



Data collection instructions for hospitals participating in the Initiative to Support Exclusive Breastfeeding in the Maternity Stay

One time per shift, begin data collection in L&D with the first admission on the shift where the woman is admitted for a term birth. (e.g., twice a day in units with 12 hour shifts and 3 times a day in units with 8 hour shifts.) After the initial questions are answered by the L&D nurse, the form stays with the mother and baby as they transfer to either a nursery/post-partum or mother/baby unit.

Should the baby be unexpectedly sick or at risk, and transferred from L&D to a high risk nursery for more complex care (either internally or to another hospital) data collection is stopped. In the rare case where this happens, begin data collection on another patient admitted during the shift if possible.

Low volume services may choose to collect data on more patients and this is encouraged in order for you to have enough information to see improvements.

Once the baby is transferred from L&D, data collection begins again (on the same form) on the first COMPLETE shift outside L&D. From that point forward, a nurse on each consecutive shift completes a portion of the data collection tool for a maximum of 72 hours (6 shifts for units with 12 hour shifts and 9 shifts for units with 8 hour shifts).

At discharge, final data is captured and nurse assures that infant sticker has been placed on form. Forms are deposited in a designated area. No health protected information will be entered into the web site- the sticker simply allows a team member to look back, if necessary, for any incompletions on the data collection tool.

If a patient is transferred from the newborn nursery or mother/baby unit to a high risk nursery for developing complications, please try to get the data collection form completed. We will evaluate the feasibility of this at the end of the baseline period.

Baseline data will be collected during October and November. As much as possible, teams should try to assure that this simply documents existing practices given the expected variance. Avoid the temptation change a practice during this time.

No data collection is anticipated in December and data collection will resume in January and continue through September 2011. Data entry into the web based center will not be available until December and we will provide training and support for the data entry personnel at that time.