## **Full Assessment of Mother/Caregiver - Baby Pair[[1]](#footnote-1)**

**IYCF Full Assessment Of Mother-Baby Pair**

***NOTE: During the Full Assessment care must be taken to ask open questions, to listen to the mother and show respect and sensitivity to her feelings, her culture, and her experience.***

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IYCF-E Reg. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s sex: M / F Date of birth\_\_\_\_\_\_\_\_\_\_\_ Age/months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Other Children in the home and ages?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the mother/caregiver have concerns about other children in the home? Y N**

*(If yes, request mother/caregiver to bring in the other children to be seen after this assessment is completed)*

**Assessment undertaken by** *(qualified nutritionist/nurse with breastfeeding expertise)*

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organisation\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Breastfeeding Information:**

**Breastfeeding?** Yes / No *( If yes observe breastfeed, if no continue to the next section)*

**Breastfeed observation results**: *(tick relevant observations below and/or use ‘B.R.E.A.S.T’ tool)*

**Attachment at breast:**

* Areola more above
* Mouth wide open
* Lower lip turned out
* Chin close to or touching breast
* No nipple/breast pain or discomfort

**Positioning of baby:**

* Head & body straight
* Child held close to mother’s body

**Suckling:**

* Slow, deep sucks, sometimes pausing
* Swallowing can be heard and seen

**Mother is confident:**

* She is enjoying breastfeeding, relaxed, not shaking/moving breast or baby
* Has a positive relationship with baby -stroking, eye contact, close gentle holding

**How the feed ends:**

* Baby comes off the breast itself (not taken off by mother)
* Baby looks relaxed and satisfied and no longer interested in breast
* Mother keeps breast available, or offers other breast

**How often breastfeed a day?** \_\_\_\_\_\_ **How often baby breastfeeds at night?** \_\_\_\_\_\_

**Pacifier or other teat?** Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

**Other Food and Drinks:**

*Note: If child is under 6 months and receiving additional foods, orif child is over six months and not receiving appropriate complementary foods then additional counselling, referral, and follow-up should take place.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other Foods / Drinks | Is your child getting anything else to eat?  | What? | Frequency:times/day | Amount: How much? *(Reference 250 ml cup)* | Texture: How thick?*Thin,**Thick,**Finely chopped, or normal family food* |
| Solid Foods | Staple (porridge, other local examples) |  |  |  |  |
| Legumes (beans, other local examples) |  |  |  |  |
| Vegetables/Fruits (local examples) |  |  |  |  |
| Animal: meat/fish/offal/bird/eggs |  |  |  |  |
| Liquids  | **Is your child getting anything else to drink?**  | **What?** | **Frequency: times/day** | **Amount:****How much?***(Reference 250 ml cup)* | Feeding Bottle use?Yes/No |
| Other milks |  |  |  |  |
| Any other liquids (e.g. water or tea) |  |  |  |  |
| **Who assists the child when eating? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Where does the child eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Hygiene** | Does caregiver use a clean plate and spoon?  | Yes\_\_\_\_\_ No \_\_\_\_\_ |
| Does caregiver wash hands with clean, safe water and soap before preparing food, before eating, and before feeding young children? | Yes \_\_\_\_\_ No \_\_\_\_\_ |
| Does caregiver wash child’s hands with clean, safe water and soap before he or she eats?  | Yes \_\_\_\_\_ No \_\_\_\_\_ |

**Further Information:**

**Child currently sick?** Yes / No **Recovering for sickness?** Yes / No

**How has the sickness influenced food intake?** Increased / Decreased / No change

**Mother’s beliefs: how did she decide to feed the baby in this way?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How is the mother emotionally and physically? Does she have any worries? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does she wish to increase her breastmilk supply or is she interested in relactation?** Yes / No

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)