Three Month Checklist

Date of Visit: _____

Nurse Code: _____
Client Initial: _____
Current weight: _____

Age of Child: _____
Client number: _____
Current 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

Reinforce exclusive breastfeeding for 1st 6months and continuation of for 12 months and beyond

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

   - ☐ Midwife
   - ☐ Child & Family nurse
   - ☐ Pharmacist
   - ☐ GP
   - ☐ Family
   - ☐ Friend
   - ☐ Other

Discuss issues relating to complementary feeding and possibility of re-establishing full breastfeeding. If re-establishing breastfeeding refers to clinic, intake, ABA, printed handout.

5. Have you any questions, concerns or issues with breastfeeding?
   - ☐ 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?
   _____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?
    - ☐ Yes ☐ No

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

12. Do you have any questions, concerns or issues relating to formula feeding your 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.

Introduction of Solids

13. Have you thought about when you would like to introduce solids?
    - ☐ Yes _____ months
    - ☐ No

Discuss recommendations of starting solids at 6 months and reasons for this.

YOUR BABY & PHYSICAL ACTIVITY

14. 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

15. What new things is your baby doing now? **(Prompts – variety of positions, hold their head up, hands forward, baby mimic)**

_____
_____
_____

16. Are you feeling confident is helping your baby develop their movement skills
    - ☐ Yes
    - ☐ No

17. How do you provide a quiet time to interact with your baby?

_____
_____

OUR PHYSICAL ACTIVITY & NUTRITION

Discuss physical recovery since last visit

18. 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)**
    - ☐ 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

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

20. Do you intend to become more physically active in the next 6 months?
    - ☐ Yes
    - ☐ No

Discuss points on behaviour change, benefits, barriers, enablers, confidence, and goal setting.

21. What barriers / enablers are in place?

_____
_____

22. What goals have been put in place?

_____
_____

SOCIAL SUPPORT

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

_____
_____

24. Do you have support and help from family and friends?
    - ☐ Yes
    - ☐ No

25. Are you aware of any community support like playgroups, baby gyms etc
    - ☐ Yes
    - ☐ No

26. Are you involved in any groups?
    - ☐ Yes
    - ☐ No

27. Are you in contact with Child and Family Nurses who work out of the local baby clinics?
    - Yes
    - No

28. 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: _____