 1030 1030- 1100	IYCF Counselling& Support Centre	Breast conditions (14)	Breast condition exercise (15)	History Practice (18)	Feeding during Emergencies	Counselling practice	Breastfeeding low birth weight babies and sick babies (24)
1100- 1130	Теа	Preparation for Clinical practice I Tea	Preparation for Clinical practice II Tea	Preparation for Clinical practice III Tea	Preparation for Clinical practice IV Tea	Preparation for Clinical practice V Tea	Теа
1130- 1230	Why optimal infant and young child feeding (1)	Clinical Practice I Listening and learning & Assessing breastfeed	Clinical Practice II Building confidence, giving support and checking	Clinical Practice III  Taking feeding history	Clinical Practice IV  Counselling mothers in different	Clinical Practice V  Complementary feeding	Increasing breast milk and relactation (25)
1230- 1330	Production and intake of breastmilk (3)		understanding Positioning baby at the breast		situations and filling dietary recall form		Nutrition of lactating mothers and their health and Fertility (35)
1330- 1400	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1400- 1500	Assessing a breastfeed (4)	Building confidence, giving support and checking understanding (11)	Refusal to breastfeed and crying (16)	Complementary feeding-foods to fill the Nutrient gap (26)	Overview of HIV and infant feeding (19)	Feeding during Illness and Recovery (32)	Post test, Assessing and changing practices, individual future plan - presentation from participants
1500- 1600	Observing breastfeeding (5)	Building confidence and giving support exercise (12)	Not enough milk refusal to breastfeed and crying exercises (23)	Quantity variety and frequency of complementary feeding & preparation of complementary feeds (27)	Breastfeeding option for HIV +ve mothers	IMS Act (37)	Valedictory
1600- 1630	Tea	Tea	Tea	Tea	<b>Tea</b> Replacement	Теа	
1630- 1700 1700- 1730	Listening and Learning (6)	Not enough milk (22)	Taking a feeding history (17)	Feeding techniques and strategies (30)	feeding in the first 6 months (20) Preparation of Milk	Breastfeeding by Working Mothers (36)	
1730- 1800	Trainers meeting	Trainers meeting	Local IYCF situations	Trainers meeting	Feeds	Trainers meeting	

#### List of participants

S.No.	Name	Designation/Organisation	Address	Email
	COURSE			
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	Dr. Anita Gupta	Chief Medical Officer	UCMS & GTB	anitagupta58@gmail.com
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		Department of	Dilshad Garden	
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	NATIONAL			
	TRAINER			
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	PARTICIPANTS			
1.	Ms. Mini Francis	POPD, NDG Officer	D.A.5c, LIG flats,	minifrancis@gmail.com
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3.	Ms Manita	Staff Nurse (Senior	W/O Rinku S/o	
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#### PRE/ POST TEST FOR IYCF COUNSELLING SPECIALISTS

Name:_	Date:
1.	<ul> <li>Optimal IYCF practices does not include which of the following?</li> <li>Initiation of Breastfeeding within an hour after birth.</li> <li>Exclusive Breastfeeding for the first six months of life.</li> <li>Complementary feeding with nutritionally adequate and safe food after completion of 6 months.</li> <li>Continued breastfeeding for up to 2 years of age and beyond.</li> <li>Starting water at 4 months of age.</li> </ul>
2.	numerate 4 benefits of breastfeeding for the mother?
3.	Vith reference to composition of breastmilk which of the following statement is not true?  It contains many anti-infective substances  It is rich in lactose  Major protein fraction is whey proteins  Foremilk is rich in fats
4.	Vhich of the following statement about cow's milk is not true?  It is low in cystein  It is too high in protein  It contains lipase  It does not have appropriate calcium/ phosphorus ratio
5.	Pangers of pre-lacteal feeds are  Infection  Development of allergies  Lack of desire to suck  All of the above  None of the above
6.	he duration of the breastfeeding should be ) 5 minutes ) 10 minutes ) 20 minutes ) As long as the baby wants
7.	Oxytocin Reflex is responsible for  ) Milk secretion in the breasts  ) Milk flow from the breasts  ) Composition of the breast milk

d) None of the above

8.	The key for more breast milk production is
9.	What are the 4 signs of good attachment?  1.  2.  3.  4.
10.	Which one of these is a common cause for sore nipple?  a) Unclean breasts  b) Poor suckling position of the baby  c) Prolonged feeding  d) None of the above
11.	What can help a lactating mother having an engorged breast?  (a) Expression of milk  (b) Hot & cold Pack  (c) Frequent suckling by a child  (d) All of the above
12.	Give two reliable signs which show that the baby is getting enough breast milk till the age of Six months?  a)  b)
13.	How much more calories are required by a mother during the lactating period? a) 400 Calories b) 500 Calories c) 600 Calories d) 700 Calories
14.	State the following statements as True or False  Mother's mild/ moderate malnutrition affects breast milk production.  True False
15.	Size of the breasts affects the amount of milk production?  True False
16.	Expressed breast milk can be stored at room temperature for how many hours?
17.	Questions regarding IMS (Infant Milk Substitute) Act? (Please tick the correct answer)  (a) The IMS Act bans the use of infant formula and feeding bottles.  Yes  No
	(b) IMS Act bans the advertisement of infant foods. Yes No
	(c) IMS Act bans supply of free samples of infant milk substitutes or infant food.  True False
18.	At what age should complementary feeding be started?

	<ul> <li>(a) 4<sup>th</sup> month.</li> <li>(b) 6<sup>th</sup> month.</li> <li>(c) After completion of six months.</li> <li>(d) Any of the above.</li> </ul>
19.	Along with breastfeeding how many meals does a one year old child need in a day?
20.	Give two methods how a low birth weight newborn baby can be fed? (a) (b)
21.	What is the percentage of transmission of HIV from mother to baby in the absence of any intervention?  (a) During Pregnancy
22. a) b) c) d) e)	How can transmission of HIV to children be reduced during feeding. (Tick all that apply) Use of ART/ARV to mothers during breastfeeding Practicing safe sex practices during breastfeeding period. Modified breastfeeding (heat treated expressed breast milk) Preventing and treating mastitis/ cracked nipples in the mother and oral lesions in the infant. Feeding the child with any other milk alongwith breast milk.
23.	Which of these factors negatively affects prolactin reflex?  a) Suckling of the baby  b) Bottle Feeding  c) Night Feeds  d) Expression of breast milk
24.	Which of these factors helps in oxytocin reflex?  a) Worry  b) Stress c) Pain d) Maternal Confidence
25.	Mother of one month old exclusively breastfed child, comes with a complaint that the child pulls up his legand cries a lot during the evening hours. She thinks that may be her breast milk is not enough for her child and the baby is always hungry. So she wants to add something extra. Baby's growth chart shows that his growth is going good according to the age.  What relevant information will you give to this mother?
26.	Which Indices can be used for Growth Monitoring  a) Weight for age  b) Weight for height  c) Height for age  d) All of the above
27.	A Child who is shorter than expected age is a) Underweight b) Wasted c) Stunted

d) Normal Growth