

## INFANT 0 < 6 MONTHS FULLY BREASTFED – SOLIDS ASSESSMENT QUESTIONS

QUESTION		RISK/PURPOSE
<b>I am going to ask you some questions about your baby's health and nutrition; then we will come back and address any concerns or questions that you may have.</b>		Rapport building
	How is your baby doing?	Rapport building
1.	Has your doctor identified any health problems or medical conditions for your baby? • (If yes) Tell me more.	<Select appropriate medical risk(s)>
2.	Has your baby had any major surgeries or serious injuries or burns? • (If yes) Tell me more.	Recent Major Surgery, Trauma, Burns
3.	Is your baby taking any medications? • (If yes) Tell me more.	Drug Nutrient Interactions
4.	Do you give vitamins or other dietary supplements to your baby? • (If yes) What and how much? • Is your baby getting a vitamin D supplement?	<b>Inappropriate or Excessive Supplements,</b> Inadequate Vitamin/Mineral Supplementation
5.	Tell me how breastfeeding is going. • How do you know when your baby is hungry? When he/she is full? • How often does your baby breastfeed in 24 hours? • How long does your baby nurse on each side?	Not Supporting Development/ Feeding Relationship, Breastfeeding Complications, Limited Frequency of Breastfeeding ( $\leq 6$ months), <b>Very Restrictive Feeding</b>
6.	Is your baby given breastmilk in a bottle? (If yes) How long do you store breastmilk? a. (If yes) What do you do with breastmilk left in the bottle after a feeding? b. (If yes) When you are out with your baby for the day, how do you store breastmilk?	Unsafe Handling/Storage of Breastmilk/Formula
7.	Does your baby fall asleep with a bottle? • (If yes) Are you holding your baby? • Do you ever put cereal in the bottle?	Inappropriate Use of Bottle/Cup
8.	What else do you give your baby to drink? How much? (Evaluate for cow's milk, goat's milk, sports drinks, sweetened drinks, etc....)	Inappropriate Substitute for Breastmilk/Formula, Inappropriate Use of Bottle/Cup, Feeding Sugar-containing Drinks
9.	Have you offered your baby a cup? • (If yes) What do you put in the cup?	Inappropriate Use of Bottle/Cup

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10.	What solid foods does your baby eat? <ul style="list-style-type: none"> <li>• How much?</li> <li>• Have you given your baby finger foods? (peas, cut up bananas, Cheerios)</li> <li>• Does your baby eat grapes, raisins, nuts, popcorn, or chips?</li> </ul>	Early Introduction of Solids (< 4 months), Not Supporting Development/Feeding Relationship		
11.	Does your baby: <ul style="list-style-type: none"> <li>-Have honey on his/her pacifier or eat honey graham crackers?</li> <li>-Drink raw milk or fresh squeezed juice?</li> <li>-Eat hot dogs that haven't been heated?</li> <li>-Eat raw or runny eggs?</li> </ul>	Potentially Contaminated Foods		
12.	Do you limit any foods for your baby for any reason?	<b>Very Restrictive Feeding, Food Allergy, Lactose Intolerance</b>		
<b>We ask everyone the following questions, they have to do with health and safety.</b>		Transition		
13.	Does anyone smoke inside your home? <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	Secondhand Smoke		
14.	Is there anyone in your life who is hurting you or your baby? <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	Recipient of Abuse (past 6 months)		
<p><b>Note:</b> During the risk interview consider the following additional risks that are not included in the previous questions:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• <b>Slow Weight Gain</b></li> <li>• Foster Care (past 6 months)</li> <li>• Caregiver with Alcohol/Drug Addiction</li> <li>• Maternal Substance Use (during pregnancy)</li> <li>• Caregiver with Limited Ability to Make Feeding Decisions</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Migrancy</li> <li>• Homelessness</li> <li>• Infant of Pri 1 BF Women at Nutr. Risk</li> <li>• Infant of Pri 2 BF Women at Nutr. Risk</li> <li>• Infant of Pri 4 BF Women at Nutr. Risk</li> <li>• Pri 2-Infant of WIC Eligible Mom (&lt; 6 Months)</li> </ul> </td> </tr> </table>			<ul style="list-style-type: none"> <li>• <b>Slow Weight Gain</b></li> <li>• Foster Care (past 6 months)</li> <li>• Caregiver with Alcohol/Drug Addiction</li> <li>• Maternal Substance Use (during pregnancy)</li> <li>• Caregiver with Limited Ability to Make Feeding Decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Migrancy</li> <li>• Homelessness</li> <li>• Infant of Pri 1 BF Women at Nutr. Risk</li> <li>• Infant of Pri 2 BF Women at Nutr. Risk</li> <li>• Infant of Pri 4 BF Women at Nutr. Risk</li> <li>• Pri 2-Infant of WIC Eligible Mom (&lt; 6 Months)</li> </ul>
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<b>If no risks have been identified, assign:</b> Not Meeting Feeding Guidelines (4-12 months)				



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