# **Baby-Friendly Documentation**



# Becoming Baby-Friendly in Oklahoma Data Collection Elements

- Any breastfeeding
- EBF
- Skin to skin vaginal and cesarean
- Staff/MD education

## **Breastfeeding Rates**

- Any breastfeeding Only babies admitted to a mother/baby unit, not NICU
- Exclusive breastfeeding follow the Joint Commission guidelines on measuring exclusive breast milk feeding at discharge (PC-05)
  - PC-05 Single term newborns discharged alive from the hospital

## Skin to Skin Contact

- **Skin to skin -** First hour of life including first feed. Baby should be placed in immediate skin to skin contact, ie. within 5 minutes of birth. You will need to have this documented "Went skin to skin at XXam, ended skin to skin at XXam" in order to be able to report this.
- Skin to skin after cesarean Report if baby goes skin to skin in the OR or "as soon as mother is able to respond", especially if she had general anesthesia. Exceptions would be if mom had a medical emergency.

## **Staff Training**

- Staff training (20 hours) Only need to train and report on inpatient maternity nursing staff that are involved with newborns from the moment of admission of mom in labor through when mom goes home with the baby. We are not requiring you to report on staff training for other hospital staff, e.g. NICU, or general staff.
- Provider training (3 hours) Only need to train and report on providers that your hospital employs. (You can offer and strongly encourage completion of training by other providers and cannot require them to do it.)

## Baby-Friendly USA Documentation

- Skin to skin start/stop time, reason delayed,
   when implemented if delayed
- EBF time of 1<sup>st</sup> breastfeeding, any supplementation (what, why, how), maternal education
- Rooming In if separated time out, time returned, reason
- Pacifiers/artificial nipples maternal education of risks, if used – reason/date/time

## Stillwater Medical Center

Skin to Skin documentation using MediTech

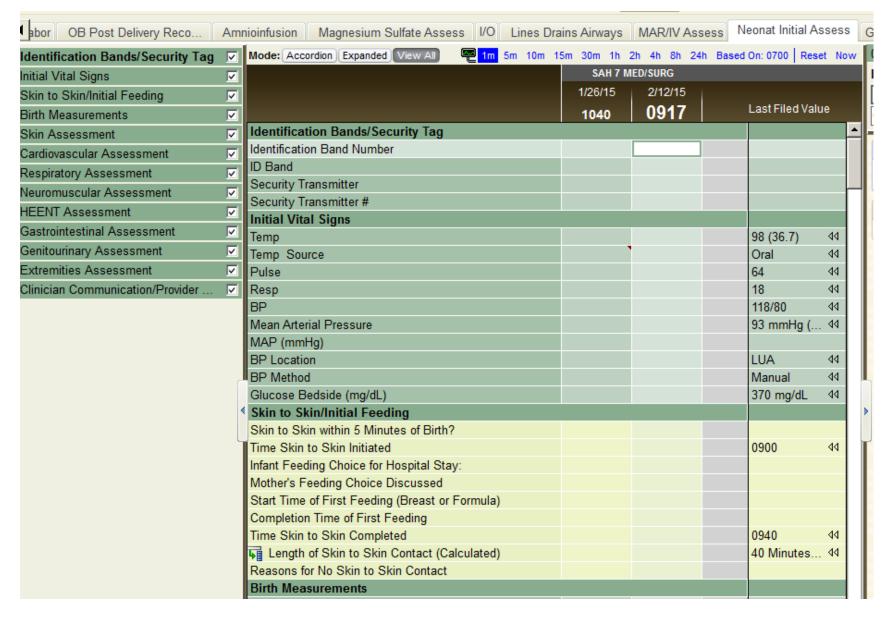
Skin to Skin				
Skin to Skin	○ Initiated ○ Not Initiated			
Skin to Skin Time Initiated:				
Skin to Skin Time Ended:				
Why was Skin to Skin Indicated?				

## St. Anthony's-OKC

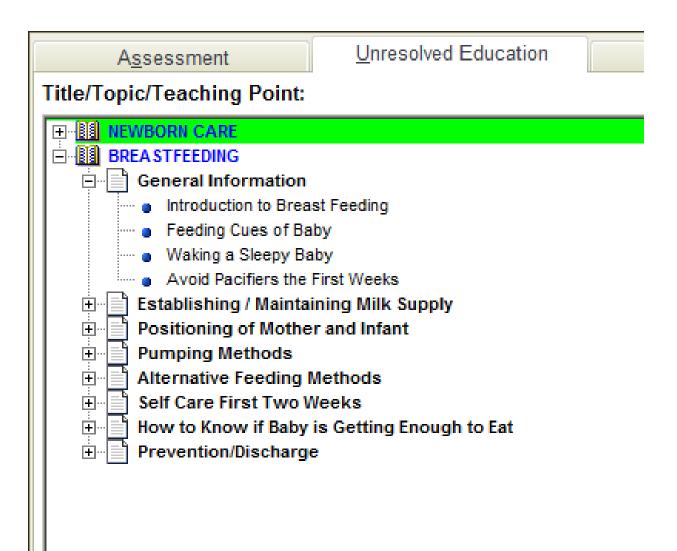
Skin to Skin documentation using EPIC

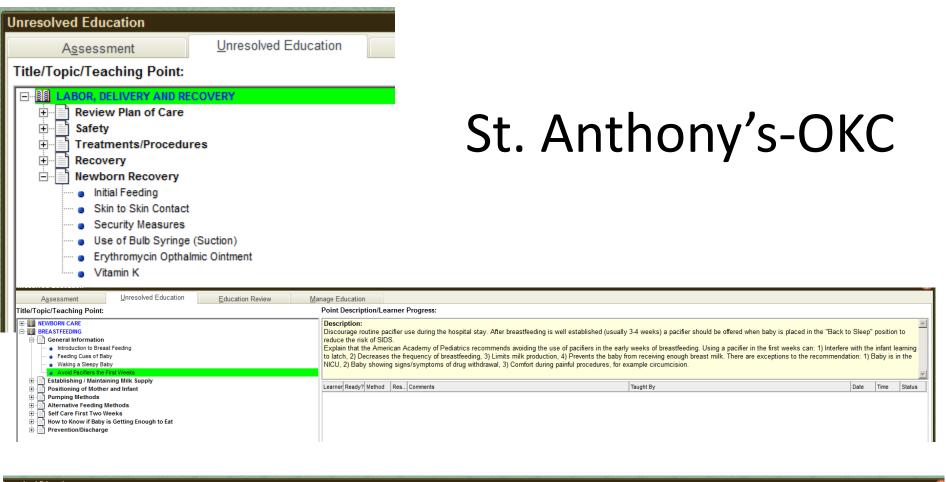


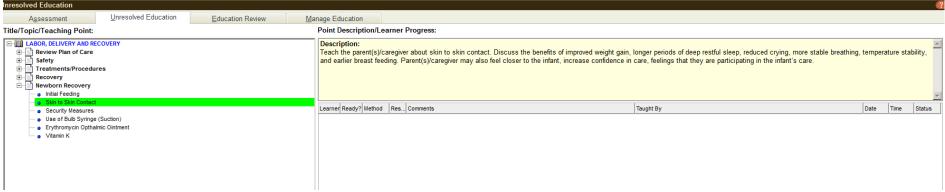
## St. Anthony's-OKC



## St. Anthony's-OKC



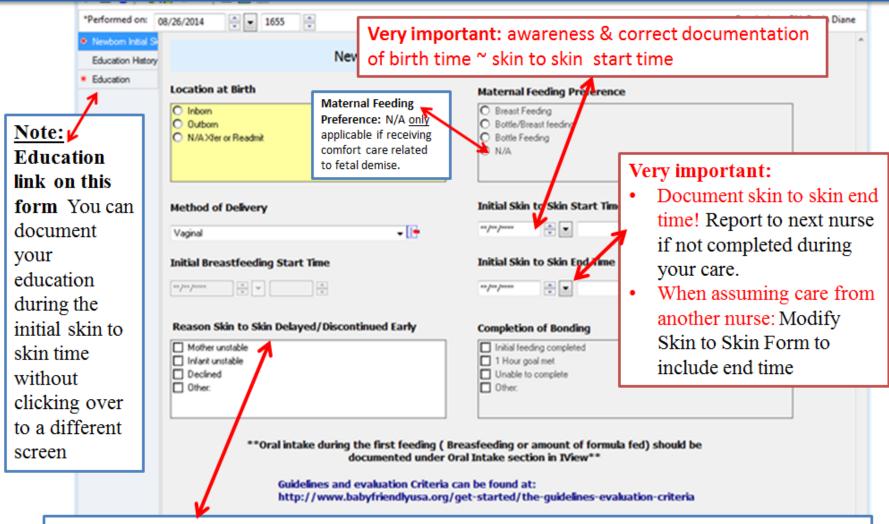




## **INTEGRIS** Health

# Cerner Power Chart Documentation

### Skin to Skin (S2S) Documentation – please use to help improve data collection

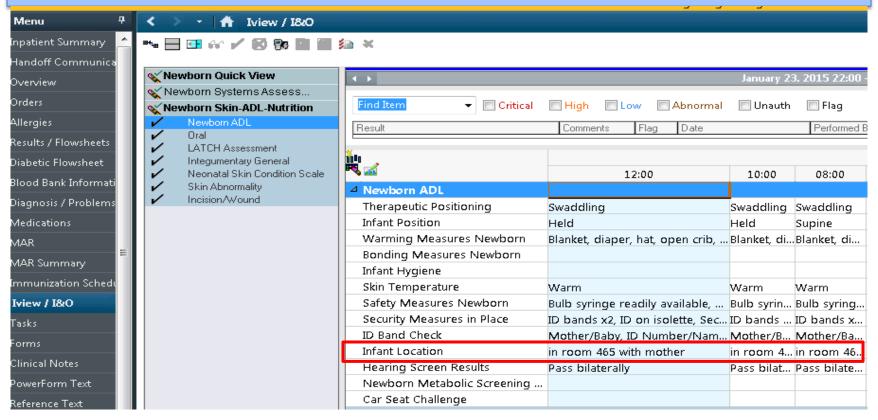


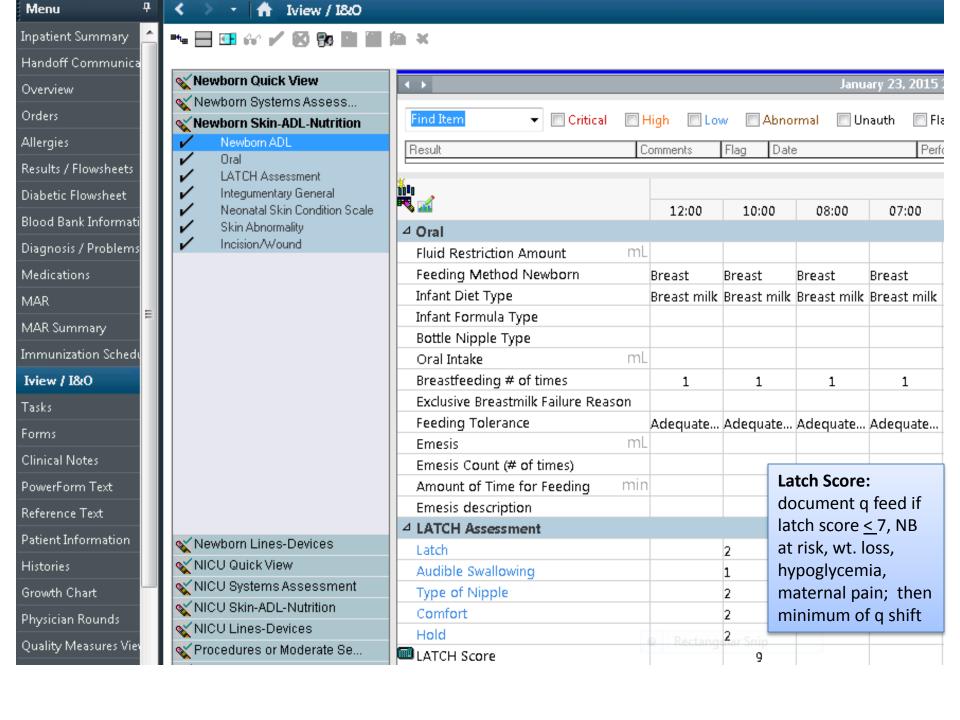
**S2S Delayed:** Over 5 minutes vaginal birth or until after a C/S mother &/or baby is stable make a <u>Clinical Note</u>. Include:

- Medical reason include medial circumstances
- Maternal Choice include education & maternal informed consent

#### **Rooming In:**

- Document ADL at minimum of q2hr. Document all that apply.
- Location: Required documentation transfer of infant from Delivery room/OR/recovery, transfer to 4East/MB, time of transfer and change of caregiver at transfer and shift change.
- **Required Documentation** time infant transferred to and from to NB Treatment room for procedures. Document if parents accompanied and stayed at crib side during procedure.
- **Remember:** as long as a newborn is in the room with mom, location does not need to be charted. HOWEVER....anytime the baby leaves the room for any reason, it must be documented when, why, how and for how long! The expected 'best practice' is that care happens in the room.





# Required Documentation: Breastfeeding Infants who Receive Supplementation – Maternal Informed &/or Medical Decision

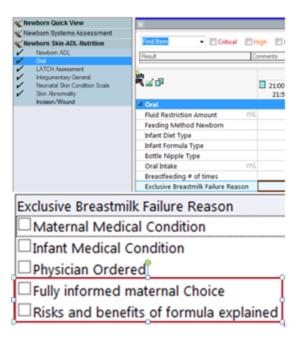
### **Baby Friendly Survey Prep:**

### Newborn Iview/Exclusive Breastmilk Failure Reason document:

- Select all exclusion reasons that apply
- Fully informed maternal choice –always select
- Risks & benefits of formula explained always select

#### When?

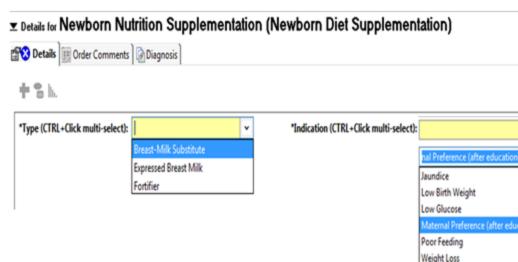
- Every time a breastfeeding infant is supplemented
- Exclusive formula feeding infant at first feeding



### **Joint Commission Requirements:**

## Physician order must be documented for the indication for supplementation!

- Required for both mothers choice & medical indication
- Enter order as phone, verbal or protocol with co-sign
- Fully informed maternal choice, enter order, notify physician during rounds



Education Newborn General: Menu > Tasks > Continuous Tasks  / Communication (you may need change time interval)					
Education Histo	Vaginal Discharge				
✓ Education	Breast/Bottle Feeding				
		Verbalizes understanding	Demonstrates	Needs furth	
	Risks/Benefits Breastmilk				
	Risks/Benefits Brstmilk alternative				
	Exclusive Breastfeeding/Breastmilk				
	Infant Feeding Cues				
	Newborn Feeding Patterns				
	Length/amount of feedings				
	Infant Arousal				
	Breastfeeding, Latch	×	X		
	Breastfeeding, Positioning				
	Breastfeeding, Pumping				
	Breastfeeding, Manual Expression				
	Breastfeeding, Milk Transfer				
	Breastmilk support/collection/storage				
	Bottle Cleaning and Preparation				
	Alternate infant feeding methods				
Pacifier: Discuss	Breastfeeding/supplementing	Novebour Co	Nowborn Education should be		
Pacifier: Discuss with TM prior use. Provide education sheet, chart informed consent, document.	Breast Care		Newborn Education should be		
	Breastfeeding supplies/shells/shields	ongoing: Do	ongoing: Document all that apply		
	Engargement prevention/Tu	while doing	while doing bedside assessments,		
	Bottle/Nipple/Pacifier Use	_			
	Uther newborn feeding education	care, and teaching.			

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## Admission & Discharge Folder Contents can be charted in Power Chart & printed with patient's discharge information by selecting:

Patient Education > Custom > Integris IBMC Women's Center Discharge Summary. This form is a Word document; you may add or delete information as needed. The Formula feeding instruction sheet is not included will need to be added to the form for mom's who chose to bottle or breast & bottle feed their infant.

