

STANDARD 12 Supporting the best possible nutrition

‘Health care providers, organizations and individual health workers, share a responsibility to advocate for children and to reduce the fear, anxiety and suffering of children and their families by ensuring that they support breastfeeding and the best possible nutrition for children.’

Supporting criteria

1. Lead health worker/s for giving support and advice about breastfeeding, feeding and nutrition using locally available foods

2. Systems of care and policies for:

- Protecting, promoting and supporting breastfeeding (*The WHO/UNICEF Baby Friendly Ten Steps to Successful Breastfeeding*).
- Assessing a child’s nutritional status to identify a malnourished child and a child who is not growing normally:
- Meeting each child’s nutritional needs, including, where necessary, giving micronutrient (vitamins and minerals) supplements and advice on special feeds and diets
- Ensuring safe food preparation and storage:
- The management of malnutrition, including providing enteral and parenteral feeding when appropriate.
- Outreach programs from the hospital to the community in managing and preventing malnutrition.

3. Support for breastfeeding is provided:

- In a maternity unit – the ‘Ten steps to successful breastfeeding’ have been implemented. Formal accreditation as a WHO/UNICEF Baby Friendly Hospital is the best possible level of practice if this is available in the country
- In the community – all systems of care are compatible with the Ten Steps to Successful Breastfeeding. Formal WHO/UNICEF baby Friendly accreditation is the best possible level of practice if this is available in the country
- In a health facility providing secondary care – support for breastfeeding for children attending or resident in a health facility, or their siblings, is compatible with the Ten Steps to Successful Breastfeeding’. Formal WHO/UNICEF baby Friendly accreditation is the best possible level of practice if if this is available in the country for paediatric wards

4. Other support for nutrition includes: in every health care environment enough safe drinking water for every child, parents/carer and health worker

Provision of the following medically indicated dietary supplements at no cost to parents/carers:

- Oral rehydration solutions, including ones appropriate for children with co-existing malnutrition
- Oral and parenteral micro-nutrient supplements
- Protein and energy supplements
- Special feeds and diets
- Usually (intravenous) parenteral fluids
- The oral preparations required for the management of malnutrition

And in a hospital or other residential healthcare facility also includes:

- Food security for children, pregnant women and breast feeding mothers
- A separate health worker/s to prepare food in dedicated clean areas
- The equipment to prepare and store food safely
- Supervision and assistance for a child who needs help with feeding

5. The use of guidelines and/or other job aides for:

- The nutritional composition of food
- Giving micronutrient supplementation
- Giving intravenous fluids
- Safe food preparation and storage
- Giving special dietary requirements
- Treating a child with severe malnutrition

Discussion

The term 'food' is used generically to describe all forms of "provided nourishment"

Under and over nutrition has a huge impact, not just on childhood survival, but also on the physical and psychosocial health of children and their health and survival as adults. The commonest global cause of death in the under fives is malnutrition, either alone or associated with diarrhoea, respiratory infections, measles, malaria, and HIV/AIDS. Children who fail to grow to their full potential in the first two years are unlikely ever to catch up (growth stunting). This stunting, which carries a later cost for adult health and quality of life, is still prevalent in many countries.

Under nutrition increases the severity and length of an illness and can cause apathy, depression and deterioration of social interaction. This is of particular significance in young children who would normally be developing their physical, social and other skills at a rapid rate. There is substantial evidence to show that under nutrition in young children, particularly in association with illness, leads to the stopping or slowing of development and even a loss of skills that may never be fully regained.

At the other end of the scale, largely in the developed countries, over-nutrition and childhood obesity are causing increasing health and quality of life problems.

Nutrition for a child begins ante-natally with attention to the mother's lifestyle and health during pregnancy. This is also a good time for health workers to give health education about breastfeeding and childcare as the quality of early nutrition is directly related to survival and later health. Following a recent review of the evidence, the recommendation of the Global Strategy on infant and young children feeding is: exclusive breastfeeding until six months of age followed by continued breastfeeding alongside complementary feeding up to two years of age.



Breastfeeding is best children's wards and follow the UNICEF/WHO Breastfeeding which are.

supported if maternity Units, community children's services Ten Steps to Successful

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff
2. Train all healthcare staff in the skills necessary to implement the breastfeeding policy
3. Inform all pregnant women about the benefits and management of breastfeeding
4. Help mothers initiate breastfeeding soon after birth
5. Show mothers how to breastfeed and maintain lactation even if they are separated from their babies
6. Give newborn no food or drink other than breastmilk, unless medically indicated
7. Practice rooming-in, allowing mothers and infants to remain together 24 hours a day
8. Encourage breastfeeding on demand
9. Give no artificial teats or dummies to breastfeeding infants
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

During the initiation of complementary feeding at or after six months of age, safe water, food security, food safety and hygienic preparation of appropriate foods are paramount. Best practice is to recommend and use foods that are locally available and suitable for the age and developmental level of the individual child.

To encourage an appetite in ill children, food also needs to taste good and be well presented. Parents/carers need to be responsive to the child's demand and pace of eating. An ill child may not have their normal appetite, or be able to eat the foods normally accepted. Avoiding further deterioration by encouraging and helping them to eat is a simple but important part of care that is often overlooked by health workers.

It is essential that during every health contact:

- The child's nutritional state is assessed, including evaluation of growth
- The child's nutritional needs are correspondingly assessed, particularly in early childhood and during an illness
- Advice is given to carers about:
 - How to meet the child's needs in a stimulating age-appropriate way using locally available foods that are affordable
 - Safe food preparation and storage
 - Feeding techniques.



Mothers preparing low-cost local nutritious foods for their children in the nutrition ward in a Ugandan Hospital

To gain the necessary skills to provide this nutritional care, all health workers need to learn about nutrition as part of their core and continuing training programs. Best practice is for this training to include learning about the management of lactation, a knowledge of what is meant by 'nutrition' and nutritional status, what is needed for children to grow and develop normally and how best to treat a child with severe malnutrition. It is also important to acquire the practical skills that will enable health workers to identify and help a child with a feeding difficulty.

Malnourished children need nutritional support. The simplest and most cost-effective nutritional support is to provide enough appropriate local food for each individual child. In occasional very severe cases, when appropriate, the use of enteral or parenteral nutrition needs consideration. Parenteral (IV) nutrition is only likely to be available in well-resourced health facilities and should only be used when there is gastro-intestinal failure and nutritional needs cannot be met via the gastro-intestinal tract.

To minimise the deaths of children from severe malnutrition it is essential that all health workers have received education/training in the management of severe malnutrition and follow the WHO recommended procedures. In the early stages of treatment the risk of dying is high, sometimes because the treatments and foods given are inappropriate, or associated dehydration, hypothermia, hypoglycaemia, infection and electrolyte imbalance are not correctly treated

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