The purpose of the Data Dictionary is to develop consistency in data entry. The Data Dictionary refers to elements visible when the reporting forms are printed.

Patients enrolled in the EHM Nursery data system will require provider input at enrollment and for all shifts that the infant is hospitalized. All data fields must be completed for forms to be accepted. We are requesting that data be collected on ALL infants but data be entered in the line system only for all or up to 200 infants monthly. For centers with greater than 200 deliveries per month, we recommend that paper forms be collected and on alternating months odd and even numbered infants be submitted on line. If the necessary 200 cases are not achieved, add even and odd numbered cases until reaching 200. If a month is an even month, all even cases are entered, and only 145 infants are enrolled, start entering odd numbered infants until 200 is reached.

All forms have a comments box that is for your use only. It is not required, and information entered in this box will not be entered on the web.

This Dictionary defines the basic elements of entries for all Information forms.

EHM Well Baby Data Dictionary

Patient Information

Patient ID: Enter unique identifier based on system you develop locally. This ID should not be the medical record number.

Mother's Intention to Feed: This is the mother's stated feeding plan on admission to labor and delivery. Choices are breastfeeding (or donor human milk), formula feeding or a combination of formula and breastfeeding.

BirthWeight: This refers to official birthweight recorded locally. In rare cases where an infant is received from another facility enter the birthweight reported by the referring facility.

Gestational Age: Enter the best estimate of the infant's **completed** weeks of gestational age. There is no requirement that a specific method be used to determine the gestational age.

Admission date & time - Discharge date & time: Self-explanatory. Enter date in 00/00/0000 format

Type of Delivery: Choices are either vaginal (includes instrument deliveries) or cesarean section.

Ethnicity: Choices are African-American, Asian, Caucasian and Spanish/Hispanic/Latina. More than one choice may be selected. We have limited choices for this initiative to these choices in the interest of simplifying data collection.

Payor: Choices are Medicaid, Blue Cross Blue Shield/State Health Plan or Other.

Skin to Skin After Delivery: After delivery was the infant placed skin to skin with the mother in the delivery room. Skin to skin is defined as infant immediately after birth being placed prone on mother's abdomen or chest. The infant's body was dried, and its head was covered with a dry cap to prevent heat loss. If the cap became damp, it was replaced with a dry cap. It is encouraged that admission procedures be conducted on the mother's abdomen or delayed until after initial skin to skin time. It is acceptable after the cord is cut that the infant be moved to the radiant warmer for admission procedures. The naked infant (except for a cap and/or diaper acceptable) should then be placed prone back on the mother's bare chest and covered across the back with pre-warmed receiving blankets. The time of skin to skin beginning in the DR should be at least 1 hour.

During this period the goal is to leave the couplet relatively undisturbed (observation and vital signs acceptable) until after the baby's first effective breastfeeding. The baby is developing a sequence of orienting behaviors at this point. Staff should be available to observe and assist mom in allowing the baby to nurse as long as he wants.

It is understood that some facility protocols will mandate movement of the mother and baby prior to this interaction completing. Consideration should be given to transporting the mom and baby skin to skin or re-evaluating policies which might interrupt the initial skin to skin time. There is early evidence that if this orientation period of the infant is interrupted the sequence needs to begin again.

An experienced nurse should be placed in the delivery room for periodic observation and recording of vital signs (including temperature) of newborns that are skin to skin. Nursing staff should observe color, respirations, tone and heart rate and to alert physicians to any cardiorespiratory changes.

Shift Reporting

Date: Self-explanatory. Enter date in 00/00/0000 format.

Shift: Choices are a generic day and night shift. We have stated start times as 7 AM and PM. If shift starts deviate from these times please record data in most representative shift box (7 AM as a generic day shift and 7 PM as a generic night shift)

On my shift infant received: Choices are human milk alone, formula alone or combination (infant received both formula and human milk)

Was one of four breastfeeding support elements offered?: The provider answers "Yes" or "No". If yes, then the type of support or supports offered to the mother is noted. The four support elements which are possible choices are maternal comfort, position, latch, and milk transfer. Single or multiple choices may be made.

1. Maternal Comfort
    a. Nurses should identify and educate families about the prevention and treatment of the following potential breastfeeding problems including:
        i. Cracked, bleeding, sore, flat, or inverted nipples
        ii. Breast engorgement
        iii. Mastitis, obstructed (plugged) ducts
2. Position Guidance
    a. Discussion of possible positions and identification of most effective and comfortable positions (cradle, modified cradle, side-lying, football hold etc.)
3. Latch Assessment
    a. Wide opened mouth
    b. Flared lips
    c. Nose, cheeks, and chin touching, or nearly touching, the breast
4. Evidence for Transfer of Milk
    a. Observe infant for signs of milk transfer:
        i. sustained rhythmic suck/swallow patterns with occasional pauses
        ii. audible swallowing
        iii. relaxed arms and hands
        iv. moist mouth
        v. satisfied after feedings
    b. Observe mother for signs of milk transfer:

i. strong tugging which is not painful
ii. thirst
iii. uterine contractions or increased lochia flow during or after feeding for the first 3-5 days
iv. milk leaking from the opposite breast while feeding
v. relaxation or drowsiness
vi. breast softening while feeding
vii. nipple elongated after feeding but not pinched or abraded

Was the infant separated from mom for more than 1 hour?: Yes or No. Answer self-explanatory for the shift. Separation includes the infant being separated from mom for any reason. Reasons may include transfer to the nursery per mom's request, for procedures, and for tests.

Was the infant skin to skin with mom?: This refers to time beyond breastfeeding. Such time may certainly immediately precede or follow breastfeeding sessions. Skin to skin is the infant without clothes, other than diaper, on mom's bare chest (no bra) for a period of at least one hour. Ideally the infant will attempt feeding during this period. Infant wrapped in a blanket lying in mother's bed is not skin to skin time. Skin to skin time may be intermingled with breastfeeding sessions. If mom is purely breastfeeding and then placing the infant back in the crib, do not count as skin to skin time.

Did mom demonstrate hand expression?: Yes or No. Answer self-explanatory.

Did the infant use a pacifier during this shift?: The pacifier may have been supplied by the family or the facility. Choices are "No" pacifier use or "Yes" pacifier use. If the pacifier is used by staff during blood draws, circumcision or other procedures (saturation checks, x-ray, echocardiogram etc) then check "Yes-painful procedure." If pacifier use accepted by family and used to console infant not experiencing a painful procedure and in the room, check mother's preference.