



PQCNC Exclusive Human Milk Mother Baby Record

Mother's intention to feed (circle): **Breastfeeding/Human Milk** **Formula** **Combo**
 Birth weight (grams): _____ Gestational age at birth: _____
 Admission date & time (Military): _____ Discharge date & time(Military): _____
 Type of Delivery (circle): **Vaginal** **CS**
 Mother's Ethnicity (circle all that apply): **African-American** **Asian** **Caucasian** **Spanish/Hispanic/Latina** **Other**
 Payor (circle): **Medicaid** **Blue Cross Blue Shield/State Health Plan** **Other**
 Infant skin to skin after delivery? (circle): **Yes** **No**
 Did infant latch in labor and delivery? (circle): **Yes** **No**

<i>Date</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
On my shift infant received: <i>(mark all that apply)</i>														
• Breastfeeding														
• Human milk														
• Formula														
Were any of four breastfeeding support elements offered? <i>(comfort, latch, positioning, transfer of milk) (Y/N)</i>														
Was the infant separated from mom for more than 1 hour? <i>(Y/N)</i>														
Was the infant skin to skin with mom? <i>(Y/N)</i>														
Optional: total minutes infant was skin to skin														
Did mom demonstrate hand expression? <i>(Y/N)</i>														
Did the infant use a pacifier during this shift? <i>(Mark with 'X' below)</i>														
• No														
• Yes – painful procedure														
• Yes – mother's preference														

Patient Label:

Comments: