



## **PQCNC HM NCCC Phase II Data Collection Sheet**

### **Part I - ADMISSION**

1. Admission Date/Time: \_\_\_\_\_
2. Birth weight (grams): \_\_\_\_\_
3. HC (cm): \_\_\_\_\_
4. Length (cm): \_\_\_\_\_
5. Delivery: Inborn Outborn
6. Gestational age at birth (completed weeks): \_\_\_\_\_
7. Before admission to the hospital, what was mom's plan for feeding this baby?    Breast, formula or both
8. Has a Doctor/Nurse Practitioner spoken to mom about the importance of providing milk for her baby?
  - a. Yes +Date: \_\_\_\_\_ / Not done
9. After hospital discharge is mom using a pump?    Yes / No
  - a. If yes, rental / WIC ;
  - b. Date Obtained: \_\_\_\_\_
  - c. Type: \_\_\_\_\_

Patient Label:



## **Part II – DISCHARGE**

10. Discharge Date/Time: \_\_\_\_\_

11. Did this baby survive until discharge?      Yes      No (If no, skip to question 22 and 23)

12. Discharge age in days: \_\_\_\_\_

13. Discharge weight (grams): \_\_\_\_\_

14. HC (cm): \_\_\_\_\_

15. Length (cm): \_\_\_\_\_

16. Did this baby go home on supplemental oxygen?      Yes      No

17. Did this baby have NEC?      Yes      No

a. If Yes where did NEC occur?      Your Hospital      Other Hospital

18. Did this baby have NEC requiring surgery?      Yes      No

19. Did baby have sepsis?      Yes      No

20. Discharge Destination:      Home      Another Unit in this Hospital      Another Hospital

21. For 24 hour period in previous 48 hrs (not on day of discharge) which best reflects the infant's feeding status: (circle one)

- a. 100% Mother's milk without fortification
- b. 100% Mother's milk fortified
- c. 100% Formula
- d. Combination: Some Mother's Milk & Some Liquid Formula
  - i. If combination, mother's milk: (circle one)

1. growth

2. diminished mother's milk

22. Mom's Ethnicity (circle):      African-American      Asian      Caucasian      Spanish/Hispanic/Latina

23. Payor (circle):      Medicaid      Blue Cross Blue Shield/State Health Plan      Other

Patient Label:



## PQCNC HM NCCC Phase II Data Collection Sheet

### Part III - Daily

	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
<i>Date Shift began</i>														
<i>Shift</i>	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a
24. Did mother hold baby skin to skin on your shift?														
25. Has infant received, on your shift (mark all that apply)														
• Human milk for oral care														
• Maternal milk														
• Donor milk														
• Formula														
26. Fortifier added to breast/donor milk feedings?														
27. Today's weight (grams)														
28. Have you reviewed the status of mother's milk supply? (IF "No" answer 29 and 30 as "0")														
29. How many times has mom pumped today?														
30. How much milk has mom expressed today? (ml)														

Comments:

Patient Label:

## PQCNC HM NCCC Phase II Data Collection Sheet



### Part III - Daily

	Day 8		Day 9		Day 10		Day 11		Day 12		Day 13		Day 14	
<i>Date Shift began</i>														
<i>Shift</i>	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a
24. Did mother hold baby skin to skin on your shift?														
25. Has infant received, on your shift (mark all that apply)														
• Human milk for oral care														
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• Donor milk														
• Formula														
26. Fortifier added to breast/donor milk feedings?														
27. Today's weight (grams)														
28. Have you reviewed the status of mother's milk supply? (IF "No" answer 29 and 30 as "0")														
29. How many times has mom pumped in the last 24 hrs?														
30. How much milk has mom expressed in the last 24 hrs? (ml)														

Comments:

Patient Label:

## PQCNC HM NCCC Phase II Data Collection Sheet



### Part III - Daily

	Day 15		Day 16		Day 17		Day 18		Day 19		Day 20		Day 21	
<i>Date Shift began</i>														
<i>Shift</i>	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a
24. Did mother hold baby skin to skin on your shift?														
25. Has infant received, on your shift (mark all that apply)														
• Human milk for oral care														
• Maternal milk														
• Donor milk														
• Formula														
26. Fortifier added to breast/donor milk feedings?														
27. Today's weight (grams)														
28. Have you reviewed the status of mother's milk supply? (IF "No" answer 29 and 30 as "0")														
29. How many times has mom pumped in the last 24 hrs?														
30. How much milk has mom expressed in the last 24 hrs? (ml)														

Comments:

Patient Label:

## PQCNC HM NCCC Phase II Data Collection Sheet



### Part III - Daily

	Day 22		Day 23		Day 24		Day 25		Day 26		Day 27		Day 28	
<i>Date Shift began</i>														
<i>Shift</i>	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a	7a-7p	7p-7a
24. Did mother hold baby skin to skin on your shift?														
25. Has infant received, on your shift (mark all that apply)														
• Human milk for oral care														
• Maternal milk														
• Donor milk														
• Formula														
26. Fortifier added to breast/donor milk feedings?														
27. Today's weight (grams)														
28. Have you reviewed the status of mother's milk supply? (IF "No" answer 29 and 30 as "0")														
29. How many times has mom pumped in the last 24 hrs?														
30. How much milk has mom expressed in the last 24 hrs? (ml)														

Comments:

Patient Label: