Nurses Content
Downloaded from nursescontent.com

Nutrition and Feeding in Children

Child Health Nursing

Breastfeeding, colostrum, exclusive breastfeeding, complementary feeding, weaning, nutritional requirements by age, infant feeding problems and assessment of nutritional status.

For educational purposes only.

CHAPTER 05 / CHILD HEALTH NURSING 05. Nutrition and Feeding in Children

1. Breastfeeding and colostrum

Colostrum is early yellowish milk rich in immune and nutritional factors. WHO recommends early initiation within one hour, exclusive breastfeeding for first six months (no other food or water except indicated medicines/ORS/supplements), complementary feeding from six months and continued breastfeeding to two years or beyond. Breast milk supplies energy, protein, fat, lactose and protective components.

2. Technique and common difficulties

Position child close, head/body aligned, supported; mouth wide, deep attachment with chin near breast, more areola visible above than below in typical latch; observe slow deep sucks and swallowing. Pain, cracked nipples or poor transfer require assessment and latch support. Monitor wet diapers and serial growth. For engorgement support frequent effective feeding, comfort measures and expression when necessary; fever with localized painful breast requires review. Avoid routine formula or bottles without indication; if formula used, teach safe preparation and access.

3. Complementary feeding and age needs

Age	Feeding principles
0-6 months	Breast milk alone where possible; prescribed supplementation when indicated.
6-8 months	Start soft thick nutrient-dense foods, 2-3 meals/day plus breast milk; responsive feeding.
9-23 months	Increase texture and variety, generally 3-4 meals and appropriate snacks; continue breastfeeding.
Preschool/school age	Varied family diet with protein, vegetables, fruits, grains, adequate fluids; limit excess added sugar and salt.
Adolescence	Increased growth needs, iron/calcium/protein adequacy, address body image and eating concerns.

Use clean utensils, age-appropriate textures and supervision; avoid choking hazards (whole nuts, whole grapes), honey under one year and unsafe milk/water. Do not force feeding. Requirements vary by age, size, health and activity; use ICMR-NIN/clinical nutrition tables rather than one fixed amount.

4. Nutritional assessment

Dietary history, breastfeeding observation, weight/length/height, BMI-for-age, MUAC where indicated, oedema, physical signs and labs when needed. Wasting reflects low weight-for-height, stunting low height-for-age. Identify anaemia, vitamin deficiency, food insecurity and growth faltering. Refer severe acute malnutrition or poor intake

Nurses Content
Downloaded from nursescontent.com

with lethargy.

5. Important Examination Questions

Long Answer Questions

1. 1. Explain breastfeeding, complementary feeding and nutritional assessment.

NURSE'S CONTENT / CHILD HEALTH NURSING 9

B.SC. NURSING / CHAPTER-WISE STUDY NOTES

Short Answer Questions

1. 1. List advantages of colostrum
2. 2. describe attachment
3. 3. explain feeding by age.

Very Short Answer Questions (with answers)

1. 1. When start complementary foods? - Around 6 months.
2. 2. What is exclusive breastfeeding? - Breast milk alone with limited medically indicated exceptions.

6. Quick Revision

- Breastfeeding support must assess milk transfer.
- Complementary food adds to milk.
- Follow growth over time.

7. Conclusion

Breastfeeding support must assess milk transfer. Complementary food adds to milk. Follow growth over time.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which observation best supports effective milk transfer during breastfeeding?

A. Slow deep sucks with swallowing
B. Persistent nipple pain throughout feeding
C. Repeated shallow sucking without swallowing
D. A mouth that remains narrowly open

2. How should complementary foods relate to breast milk?

A. They replace breast milk completely at six months
B. They add to breast milk from around six months
C. They are introduced only after breastfeeding stops
D. They are limited to water during the first year

Nurses Content
Downloaded from nursescontent.com

3. Which finding describes wasting in nutritional assessment?

A. Low height-for-age

B. High height-for-age

C. Low weight-for-height

D. High head circumference-for-age

Nurses Content
Downloaded from nursescontent.com

Answer key and explanations

1. A - Slow deep sucks with swallowing

Slow deep sucks and swallowing indicate milk transfer.

2. B - They add to breast milk from around six months

Complementary foods are added while breastfeeding continues.

3. C - Low weight-for-height

Wasting reflects low weight relative to height.

Source and attribution

Online chapter: https://nursescontent.com/learn/child-health-nursing/unit-05-nutrition-and-feeding-in-children/

Downloaded from Nurses Content. Branding identifies the delivery website. Original author credits, third-party licences and applicable rights remain unchanged.