

	MAMI FEE	DING ASSESSM	ENT FORM					
		Basic Information						
Infant name			ID no.					
(first & last name)			Date of assessment//					
			ussessment					
STEP 1	Establish mode of infant fe	eding						
1. What and do you fee infant?	(by cup/spoon/bottle)  Donor human milk (by cup/spoon/bottle)	milk Breastfed b  Breastmilk  Breastmilk  Other:						
	If infant not bre	eastfed / not given breastmilk,	skip to STEP 4					
STEP 2	f infant is breastfed or give	en breastmilk, ask Qu	estions 2 & 3					
		SIGNS OF LOW FEEDING RISK	SIGNS OF MODERATE FEEDING RISK					
2. Please tel breastfee	l me about any difficulties with ding:	none	notes:					
3. How many or given b	y times is the infant breastfed breastmilk in 24 hours?	8+ feeds in 24h	less than 8 feeds in 24h					
STEP 3 If directly breastfeeding, request permission to observe breastfeeding and examine the breasts:								
	Infant well-attached to breast?	well-attached	not well-attached					
	Infant suckling effectively?	suckling effectively	not suckling effectively					
Any breast co	onditions (e.g., mastitis, thrush, pain)?	no	yes					
	Specify breast condition:							
STEP 4	Check if the infant receives	anything other than	breastmilk, ask Question 4:					
4. What other receive?	er foods or drinks does the infant	none	<ul> <li>□ Water or other liquids (e.g., tea, juice)</li> <li>□ Other milk (e.g., powdered or condensed milk)</li> <li>□ Food</li> <li>□ Other:</li> <li>□ Potential feeding risk: infant formula</li> </ul>					
STEP 5	f the infant receives infant	formula, ask Questio	ns 5 – 10:					
	e of formula does the infant receive?	Specify formula:						
э <b>су</b> р		Appropriate formula	Inappropriate formula					
6. If using power is u	owdered formula: What source of used?	safe water (e.g., boiled)	unsafe water					
of scoops	fant formula prepared? (e.g., number of powder per volume of water)	correctly	incorrectly					
	a fed with a feeding bottle?	no	yes					
at each fe	th formula does the infant consume eed (liquid)? Refer to guide below.	sufficient infant formula for age	insufficient infant formula for age					
10. Please tell me about any difficulties with feeding:		none	notes:					
Feeding risk	based on assessment	LOW FEEDING RISK if all signs circled in this colum	MODERATE FEEDING RISK if any sign circled in this column					
ACT	RETURN TO MAMI A	ASSESSMENT FORM AND	COMPLETE ASSESSMENT					
Guide to infa	ant formula intake per day by a	ge						

Age of infant in months	0 – 1	1 – 2	2 – 3	3 – 4	4 – 5	5 – 6
Weight in kilograms	3	4	5	5	6	6
Amount of infant formula per day	450ml	600ml	750ml	750ml	900ml	900ml
Number of feeds per day	8	7	6	6	6	6
Size of each feed	60ml	90ml	120ml	120ml	150ml	150ml