FINAL

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: ______________ Discharge date & time: _____________
Type of Delivery (circle): Vaginal CS
Mother's Ethnicity (circle all that apply): African-American Asian Caucasian Spanish/Hispanic/Latina
Payor (circle): Medicaid Blue Cross Blue Shield/State Health Plan Other
Infant skin to skin after delivery? (circle): Yes No

Date														
Shift	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: *(mark all that apply)*														
• Breastfeeding														
• Human milk														
• Formula														
• Other														
Were any of four breastfeeding support elements offered? *('**X**'all that apply)*														
• Comfort														
• Latch														
• Positioning														
• Transfer of Milk														
Was the infant separated from mom for more than 1 hour? ***(Y/N)***														
Was the infant skin to skin with mom? ***(Y/N)***														
Did mom demonstrate hand expression? ***(Y/N)***														
Did the infant use a pacifier during this shift? *(Mark with '**X**' below)*														
• No														
• Yes – painful procedure														
• Yes – mother's preference														

Patient Label:

Comments: