

INFANT 6 – 12 MONTHS PARTIALLY BREASTFED ASSESSMENT QUESTIONS

QUESTION	RISK/PURPOSE
<p>I am going to ask you some questions about your baby’s health, nutrition and safety. We ask everyone these questions. If you have questions or concerns, we will come back and address them. Does this work for you?</p>	Rapport building
How is your baby doing?	Rapport building
1. Has your doctor identified any health problems or medical conditions for your baby? <ul style="list-style-type: none"> • (If yes) Tell me more. 	<Select appropriate medical risk(s)>
2. Has your baby had any major surgeries, serious injuries or burns? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Recent Major Surgery, Trauma, Burns
3. Is your baby taking any medications? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Drug Nutrient Interactions
4. Do you give vitamins or other dietary supplements to your baby? <ul style="list-style-type: none"> • (If yes) What and how much? 	Inappropriate or Excessive Supplements
5. Does the water your baby drinks have fluoride? <ul style="list-style-type: none"> • (If no) Do you give your baby a fluoride supplement? 	Inadequate Fluoride Supplementation
6. Tell me how feeding is going. <ul style="list-style-type: none"> • 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 the baby nurse on each side? • How much formula does your baby drink in 24 hours? • Does your baby drink iron fortified formula? • <i>(If drinking less than 32 ounces of formula per day)</i> Is your baby getting a vitamin D supplement? 	Not Supporting Development/ Feeding Relationship, Breastfeeding Complications, Limited Frequency of Breastfeeding (\leq 6 months), Inadequate Vitamin D Supplementation, Very Restrictive Feeding
7. Tell me how you prepare your baby’s formula. <ul style="list-style-type: none"> • How much water and how much formula do you use? • What type of water do you use to prepare the formula? (Evaluate for safe water supply) 	Inappropriate Formula Dilution, Unsafe Handling/Storage of Breastmilk/Formula
8. Is your baby given breastmilk in a bottle? <ul style="list-style-type: none"> • (If yes) How long do you store breastmilk? • What do you do with breastmilk left in the bottle after a feeding? • When you are out with your baby for the day, how do you store breastmilk? How long do you store formula after it is prepared? <ul style="list-style-type: none"> • What do you do with formula left in the bottle after a feeding? • If you are going out with the baby for the day, how do you prepare and store the formula? 	Unsafe Handling/Storage of Breastmilk/Formula

INFANT 6 – 12 MONTHS PARTIALLY BREASTFED ASSESSMENT QUESTIONS

QUESTIONS		RISK/PURPOSE
9.	Does your baby fall asleep with a bottle? <ul style="list-style-type: none"> • (If yes) Are you holding your baby? • (If yes) What is in the bottle? • Do you ever put cereal in the bottle? 	Inappropriate Use of Bottle/Cup
10.	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
11.	Have you offered your baby a cup? <ul style="list-style-type: none"> • (If yes) What do you put in the cup? 	Inappropriate Use of Bottle/Cup
12.	What solid foods does your baby eat? <ul style="list-style-type: none"> • How much? • Have you given your baby finger foods? (peas, cut up bananas, Cheerios) • Does your baby eat grapes, raisins, nuts, popcorn, or chips? 	Not Supporting Development/Feeding Relationship
13.	Does your baby: -Have honey on his/her pacifier or eat honey graham crackers? -Drink raw milk or fresh squeezed juice? -Eat hot dogs that haven't been heated? -Eat raw or runny eggs?	Potentially Contaminated Foods
14.	Do you limit any foods for your baby for any reason?	Very Restrictive Feeding, Food Allergy (Severe Diet Impact), Lactose Intolerance
15.	Does anyone smoke inside your home? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Secondhand Smoke
16.	Is there anyone in your life who is hurting you or your baby? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Recipient of Abuse (past 6 months)

Note: During the risk interview consider the following additional risks that are not included in the previous questions:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) • Caregiver with Limited Ability to Make Feeding Decisions | <ul style="list-style-type: none"> • Migrancy • Homelessness • Infant of Pri 1 BF Women at Nutr. Risk • Infant of Pri 2 BF Women at Nutr. Risk • Infant of Pri 4 BF Women at Nutr. Risk |
|--|--|

If no risks have been identified, assign: Not Meeting Feeding Guidelines (4-12 months)

For persons with disabilities, this document is available on request in other formats.
 To submit a request, please call 1-800-841-1410 (TDD/TTY 1-800-833-6388).

This institution is an equal opportunity provider.
 Washington State WIC Nutrition Program does not discriminate.

DOH 960-086 December 2010