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

<table>
<thead>
<tr>
<th>Skin to Skin</th>
<th>Initiated</th>
<th>Not Initiated</th>
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<tbody>
<tr>
<td>Skin to Skin Time Initiated:</td>
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<td>Skin to Skin Time Ended:</td>
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<tr>
<td>Why was Skin to Skin Indicated?</td>
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St. Anthony’s-OKC

- Skin to Skin documentation using EPIC
# St. Anthony’s-OKC

<table>
<thead>
<tr>
<th>Identification Bands/Security Tag</th>
<th>Identification Band Number</th>
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<th>Security Transmitter</th>
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<td>Initial Vital Signs</td>
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<td>Skin to Skin/Initial Feeding</td>
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<td>Birth Measurements</td>
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<td>Skin Assessment</td>
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<td>Cardiovascular Assessment</td>
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<td>HEENT Assessment</td>
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<td>Extremities Assessment</td>
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<td>Clinician Communication/Provider</td>
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<td><strong>Temp</strong></td>
<td><strong>98 (36.7)</strong></td>
<td><strong>oral</strong></td>
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<td><strong>Temp Source</strong></td>
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<td><strong>Pulse</strong></td>
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<td><strong>Resp</strong></td>
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<td><strong>BP</strong></td>
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<td><strong>Mean Arterial Pressure</strong></td>
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<td><strong>MAP (mmHg)</strong></td>
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<td><strong>BP Location</strong></td>
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<td><strong>LUA</strong></td>
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<td><strong>BP Method</strong></td>
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<td><strong>Manual</strong></td>
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<td><strong>Glucose Bedside (mg/dL)</strong></td>
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<td><strong>370 mg/dL</strong></td>
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<td><strong>Skin to Skin/Initial Feeding</strong></td>
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<td><strong>Skin to Skin within 5 Minutes of Birth?</strong></td>
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<td><strong>Time Skin to Skin Initiated</strong></td>
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<td><strong>Infant Feeding Choice for Hospital Stay:</strong></td>
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<td><strong>Mother’s Feeding Choice Discussed</strong></td>
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<td><strong>Start Time of First Feeding (Breast or Formula)</strong></td>
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<td><strong>Completion Time of First Feeding</strong></td>
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<tr>
<td><strong>Time Skin to Skin Completed</strong></td>
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<td><strong>Length of Skin to Skin Contact (Calculated)</strong></td>
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<td><strong>40 Minutes...</strong></td>
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<td><strong>Reasons for No Skin to Skin Contact</strong></td>
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<td><strong>Birth Measurements</strong></td>
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St. Anthony’s-OKC

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
St. Anthony’s-OKC
INTEGRIS Health

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

**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.

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

- **Method of Delivery**
  - Vaginal

- **Initial Breastfeeding Start Time**
  - [ ] [ ] [ ]

- **Reason Skin to Skin Delayed/Discontinued Early**
  - [ ] [ ] [ ] [ ]

- **Maternal Feeding Preference**
  - [ ] Breast Feeding
  - [ ] Bottle/Breast feeding
  - [ ] Bottle Feeding
  - [ ] N/A

- **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:**
- 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.

**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 medial circumstances
  - Maternal Choice – include education & maternal informed consent

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

**Oral intake during the first feeding (Breasfeeding or amount of formula fed) should be documented under Oral Intake section in IView**
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.
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

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

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

**Mother/Baby Discharge Education:**

- "Infant Security at Home” Integris Baptist Women’s Center, 11/2010 – handout,
- "Mother & New Baby Care, the First Two Weeks” – Maternal 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 (1-877-452-324)

**INTEGIRIS Baptist Medical Center Lactation Department**

(405) 949-3405

**Milk Moms – A Breastfeeding Support Group**

MilkMomsOKC@gmail.com