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

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<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</td>
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<td>Initiated:</td>
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<td>Skin to Skin Time</td>
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<td>Ended:</td>
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<td>Why was Skin to</td>
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<td>Skin Indicated?</td>
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**St. Anthony’s-OKC**

- Skin to Skin documentation using EPIC

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<table>
<thead>
<tr>
<th>Skin to Skin/Initial Feeding</th>
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<tr>
<td>Skin to Skin within 5 Minutes of Birth?</td>
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<tr>
<td>Time Skin to Skin Initiated</td>
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<tr>
<td>Infant Feeding Choice for Hospital Stay:</td>
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<tr>
<td>Mother's Feeding Choice Discussed</td>
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<tr>
<td>Start Time of First Feeding (Breast or Formula)</td>
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<tr>
<td>Completion Time of First Feeding</td>
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<tr>
<td>Time Skin to Skin Completed</td>
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<td>Length of Skin to Skin Contact (Calculated)</td>
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<td>Reasons for No Skin to Skin Contact</td>
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<th>Birth Measurements</th>
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<td>Birth Weight</td>
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Title/Topic/Teaching Point:

- **NEWBORN CARE**
  - 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

- **BREASTFEEDING**
St. Anthony’s-OKC