**Data Entry Criteria**

1. Is this the infant's first visit to clinic/office since birth?  
   - Yes  
   - No  
   - Don't Know

2. Was infant less than 72 hours of age at time of hospital discharge?  
   - Yes  
   - No  
   - Don't Know

   *If response to Q1 or Q2 is "NO/DON'T KNOW," this chart is not eligible to review. Please identify an alternate eligible chart.*

**Care Coordination**

3. Was infant's hospital discharge summary (including information regarding hospital assessment for risk of hyperbilirubinemia and breastfeeding) available for the provider to review at the time of this visit?  
   - Yes  
   - No  
   - Skip to Q5

4. Do hospital records document whether the infant was assessed for risk of a problem with severe hyperbilirubinemia *(i.e., notation about risk based on assessment of clinical risk factors which may or may not include transcutaneous bilirubin (TcB) OR serum bilirubin (TSB))*?  
   - Yes  
   - No

**Risk for Severe Hyperbilirubinemia**

5. Did more than 2 days elapse from time of hospital discharge until this visit?  
   - Yes  
   - No  
   - Skip to Q7

6. If more than 2 days elapsed from time of hospital discharge until this visit, is one of the following true? *(If YES, please check reason below):  
   - Yes  
   - No  
   - Skip to Q5

   - Hospital records document why infant did not need to be seen by a licensed health care provider within 2 days of discharge
   - History suggests why infant did not need to be seen by a licensed health care provider within 2 days of discharge (e.g. full-term and bottle-feeding)
   - Infant was seen by another licensed health care provider (e.g. home visiting nurse, lactation consultant) between discharge from the hospital and this visit
   - Uncertain reason for delay
   - Other (e.g. weekend/holiday, parent reason, etc.)

   Specify other: ____________________________

7. Is infant's weight at this visit documented?  
   - Yes  
   - No

8. Is infant's birth weight OR hospital discharge weight documented in the practice chart?  
   - Yes  
   - No

9. Does the chart document the presence or absence of jaundice at this visit?  
   - Yes  
   - No

**Breastfeeding**

10. Is there documentation that the mother is breastfeeding infant?  
    - Yes  
    - No  
    - Stop Here.  
    - End Review

11. Is there documentation that the infant is exclusively breastfed?  
    - Yes  
    - No

12. Is there documentation that adequacy of breastfeeding was assessed at today's visit (including child's weight, descriptions of position, latch, milk transfer, feeding frequency, and elimination type and frequency)?  
    - Yes  
    - No

13. Is there documentation that mother was provided contact information for breastfeeding questions and support?  
    - Yes  
    - No

14. Is there documentation that mother was provided with contact information for a licensed health care provider with knowledge and skill in breastfeeding management? *(e.g., IBCLC-lactation consultant, nurse, MD, health worker, dietician, etc.)*  
    - Yes  
    - No

15. Is there documentation that mother was provided with name and contact information for community or peer support groups for breastfeeding? *(e.g., WIC peer support person, La Leche League Int'l, etc.)*  
    - Yes  
    - No