

Guidelines to provide counselling of women to improve breastfeeding and infant and young child feeding practices as a standard of care

(Adapted from WHO guidelines: Counselling of Women to Improve Breastfeeding Practices¹)

S.No.	Specifics	Recommendations
1.	Target audience	<ul style="list-style-type: none"> Breastfeeding counselling should be provided to all pregnant women and mothers with young children. It should also be a part of the disaster risk reduction strategies and should serve as a preparedness response during disasters.
2.	Anticipatory counselling	<ul style="list-style-type: none"> Breastfeeding counselling should anticipate and address important challenges and contexts for breastfeeding, especially in situations like return to work, first pregnancy, pregnancy with 2 or more babies, mental ill health, low birth weight, caesarian section delivery, humanitarian emergencies and breastfeeding in public.
3.	When	<ul style="list-style-type: none"> Breastfeeding counselling should be provided in both the antenatal and postnatal period and up to 24 months or longer. Counselling during pregnancy is very important to enable the mother to initiate breastfeeding within one hour of birth, stay together with the baby, and establish skin-to-skin contact, proper attachment and position to maintain breastfeeding. Counselling during the postnatal period helps in practicing and sustaining exclusive breastfeeding for the first six months, and continued breastfeeding along with complementary feeding after six months.
4.	Frequency	<ul style="list-style-type: none"> Breastfeeding counselling should be provided at least six times, and additionally as needed. The schedule may be, 1st-Antenatal, 2nd-immediately after birth within 2-3 days, 3rd- at 1-2 week after birth, 4th- at 3-4 month, 5th-at 6 months for CF and 6th-after 6 months. In addition, every 2-3 months from 6-24 months. The schedule may be aligned to the home visits in Home Based Newborn Care programme and Home Based Young Child Care programme.
5.	Mode	<ul style="list-style-type: none"> Breastfeeding counselling should be provided through face-to-face counselling. It may be complemented but NOT replaced by telephone counselling and /or other technologies.
6.	By whom	<ul style="list-style-type: none"> Appropriately trained health-care professionals and community-based lay and peer breastfeeding counsellors should provide Breastfeeding counselling as a continuum of care. A cascade training for skills and competence both in the health system and community along with supportive supervision is necessary. Lactation consultants or highly trained counsellors could play a role in supervision and helping mothers with heightened needs/intense counselling and support.