

Exclusive Human Milk for Babies Data Glossary & Dictionary January 2010

This glossary and accompanying definitions will help ensure consistency and reliability when gathering and entering data. Patients are eligible when admitted to L&D after 37 completed weeks of gestation for the birth of one or more live fetuses. Mother and baby are linked in the data collection, just as they are linked in the breastfeeding process. Two data collection tools are started each 24 hour period; one with either the first admission or the first delivery on the day shift and one with either the first admission or the first deliver on the evening or night shift. In the case of multiples who are over 37 weeks, complete for only the first born of multiples.

Lactation: Production and secretion of milk

Breastfeeding: Direct transfer of milk from mother's breast to baby's mouth mediated by suckling

Human milk feeding: Feeding of human milk to the baby by means other than breastfeeding, including cup, spoon, Supplemental Nursing System (SNS), bottle, etc.

Skin-to-skin: Skin-to-skin is the direct contact of the baby's naked front (diaper and hat are acceptable covering), with the mother's bare abdomen and chest/breasts, both covered by a warm blanket.

The following definitions are for answering questions on the data collection tool using information from the Labor & Birth experience.

1. Estimated gestational age in completed weeks _____
Record only the number of **completed weeks** of gestation (the birth attendant's final estimation of gestation based on all perinatal factors and assessments, but not the neonatal exam) at the time of admission to the L&D unit. Ignore any additional days.
2. Plurality
 - a Singleton: mother is pregnant with one live fetus at the time of admission to labor & delivery
 - b Multiple: mother is pregnant with more than one live fetus at the time of admission to labor & delivery
3. Type of Birth - the physical process by which the delivery of the infant was effected
 - a Vaginal Birth: vaginal birth with or without mechanical assistance (e.g. forceps or vacuum)
 - b Operative Birth: surgical birth through abdominal and uterine incisions
- 4 Is there documentation that mother was informed between admission and time of this birth about presence of skilled support for breastfeeding?
 - a. Yes: documentation found in mother's medical record, in physician notes, nursing notes or elsewhere after time of admission and before time of birth, OR if you (L&D nurse) shared this information with the patient directly.
 - b. No: there is no documentation of discussion about skilled support for breastfeeding in the mother's medical record after admission time and before the

time of birth AND you (L&D nurse) did not share this information with the patient directly before the time of birth.

5. If recorded on admission, mother's intention for baby's feeding:
 - a. mom indicates she is planning to breast feed her baby
 - b. mom indicates she is planning to feed her baby formula
 - c. mom indicates she is planning to both breast feed and formula feed her baby
 - d. mom makes no indication, staff do not routinely ask or information is for any reason unknown

 6. Is there documentation or did the L&D nurse report that the mother and infant were skin-to-skin (i.e., infant placed unclothed directly on mom's chest/abdomen) after birth? Using definition of Skin-to-Skin from above:
If mom and baby had no skin to skin experience, check one of the following
 - a. No: Check if no record of skin-to-skin after birth and before transfer from L&D unit and baby is clinically unstable
 - b. No: Check if no record of skin-to-skin after birth and before transfer from L&D unit and mother is clinically unstable (use this indication if mother AND baby are clinically unstable)
 - c. No: Check if no record of skin-to-skin after birth and before transfer from L&D unit and Mother declines, physician or nurse discusses benefits, and mother declines again
 - d. No: Check if no record of skin-to-skin after birth and before transfer from L&D unit, Mother declines, and no physician or nurse discusses benefits

 7. If yes, for approximately how long:
 - a. 1"-29": baby placed on mother's chest or abdomen after delivery and remained there less than 30 minutes within the L&D stay OR if the amount of time is unknown
 - b. 30"-59" : baby placed on mother's chest or abdomen after delivery and remained there at least 30 minutes and no longer than 59 minutes within the L&D stay
 - c. 60" or >60": baby placed on mother's chest or abdomen after delivery and remained there 60 minutes or longer within the L&D stay

 8. What is the infant's birth weight in grams? _____
Enter 4 digit number for weight in grams. If unit practice/policies do not include weighing infant in L&D record NBN admission weight here

 9. What is this baby's gender?
 - a. Female
 - b. Male

 10. Record date and time of infant's birth
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The following definitions are used to answer questions on the data collection tool using information from the Mother/Baby unit, LDRP or Post-Partum and NBN units.

After the birth questions are completed, nurses on post-partum, mother/baby and nursery units record information about the mother/baby experience **on each shift until discharge or transfer**. Information collection begins on the shift the baby was born, therefore shift 1 will always be a partial shift.

Example 1- hospital with 8 hour shifts and baby born at 8:44 am: Birth questions answered in L&D, baby transferred @ 11:30 am, shift 1 = remainder of the day shift, shift 2 = evening shift, shift 3 = night shift, etc. Information is recorded for all shifts.

Example 2- hospital with 12 hour shifts and baby born at 8:44 am: Birth questions answered in L&D, baby transferred @ 11:30 am, shift 1 = remainder of the day shift, shift 2 = night shift, shift 3 = day shift, etc. Information is recorded for all shifts.

Example 3- hospital with 12 hour shifts and baby born at 8:44 am: Birth questions answered in L&D, baby transferred @ 11:30 am, mother and baby discharged home at 6 pm. Shift information will be recorded only for this day shift.

This information is recorded after each completed shift:

1. Documented breastfeeding support this shift:
 - a. no, none documented
 - b. Yes
 - c. 100% Formula fed- mother chooses or clinical indication is only formula this shift (mother's of formula-only babies will receive important instruction, information and care regarding breast engorgement, etc. This is not breastfeeding support for this purpose.)

If yes, mark **all** that apply:

- a. Comfort: provider inquires about comfort, and offers suggestions for decreasing discomfort.
- b. Position: provider inquires about position of baby to ensure continuous comfort, effective milk transfer and whether mom will be able to replicate at home (i.e. mom doesn't require hospital resources to practice said position)
- c. Latch: provider has assessed the latch to ensure comfort and effective milk transfer
- d. Effective milk transfer: examples (all are NOT required or expected at each assessment of milk transfer) of what provider looks for and educates mother to look for include:
 - i. slow, deep sucks,
 - ii. milk ejection reflex
 - iii. no dimpling or puckering of baby's mother when sucking or pausing
 - iv. Breast tissue does not slide in and out of baby's mouth
 - v. There is no smacking or clicking sounds when sucking
 - vi. Swallowing occurs every 1-3 sucks
 - vii. The baby is able to maintain the latch throughout a feeding
 - viii. The mother's breast softens as the feeding progresses
 - ix. The baby spontaneously unlatches and is satiated
 - x. The mother's nipple does not blanch or compress at unlatching
 - xi. The baby is content between feedings
 - xii. The baby is voiding and stooling appropriately

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- e. Other: If you observe and assess the mother baby dyad and provide any support not listed above, answer question 1 “yes” and check other
2. Number of times mom and baby are skin-to-skin for a minimum of one hour during this shift: (Use definition of Skin-to-Skin above)
- none - no skin-to-skin **or** brief period(s) less than 60 minutes
 - 1- mom and baby are skin-to-skin **one time** for any amount of time that **exceeds** 59 minutes
 - 2 or more- mom and baby are skin-to-skin **2 or more times** where **each event exceeded** 59 minutes (this measure is not a cumulative amount of time added together)
3. Hours mom and baby separated (mom and baby not in same room) during this shift:
- none- self explanatory
 - check if baby and mother are not in the same room for 1-59 minutes on this shift
 - check if baby and mother are not in the same room 60-120 minutes on this shift
 - check if baby and mother are not in the same room more than 2 hours on this shift
4. Did you or another professional provide a pacifier on this shift?
- Yes- I (or another provider) provided a pacifier on this shift. Family members providing pacifiers are not relevant to this question.
 - No- The child does not have a pacifier during this shift or has a pacifier that was not provided by you or another hospital staff member on this shift.
5. Documented supplement during this shift (drop down) mark all that apply:
- No- None documented
 - Yes, mother’s expressed milk
 - Yes, donor milk
 - Yes, formula
 - Yes, glucose water
 - Yes, water
5. If supplemented, are clinical indications documented in the infant’s medical record? (Please mark all that apply)
- None documented
 - Maternal indications (illness resulting in separation of infant and mother, maternal medications contraindicated in breastfeeding, known HIV infection, etc.)
- Infant Indications:
- Asymptomatic hypoglycemia documented by laboratory blood glucose measurement
 - Weight loss of 8-10%
 - Hyperbilirubinemia
 - Other
6. Did baby feed with a bottle on this shift?
- No- self explanatory
 - Yes- self explanatory, regardless of what is in the bottle
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These measures completed by mother/baby or nursery staff at/after discharge

1. The Baby's length of stay (the number of hours between birth and discharge):
 - a. <24 hours
 - b. 24-47 hours
 - c. 48-72 hours
 - d. > 72 hours
 2. Record the date and time the infant leaves the maternity unit
 3. Is there documentation of Neonatal Abstinence Syndrome?
 - a. No
 - b. Yes
 4. Is there documentation of a Cranio-facial anomaly which may interfere with exclusive breastfeeding?
 - a. No
 - b. Yes
 5. Is there documentation of a Chromosomal Anomaly which may interfere with exclusive breastfeeding?
 - a. No
 - b. Yes
 6. Did this patient receive phototherapy?
 - a. No
 - b. Yes, using any method (e.g., overhead bank, bili-blanket)
 7. Birth Month _____
 8. Newborn Discharge Weight in grams _____
 9. Is mother's race African American?
 - a. Yes mother reports
 - b. No
 10. Is documentation found that mother received DMPA (depo shot) during this hospitalization?
 - a. Yes
 - b. No
 - c. Unknown
 11. Is mom Spanish/Hispanic/Latina?
 - a. Yes mother reports
 - b. No
 - c.
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12. Regarding infant feeding, is this mom (Check one)
- a. Breastfeeding or breast milk only = infant has received only human milk during the maternity stay
 - b. Formula feeding only = infant who has received no human milk during the maternity stay
 - c. Combination of breast feeding and formula feeding = infant who has both nursed or been provided human milk AND has also had formula during the maternity stay

Answer questions 13 and 14 if mother is breastfeeding or “combination” feeding:

13. Is Documentation found in the medical chart that the mom can demonstrate proper technique for hand expression prior to discharge:
- a. Yes, documentation is found that mother is able to demonstrate the basic techniques used for hand expression of her own milk, with evidence of effectiveness being the visible secretion of colostrum or milk.
 - b. No- self explanatory
14. Is documentation found that mom has been informed of breastfeeding support resources in the community?
- Breastfeeding support resources may include phone numbers back to the hospital, support groups on- or off-site, ZipMilk.org, WIC, etc.
- a. Yes-self explanatory
 - b. No-self explanatory
15. Discharge destination
- a. Home- circle if discharged to parent(s), grandparents, foster parents, etc. to a home environment
 - b. To another unit in our hospital, NICU, PICU, Pediatric floor, etc.
 - c. To another Hospital for acute care or continuing care