



**NATIONAL BREASTFEEDING FORM C**  
Criteria adapted from the National Breastfeeding Policy

**FORM C: CHILD HEALTH BREASTFEEDING FORM (To be completed during the Child Health Clinic)**

<b>NAME:</b> _____	<b>AGE:</b> _____	<b>D.O.B:</b> _____ (dd/mm/yy)
<b>NATIONALITY:</b> _____	<b>COUNTY:</b> _____	<b>PARITY:</b> _____
<b>HEALTH FACILITY:</b> _____	<b>CLINIC NO:</b> _____	<b>HOSPITAL NO:</b> _____

<b>INFANT'S NAME:</b> _____	<b>AGE:</b> _____	<b>D.O.B:</b> _____ (dd/mm/yy)
<b>NATIONALITY:</b> _____	<b>COUNTY:</b> _____	
<b>HEALTH FACILITY:</b> _____	<b>CLINIC NO:</b> _____	

**FORM C: CONTINUED BREASTFEEDING**

	<b>Child health care record:</b>	<b>YES</b>	<b>NO</b>
1.	Infant was never given breast milk <sup>1</sup>		
2.	Breastfeeding was initiated within the first hour of life <sup>2</sup>		
3.	Infant received only breast-milk up to 1 month <sup>3</sup>		
4.	Infant received only breast-milk up to 2 months <sup>3</sup>		
5.	Infant received only breast-milk up to 3 months <sup>3</sup>		
6.	Infant received only breast-milk up to 4 months <sup>3</sup>		
7.	Infant received only breast-milk up to 5 months <sup>3</sup>		
8.	Infant received only breast-milk up to 6 months <sup>3</sup>		
9.	Infant continued breastfeeding up to 12 to 16 months <sup>4</sup>		
10.	Infant continued breastfeeding up to 20 to 24 months <sup>5</sup>		

\_\_\_\_\_  
Name in BLOCK Letters

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/yy)

\_\_\_\_\_  
Designation



1. **Never Breastfed Rate (NBR)**

The proportion of infants never given breast-milk over the proportion of live births, in a reference time period.  $\frac{\text{\# of children never receiving breast-milk}}{\text{\# of live births per time period}} (*100)$

2. **Initiation of Breastfeeding in the First Hour of Life (IBR)**

The percentage infant 0 - <12 months of age who were put to the breast within one hour of birth.

3. **Exclusive Breastfeeding Rate (EBR)**

The percent of infants aged 0 - <6 months (0-182 days) who are being exclusively breastfed. An infant is considered to be exclusively breastfed if he/she receives only breast-milk with no other liquids or solids, with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines

4. **Continued Breastfeeding Rate at 12 Months (CBR12)**

The percentage of children 12 - <16 months of age (366-426 days) who are breastfed

5. **Continued Breastfeeding Rate at 24 Months (CBR24)**

The percentage of children 20 - <24 months of age (608-730 days) who are breastfeeding children

**Full/Partial/Token Breastfeeding (FPTB)**

Breastfeeding patterns are highly variable. Full or nearly full breastfeeding is also defined clinically as a pattern that will maintain both milk supply and amenorrhea. This is calculated by making the “number of times breastfed” the numerator and the “number of times of any food or liquids are given” the denominator (see Figure 2).

The definitions are:

- Full Breastfeeding: at least 85% of feeds are breastfeeds,
- Partial: 15-85% of feeds are breastfeeds, and
- Token: fewer than 15% of feeds are breastfeeds.