



MAMI FEEDING ASSESSMENT FORM (Scenario D)

Basic Information

Infant name (first & last name)	Zeinab Nuur	ID no	76543
		Date of assessment	31 - Jul - 2023

STEP 1 Establish mode of infant feeding

1. What and how do you feed the infant?	<input checked="" type="checkbox"/> Mother's breastmilk (directly at breast) <input checked="" type="checkbox"/> Mother's expressed breastmilk (by cup/spoon/bottle) <input type="checkbox"/> Donor human milk (by cup/spoon/bottle)	<input type="checkbox"/> Informally shared expressed breastmilk (by cup/spoon/bottle) <input type="checkbox"/> Breastfed by a woman who is not the infant's mother <input type="checkbox"/> Breastmilk substitute (by cup/spoon/bottle) <input type="checkbox"/> Other:
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If infant not breastfed / not given breastmilk, skip to STEP 4

STEP 2 If infant is breastfed or given breastmilk, ask Questions 2 & 3

	SIGNS OF LOW FEEDING RISK	SIGNS OF MODERATE FEEDING RISK
2. Please tell me about any difficulties with breastfeeding:	<input type="checkbox"/> none	notes: <i>Baby tires easily, often drowsy, sometimes milk leaks from baby's mouth, gulping, fast breathing and red eyes after feeding</i>
3. How many times is the infant breastfed or given breastmilk in 24 hours?	<input checked="" type="checkbox"/> 8+ feeds in 24h	<input type="checkbox"/> 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?	<input type="checkbox"/> well-attached	<input checked="" type="checkbox"/> not well-attached
Infant suckling effectively?	<input type="checkbox"/> suckling effectively	<input checked="" type="checkbox"/> not suckling effectively
Any breast conditions (e.g., mastitis, thrush, pain)?	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes
Specify breast condition:		

STEP 4 Check if the infant receives anything other than breastmilk, ask Question 4:

4. What other foods or drinks does the infant receive?	<input checked="" type="checkbox"/> none	<input type="checkbox"/> Water or other liquids (e.g., tea, juice) <input type="checkbox"/> Other milk (e.g., powdered or condensed milk) <input type="checkbox"/> Food <input type="checkbox"/> Other:
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STEP 5 If the infant receives infant formula, ask Questions 5 – 10:

5. What type of formula does the infant receive?		
	Appropriate formula	Inappropriate formula
6. If using powdered formula: What source of water is used?	<input type="checkbox"/> safe water (e.g., boiled)	<input type="checkbox"/> unsafe water
7. How is infant formula prepared? (e.g., number of scoops of powder per volume of water)	<input type="checkbox"/> correctly	<input type="checkbox"/> incorrectly
8. Is formula fed with a feeding bottle?	<input type="checkbox"/> no	<input type="checkbox"/> yes
9. How much formula does the infant consume at each feed (liquid)? Refer to guide below.	<input type="checkbox"/> sufficient infant formula for age	<input type="checkbox"/> insufficient infant formula for age
10. Please tell me about any difficulties with feeding:	<input type="checkbox"/> none	Notes:

Feeding risk based on assessment	LOW FEEDING RISK if all signs circled in this column	MODERATE FEEDING RISK if any sign circled in this column
ACT	RETURN TO MAMI ASSESSMENT FORM AND COMPLETE ASSESSMENT	

Guide to infant formula intake per day by age

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

