



Data Collection Guide

Conduct a cross-sectional chart review of at least 100 charts at discharge:

- Collect infant feeding data for healthy term infants — greater than 37 weeks gestational age (it is advised to exclude babies that do not fall into this category from this data). “Healthy” refers to infants cared for in the term nursery and have no contraindications to breastfeed (for example, exclude infants who have galactosemia or whose mothers are HIV positive).
- Record racial/ethnic group of the infant — Black/African American, Asian/Pacific Islander, Native American/Alaskan Native, Caucasian, Hispanic (those people who are black, but identify as Hispanic should be categorized under Hispanic), and Other (this should only be used for those who truly do not identify with the other categories listed). Many institutions may have large numbers of patients from certain ethnic groups. Adjust the categories of racial/ethnic group according to this knowledge if necessary.
- Record method of infant feeding and define categories as:
 - Exclusive breastfeeding
 - Combination feeding (breastfeeding combined with formula feeding)
 - Exclusive formula feeding
 - Other feeding (water, tea, or any other substance besides breast milk or formula), or unknown.

Conduct a second cross-sectional chart review of at least 100 6-month well newborn visit charts:

- Even if the 6-month visit occurs at 9 months, there should be some record of how the infant was fed at 6 months, record this data.
- Collect infant feeding data at 6 months for babies born as healthy term infants — greater than 37 weeks gestational age (it is advised to exclude babies that do not fall into this category from this data). “Healthy” refers to infants cared for in the term nursery and have no contraindications to breastfeed (for example, exclude infants who have galactosemia or whose mothers are HIV positive).
- Record racial/ethnic group — Black/African American, Asian/Pacific Islander, Native American/Alaskan Native, Caucasian, Hispanic (those people who are black, but identify as Hispanic should be categorized under Hispanic), and Other (this should only be used for those who truly do not identify with the other categories listed). Many institutions may have large numbers of patients from certain ethnic groups. Adjust the categories of racial/ethnic group according to this knowledge if necessary.
- Record method of infant feeding and define categories as:
 - Exclusive breastfeeding
 - Combination feeding (breastfeeding combined with formula feeding and/or any other form of feeding such as solid foods)
 - Exclusive formula feeding
 - Formula feeding plus complementary foods (formula combined with solid foods)
 - Other feeding (water, tea, or any other substance besides breast milk or formula), or unknown.

Notes:

Exclusive breastfeeding is defined as an infant’s consumption of human milk with no supplementation of any type (no water, no juice, no nonhuman milk, and no foods) except for vitamins, minerals, and medications.

Overall breastfeeding is defined as those infants that are fed exclusively breast milk plus those infants that are breastfed but also receive some type of supplemental nutrition (infant formula, rice, etc.), in other words, it is the sum of the combination rate plus the exclusive breastfeeding rate.

Using the data collected, identify your sites overall breastfeeding rates (combination + exclusive) at discharge and the 6-month well newborn visit.

- This will likely be the information that will be most useful to your institution. Also look at the rates per racial/ethnic group and consider targeting interventions towards those groups with the lowest rates.
- You can also consider looking at just the exclusive breastfeeding rates for your institution at discharge and the 6-month well newborn visit. A positive change in this rate, even without an improvement in your overall breastfeeding rate, could indicate an improvement in breastfeeding care.