

WET NURSING SCREENING TOOL

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A Note on Language

“**Wet nursing**” is an English language term used to describe the practice of a woman breastfeeding someone else's infant or young child.² For the purposes of this screening tool, wet nursing refers to a consensual and unwaged breastfeeding arrangement between a woman willing to breastfeed an infant that is not her own and the infant's primary caregiver(s). Preferred local terms that reflect mutually consensual practices within a culture should be used. For more information, refer to the *Technical and Operational Guidance on Supporting Access to Breast milk Through Wet Nursing in Emergencies* (UNICEF, 2025).

The term “prospective wet nurse” is used throughout this screening tool to emphasize that no wet nursing arrangement has been established until all required steps have been completed. This includes thorough screening, the provision of informed consent by all parties, and voluntary agreement to proceed that is free from any form of coercion or pressure.

1 United Nations Children's Fund (UNICEF) and Infant Feeding in Emergencies Core Group, *Technical and Operational Guidance on Supporting Access to Breast Milk Through Wet Nursing in Emergencies*, UNICEF, New York, 2025.

2 For the purpose of this screening tool, and in line with the *Technical and Operational Guidance on Supporting Access to Breast Milk Through Wet Nursing in Emergencies* (2025), the word infant is used throughout; however, this assessment tool applies to both infants and young children.

1. INTRODUCTION

Breastfeeding infants and babies is lifesaving in emergencies. In emergencies, experiences such as displacement, disrupted services, gender-based violence (GBV), lack of privacy, donations of breast milk substitutes (BMS) including infant formula, and poor mental and physical wellbeing can create a situation in which breastfeeding is particularly challenging. Mothers and caregivers who do not have access to adequate support to prevent and overcome breastfeeding problems are more likely to introduce supplements and stop breastfeeding early.³ As such, there is an increased need for alternative feeding options, such as wet nursing, to safeguard the health and nutrition of infants and young children when their own mothers are unable to breastfeed or provide sufficient breast milk.

2. OBJECTIVES OF THE SCREENING TOOL

This screening tool accompanies the *UNICEF (2025) Technical and Operational Guidance on Supporting Access to Breast Milk Through Wet Nursing in Emergencies*.

The aim of the tool is to support frontline professionals in the screening of a prospective wet nurse. This usually requires a screening in which medical history, including infectious disease screening, care duties, and social practices are discussed between the prospective wet nurse and the primary caregiver of the infant receiving the human milk. This screening can be supported between families or facilitated by a health or nutrition professional using a contextualised screening tool such as this. A woman who is a prospective wet nurse may, at any time, decline to continue the screening, in part or entirely. A primary infant caregiver may also opt out of the screening at any time.

3. TARGET AUDIENCE

This assessment tool is designed for use by frontline health and nutrition workers who support families and communities in establishing/creating/pursuing wet nursing relationships in humanitarian and fragile contexts. This tool can be used to support individuals to make their own arrangements or be used within more formal and organised wet nursing programmes to support the ethical recruitment and selection of wet nurses.

3 Feenstra, Maria Monberg, Mette Jørgine Kirkeby, Marianne Thygesen, Dorthe B. Danbjørg, and Hanne Kronborg, "Early Breastfeeding Problems: A Mixed Method Study of Mothers' Experiences," *Sexual & Reproductive Healthcare* 16 (2018): 167–74; Brown, Amy, and Natalie Shenker, "Experiences of Breastfeeding During COVID-19: Lessons for Future Practical and Emotional Support," *Maternal & Child Nutrition* 17, no. 1 (2021): e13088.

4. SCREENING TOOL OVERVIEW AND IMPLEMENTATION

This screening tool is designed to support the screening of prospective wet nurses, ensuring both the health of the infant being wet nursed and the mental and physical well-being of the prospective wet nurse are protected. Users can contextualise this tool for their specific needs. Users can use all or parts of this tool, adapted to the specific needs of the situation.

Establishing flexible and realistic screening protocols is crucial. Users can tailor this tool with considerations outlined in the *Technical and Operational Guidance on Supporting Access to Breast Milk Through Wet Nursing in Emergencies*, including infectious disease prevalence and the feasibility of serological testing. Coordination with related services such as child protection, the GBV sub-cluster and mental health and psychosocial support (MHPSS) is also vital.

Data collection can occur through verbal interviews (face-to-face or virtual) or online tools like Kobo or Google Forms, particularly in contexts with movement restrictions. It may also be employed during home or site visits to assess protection and GBV risks. Factors such as confidentiality, data protection, security, feasibility, budget, human resources and the profiles of respondents should be carefully considered when selecting the assessment methodology.

4.1. Importance of Informed Consent

Informed consent is an important ethical requirement during the screening process, as it demonstrates respect for personal autonomy. For an individual to provide informed consent, all of the following should be explained and understood:

- » an overview of the situation and the proposed plan;
- » the risks and benefits of the plan; and
- » alternatives to the plan.

All parties have the right to understand fully and agree to any wet nursing arrangement before it begins including the right to decline or withdraw their involvement at any time. Before starting the screening, explain the purpose of the assessment, counsel on the practicalities of wet nursing, and ask for the participants' informed consent to complete the assessment form.

Additionally, prospective and current wet nurses should never be coerced or encouraged to provide breast milk that their own infant(s) or young child(ren) may need.

4.2. Safeguarding

Safeguarding refers to the steps taken to ensure the safe participation of all individuals in a program or service. This involves actions to identify and prevent both accidental and deliberate harm to participants caused by staff, related personnel, partners or the activities themselves. Protecting the prospective wet nurse, the child, and the mother or primary caregiver of the child in need of breast milk is vital for the safety and well-being of everyone involved. Informed consent should respect autonomy and decision-

making capacity, while maintaining confidentiality and privacy to foster trust and protect sensitive information.

The program should promote shared decision making, ensuring voluntary and consensual participation so that all involved feel empowered to engage without coercion.

Incorporating GBV risk mitigation measures, such as careful planning around night feeds, is critical for enhancing safety. Regular site safety audits and child protection considerations are also necessary. Furthermore, the program should be mindful of opportunity costs and address the nutritional needs and care responsibilities of both women's biological children to provide a supportive and holistic approach to wet nursing.

Key Safeguarding Considerations

- » **Confidentiality and Privacy:** Maintain confidentiality of all participants and protect sensitive information to foster trust.
- » **Informed Consent and Voluntary Participation:** Ensure both the mother and the wet nurse provide informed, voluntary, and consensual participation without coercion.
- » **Shared Decision-Making:** Encourage collaborative decision-making to empower both women in the wet nursing arrangement.
- » **GBV Risk Mitigation:** Implement safety measures, such as careful planning for night feeds, to reduce risks of GBV.
- » **Site Safety Audits:** Conduct regular safety audits of the program location to ensure a secure environment (refer to *IASC Guidelines for Integrating GBV Interventions in Humanitarian Action* at gbvguidelines.org).
- » **Child Protection:** Ensure the safety and well-being of the child in need and any children in the wet nurse's care.
- » **Impact on Wet Nurse's Family:** Consider how wet nursing may impact the wet nurse's ability to care for her own child(ren), including any potential reduction in time, resources or breast milk available for them.
- » **Nutritional Support for the Wet Nurse:** Ensure the wet nurse has access to adequate, nutritious food to maintain her health and milk supply.
- » **Food Security for the Wet Nurse's Household:** Address food availability and access for the wet nurse's household to prevent nutritional strain on her family.
- » **Ongoing Monitoring and Support:** Provide regular monitoring of the wet nurse's health and nutritional status, and offer support (e.g., food assistance) to sustain her energy and health while breastfeeding.

4.3. Steps to Identify, Screen and Support a Prospective Wet Nurse



4.4. Type of Screening

This section outlines the various types of screening included in the Wet Nursing Screening Tool, which aims to ensure the safety and well-being of both the prospective wet nurse and the infant. The tool has three key components:

1. **Interview and Questionnaire**
2. **Physical Examination**
3. **Medical Tests**

Each type of screening plays a crucial role in assessing the prospective wet nurse's suitability and overall health, as well as addressing the needs of any children involved.

Interview and Questionnaire

This section of the screening tool focuses on the physical, emotional and mental health of the prospective wet nurse, as well as any child(ren) she may be caring for. Any necessary screening for the child requiring a wet nurse and that child's mother or primary caregiver should have already been completed during the full assessment, as outlined in Section 4.3, including any safeguarding concerns or protection support.

Physical Examination

A physical examination of the prospective wet nurse is essential to assess the prospective wet nurse's overall health as well as the health of her child(ren) and the child requiring a wet nurse. This examination should be conducted in a respectful and supportive manner, ensuring the prospective wet nurse feels comfortable throughout the process.

Medical Tests and Screening for Prospective Wet Nurses

This screening tool supports the screening interview with the prospective wet nurse, and it should be used alongside recommendations for medical testing as described in the *Technical and Operational Guidance on Supporting Access to Breast Milk Through Wet Nursing in Emergencies* (UNICEF, 2025). It is possible that a breastfeeding woman who is considered a prospective wet nurse may have undergone infectious disease screening tests during a recent pregnancy. These tests vary by country but often include HIV, hepatitis B, and syphilis. During screening, ask if the prospective wet nurse has had the following tests, and request verification or voluntary disclosure of results:

- » **HIV I and II**
- » **HBV (Hepatitis B Antigen & Antibodies)**
- » **HCV (Hepatitis C)**
- » **Syphilis**

Additionally, focus on vaccination history for HBV and HCV, as some tests may not be available in emergency settings. For instance, although breast milk from mothers with hepatitis B infection may pose a risk for unvaccinated infants, it is not associated with infections in infants if they received the HBV vaccination at birth, highlighting the importance of ensuring vaccination status.

Additional screenings that may be considered:

- » Tuberculosis (TB)—once, unless exposed or symptomatic
- » Cytomegalovirus (CMV)—IgG and IgM
- » West Nile Virus (WNV)—IgA and IgM

If medical testing is not available, self-assessments are also possible. The following self-screening questions can be utilised, like those used in HIV disclosure counselling, to facilitate discussions about health status and potential risks:

1. Have you been tested for HIV? If yes, when was your last test, and what were the results?
2. Do you know if you have been vaccinated for hepatitis B? When did you receive the vaccine?
3. Have you been tested for hepatitis C? What were the results?
4. Have you had any recent illnesses that may increase your risk of infectious diseases?
5. Do you have a history of sexually transmitted infections?
6. Are you currently taking any medications that may affect breastfeeding or your health?

If medical testing or documentation is not available, additional guidance can be found in the *Guideline: Update on HIV and Infant Feeding*.⁴ While this guidance is specific to HIV, much of it can apply to other infectious diseases. This approach will help to facilitate informed decisions while ensuring the health and safety of both the wet nurse and the infant.

4.5. Introduction to the Wet Nursing Screening Tool

The Wet Nursing Screening Tool is designed to facilitate open communication and trust between prospective wet nurses, caregivers and health professionals. By creating a safe and supportive environment, this tool encourages honest discussions about any medical or sociocultural concerns that may arise. Confidentiality is paramount, and the screening process should be approached non-judgmentally. The tool can be utilised in various ways: it can serve as a structured guide for facilitators or be used as a conversation starter between the prospective wet nurse and the infant's primary caregiver without the need for a facilitator. **Any screening that takes place with a prospective wet nurse should be between the prospective wet nurse and the counsellor alone to ensure that the screening is free from pressure or obligation and that questions can be asked privately.**

Risk assessment indicators

This form includes colour-coded risk assessment indicators. The colour codes are designed to assist in quickly identifying the level of risk associated with various behaviours and any onward referrals that may be required.

4 World Health Organization et al. (2016). Guidelines: Updates on HIV and infant feeding: the duration of breastfeeding, and support from health services to improve feeding practices among mothers living with HIV.



Yellow Indicators: Higher Risk

Items highlighted in yellow signify a higher risk status that requires careful consideration. These indicators suggest that there might be potential challenges or other factors that could impact a prospective wet nursing relationship. It is essential for frontline workers to pay close attention to these cases, ensuring that appropriate support and resources are provided to mitigate risks.



Red Indicators: Immediate Stop

Indicators marked in red represent an “immediate stop” condition. This designation signals that the prospective wet nurse is not a suitable candidate for wet nursing at this time. In such cases, it is crucial to refer the prospective wet nurse to appropriate medical or support services. This action is necessary to ensure the health and safety of the prospective wet nurse, the infant in need of breast milk and the potential wet nurse’s breastfeeding baby and/or other children.

Sections

The screening tool is divided into five key sections, each addressing specific aspects essential for assessing the suitability of a wet nursing arrangement:

1. Contact Details of the Infant, Primary Caregiver and Prospective Wet Nurse

This section collects essential contact and demographic information about the infant, the primary caregiver and the prospective wet nurse. It includes important health indicators and details regarding the caregiving situation.

2. Prospective Wet Nurse Support

Focused on the mental and physical well-being of the prospective wet nurse, this section assesses her emotional health, social support systems and any risks or pressures she may face. This helps to ensure that the decision to become a wet nurse is made freely and safely.

3. Safeguarding Information

This section addresses the safety and well-being of all parties involved in the wet nursing arrangement. It includes questions about the living environment, safety concerns and support systems available, ensuring that the arrangement is safe for both the prospective wet nurse and the infant.

4. Wet Nurse’s Own Child Assessment (Optional)

This part of the tool evaluates the health and well-being of the prospective wet nurse’s own child(ren). It focuses on identifying any medical concerns that may impact the prospective wet nurse’s ability to provide wet nursing services, assessing that her existing caregiving responsibilities are manageable.

5. Current Feeding Practices and Previous Infant Feeding Experience

This section examines the current feeding practices of the prospective wet nurse’s own child(ren), as well as her previous experiences with breastfeeding. Understanding the prospective wet nurse’s feeding history and any previous challenges is crucial in providing counselling and guidance for successful wet nursing.

4.6 Support for Analysing Responses and Identifying Next Steps

After completing the Wet Nursing Screening Tool, it is important to analyse the responses to identify potential concerns and outline appropriate next steps. The following is a list of key considerations for interpreting the responses and determining actions:

- » **Review Health Indicators:** Examine the infant's and prospective wet nurse's health metrics (e.g., MUAC, growth indicators) and identify any immediate health risks that require referral to a health facility.
- » **Assess Mental Health and Support Systems:** Look for any signs of emotional distress or mental health concerns in the prospective wet nurse's responses. If any risk factors are identified (e.g., thoughts of self-harm or overwhelming feelings of fear or anxiety), refer the individual to MHPSS services.
- » **Evaluate Safeguarding Needs:** Analyse responses related to the living situation and safety concerns. Ensure that any identified risks are addressed, such as inadequate support systems or unsafe environments.
- » **Identify Breastfeeding Support Needs:** Based on the prospective wet nurse's self-disclosure and previous experiences, determine whether additional support is needed (e.g., breastfeeding practices, positioning and attachment). Provide resources for breastfeeding support as necessary.
- » **Define a Follow-Up Plan:** Establish a timeline for follow-up visits or assessments to monitor the arrangement and address any ongoing concerns. Create a care plan that outlines specific actions to support the prospective wet nurse, infant caregiver(s), and the infant.

WET NURSING SCREENING TOOL

1. CONTACT DETAILS OF THE INFANT, PRIMARY CAREGIVER AND PROSPECTIVE WET NURSE

SCREENING DETAILS

Date:

Location of screening:

INTERVIEWER INFORMATION

Name of interviewer:

Position:

Organisation:

Contact details:

INFANT DETAILS *(this section refers to the infant in need of breast milk)*

Date of Birth *(or age in months)*:

Name of Infant:

Male / Female

IYCF-E registration number
(if available):

Place of shelter/home location:

Child MUAC:

STOP: If MUAC is < 115 mm refer to nearest health facility for further check-up.

Bilateral pitting oedema:

- ☐ 0
☐ +
☐ ++
☐ +++

Notes:

WLZ:

STOP: If WLZ < -3 SD refer to nearest health facility for further check-up.

STOP: If bilateral pitting oedema is present refer to nearest health facility for further check-up.

CAREGIVER DETAILS *(this section refers to the mother or primary caregiver of the infant in need of breast milk)*

Name of caregiver:

Relationship to the child:

Contact:

Place of shelter/home location:



Alternate caregiver name:	Alternate caregiver details (phone/place of shelter):
How many other children in caregiver care:	Ages of other children:

PROSPECTIVE WET NURSE DETAILS

Name of prospective wet nurse:	Relationship to child requiring breast milk:	MUAC: STOP: If MUAC is < 223 mm refer to nearest health facility for further check-up. It is not recommended to act as a wet nurse at this time.			
Place of shelter/home location:		Contact details:			
Number of additional household members within the immediate place of shelter:		Alternate household members' details (secondary caregivers, relationship):			
How many other children in caregiver care:	Please list all names, ages, MUAC or WFL/H for children under 5 years of age in the prospective wet nurse care.		STOP: If MUAC is < 115 mm OR if WLZ < -3 SD OR if bilateral pitting oedema is present, refer to nearest health facility for further check-up.		
	Name:	Age:		MUAC:	WFL/H:
Is the prospective wet nurse already breastfeeding child(ren)? (If yes, please complete below. If no, skip to the next section)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

PROSPECTIVE WET NURSE BREASTFED CHILD INFORMATION

Name of child:	Age of child (in months):	Male / Female	IYCF-E registration number (if available):
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STOP: If child is under 6 months and has clinical signs of malnutrition refer for further screening to nearest health facility. It is not recommended to act as a wet nurse at this time.

Child MUAC:

STOP: If child is between 6 weeks and 6 months with a MUAC < 110 cm OR if over 6 months with a MUAC of < 115mm refer for further screening to nearest health facility. It is not recommended to act as a wet nurse at this time.

WLZ:

STOP: If WLZ < -3 SD refer to nearest health facility for further check-up. It is not recommended to act as a wet nurse at this time.

Bilateral pitting oedema:

- ☐ 0
☐ +
☐ ++
☐ +++

STOP: If bilateral pitting oedema is present refer to nearest health facility for further check-up. It is not recommended to act as a wet nurse at this time.

Has the child(ren) recently lost weight or failed to gain weight? (Reported or documented)

- ☐ Yes
☐ No

Are there current breastfeeding challenges?

- ☐ Yes
☐ No

CAUTION: If child is not SAM but is losing weight and/or breastfeeding challenges exist, provide breastfeeding counselling to the mother to determine whether providing wet nursing is completable and to provide support for the challenges.

Notes:

2. PROSPECTIVE WET NURSE SUPPORT

This section refers to the prospective wet nurse: the woman who is volunteering to breastfeed the child who is not her own.

MENTAL AND PHYSICAL HEALTH

Do you have thoughts about harming yourself or anyone else?

☐ Yes

☐ No

STOP: If there are thoughts of self-harm or harm to others immediately refer to MHPSS support. Wet nursing is not advisable at the moment.

Over the last two weeks, have you experienced any of the following feelings?	No	Sometimes	Often	Almost every day
Feeling anxious or worrying uncontrollably				
Difficulties coping with daily chores				
Little interest or pleasure in doing things that you used to enjoy				
Feeling down, depressed or hopeless				

CAUTION: If answered often/almost every day refer to MHPSS and consider whether breastfeeding is advisable.

On a scale of 1 (very unsupported) to 5 (very supported), how supported do you feel by family and friends in caring for your children?	1	2	3	4	5
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CAUTION: If scored 1-3 please refer to MHPSS and consider whether wet nursing is advisable

Whom do you mostly rely on for support, if anyone?

How does your family feel about you acting as a prospective wet nurse?

On a scale of 1 (very unsupported) to 5 (very supported), how supportive is your family of breastfeeding?	1	2	3	4	5
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CAUTION: If scored 1-3 please refer to MHPSS and consider whether wet nursing is advisable

Do you have any concerns about becoming a potential wet nurse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what are your concerns?
Do you feel coercion or pressure from anyone else to become a wet nurse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

STOP: If there is any pressure or coercion to become a wet nurse additional investigation and counselling is required and perhaps referral to protection. Wet Nursing is not advisable at the moment.

CONVERSATION ABOUT PERSONAL HEALTH CONSIDERATIONS

It is recognised that this section may involve difficult conversations. A trauma-informed approach should be used throughout the assessment and will benefit open conversations, especially in this section. To learn more about TIC, see *Six Guiding Principles To A Trauma-Informed Approach*. (Centers for Disease Control and Prevention (U.S.). Office of Public Health Preparedness and Response, 2018. <https://stacks.cdc.gov/view/cdc/56843>)

Do you have any concerns about becoming a potential wet nurse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CAUTION: Answering 'YES' to any of these questions does not necessarily eliminate the possibility of being a wet nurse. Further action is necessary to counsel and discuss with the family of the child requiring breast milk to understand their risk perceptions.
Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you drink alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, how much and how often?	Units:	Frequency:	
Do you use non-prescription drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what and how often?	What:	Frequency:	
Have you been tested for HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, when was your last test and results?	Date:	Results:	
Do you know if you have been vaccinated for hepatitis B?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, when?	Date:	Results:	
Have you been tested for hepatitis C?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, when and what were the results?	Date:	Results:	
Have you been tested for Syphilis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, when was your last test and results?	Date:	Results:	



3. SAFEGUARDING INFORMATION

These questions are to be answered by the person in whose home the infant will be breastfed by the prospective wet nurse. If required or requested, please connect with child protection colleagues and consider a home visit.

Where will the prospective wet nurse breastfeed the non-biological child?		
What are the routines in the home during the day and night? (e.g., How do people spend their time in this home / location? Is that different from women or men, girls or boys? How do the other children in the home spend their time?)		
Are there any safety concerns in the area surrounding this household / community? What are the problems/challenges that women and girls face when they move around in this community? (A safety audit of the location may be the best way to determine risks within the house / location.) ⁵		
What will other children in the household do while the infant is being breastfed?		
Will the child be breastfed through the night?	<input type="checkbox"/> Yes If yes, Where will the child be breastfed during the night? What mode of transportation will be used for breastfeeding in the night?	<input type="checkbox"/> No If no, what is the plan for night feeds?

5 Refer to the following reference for further information on safety audits: Gender-Based Violence Area of Responsibility (GBV AoR). 2014. 'Camp GBV Safety Audit', Annex 36 in Handbook for Coordinating Gender-Based Violence Interventions in Humanitarian Settings.

Is the distance to the location where the child will be breastfed considered a reasonable walking distance for both families?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If no, what is the plan for transportation?
Is the route safe to travel for women, girls, men and boys of different ages and disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If no, reconsider travel.
Have all parties been counselled on safety and informed that they have the right to not participate at any time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No Are there any concerns?

4. PROSPECTIVE WET NURSE OWN CHILD ASSESSMENT

This section refers to children under 2 years of age that the prospective wet nurse is already breastfeeding and caring for.

Do any of the children look very thin? <i>Details:</i>	<input type="checkbox"/> Yes CAUTION: if yes, stop and refer to a health facility after assessment	<input type="checkbox"/> No
Do any of the children look lethargic or very sick? <i>Details:</i>	<input type="checkbox"/> Yes CAUTION: if yes, stop and refer to a health facility after assessment	<input type="checkbox"/> No
If currently breastfeeding, has infant recently lost weight or failed to gain weight, including neonate who has not regained birthweight? (<i>Documented or according to caregiver</i>) <i>Details:</i>	<input type="checkbox"/> Yes CAUTION: if yes, stop and refer to a health facility after assessment	<input type="checkbox"/> No

STOP: If the child has any of these symptoms please immediately refer to health facility:

- | | |
|---|--|
| <input type="checkbox"/> Vomits everything | <input type="checkbox"/> Sunken eyes |
| <input type="checkbox"/> Fits or convulsions | <input type="checkbox"/> High temperature (> 37.5°C) |
| <input type="checkbox"/> Lack of movement/unconscious | <input type="checkbox"/> Low temperature (< 35.5°C) |
| <input type="checkbox"/> Fast breathing (> 50 breaths/min.) | <input type="checkbox"/> Very small (< 2.5kg) |
| <input type="checkbox"/> Chest indrawing | |

5. CURRENT BREASTFEEDING/INFANT FEEDING EXPERIENCE

This section refers to the child the prospective wet nurse is currently breastfeeding. Where “mother” is used, this refers to the prospective wet nurse. If possible, ask to observe a breastfeed. This allows for any challenges to be identified and counselling and referrals to take place where required.

Please tell me about your previous experiences of feeding your children. Did you experience any challenges?

What and how were previous children fed? (Select all that apply)	<input type="checkbox"/> Breastfeeding—at mother’s breast <input type="checkbox"/> Expressed breast milk—mother’s own <input type="checkbox"/> Expressed breast milk—informally shared <input type="checkbox"/> Donor human milk <input type="checkbox"/> Breastfed by a woman who is not the child’s mother <input type="checkbox"/> Mixed milk feeding (partly breastfed, partly BMS) <input type="checkbox"/> Not breastfed (fully fed on BMS)	<input type="checkbox"/> Bottle <input type="checkbox"/> Spoon <input type="checkbox"/> Cup
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CAUTION: If previously breastfed children were not exclusively breastfed by the prospective wet nurse, use one-to-one counselling to understand previous breastfeeding challenges and how those risks can be mitigated while wet nursing.

Are you currently breastfeeding your own child(ren)?	<input type="checkbox"/> Yes If yes, complete this section.	<input type="checkbox"/> No If no, continue to next section: Wet nursing counselling and care plan
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FILL IN THIS SECTION IF CURRENTLY BREASTFEEDING A CHILD UNDER 1 YEAR

How often baby breastfeeds a day:	How often baby breastfeeds at night:	Pacifier or other teat being used? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> CAUTION: If yes, provide counselling </div>
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CAUTION: Provide age-appropriate counselling depending on the answer above

Assess breast health

CAUTION: If engorged, damaged nipple, suspected blocked duct, suspected mastitis, suspected thrush, suspected breast abscess, please refer for additional support



What and how is the current child under 1 year fed?

(Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Breastfeeding—at mother's breast
<input type="checkbox"/> Expressed breast milk—mother's own
<input type="checkbox"/> Expressed breast milk—informally shared
<input type="checkbox"/> Donor human milk
<input type="checkbox"/> Breastfed by a woman who is not the child's mother
<input type="checkbox"/> Mixed milk feeding (partly breastfed, partly BMS)
<input type="checkbox"/> Not breastfed (fully fed on BMS) | <input type="checkbox"/> Bottle
<input type="checkbox"/> Spoon
<input type="checkbox"/> Cup |
|---|---|

CAUTION: If previously breastfed children were not exclusively breastfed by the prospective wet nurse, use one-to-one counselling to understand previous breastfeeding challenges and how those risks can be mitigated while wet nursing.

WET NURSING COUNSELLING AND CARE PLAN

Possible concerns or challenges:

Counselling actions taken	<input type="checkbox"/> Positioning and attachment <input type="checkbox"/> Stress management <input type="checkbox"/> Information given on the following topics: <hr/> <input type="checkbox"/> Supplies provided <input type="checkbox"/> Referrals to health/nutrition/MHPSS/Early Childhood Care and Development/WASH/other: <input type="checkbox"/> Other	
Further counselling needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home visit recommended?	<input type="checkbox"/> Yes Date for follow-up visit:	<input type="checkbox"/> No

6. AGREEMENT

Verbal agreement from all those involved should be noted. If any involved parties answer 'no' to any of these questions then the arrangement should be stopped and reconsidered.

Do all parties feel that they are informed about the arrangement?

- ☐ Yes
- ☐ No

Do all parties consent to the arrangement free of coercion?

- ☐ Yes
- ☐ No

Do all parties understand that no money or goods will be exchanged during the arrangement?

- ☐ Yes
- ☐ No

Do all parties understand that the arrangement can stop at any time either party desires?

- ☐ Yes
- ☐ No

