Eight Month Checklist

Date of Visit: _____

Nurse Code: _____ Age of Child: _____
Client Initials: _____ Client number: _____
Baby weight: _____ Baby length: _____

INFANT FEEDING

1. How is your child currently feeding?
   - ☐ Exclusively breastfeeding? Go to 5
   - ☐ Complementary Feeding Go to 2
   - ☐ Stopped breast feeding since last visit – now formula feeding Go to 9
   - ☐ Formula feeding Go to 12

Complementary Feeding

2. When did you start complementary feeding? _____

3. Why did you start to complementary feed?
   - ☐ Attachment issue
   - ☐ Thrush
   - ☐ Number of feeds
   - ☐ Breast Fullness/ Engorgement
   - ☐ Milk Supply
   - ☐ Sleep and Settling
   - ☐ Lack of professional advice
   - ☐ Breastfeeding in public
   - ☐ Refusal
   - ☐ Mastitis
   - ☐ Differing advice - professionals
   - ☐ Lack of support - partner
   - ☐ Lack of support - family & friends
   - ☐ Other

4. Did you seek advice or support before you commenced complementary feeding?
   - ☐ Yes ☐ No
   - ☐ Attachment issue
   - ☐ Thrush
   - ☐ Number of feeds
   - ☐ Breast Fullness/ Engorgement
   - ☐ Milk Supply
   - ☐ Sleep and Settling
   - ☐ Lack of professional advice
   - ☐ Breastfeeding in public
   - ☐ Refusal
   - ☐ Mastitis
   - ☐ Differing advice - professionals
   - ☐ Lack of support - partner
   - ☐ Lack of support - family & friends
   - ☐ Other

Discuss issues relating to complementary feeding.

5. Have you any questions, concerns or issues with breastfeeding?
   - ☐ Yes ☐ No
   - ☐ Painful nipples
   - ☐ Thrush
   - ☐ Refusal
   - ☐ Mastitis
   - ☐ Length of feeds
   - ☐ White spot / milk blister
   - ☐ Sucking problems
   - ☐ Blocked milk ducts
   - ☐ Number of feeds
   - ☐ Expressing
   - ☐ Oversupply
   - ☐ Fullness/ engorgement
   - ☐ Attachment / positioning
   - ☐ Sleep & settling
   - ☐ Low supply
   - ☐ Other _____

6. Has anything else made breastfeeding a more difficult experience than you expected?
   - ☐ Yes ☐ No
   - ☐ Lack support - partner
   - ☐ Lack support – family/friends
   - ☐ Breastfeeding in public
   - ☐ Differing advise – health workers
   - ☐ Lack of advice – health workers
   - ☐ Other

7. If previously working has you thought about breastfeeding and work?
   - ☐ Yes ☐ No ☐ N/A

8. Will work affect how long you breastfeed for?
   - ☐ Yes ☐ No

Discuss any of the above issues including what to expect in the next few months sleep cycles, night feeds, feeding patterns, tired signs, crying, settling strategies, supply changes, behavioural changes. Discuss work, breastfeeding & expressing

Formula Feeding

9. Including times of weaning, what is the total time your baby was breastfed in months and weeks?
   _____days _____weeks _____ months

10. Why did you change to formula feeding?

☐ Attachment issue	☐ Sleep and Settling	☐ Lack support – partner
☐ Thrush	☐ Refusal	☐ Work
☐ Number of feeds	☐ Mastitis	☐ Breastfeeding in public
☐ Fullness/ Engorgement	☐ No professional advice	☐ No support of family
☐ Milk Supply	☐ conflicting advice	☐ No support of friends
☐ Other _____		

11. Did you seek advice or support before you commenced formula feeding?

☐ Midwife	☐ GP	☐ Family
☐ Child & Family nurse	☐ Pharmacist	☐ Friends
☐ Other _____		

12. Do you have any questions, concerns or issues relating to formula feeding your new baby?
    - ☐ Yes ☐ No

☐ Sucking problems	☐ Positioning
☐ Refusal	☐ Length of feeds
☐ Vomiting	☐ Sleep and Settling
☐ Number of feeds	☐ Other

Discuss any of the above issues including what to expect in the next few months growth spurts, sleep cycles, night feeds, sleep needs, feeding patterns, tired signs, crying, settling strategies, and behavioural changes. Discuss the importance of correct formula preparation and amount.

Childcare

13. Is your child in cared for by anyone on a regular basis?
    - ☐ Childcare _____days per week
    - ☐ Family _____days per week
    - ☐ N/A

Discuss child care and the implications on healthy eating and physical activity

Introduction of Solids

14. What age was your child first given any solid food?
    _____days _____weeks _____ months

15. At what age was your child given solid food regularly (at least once a day)?
    _____days _____weeks _____ months

16. Why did you commence solids?
    - ☐ Sleep & Settling
    - ☐ Showing cues
    - ☐ Other
    - ☐ Advice from clinic nurse
    - ☐ Advice from GP
    - ☐ Advice from Pharmacist
    - ☐ Advice from family

17. In the last 24 hours how many meals and snacks did your child have?

    _____
    _____

18. What type of foods is your baby having for meals and snacks?

    _____
    _____

19. Is your baby drinking from a cup?
    - ☐ Yes
    - ☐ No

Discuss introduction of solids guidelines, recommendations; behavioural signs baby is ready for solids, what to give baby. Discuss fluids, cup feeding, cool boiled water, no other fluids, and no cow's milk until 12 months

YOUR BABY & PHYSICAL ACTIVITY

20. How often does your baby spend time on their tummy when they are awake?
    - ☐ less than 2 days a week
    - ☐ 3 -4 days a week
    - ☐ 5 -6 days a week
    - ☐ Daily

21. What new things is your baby doing now? **(Prompts –** try to get a toy that is out of reach**)**

    _____
    _____
    _____

22. Do you put your baby in front of the television or DVD?
    - ☐ More than once a day _____ minutes each time
    - ☐ Daily _____ minutes each time
    - ☐ 2 – 4 days a week _____ minutes each time
    - ☐ 5 – 7 days a week _____ minutes each time
    - ☐ Never

Discuss continuation of positioning, playtime resource and the importance of providing stimulation without the use of televisions

YOUR PHYSICAL ACTIVITY & NUTRITION

Discuss physical recovery since last visit

23. How many times per week are you doing any regular exercise or activity of moderate intensity lasting for at least 30 minutes (this can be in 3 x 10 minute sessions)? **(Moderate – will cause slight, but noticeable increase in breathing and heart rate and may cause light sweating – i.e.: brisk walk, swimming, exercise class, dancing)**
    - ☐ Never
    - ☐ Seldom
    - ☐ 1 – 2 times per week
    - ☐ 3 – 4 times per week
    - ☐ 5 or more times per week

Assess what stage the mother is at with the Readiness *to Change* flowchart

24. Using the chart what *Readiness to Change Stage* are they currently in
    - ☐ One
    - ☐ Two
    - ☐ Three
    - ☐ Four
    - ☐ Five

25. Do you intend to become more physically active in the next 6 months?

☐ Yes ☐ No

Go thorough discussion points on behaviour change, benefits, barriers and enablers, confidence and goal setting. Discuss any physical activity goals that were put into place since the last visit. Reassess the *Readiness to Change* flowchart.

26. What barriers / enablers are in place?

_____
_____

27. What goals have been put in place?

_____
_____

SOCIAL SUPPORT

28. What involvement with the baby does your partner have?

_____
_____

29. Do you have support and help from family and friends?

☐ Yes ☐ No

30. Are you aware of any community support like playgroups, baby gyms etc

☐ Yes ☐ No

31. Are you involved in any groups?

☐ Yes ☐ No

32. Are you in contact with the Child and Family Nurses who work out of the local baby clinics?

☐ Yes ☐ No

33. Have you visited your local doctor since my last visit?

☐ Yes ☐ No ☐ Medical centre

Discuss importance of supportive environments and keeping in contact with local baby clinics

COMMENTS

_____
_____
_____
_____

Other topics discussed:

_____
_____
_____
_____

Signature: _____