

# Rapid Needs Assessment Intake for Infant and Young Child Feeding in Emergencies



## FOR EMERGENCY RESPONDERS AND SHELTER PERSONNEL:

Use this rapid needs assessment for all families with children up to two years of age to assess feeding support and resources needed. Use a separate assessment for each child within a family.

This assessment can help relief workers to identify:

- how families are feeding their child(ren)
- the foods and infant feeding supplies needed
- families that need lactation support
- families that require private spaces to feed their children
- families that require disposable feeding items or supplies to clean infant feeding items

### 1. Family information:

What is your name?

What is the child's name? (use a separate rapid needs assessment for each child)

Are you the child's parent, caregiver, or guardian?

Yes No

Is the child separated from parent(s)?

Yes No

How old is the child in weeks or months?

### 2. Was the child born prematurely, with a low birth weight, or with any illnesses?

Yes No

If yes, please explain.

### 3. What is the child being fed? (check all that apply)

breast milk

infant formula

cow's milk

milk alternative (e.g., soy milk)

solid foods (also called complementary foods)

other

### 4. How is the child being fed? (check all that apply)

at the breast

with a bottle

with a cup

with utensils

with a syringe or supplemental nursing system

other

### 5. For families feeding breast milk:

Is the child separated from the breastfeeding mother?

Yes No

Does the child feed at the breast?

Yes No

Do you use a breast pump?

Yes No

If yes:

Do you exclusively pump your milk?

Yes No

What kind of a pump do you use?

Manual Electric

Did you bring your pump with you?

Yes No

Do you know how to express your milk by hand?

Yes No

Do you need help with breastfeeding or expressing milk?

Yes No

**6. For families feeding infant formula:**

How much infant formula is the child eating each day (24 hours)

Does the child need, or has the child's doctor prescribed a special kind of infant formula?

Yes No

If yes, what kind and why?

**7. For families feeding solid foods, the child eats foods that are mostly:**

Pureed

Mashed

Chopped

Other

Does the child have any food allergies or restrictions?

Yes No

If yes, please list:

**8. Does the child have any feeding problems or special needs related to feeding? (e.g., chokes on certain textures, aspirates, uses special equipment)**

Yes No

If yes, please explain.

**9. Is there anything else you want to tell us about how you feed the child or other concerns you may have (e.g., privacy, safety, feeding supplies)?**

**10. For Emergency Responders Only (Do not ask family)**

**Observe appearance: Does the child look dehydrated, thin, or ill?**

Yes No Not Sure

**Observations:**

**Remind families to ask staff for any supplies, support, or information that they need.**

**IMMEDIATE NEEDS FOR THIS CHILD/FAMILY**

(To Be Completed By The Emergency Responder)

Lactation support

Donor human milk (if available)

Ready-to-Feed (RTF) infant formula

Infant feeding supplies (e.g., bottles or cups)

Solid foods

Education (note what information is needed, such as hand expression, cup feeding, formula preparation, etc.)

Other

## Responses to the questions in this Rapid Needs Assessment should inform these next steps:

- Reassure breastfeeding women that breastfeeding is the safest way to feed their child during the emergency. Tell these families that they can and should continue to breastfeed and can offer the breast as much as their infant wants.
- Provide families with age-appropriate information about how to continue to safely feed their children during the emergency. Education should be tailored to how they are currently feeding their children and should include guidance for safe cleaning of feeding equipment for all families, including those providing complementary foods. Refer to the guidelines for [Feeding Solid Foods During a Natural Disaster or Emergency](#) in CDC's IYCF-E toolkit for more information.
- If pasteurized donor human milk is available (e.g., from a human milk bank), ensure that breastfed infants who are separated from their breastfeeding mother and/or do not have access to breast milk are able to receive pasteurized donor human milk.
- If families are using a breast pump to express milk to feed their child, encourage them to breastfeed at the breast more and/or hand express their milk for feedings. Refer to CDC's handout on [hand expression](#).
- If families rely on an electric breast pump, make sure they have access to electricity and/or batteries to operate the pump, and a refrigerator to store their milk. These families also need access to safe water and cleaning supplies to [properly clean the pump part kits](#) after every use. If proper cleaning of breast pumps (manual or electric) is not possible, they should not be used. Contact a lactation support provider to help support the family and teach [hand expression](#).
- If families are using bottles and nipples, or other reusable cups to feed their children breast milk or infant formula, AND safe water and cleaning supplies ARE NOT available, provide disposable cups and [instructions on cup feeding](#). If proper cleaning of infant feeding items such as bottles and nipples is not possible, they should not be used. Refer to CDC's handout on [how to cup feed](#).
- If families are using bottles and nipples, or other reusable cups to feed their children breast milk or infant formula, AND safe water and cleaning supplies ARE available to clean these items, provide education on [proper cleaning practices](#). *Note: Disposable feeding items are preferred in congregate shelter settings to minimize risk of contamination that can make babies sick.*
- Tell families how they can get help with infant feeding if they have any concerns or problems.

## Concerns requiring further assessment with a trained health professional and/or lactation support provider: (check all that apply)

Child appears unwell, thin, or dehydrated (get medical help immediately).

Child is normally fed breast milk but is separated from breastfeeding mother.

Child not breastfeeding well (latch, suck, transfer).

Breastfeeding problems (e.g., plugged ducts, breast infection, thrush, engorgement, slow or difficult let-down, oversupply, use of special equipment like a supplemental nursing system or G-tube).

Parent/caregiver think child is not eating enough.

Mother thinks she is not producing enough breast milk for child.

Breastfeeding family requests infant formula.

Child is over 6 months of age and family has concerns with feeding the child complementary foods.

Mother needs to learn how to hand express milk.

Mother wants to relactate. [Relactation](#) is when you start breastfeeding again after having stopped for some time (weeks or months).

Child has food allergies or dietary restrictions.



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