

Exclusive Human Milk Well Baby

Intention to Feed Gap Review

Please use the tool to review 10 charts of Mothers who expressed an intention to breastfeed but the baby received supplementation during the hospitalization or were discharged not being exclusively breast fed.

MR: _____

Date and time of supplemental feed: _____

Reason given for not maintaining exclusive breast feedings:

Mother's preference Stated reason: _____

(i.e. wanted to sleep during the night, only wanted to try to breastfeed, no support system available for mom)

Physician preference

Weight Loss

Percentage of weight loss: _____

Hyperbilirubinemia

Other: _____