**BACHELOR OF SCIENCE IN NURSING: COMMUNITY HEALTH NURSING**

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| **COURSE MODULE** | **COURSE UNIT** | **WEEK** |
| **CM2** | **CM2-CT5** | **11** |
| **NUTRITION, INFANT AND YOUNG CHILD FEEDING  AND ROOMING - IN AND BREASTFEEDING ACT OF 2002** |



* Read course and unit objectives
* Read study guide prior to class attendance
* Read required learning resources; refer to unit terminologies for jargons
* Proactively participate in classroom discussions
* Participate in weekly discussion board (Canvas) Answer and submit course unit tasks



At the end of this unit, the students are expected to:

Cognitive:

1. Define Nutrition, Infant and Young Child Feeding and Rooming - In and Breastfeeding Act of 2002
2. Identify the foods to give in Infant and Young Child.
3. Discuss the Filipino Food Pyramid

Affective:

* 1. Listen attentively during discussion.
	2. Demonstrate tact and respect when challenging other people’s opinion and idea

Psychomotor:

1. Take part in discussion and group activities.

2. Confidently express personal opinion about the topic.



Nursing Care of the Community “A comprehensive text on community and public health nursing in the Philippines” 1st Edition Zenaida Famorca

Nursing Practice in the Community 4th Edition Araceli Maglaya

Public Health Nursing in the Philippines 10th Edition National League of Philippine Government Nurses



**Nutrition**

**Definition**

Nutrition is a state of well-being achieved by eating the right food in every meal and the proper utilization of the nutrients by the body.

**Proper nutrition is important because:**

It helps in the development of the brain, especially during the first years of the child’s life.

It speeds up the growth and development of the body including the formation of teeth and bones

It helps fight infection and diseases

It speeds up the recovery of a sick person

It makes people happy and productive

Proper nutrition is eating a balanced diet in every meal

**Goal**

To improve the nutritional status, productivity and quality of life of the population thru adoption of desirable dietary practices and healthy lifestyle

**Objectives**

Increase food and dietary energy intake of the average Filipino

Prevent nutritional deficiency diseases and nutrition-related chronic degenerative diseases

Promote a healthy well-balanced diet

Promote food safety

**Balanced diet**

Balanced diet is made up of a combination of the 3 basic groups eaten in correct amounts. The grouping serves as a guide in selecting and planning everyday meals for the family.

**The Three (3) Basic Food Groups are:**

Body –building food which are rich in protein and needed by the body for: normal growth and repair of worn-out body tissues supplying additional energy fighting infections

Examples of protein-rich food are: fish; pork; chicken; beef; cheese; butter; kidney beans; mongo; peanuts; bean curd; shrimp; clams

**Energy-giving food** which are rich in carbohydrates and fats and needed by the body for:

providing enough energy to make the body strong

Examples of energy-giving food are: rice; corn; bread; cassava; sweet potato; banana; sugar cane; honey; lard; cooking oil; coconut milk; margarine; butter

**Body-regulating food** which are rich in Vitamins and minerals and needed by the body for:

normal development of the eyes, skin, hair, bones, and teeth increased protection against diseases

Examples of body-regulating food are: tisa; ripe papaya; mango; guava; yellow corn; banana; orange; squash; carrot

**Low Fat Tips**

1.Eat at least 3 meals/day

2.Eat more fruits, vegetables, grain and cereals e.g. rice, noodles and potato

3.If you use butter or margarine, pat it on thinly

4.Choose low fat substitute i.e. replace whole milk with skimmed milk, low fat cheese

5.Become a label reader. Look for foods that have less than 5 g /100 g of product

6.Eat less high fat snacks and take away potato chips, sausage rolls or breaded meats

7.Cut all visible fat from meat; remove skin from chicken fat drippings and cream sauces

8.Aim for thin palm-size serving of lean meat, poultry and fish/ meal

9.Grill, bake, steam, stew, stir –fry and microwave, try not to fry

10.Drink lots of water all day- it’s a food quencher

11.Ambulate:

a. Start by walking for 10 min.

b. Build up to 30-40 min/day

c. Go for 3-4 times / week of any exercise you enjoy

**Filipino Food Pyramid**

Drink lot- water, clear broth

Eat most – rice, root crops, corn, noodles, bread and cereals

Eat more – vegetables, green salads, fruits or juices

Eat some – fish, poultry, dry beans, nuts, eggs, lean meats, low fat dairy

Eat a little – fats, oils, sugar, salt

**IMPORTANT VITAMINS AND MINERALS**

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| **VITAMINS** | **FUNCTIONS** |
|  **Vitamin A** |  Maintain normal vision, skin health, bone and tooth growth reproduction and immune function; prevents xerophthalmia. Food sources: Breastmilk;poultry;eggs; liver;     meat;carrots;squash; papaya;mango;tiesa;     malunggay;kangkong; camotetops; ampalaya tops |
| **Thiamine** |  Help release energy from nutrients; support normal appetite and nerve function, prevent beri-beri. |
| **Riboflavin** |  Helps release energy from nutrients, support skin health, prevent deficiency manifested by cracks and redness at     corners of mouth; inflammation of the tongue and     dermatitis. |
| **Niacin** |  Help release energy from nutrients; support skin, nervous    and digestive system, prevents pellagra. |
|  **Biotin** |  Help energy and amino acid metabolism; help in the     synthesis of fat glycogen. |
| **Pantothenic** |  Help in energy metabolism. |
| **Folic acid** |  Help in the formation of DNA and new blood cells including    red blood cells; prevent anemia and some amino acids. |
|  **Vitamin B12** |  Help in the formation of the new cells; maintain nerve cells, assist in the metabolism of fatty acids and amino acids. |
|  **Vitamin C** |  Help in the formation of protein, collagen, bone, teeth     cartilage, skin and scar tissue; facilitate in the absorption of iron from the gastrointestinal tract; involve in amino acid     metabolism; increase resistance to infection, prevent     scurvy. Food sources:Guava;pomelo; lemon;orange; calamansi; tomato; cashew |
|  **Vitamin D** |  Help in the mineralization of bones by enhancing absorption   of calcium |
|  **Vitamin E** |  Strong anti-oxidant; help prevent arteriosclerosis; protect neuromuscular system; important for normal immune     function. |
|  **Vitamin K** |  Involve in the synthesis of blood clotting proteins and a     bone protein that regulates blood calcium level. |

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| **MINERALS** | **FUNCTIONS** |
| **Calcium** |  Mineralization of bones and teeth, regulator of many of the body’s biochemical processes, involve in blood clotting, muscle contraction and relaxation, nerve functioning, blood pressure and immune defenses. |
| **Chloride** |  Maintain normal fluid and electrolyte balance. |
|  **Chromium** |  Work with insulin and is required for release of energy from glucose. |
|  **Copper** |  Necessary for absorption and use of iron in the formation of hemoglobin. |
| **Fluoride** |  Involve in the formation of bones and teeth; prevents tooth decay. |
| **Iodine** |  As part of the two thyroid hormones, iodine regulates     growth, physical and mental development and metabolic     rate. Aids in the development of the brain and body     especially in unborn babies Food sources:Seaweeds; squids; shrimps; crabs; fermented     shrimp; mussels; snails; dried dilis ; fish |
|  Iron |  Essential in the formation of blood. It is involved in the     transport and storage of oxygen in the blood and is a     co-factor bound to several non-hemo enzymes required for the proper functioning of cells. Food sources:Pork; beef; chicken; liver and other internal organs; dried     dilis; shrimp; eggs; pechay; saluyot; alugbati |
|  Magnesium |  Mineralization of bones and teeth, building of proteins, normal muscle contraction, nerve impulse transmission, maintenance of teeth and functioning of immune system. |
|  Manganese |  Facilitate many cell processes. |
|  Molybdenum |  Facilitate many cell processes. |
|  Phosphorus |  Mineralization of bones and teeth; part of every Cell; used    in energy transfer and maintenance of acid-base balance. |
|  Selenium |  Work with vitamin E to protect body compound from     oxidation. |
|  Sodium |  Maintain normal fluid and electrolyte balance, assists nerve impulse insulin. |
|  Sulfur |  Integral part of vitamins, biotin and thiamine as well as the hormone. |
|  Zinc |  Essential for normal growth, development reproduction and immunity |

**INFANT AND YOUNG CHILD FEEDING (IYCF)**

A global strategy for Infant and Young Child Feeding (IYCF) was issued jointly by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) in 2002, to reverse the disturbing trends in infant and young child feeding practices. This global strategy was endorsed by the 55th World Health Assembly in May 2002 and by the UNICEF Executive Board in September 2002 respectively.

In 2004, infant and young child feeding practices were assessed using the WHO assessment protocol and rated poor to fair. Findings showed four out of ten newborns were initiated to breastfeeding within an hour after birth, three out of ten infants less than six months were exclusively breastfed and the median duration of breastfeeding was only thirteen months. The complementary feeding indicator was also rated as poor since only 57.9 percent of 6-9 months children received complementary foods while continuing to breastfed. The assessment also found out that complementary foods were introduced too early, at the age of less than two months. These poor practices needed urgent action and aggressive sustained interventions.

To address these problems on infant and young child feeding practices, the first National IYCF Plan of Action was formulated. It aimed to improve the nutritional status and health of children especially the under-three and consequently reduce infant and under-five mortality. Specifically, its objectives were to improve, protect and promote infant and young child feeding practices, increase political commitment at all levels, provide a supportive environment and ensure its sustainability. Figure 1 shows the identified key objectives, supportive strategies and key interventions to guide the overall implementation and evaluation of the 2005-2010 Plan of Action.

The main efforts were directed towards creating a supportive environment for appropriate IYCF practices. The approval of the National Plan of Action in 2005 helped the Department of Health (DOH) and its partners, in the development of the first (1st) National Policy on Infant and Young Child Feeding. Thus on May 23, 2005, Administrative Order (AO) 2005-0014: National Policies on IYCF was signed and endorsed by the Secretary of Health. The policy was intended to guide health workers and other concerned parties in ensuring the protection, promotion and support of exclusive breastfeeding and adequate and appropriate complementary feeding with continued breastfeeding.

**GUIDING PRINCIPLES**

**The IYCF Strategic Plan of Action upholds the following guiding principles:**

1. Children have the right to adequate nutrition and access to safe and nutritious food, and both are essential for fulfilling their right to the highest attainable standard of health.

2. Mothers and Infants form a biological and social unit and improved IYCF begins with ensuring the health and nutritional status of women.

3. Almost every woman can breastfeed provided they have accurate information and support from their families, communities and responsible health and non-health related institutions during critical settings and various circumstances including special and emergency situations.

4. The national and local government, development partners, non-government organizations, business sectors, professional groups, academe and other stakeholders acknowledges their responsibilities and form alliances and partnerships for improving IYCF with no conflict of interest.

5. Strengthened communication approaches focusing on behavioral and social change is essential for demand generation and community empowerment.

**GOAL, MAIN OBJECTIVE, OUTCOMES AND TARGETS**

**GOAL:**

Reduction of child mortality and morbidity through optimal feeding of infants and young children

**MAIN OBJECTIVE:**

To ensure and accelerate the promotion, protection and support of good IYCF practice

**OUTCOMES:**

**By 2016:**

90 percent of newborns are initiated to breastfeeding within one hour after birth;

70 percent of infants are exclusively breastfeed for the first 6 months of life; and

95 percent of infants are given timely adequate and safe complementary food starting at 6 months of age.

**TARGETS:**

By 2016:

* 50 percent of hospitals providing maternity and child health services are certified MBFHI;
* 60 percent of municipalities/cities have at least one functional IYCF support group;
* 50 percent of workplaces have lactation units and/or implementing nursing/lactation breaks;
* 100 percent of reported alleged Milk Code violations are acted upon and sanctions are implemented as appropriate;
* 100 percent of elementary, high school and tertiary schools are using the updated IYCF curricula including the inclusion of IYCF into the prescribed textbooks and teaching materials; and
* 100 percent of IYCF related emergency/disaster response and evacuation are compliant to the IFE guidelines

**STRATEGIES, PILLARS AND ACTION POINTS**

**STRATEGY1:  Partnerships   with NGO’s and  GOs in  the coordination and implementation of the IYCF Program**

1.1   Formalize partnerships with GOs and NGOs working on IYCF program coordination and implementation

a.   Strengthen the TWG to allow it to effectively coordinate the GOs and NGOs working for the IYCF Program

The national TWG will remain but will be strengthened. It shall be constituted by: NCDPC as Chair, FHO as secretariat and representatives   from NCDPC, FHO, NCHP, FDA, DJFMH, DSWD, CWC, NNC, ILO, WHO and UNICEF. This time, members of the TWG will be tasked to focus participation to the intervention setting where it is most relevant.

The TWG shall be reporting regularly to the Service Delivery Cluster Head.  At the Regional level, the Regional Coordinators from the above offices shall collaborate    in   the   implementation   of   the   IYCF Program.  To ensure that GO and NGO IYCF partners work together, the composition of the TWGs and AD Hoc committees shall be made up of representatives from the government and non-government sectors and the Ad Hoc Committees shall be chaired by the relevant agency where the intervention setting belongs.

**STRATEGY 2: Integration of key IYCF action points in the MNCHN Plan of Action/Strategy**

 2.1   Institutionalize   the IYCF monitoring and tracking system for national, regional and LGU levels

a.  Institutionalize the collection of PIR Data and generate annual performance report

The established IYCF data set that are being collected during PIRs shall be further reviewed, revised as appropriate and institutionalized through a Department Circular and in collaboration with the other programs in the FHO.

An IYCF Program annual performance report shall be generated at the end of every year based on the PIR data, the consolidated data from the unified monitoring and related data coming from research and studies as appropriate.   Reports on the performance of developmental activities shall be collected as part of the data base and to be reported as needed to the Service Delivery Cluster Head.

**STRATEGY 3: Harnessing the executive arm of government to implement and enforce the IYCF related legislations and regulations (EO 51, RA 7200 and RA 10028)**

3.1 Consultation mechanism with the IAC and DOJ for the enforcement of the Milk Code and with other relevant GOs for other IYCF related legislations and regulations

a.  Devise and implement a consultation mechanism to bring together the IAC, DOJ and other relevant GOs for IYCF related legislations and regulations

The Committee for Industry Regulation shall devise and implement a consultation mechanism to facilitate the implementation and enforcement of IYCF related laws and regulations. This will require participation of higher levels of authority in the GOs.

The goal of the consultation mechanisms is to develop activities that  will focus on facilitating  the process of monitoring  of compliance  and  enforcement  of IYCF related  laws and regulations  not only at  the national level but also at regional and local levels and in the five IYCF intervention settings.

**STRATEGY 4: Intensified focused activities to create an environment supportive to IYCF practices**

4.1 Modeling the MBF system in the key intervention settings in selected regions

a.  Set up Models of MBFHI and MNCHN implementation in key strategic hospitals and referral networks

Regional   Hospitals   and   selected   private   hospitals shall be developed as models of MBFHI and MNCHN implementation to help create an impact and to serve as showcases for other health facilities.

If these hospitals are currently training facilities for obstetrics   and   pediatrics   residency   program, the MBFHI environment will certainly add value to the training.

An itinerant team will facilitate the development of the hospital models. The team will be composed of an Obstetrician with training/background on MNCHN, Pediatrician with training/background on Lactation Management/Essential Newborn Care, Nurse trainer for breastfeeding counseling, Senior IYCF Program person with administrative background who can deal with arrangements   and coordination with hospitals and local governments and who can  be  a  trainer and an administrative  assistant  who will facilitate administrative   matters.  The team will facilitate the activities leading to the organization and maintenance of the MBFHI in the hospitals. This shall include planning, setting   up   of   operational    details   and physical structures when needed, training/coaching of personnel, keeping records and completing reports and self-assessment.

**STRATEGY 5:  Engaging the Private Sector and International Organizations to raise funds for the scaling up and support of the IYCF program**

5.2 Setting up of a fund-raising mechanism for IYCF with the participation of International   Organizations and the Private Sector

a.  Set-up the fund-raising mechanism

The development and sustainability of IYCF activities partly depends on the availability of resources. At the national level, where many developmental activities will take place, the regular   sources of funds are not sufficient. At the local levels, the poorer more problematic areas have the least resources to promote, protect and support good IYCF practices.  It is critical for the IYCF Program   to determine   and actively source budgetary and other resource requirements. The availability   of resources   will guide the scale and prioritization of IYCF activities in the annual operational planning.

**REPUBLIC ACT 7600: THE ROOMING-IN AND BREAST-FEEDING ACT OF 1992**

**AN ACT PROVIDING INCENTIVES TO ALL GOVERNMENT AND PRIVATE HEALTH INSTITUTIONS WITH ROOMING-IN AND BREASTFEEDING PRACTICES AND FOR OTHER PURPOSES**

**SECTION 1.    Title.** — This Act shall be known as **“The Rooming-In and Breast-feeding Act of 1992”.**

**SECTION 2.    Declaration of Policy.** — The State adopts rooming-in as a national policy to encourage, protect and support the practice of breast-feeding.  It shall create an environment where basic physical, emotional, and psychological needs of mothers and infants are fulfilled through the practice of rooming-in and breast-feeding.

Breast-feeding has distinct advantages which benefit the infant and the mother, including the hospital and the country that adopt its practice.  It is the first preventive health measure that can be given to the child at birth. It also enhances mother-infant relationship.  Furthermore, the practice of breast-feeding could save the country valuable foreign exchange that may otherwise be used for milk importation.

Breastmilk is the best food since it contains essential nutrients completely suitable for the infant’s needs.  It is also nature’s first immunization, enabling the infant to fight potential serious infection.  It contains growth factors that enhance the maturation of an infant’s organ systems.

**SECTION 3.    Definition of Terms.**— For purposes of this Act, the following definitions are adopted:

a)   **Age of gestation** — the length of time the fetus is inside the mother’s womb.

b)   **Bottlefeeding** — the method of feeding an infant using a bottle with artificial nipples, the contents of which can be any type of fluid.

c)    **Breast-feeding** — the method of feeding an infant directly from the human breast.

d)   **Breastmilk** — the human milk from a mother.

e)    **Expressed breastmilk** — the human milk which has been extracted from the breast by hand or by breast pump.  It can be fed to an infant using a dropper, a nasogatric tube, a cup and spoon, or a bottle.

f)    **Formula feeding**— the feeding of a newborn with infant formula usually by bottlefeeding.  It is also called artificial feeding.

g)    **Health institutions** — are hospitals, health infirmaries, health centers, lying-in centers, or puericulture centers with obstetrical and pediatric services.

h)    **Health personnel** — are professionals and workers who manage and/or administer the entire operations of health institutions and/or who are involved in providing maternal and child health services.

i) **Infant**— a child within zero (0) to twelve (12) months of age.

j)   **Infant formula** — the breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to six (6) months of age, and adopted to their physiological characteristics.

k)    Lactation management — the general care of a mother-infant nursing couple during the mother’s prenatal, immediate postpartum and postnatal periods.  It deals with educating and providing knowledge and information to pregnant and lactating mothers on the advantages of breast-feeding, the physiology of lactation, the establishment and maintenance of lactation, the proper care of the breasts and nipples, and such other matters that would contribute to successful breast-feeding.

l)   **Low birth weight infant** — a newborn weighing less than two thousand five hundred (2,500) grams at birth.

m)  **Mother’s milk**— the breastmilk from the newborn’s own mother.

n)    **Rooming-in**— the practice of placing the newborn in the same room as the mother right after delivery up to discharge to facilitate mother-infant bonding and initiate breast-feeding.  The infant may either share the mother’s bed or be placed in a crib beside the mother.

o)    **Seriously ill mothers**— are those who are:  with severe infections; in shock; in severe cardiac or respiratory distress; or dying; or those with other conditions that may be determined by the attending physician as serious.

p)   **Wet-nursing**— the feeding of a newborn from another mother’s breast when his/her own mother cannot breast-feed.

**CHAPTER I
Rooming-in and Breast-Feeding of Infants**

**SECTION 4.    Applicability.**— The provisions in this Chapter shall apply to all private and government health institutions adopting rooming-in and breast-feeding as defined in this Act.

**SECTION 5.    Normal Spontaneous Deliveries.**— The following newborn infants shall be put to the breast of the mother immediately after birth and forthwith roomed-in within thirty (30) minutes.

a)    well infants regardless of age of gestation; and

b)    infants with low birth weights but who can suck.

**SECTION 6.    Deliveries by Caesarian.** — Infants delivered by caesarian section shall be roomed-in and breast-fed within three (3) to four (4) hours after birth.

**SECTION 7.    Deliveries Outside Health Institutions.** — Newborns delivered outside health institutions whose mothers have been admitted to the obstetrics department/unit and who both meet the general conditions stated in Section 5 of this Act, shall be roomed-in and breast-fed immediately.

**SECTION 8.    Exemptions.** — Infants whose conditions do not permit rooming-in and breast-feeding as determined by the attending physician, and infants whose mothers are either: a) seriously ill; b) taking medications contraindicated to breast-feeding; c) violent psychotics; or d) whose conditions do not permit breast-feeding and rooming-in as determined by the attending physician shall be exempted from the provisions of Sections 5, 6, and 7: provided, that these infants shall be fed expressed breastmilk or wet-nursed as may be determined by the attending physician.

**SECTION 9.    Right of the Mother to Breast-feed.**— It shall be the mother’s right to breast-feed her child who equally has the right to her breastmilk.  Bottlefeeding shall be allowed only after the mother has been informed by the attending health personnel of the advantages of breast-feeding and the proper techniques of infant formula feeding and the mother has opted in writing to adopt infant formula feeding for her infant.

**CHAPTER II**
**Human Milk Bank**

**SECTION 10.    Provision of Facilities for Breastmilk Collection and Storage.** — The health institution adopting rooming-in and breast-feeding shall provide equipment, facilities, and supplies for breastmilk collection, storage and utilization, the standards of which shall be defined by the Department of Health.

**CHAPTER III**
**Information, Education and Re-Education Drive**

**SECTION 11.    Continuing Education, Re-education and Training of Health Personnel**. — The Department of Health with the assistance of other government agencies, professional and non-governmental organizations shall conduct continuing information, education, re-education, and training programs for physicians, nurses, midwives, nutritionist-dietitians, community health workers and traditional birth attendants (TBAs) and other health personnel on current and updated lactation management.

Information materials shall be given to all health personnel involved in maternal and infant care in health institutions

**SECTION 12.    Information Dissemination to Pregnant Women.** — During the prenatal, perinatal and postnatal consultations and/or confinements of the mothers or pregnant women in a health institution, it shall be the obligation of the health institution and the health personnel to immediately and continuously teach, train, and support the women on current and updated lactation management and infant care, through participatory strategies such as organization of mother’s clubs and breast-feeding support groups and to distribute written information materials on such matters free of charge.



Website:

https://www.doh.gov.ph

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**BEmONC-** list of services that can save the lives of women and newborns with obstetric and neonatal complications

**CEmONC-** is a tertiary level regional hospital or medical center, provincial hospital or an appropriately upgraded district hospital.

**Childbirth** – the action of giving birth to a child.

**Emergency -** a serious, unexpected, and often dangerous situation requiring immediate action.

**Normal Spontaneous Delivery –** that happens on its own, without requiring doctors to use tools to help pull the baby out.



Study Question:

Tabulate the comparison between BEmONC and CEmONC.



*Books*

Nursing Care of the Community “A comprehensive text on community and public health nursing in the Philippines” 1st Edition Zenaida Famorca

Nursing Practice in the Community 4th Edition Araceli Maglaya

Public Health Nursing in the Philippines 10th Edition National League of Philippine Government Nurses

*Websites*

EBSCOhost.com