Summary of frequency and quantity of meals:

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Amount of food and foods baby can pick up (finger foods)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 to 8 months</td>
<td>2-3 main meals per day plus breastfeeds.</td>
<td>Finger foods, e.g., banana, orange, mango, potato, sweet potato, cooked rice, chicken, milk, coffee, tea.</td>
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<tr>
<td>9 to 11 months</td>
<td>3-4 main meals plus snacks.</td>
<td>More food is offered, e.g., rice, lentils, fruits, vegetables, milk, tea.</td>
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<tr>
<td>12-23 months</td>
<td>3-4 main meals plus snacks.</td>
<td>Solid foods, e.g., pasta, meat, eggs, fruits, vegetables.</td>
</tr>
</tbody>
</table>

Tips for responsive feeding:
- Feed infants directly, let older children feed themselves and assist when needed.
- Feed slowly and patiently; encourage children to eat but not forced feed.
- If children refuse many foods, experiment with different foods, tastes, textures, and methods of encouragement.
- Minimize distractions during meals.
- Talk to children lovingly during feeding, keep eye to eye contact and try and make meal times interesting to the child.

Feeding time should be a pleasant experience. It need not be a battle between caregiver and child.

With increasing age (from around 9 months onwards), a child should be encouraged to eat finger foods and given the opportunity to gradually learn self-feeding so that the child is able to self-feed by the age of two years. Feeding the older infant and young child along with the other family members will provide learning opportunities for the child by allowing observation of adults and older siblings (who should act as role models) at meals while encouraging the child to self-feed and gain independence.

Feeding during illness:
A common cause for growth faltering in children appears to be the inappropriate feeding practices adopted by caregivers during illness and therefore, the need to pay a lot of attention to feeding a child during a period of illness which involves a considerable amount of patience as well. Encouraging an ill child who may or may not be having anorexia (loss of appetite), to eat and drink during illness will help them recover quickly and maintain a normal growth. Care should be taken to offer foods that the child likes, in small amounts and frequently while ensuring the intake of a variety of nutrient-rich foods with continued breastfeeding. Offering energy dense food is essential to an ill child which could be achieved by using oil, thick coconut milk in preparation of food which will also improve the taste and aroma as well. Extra food should be given during convalescence to help the child recover quickly, and continued for some time after recovery to aid the catch up growth in a child who developed growth faltering due to ill health.

KMC benefits
- Improved gastrointestinal function
- Higher initiation & duration of breastfeeding
- Reduces energy expenditure and milk production

KMC benefits
- Improved cardiovascular and respiratory stability
- Fewer episodes of desaturation and apnoea
- KMC can successfully treat mild respiratory disease
- Improved gastrointestinal function
- Higher initiation & duration of breastfeeding
- Reduces energy expenditure and satisfactory weight gain
- Protection against infections
- Decreased in infections in poorly equipped units but nowhere

The difference in growth rate between boys and girls is addressed in the CHDR by the inclusion of sex specific growth charts (in separate books for boys (in blue) and girls (in pink)) that are used for assessment and monitoring of growth (picture Sa, Sb & Sc).

Kangaroo Support
A newborn baby kangaroo is very immature at birth and very small in size. The mother kangaroo’s pouch provides warmth, safety and a constant supply of food (milk) to the baby.

KMC benefits
- Community setting
- Early discharge from hospital
- Early recovery of the newborn (faster weight gain, exclusive breastfeeding)
- Family can support in care of the baby
- Cost effective, safe mode of transportation eg. attending clinics
- Humanization of care (mother/father and infant contact is encouraged)

Benefits to the mother
- The mother’s confidence in caring for her infant is boosted.
- Improved bonding between mother and infant due to the physical closeness between them.
- Mothers are empowered to play an active role in their infants care
- Mothers are enabled to become the primary caregiver of their infants
- Breast feeding is promoted

Benefits to the Hospital
- Significant cost-savings as well as better outcomes
- Reduced dependence on incubators
- Critical requirements for the implementation for KMC
- Information and support to mothers
- Training of health personal – National and Midwifery basic training curriculum
- Introduction in the Essential Newborn Care Package
- Breast feeding and discharge policies
- Shorter hospital stay
- Improved morale & quality of care for better survival rates

KMC benefits
- Skilled persons available
- Basic equipment and supplies for the LBW newborns available
- But staff and equipment do not meet the need
- Suboptimal care > 1 baby per incubator, limited hygiene, inadequate thermal control, insufficient clinical surveillance and follow up, limited contact with mothers, exclusive breastfeeding insufficiently promoted

Even if health facilities have adequate human, material and financial resources for highly sophisticated neonatal care, which is rarely the case in developing countries, care is not usually complemented by humanization of care (growth in separated, formula feeding with bottle feeding)

The Child Health Development Record (CHDR):
The CHDR is the key document in the National Growth Monitoring and Promotion Programme for under five children, developed and issued by the Family Health Bureau of the Ministry of Health, Sri Lanka, which is a comprehensive health record for the use of children from birth until 18 years of age (see picture 6).

Kangaroo Mother Care: a cost effective intervention to manage low birth weight babies

Benefits to the baby
- Improved cardiovascular and respiratory stability
- Fewer episodes of desaturation and apnoea
- KMC can successfully treat mild respiratory disease
- Improved gastrointestinal function
- Higher initiation & duration of breastfeeding
- Reduced energy expenditure and satisfactory weight gain
- Protection against infections
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An increase in infections that have adequate evidence of effect on neonatal deaths. Also it has been shown that such interventions are highly cost effective if packaged and delivered within other programs and it is estimated that when these interventions reach 99% of women and babies, up to 72% of newborn deaths could be prevented.