

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 1st 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	<input type="radio"/> Initiated <input type="radio"/> Not Initiated
Skin to Skin Time Initiated:	<input type="text"/>
Skin to Skin Time Ended:	<input type="text"/>
Why was Skin to Skin Indicated?	<input type="text"/>

St. Anthony's-OKC

- Skin to Skin documentation using EPIC

Skin to Skin/Initial Feeding		
Skin to Skin within 5 Minutes of Birth?		
Time Skin to Skin Initiated		
Infant Feeding Choice for Hospital Stay:		
Mother's Feeding Choice Discussed		
Start Time of First Feeding (Breast or Formula)		
Completion Time of First Feeding		
Time Skin to Skin Completed		
 Length of Skin to Skin Contact (Calculated)		
Reasons for No Skin to Skin Contact		
Birth Measurements		

St. Anthony's-OKC

Labor
 OB Post Delivery Reco...
 Amnioinfusion
 Magnesium Sulfate Assess
 I/O
 Lines Drains Airways
 MAR/IV Assess
 Neonat Initial Assess

























Mode:
 1m 5m 10m 15m 30m 1h 2h 4h 8h 24h
 Based On: 0700 |

		SAH 7 MED/SURG		
		1/26/15	2/12/15	Last Filed Value
<input checked="" type="checkbox"/>	Identification Bands/Security Tag	1040	0917	
<input checked="" type="checkbox"/>	Initial Vital Signs			
<input checked="" type="checkbox"/>	Skin to Skin/Initial Feeding			
<input checked="" type="checkbox"/>	Birth Measurements			
<input checked="" type="checkbox"/>	Skin Assessment			
<input checked="" type="checkbox"/>	Cardiovascular Assessment			
<input checked="" type="checkbox"/>	Respiratory Assessment			
<input checked="" type="checkbox"/>	Neuromuscular Assessment			
<input checked="" type="checkbox"/>	HEENT Assessment			
<input checked="" type="checkbox"/>	Gastrointestinal Assessment			
<input checked="" type="checkbox"/>	Genitourinary Assessment			
<input checked="" type="checkbox"/>	Extremities Assessment			
<input checked="" type="checkbox"/>	Clinician Communication/Provider ...			
	Identification Bands/Security Tag			
	Identification Band Number			
	ID Band			
	Security Transmitter			
	Security Transmitter #			
	Initial Vital Signs			
	Temp			98 (36.7) <<
	Temp Source			Oral <<
	Pulse			64 <<
	Resp			18 <<
	BP			118/80 <<
	Mean Arterial Pressure			93 mmHg (... <<
	MAP (mmHg)			
	BP Location			LUA <<
	BP Method			Manual <<
	Glucose Bedside (mg/dL)			370 mg/dL <<
	Skin to Skin/Initial Feeding			
	Skin to Skin within 5 Minutes of Birth?			
	Time Skin to Skin Initiated			0900 <<
	Infant Feeding Choice for Hospital Stay:			
	Mother's Feeding Choice Discussed			
	Start Time of First Feeding (Breast or Formula)			
	Completion Time of First Feeding			
	Time Skin to Skin Completed			0940 <<
	Length of Skin to Skin Contact (Calculated)			40 Minutes... <<
	Reasons for No Skin to Skin Contact			
	Birth Measurements			

St. Anthony's-OKC

Assessment Unresolved Education

Title/Topic/Teaching Point:

-   **NEWBORN CARE**
-   **BREASTFEEDING**
 -   **General Information**
 -  Introduction to Breast Feeding
 -  Feeding Cues of Baby
 -  Waking a Sleepy Baby
 -  Avoid Pacifiers the First Weeks
 -   **Establishing / Maintaining Milk Supply**
 -   **Positioning of Mother and Infant**
 -   **Pumping Methods**
 -   **Alternative Feeding Methods**
 -   **Self Care First Two Weeks**
 -   **How to Know if Baby is Getting Enough to Eat**
 -   **Prevention/Discharge**

Unresolved Education

Assessment

Unresolved Education

Title/Topic/Teaching Point:

LABOR, DELIVERY AND RECOVERY

- Review Plan of Care
- Safety
- Treatments/Procedures
- Recovery
- Newborn Recovery
 - Initial Feeding
 - Skin to Skin Contact
 - Security Measures
 - Use of Bulb Syringe (Suction)
 - Erythromycin Ophthalmic Ointment
 - Vitamin K

St. Anthony's-OKC

Assessment

Unresolved Education

Education Review

Manage Education

Title/Topic/Teaching Point:

Point Description/Learner Progress:

NEWBORN CARE BREASTFEEDING

- General Information
 - Introduction to Breast Feeding
 - Feeding Cues of Baby
 - Waking a Sleepy Baby
 - Avoid Pacifiers the First Weeks
- Establishing / Maintaining Milk Supply
- Positioning of Mother and Infant
- Pumping Methods
- Alternative Feeding Methods
- Self Care First Two Weeks
- How to Know if Baby is Getting Enough to Eat
- Prevention/Discharge

Description:
Discourage routine pacifier use during the hospital stay. After breastfeeding is well established (usually 3-4 weeks) a pacifier should be offered when baby is placed in the "Back to Sleep" position to reduce the risk of SIDS.
Explain that the American Academy of Pediatrics recommends avoiding the use of pacifiers in the early weeks of breastfeeding. Using a pacifier in the first weeks can: 1) Interfere with the infant learning to latch, 2) Decreases the frequency of breastfeeding, 3) Limits milk production, 4) Prevents the baby from receiving enough breast milk. There are exceptions to the recommendation: 1) Baby is in the NICU, 2) Baby showing signs/symptoms of drug withdrawal, 3) Comfort during painful procedures, for example circumcision.

Learner	Ready?	Method	Res...	Comments	Taught By	Date	Time	Status
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Unresolved Education

Assessment

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 - Skin to Skin Contact
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 - Erythromycin Ophthalmic Ointment
 - Vitamin K

Description:
Teach the parent(s)/caregiver about skin to skin contact. Discuss the benefits of improved weight gain, longer periods of deep restful sleep, reduced crying, more stable breathing, temperature stability, and earlier breast feeding. Parent(s)/caregiver may also feel closer to the infant, increase confidence in care, feelings that they are participating in the infant's care.

Learner	Ready?	Method	Res...	Comments	Taught By	Date	Time	Status
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Learner	Ready?	Method	Res...	Comments	Taught By	Date	Time	Status
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INTEGRIS Health

Cerner Power Chart Documentation

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

*Performed on: 08/26/2014 1655

Newborn Initial S
Education History
Education

Location at Birth

Inborn
 Outborn
 N/A/Transfer or Readmit

Maternal Feeding Preference: N/A only applicable if receiving comfort care related to fetal demise.

Maternal Feeding Preference

Breast Feeding
 Bottle/Breast feeding
 Bottle Feeding
 N/A

Method of Delivery

Vaginal

Initial Breastfeeding Start Time

Initial Skin to Skin Start Time

Initial Skin to Skin End Time

Reason Skin to Skin Delayed/Discontinued Early

Mother unstable
 Infant unstable
 Declined
 Other:

Completion of Bonding

Initial feeding completed
 1 Hour goal met
 Unable to complete
 Other:

Very important: awareness & correct documentation of birth time ~ skin to skin start time

Very important:

- Document skin to skin end time! Report to next nurse if not completed during your care.
- When assuming care from another nurse: Modify Skin to Skin Form to include end time

Note: Education link on this form You can document your education during the initial skin to skin time without clicking over to a different screen

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

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

Oral intake during the first feeding (Breastfeeding or amount of formula fed) should be documented under Oral Intake section in iView

Guidelines and evaluation Criteria can be found at:
<http://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria>

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

- Medical reason – include medical 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.

The screenshot displays a medical software interface for a newborn's care. The left sidebar contains a menu with options like 'Inpatient Summary', 'Handoff Communication', 'Overview', 'Orders', 'Allergies', 'Results / Flowsheets', 'Diabetic Flowsheet', 'Blood Bank Information', 'Diagnosis / Problems', 'Medications', 'MAR', 'MAR Summary', 'Immunization Schedule', 'Iview / I&O', 'Tasks', 'Forms', 'Clinical Notes', 'PowerForm Text', and 'Reference Text'. The main window shows a 'Newborn Quick View' section with a checklist for 'Newborn Skin-ADL-Nutrition', including 'Newborn ADL', 'Oral', 'LATCH Assessment', 'Integumentary General', 'Neonatal Skin Condition Scale', 'Skin Abnormality', and 'Incision/Wound'. The central part of the screen features a table titled 'Newborn ADL' for the date 'January 23, 2015 22:00'. The table has columns for 'Result', 'Comments', 'Flag', 'Date', and 'Performed By'. The data is organized into a grid with time slots: 12:00, 10:00, and 08:00. The 'Infant Location' row is highlighted with a red box, showing the following data:

	12:00	10:00	08:00
Newborn ADL			
Therapeutic Positioning	Swaddling	Swaddling	Swaddling
Infant Position	Held	Held	Supine
Warming Measures Newborn	Blanket, diaper, hat, open crib, ...	Blanket, di...	Blanket, di...
Bonding Measures Newborn			
Infant Hygiene			
Skin Temperature	Warm	Warm	Warm
Safety Measures Newborn	Bulb syringe readily available, ...	Bulb syrin...	Bulb syring...
Security Measures in Place	ID bands x2, ID on isolette, Sec...	ID bands ...	ID bands x...
ID Band Check	Mother/Baby, ID Number/Nam...	Mother/B...	Mother/Ba...
Infant Location	in room 465 with mother	in room 4...	in room 46...
Hearing Screen Results	Pass bilaterally	Pass bilat...	Pass bilate...
Newborn Metabolic Screening ...			
Car Seat Challenge			

- Menu
- Inpatient Summary
- Handoff Communica
- Overview
- Orders
- Allergies
- Results / Flowsheets
- Diabetic Flowsheet
- Blood Bank Informati
- Diagnosis / Problems
- Medications
- MAR
- MAR Summary
- Immunization Schedu
- Iview / I&O**
- Tasks
- Forms
- Clinical Notes
- PowerForm Text
- Reference Text
- Patient Information
- Histories
- Growth Chart
- Physician Rounds
- Quality Measures View



- Newborn Quick View
- Newborn Systems Assess...
- Newborn Skin-ADL-Nutrition
 - Newborn ADL**
 - Oral
 - LATCH Assessment
 - Integumentary General
 - Neonatal Skin Condition Scale
 - Skin Abnormality
 - Incision/Wound
- Newborn Lines-Devices
- NICU Quick View
- NICU Systems Assessment
- NICU Skin-ADL-Nutrition
- NICU Lines-Devices
- Procedures or Moderate Se...

January 23, 2015

Find Item Critical High Low Abnormal Unauth Fla

Result	Comments	Flag	Date	Perf
Oral				
Fluid Restriction Amount	mL			
Feeding Method Newborn		Breast	Breast	Breast
Infant Diet Type		Breast milk	Breast milk	Breast milk
Infant Formula Type				
Bottle Nipple Type				
Oral Intake	mL			
Breastfeeding # of times		1	1	1
Exclusive Breastmilk Failure Reason				
Feeding Tolerance		Adequate...	Adequate...	Adequate...
Emesis	mL			
Emesis Count (# of times)				
Amount of Time for Feeding	min			
Emesis description				
LATCH Assessment				
Latch			2	
Audible Swallowing			1	
Type of Nipple			2	
Comfort			2	
Hold			2	
LATCH Score				9

Latch Score:
document q feed if latch score ≤ 7 , NB at risk, wt. loss, hypoglycemia, maternal pain; then minimum of q shift

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

The screenshot shows a medical software interface. On the left is a 'Newborn Quick View' sidebar with a tree view containing: Newborn Systems Assessment, Newborn Skin-ADL-Nutrition, Newborn ADL, Oral (highlighted), LATCH Assessment, Integumentary General, Neonatal Skin Condition Scale, Skin Abnormality, and Incision/Wound. The main area displays a form for 'Exclusive Breastmilk Failure Reason' with several checkboxes: Maternal Medical Condition, Infant Medical Condition, Physician Ordered, Fully informed maternal Choice, and Risks and benefits of formula explained. The last two checkboxes are highlighted with a red box. Above this form is another section with fields for 'Fluid Restriction Amount', 'Feeding Method Newborn', 'Infant Diet Type', 'Infant Formula Type', 'Bottle Nipple Type', 'Oral Intake', 'Breastfeeding # of times', and 'Exclusive Breastmilk Failure Reason'.

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

Details for Newborn Nutrition Supplementation (Newborn Diet Supplementation)

Details Order Comments Diagnosis



*Type (CTRL+Click multi-select):
Breast-Milk Substitute
Expressed Breast Milk
Fortifier

*Indication (CTRL+Click multi-select):
Maternal Preference (after education)
Jaundice
Low Birth Weight
Low Glucose
Maternal Preference (after education)
Poor Feeding
Weight Loss

Education Newborn General: Menu > Tasks > Continuous Tasks /Communication (you may need change time interval)

Education History

Education

	Verbalizes understanding	Demonstrates	Needs further
Vaginal Discharge			
Breast/Bottle Feeding			
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	X	
Breastfeeding, Positioning			
Breastfeeding, Pumping			
Breastfeeding, Manual Expression			
Breastfeeding, Milk Transfer			
Breastmilk support/collection/storage			
Bottle Cleaning and Preparation			
Alternate infant feeding methods			
Breastfeeding/supplementing			
Breast Care			
Breastfeeding supplies/shells/shields			
Engorgement prevention/Tx			
Bottle/Nipple/Pacifier Use			
Other newborn feeding education			

Pacifier: Discuss with TM prior use. Provide education sheet, chart informed consent, document.

Newborn Education should be ongoing: Document all that apply while doing bedside assessments, care, and teaching.

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.

Instructions: Follow Up

Search: integris starts with Language: English Suggested Departmental Personal All Custom

[-] Patient Education
[-] Custom

INTEGRIS Health Lactation/Breastfeeding Resources (LINDKD) (Custom)
INTEGRIS IBMC Women's Center Discharge Summary (Custom)

Selected Instructions

- [-] INTEGRIS Health L...
- [-] INTEGRIS IBMC W...

Arial 12

Mother/Baby Discharge Education:

- _____ "Infant Security at Home" *Integris Baptist Women's Center, 11/2010* – handout,
- _____ "Mother & New Baby Care, the First Two Weeks" – *InJoy Birth & Parenting Education, 2010* – hospital viewed video,
- _____ "Oklahoma Resources" – *OSDH, 7/2013* – card,
- _____ "Safe Sleep for Your Baby" – *US Department of Health and Human Services, 9/2012* – hospital viewed video,
- _____ "The Period of Purple Crying" – *National Center on Shaken Baby Syndrome, 2013* – hospital viewed video & copy sent home with parents to share with anyone who will be caring for newborn.

Lactation/Breastfeeding Resources

Oklahoma Breastfeeding Hotline (Oklahoma State Department of Health)
Línea de Ayuda para la Lactancia en Oklahoma
24 Hour Toll-Free Breastfeeding Support Line for nursing mothers, their families, partners, expecting parents, and healthcare providers. All calls returned by an International Board Certified Lactation Consultant (IBCLC).
1-877-271-MILK (6455)

La Leche League Helpline
24 Hour Toll-Free Breastfeeding Helpline Services
1- 877- 4- LALECHE (1-877-452-5324)

INTEGRIS Baptist Medical Center Lactation Department
(405) 949-3405

Milk Moms – A Breastfeeding Support Group 1-405-848-2330
MilkMomsOKC@gmail.com