## **Care Action Plan for Mother/Caregiver and Baby Receiving Skilled Support and BMS[[1]](#footnote-1)**

**Care Action Plan For Mother/Caregiver And Baby Receiving Skilled Support And BMS**

***(Note: This form is to be completed after a Full Assessment. This care plan may be used for temporary BMS use as well as full BMS use)***

**Name of designated IYCF-E counsellor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IYCF-E Registration Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Sex M/F**

**Child’s DoB \_\_\_\_\_\_\_\_\_\_ Age/months \_\_\_\_\_\_\_\_\_\_\_**

**Mother/ Caregiver’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of initial full assessment of mother-baby pair:\_\_\_\_\_\_\_\_\_\_\_**

**Main findings of assessment:**

**Recommendations for feeding:** (amend below as necessary)

* **(A) Continuing Supportive Care**
* **(B) Basic Aid**
* **(C) Further Help Baby refusing the breast**
* **(D) Further Help Restorative care for the mother (needs emotional / extra support)**
* **(E) Further Help Wet nursing**
* (**F) Further Help Relactation**
* **(G) Further Help Breast conditions**
* **(H) Further Help Supported artificial feeding**
* **(i) Further Help Complementary Feeding**

**Referral / Specialised Support:**

* **Medical treatment/Therapeutic feeding**
* **Other – specify** \_\_\_\_\_\_\_\_\_\_\_\_

**IYCF-E Reg. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth\_\_\_\_\_\_\_**

**Mother/Caregiver’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOLLOW UP / MONITORING FOR EACH CONTACT:**

*Choose frequency of follow up according to each child/carer’s situation, start more frequently and then aim for weekly contacts. Add new card if necessary, e.g if continuing support to an artificially fed infant. For a fully artificially fed child this form MUST be used until BMS support is completed, until relactation or wet nursing is fully established or until the child graduates from the BMS prescription programme (at 6 months of age).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** |  |  |  |  |  |  |
| **Health & Weight of child (kg)** (if part of programme) |  |  |  |  |  |  |
| **Date / time / place of next contact** |  |  |  |  |  |  |
| **Notes and Agreed Actions for next visit (1 or 2)** |  |  |  |  |  |  |
| **Progress from last visit** |  |  |  |  |  |  |

**Checklist for counselling on BMS** (ensure that information from the Full Assessment of Mother-Baby Pair is used to inform the discussions below and to highlight any additional issues):

|  |  |
| --- | --- |
| **Item to discuss (initially and to ensure on subsequent visits if needed)** | **Check****(date)** |
| What BMS will be given, when and where to receive it. |  |
| What extra resources they will need to prepare BMS and how they will obtain these ***(Always ensure a plan is in place for ALL resources required for artificial feeding use)*** |  |
| How much and how often to feed BMS |  |
| How to keep feeding utensils clean and safe |  |
| How to prepare and store the feeds |  |
| The advantages of cup feeding and how to cup feed |  |
| Warning of the potential hazards of using BMS.  |  |
| **Demonstrate** |  |
| Care worker should demonstrate appropriate preparation of a BMS feed in the home |  |
| **Check that** |  |
| The caregiver has been observed making a feed |  |
| The caregiver has been observed cup feeding  |  |

**Checklist for follow up visits (write findings in visit notes)**

|  |
| --- |
| **Check and discuss** |
| Infant health status, weight, and MUAC |
| Observe feed preparation: Check hygiene and it is as safe as possible  |
| Observe a feed: Check feeding is appropriate including cup feeding |
| Find out any difficulties the caregiver may be facing and discuss practical solutions and/or refer for appropriate support |
| Check for warning signs of misuse of infant BMS (e.g. over concentration, over-dilution, formula being shared, etc) |

##

1. Adapted from Save the Children: IYCF-E Toolkit 2017:[*https://resourcecentre.savethechildren.net/iycf-e*](https://resourcecentre.savethechildren.net/iycf-e) [↑](#footnote-ref-1)