#### **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

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	
Production of the second se	

## St. Anthony's-OKC

abor OB Post Delivery Reco	nioinfusion Magnesium Sulfate Assess I/O Lines Drains Airways MA Mode: Accordion Expanded View All Rev 1m 5m 10m 15m 30m 1h 2h 4	4h 8h 24h Based On: 0700 Reset Nor
nitial Vital Signs	SAH 7 MED/S	
Skin to Skin/Initial Feeding	1/26/15 2	2/12/15
Birth Measurements	1040 0	)917 Last Filed Value
	Identification Bands/Security Tag	
Skin Assessment	Identification Band Number	
ardiovascular Assessment	ID Band	
espiratory Assessment	Security Transmitter	
euromuscular Assessment	Security Transmitter #	Í
EENT Assessment	Initial Vital Signs	
astrointestinal Assessment	Temp	98 (36.7) 44
enitourinary Assessment	Temp Source	Oral 44
xtremities Assessment	Pulse	64 44
inician Communication/Provider	Resp	18 44
	BP	118/80 44
	Mean Arterial Pressure	93 mmHg ( 44
	MAP (mmHg)	
	BP Location	LUA 🗤
	BP Method	Manual ⊄⊄
	Glucose Bedside (mg/dL)	370 mg/dL 44
	Skin to Skin/Initial Feeding	
	Skin to Skin within 5 Minutes of Birth?	
	Time Skin to Skin Initiated	0900 44
	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	<u>0940 &lt; ব</u>
	Length of Skin to Skin Contact (Calculated)	40 Minutes 석
	Reasons for No Skin to Skin Contact	
	Birth Measurements	

# St. Anthony's-OKC



Unresolved Education		
A <u>s</u> sessment	Unresolved Education	
Title/Topic/Teaching Point:		
LABOR, DELIVERY AND RE Review Plan of Care Safety Treatments/Procedure Recovery Newborn Recovery Initial Feeding Skin to Skin Contact Security Measures Use of Bulb Syringe Erythromycin Opthal Vitamin K	res (Suction)	St. Anth
Assessment Unresolved Education	Education Review Manage Education	
Title/Topic/Teaching Point:	Point Descript	ion/Learner Progress:
Bereast Feeding General Information General Information General Information General Information General Information General Information	reduce the risk Explain that th	utine pacifier use during the hospital stay. After breastfeeding is well established (usually 3-4 weeks) c of SIDS. le American Academy of Pediatrics recommends avoiding the use of pacifiers in the early weeks of b concerne the frequency of breastfording. 2) limits milk reduction. A December the holy from receiving

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Assessment Unresolved Education Education Review Ma Title/Topic/Teaching Point:	anage Education Point Description/Learner Progress:		
HEWBORN CARE BREASTFEEDING General Information Introduction to Breast Feeding Feeding Cues of Baby Waking a Sleepy Baby Javid Pacifiers the First Weeks	Description: Discourage routine pacifier use during the hospital stay. After breastfeeding is well established (usually reduce the risk of SIDS. Explain that the American Academy of Pediatrics recommends avoiding the use of pacifiers in the early to latch, 2) Decreases the frequency of breastfeeding, 3) Limits milk production, 4) Prevents the baby fi NICU, 2) Baby showing signs/symptoms of drug withdrawal, 3) Comfort during painful procedures, for e	y weeks of breastfeeding. Using a pacifier in the first weeks can: 1) Interfe rom receiving enough breast milk. There are exceptions to the recommend	ere with the infant learning
Establishing / Maintaining Milk Supply Positioning of Mother and Infant Pumping Methods Alternative Feeding Methods Mother Care First Two Weeks How to Know if Baby is Getting Enough to Eat Prevention/Discharge	Learner Ready? Method Res Comments	Taught By	Date Time Status

Inresolved Education			?
Assessment Unresolved Education Education Review	Manage Education		
Title/Topic/Teaching Point:	Point Description/Learner Progress:		
LABOR, DELIVERY AND RECOVERY Review Plan of Care Safety Treatments/Procedures Recovery Newborn Recovery Newborn Recovery Newborn Recovery	Description: Teach the parent(s)/caregiver about skin to skin contact. Discuss the benefits of improved v and earlier breast feeding. Parent(s)/caregiver may also feel closer to the infant, increase co		ng, temperature stability,
	Learner Ready? Method Res Comments	Taught By	Date Time Status