

**TOUCH- BABY STEPS TO BABY FRIENDLY PROJECT  
HOSPITAL BREASTFEEDING DATA COLLECTION TOOL  
“HOW TO” GUIDE**

The Baby Steps to Baby Friendly Hospital Project Data Collection Tool is a template hospitals can utilize to collect breastfeeding data from patient charts. Information about mothers’ intent to breastfeed upon entry to the hospital, the infant’s date of birth, type of birth, gestational age and size, skin-to-skin contact time, and infant feeding can be collected. This tool can be used to examine relationships among variables and identify opportunities for improvement. Hospitals can modify the tool to meet their specific needs.

**Random sampling:** To achieve statistical significance of findings at the 95% confidence level, a specific number of patient charts need to be reviewed. The number of patient charts to be reviewed depends on the number of births in a year at the hospital. If possible, hospitals should divide the yearly total number of charts needed for review into months to make the task more manageable. This practice also allows random collection of data that is reflective of the population and annual births. For example you can take all the births in a previous month and collect the data from those patients. This way the chart data will be collected across shifts and reflect the percentage of vaginal and c-section births. Charts should not be “cherry picked” because this may provide inaccurate or non-representative findings. With random chart selection the results may appear skewed. If this occurs increase the number of charts reviewed by 10% to overcome inaccuracies. Skewed data falls primarily into the extremes of positive or negative. Also, review the chart sampling strategies to eliminate intentional or unintentional selection bias. The following table provides the number of charts required to review based on the number of yearly births at the hospital. The percent of NICU admissions should be excluded.

**Hospital Breastfeeding Data  
Chart Review  
Significance Table**

# Births	# Chart Reviews @ 95% Confidence Level	# Births	# Chart Reviews @ 95% Confidence Level
100	90	1,200-1,299	320
200-299	150	1,300-1,499	330
300-399	190	1,500-1,699	340
400-499	210	1,700-2,099	350
500-599	260	2,100-2,499	360
600-699	270	2,500-2,999	370
700-799	280	3,000-3,899	380
800-899	290	3,900-5,599	390
900-999	300	5,600-9,099	400
1,000-1,199	310	9,100-15,000	410

**Daily sampling:**

Daily sampling is used either while electronic charting is being modified to meet the new Quality Improvement needs or when charts are done by hand. Data collection can be broken down into manageable pieces if collected daily or weekly in some cases.

Quality data is key to successful quality improvement. Hospitals have utilized the breastfeeding data collection tool to improve the record keeping in patient charts and to create and implement consistent standards for completing infant feeding record I&O. For example, during the data collection stage several hospitals found discrepancies in the completion of the Newborn infant feeding I &O. In some cases, separate shifts and individual nurses completed the I &O differently omitting when there was a breastfeeding all together. In other cases, it was discovered that admission

records were incomplete or missing feeding intent. Focusing on the data and the processes involved in data collection and data entry allowed the hospitals to improve practices and create or implement quality improvement strategies.

Term	Definition
<b>Any Breastfeeding</b>	Baby receives breast milk and formula, Fortifier is to be treated as “formula” when added to breast milk and specialty formula should be treated like any other type of formula. <b>combo</b>
<b>Formula/Other ONLY</b>	Baby receives formula and/or other liquids including water, sugar water, fortified or specialty formula.
<b>Exclusive Breastfeeding Breast Feeding/ Breast Milk ONLY</b>	<ul style="list-style-type: none"> <li>◦ Infants fed only human milk</li> <li>◦ Recommended by American Academy of Pediatrics, American College of Obstetricians and Gynecologists, Academy of Family Physicians, American Dietetic Association</li> <li>◦ In-hospital exclusive breastfeeding is associated with breastfeeding duration after discharge</li> <li>◦ Baby receives breast milk only, either through breastfeeding or on the consumption of pumped or expressed breast milk. This may include expressed breast milk from a donor.</li> <li>◦ <b>One bottle falls under COMBO feeding or supplement.</b></li> </ul>
<b>Couplet Care/Rooming In</b>	Baby remains 24 hours with mother in room with minimal separation.
<b>Eligible</b>	All Healthy babies not under “ineligible” categories below;
<b>Ineligible</b>	<p>The presence of the following conditions or circumstances are either contraindications to breastfeeding or at a minimum warning signs to clinicians to review infant nutrition:</p> <ul style="list-style-type: none"> <li>• HIV positive mother, or mother with unknown HIV status</li> <li>• Mother with active herpetic lesions to <b>both breasts</b></li> <li>• Mothers positive for human T-cell Lymphotropic virus (HTLV) type I or II</li> <li>• Mothers using illicit drugs (ie: cocaine, heroine)</li> <li>• Mothers having active, untreated tuberculosis- Temporary</li> <li>• Maternal Methadone use – UNLESS breastfeeding is ordered by a physician</li> <li>• Mothers taking certain medications, including but not limited to radioactive isotopes, antimetabolites, cancer chemotherapy, certain sedatives;</li> <li>• Infant with galactosemia or other metabolic condition precluding breastfeeding or consumption of breast milk</li> <li>• Elevated maternal lead levels (&lt;40mcg/DI)</li> <li>• Adoption, ACS Hold, or mother’s demise</li> <li>• Stillborn</li> <li>• NICU baby</li> </ul> <p>Note: If mother’s HIV status is “unknown,” dyad is not eligible for breastfeeding; however, if other conditions are “unknown”, mother dyad may still be eligible until condition is confirmed</p>

