



# MAMI FEEDING ASSESSMENT FORM

## Basic Information

Infant name	<i>Liya Gebre</i>	ID no	<i>23456</i>
		Date of assessment	<i>31/07/2021</i>

## 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 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"/> Breastmilk substitute (by cup/spoon/bottle) <input checked="" type="checkbox"/> Other: <i>sugar water, cow's milk.</i>
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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	<b>Notes:</b> <i>feeds frequently for short periods of time and comes on and off the breast during the feed.</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 type="checkbox"/> no	<input checked="" type="checkbox"/> yes
Specify breast condition:	<i>Mother has hard painful lump on left breast for the past week. Mother feels achy and tired.</i>	

## 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 type="checkbox"/> none	<input checked="" type="checkbox"/> Water or other liquids (e.g., tea, juice) <input checked="" 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
<b>ACT</b>	<b>RETURN TO MAMI ASSESSMENT FORM AND COMPLETE ASSESSMENT</b>	

### 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
ize of each feed	60ml	90ml	120ml	120ml	150ml	150ml

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