



# EHR/EMR Breastfeeding Data Collection Self-Assessment Tool

Exclusive breastfeeding is known to improve maternal and child health. The purpose of this assessment tool is to help organizations to implement an effective, efficient, and complete data capture process for breastfeeding, which can support quality measurement and inform changes in practices to better support breastfeeding/chest feeding families. hospital designation requirements. This self-assessment was created to help organizations to improve breastfeeding data collection and reporting practices.

## Key goals and objectives:

- Assess EHR/EMR capabilities to query and collect appropriate breastfeeding data
- Assess how accurately breastfeeding data is collected within EHR/EMR
- Assess exclusive breastfeeding data collection within EHR/EMR
- Improve current EHR/EMR breastfeeding data collection practices

Criteria	Response	Considerations
Is the infant's chart connected to the mother's chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If no, consider synchronizing the data immediately after the infant's chart is created. If this is a limitation due to software, consider other options.
Does your EHR charting system allow for breastfeeding specific data collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If no, consider adding breastfeeding data collection.
Is the mother's intention to breastfeed documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If no, please consider that is best practice to document the mother's intent
<i>Are the following practices documented?</i>		
Use of artificial nipples	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If no, consider adding to your EHR to assist in evaluating breastfeeding practices
Use of tools (i.e., bottle, spoon, cup, supplemental nursing system, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
Observation of a feed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
Latch assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
<i>Are the following education opportunities documented?</i>		
Prenatal breastfeeding education	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If no, consider adding to your EHR to assist in evaluating breastfeeding practices
Postpartum breastfeeding education	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
Use of donor human milk	<input type="checkbox"/> Yes	



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	<input type="checkbox"/> No <input type="checkbox"/> Do not know	
Risks, benefits, and indications of infant formula use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
Human milk storage guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
Safe infant formula preparation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
Weaning education	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
Prenatal breastfeeding education	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
Postpartum breastfeeding education	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
Does your EHR software have a breastfeeding assessment tool, such as LATCH assessment, Infant Breastfeeding Assessment Tool (IBFAT), etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If no, consider adding a latch assessment tool to your EHR.
Do you undertake chart audits or other reviews to ensure that feeding methods are charted accurately?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If no, consider making it a part of your practices.
Are the breastfeeding notes located in a different location in the chart/record? (i.e., Narratives, Progress Notes, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If yes, consider charting within other progress notes, evaluations and consult reports so that the data is visible to different providers
Does your charting system allow for breastfeeding specific queries?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If no, determine the appropriate contact to learn more about developing queries.
Does the breastfeeding data you collect include breastfeeding exclusivity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If no, consider adding documentation opportunities to gather data on exclusivity.
<i>Do you document the follow type of referrals?</i>		
Referral to hospital-based breastfeeding support group(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If no, consider adding this to track and evaluate referral processes
Referral to other breastfeeding support group(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If no, consider adding this to track and evaluate referral processes
Referral to lactation consultant(s) - IBCLCs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
Referral to outpatient lactation clinic	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	



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Referral to WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
Referral to other community resources that can provide breastfeeding support	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	

**Hospital Setting ONLY**

Criteria	Response	Considerations
How long after the birth/delivery is the newborn chart created?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If longer than an hour after birth, how can this practice be done quicker to chart more accurate breastfeeding data?
Is the mother's final feeding decision documented before their departure from the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If no, consider changing this to document the mother's final decision.
Is exclusive breastfeeding at discharge documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If no, consider adding to assist in evaluating practices and interventions
<i>Are the following practices documented?</i>		
Skin-to-skin	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If no, consider adding to your EHR to assist in evaluating breastfeeding practices
Rooming-in	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	

**Additional ideas to improve EHR breastfeeding data collection practices:**

- Be able to document different sources of breast milk: mothers' own expressed milk, donor pasteurized human milk, shared human milk
- Be able to note and evaluate parent's understanding of the importance of feeding their infant human milk, particularly in the case of NICU newborns
- Create a method for the parent to electronically record their own breast milk feeding that can be transferred to the EHR