

## INFANT 0 < 6 MONTHS FULLY BREASTFED – NO 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? And when he/she is full? • How often does your baby breastfeed in 24 hours? • How long does your baby nurse on each side? • How many poopy or wet diapers does your baby have in 24 hours?	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.	Does your baby: -Have honey on his/her pacifier or eat honey graham crackers? -Drink raw milk or fresh squeezed juice?	Potentially Contaminated Foods
<b>We ask everyone the following questions, they have to do with health and safety.</b>		Transition
11.	Does anyone smoke inside your home? • (If yes) Tell me more.	Secondhand Smoke
12.	Is there anyone in your life who is hurting you or your baby? • (If yes) Tell me more.	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> <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> <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>		
<b>If no risks have been identified, assign:</b> Not Meeting Feeding Guidelines (4-12 months)		



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