



Kansas  
Breastfeeding  
Coalition, Inc.



WICHITA STATE  
UNIVERSITY

**COMMUNITY ENGAGEMENT  
INSTITUTE**

*Center for Applied Research and Evaluation*

*Making a Difference Means Knowing the Difference*



# Understanding Breastfeeding Data Collection Systems

---

Report submitted to NACCHO by Lactancia Latina En El  
Suroeste de Kansas (Latina Lactation of Southwest  
Kansas) and the Kansas Breastfeeding Coalition, Inc.

July 2023

Prepared by Sarah Jolley, PhD;  
Brenda Bandy, IBCLC;  
and Carmen Valverde

## Table of Contents

---

Overview .....	2
Key Findings .....	2
Section 1: Responses .....	3
Section 2: Breastfeeding Data Collection .....	3
Section 3: Data Summaries and Sharing .....	4
Project Partners.....	5
Appendix .....	5

## Overview

---

The Kansas Breastfeeding Coalition, Inc. (KBC) received funding from the National Association of County and City Health Officials' (NACCHO) opportunity entitled *Community Partners Implementing the Blueprint: Continuity of Care in Breastfeeding Support Cohort II*. As part of this funding opportunity, the KBC and Lactancia Latina En El Suroeste de Kansas (LLSWKS) worked to: 1) compile a baseline summary of the availability and accessibility of existing community-level breastfeeding data collection systems and 2) distribute an assessment tool for healthcare organizations to assess their EHR/EMR capabilities to query and collect appropriate breastfeeding data accurately and inclusively.

Wichita State University's Community Engagement Institute (CEI) provided assistance in developing an online survey that was administered to local health departments, hospitals, Federally Qualified Health Centers (FQHCs), physician practices, and others providing services to Latinx families in 19 southwest Kansas counties. The survey was designed to provide a clearer picture of where breastfeeding data are being collected and how accessible the data might be to the community. Community-level breastfeeding data can help determine if rates of breastfeeding are being impacted by interventions and programs to support breastfeeding families in southwest Kansas.

## Key Findings

---

The survey received a total of 18 responses from individuals representing 14 different organizations in 12 different counties. Key findings include:

- **Two-thirds of the organizations that responded to the survey indicated that they collect patient/client breastfeeding data.** Half of them reported utilizing an Electronic Health Record/Electronic Medical Record (EHR/EMR) to collect that data.
- **Most of the organizations that collect breastfeeding data said they collect data regarding breastfeeding exclusivity** (i.e., whether a child is receiving breast milk only and not any other liquids or solids).
- **The number of times and at what time points organizations ask patients/clients about breastfeeding varies.** Those that collect data at only one time point are collecting breastfeeding data within the first two weeks postpartum. Few organizations appear to be collecting breastfeeding data after 12 months.
- **When asked about their willingness to share their organization's de-identified breastfeeding, no one said they were unwilling to do so.** Some indicated their willingness would depend on with whom they were being asked to share the data, but none indicated they would be totally unwilling.



## Section 1: Responses

---

### **Promotion**

The survey was promoted via email to 38 contacts at health departments, hospitals, federally qualified health centers (FQHCs), and physician offices located in 19 southwest Kansas counties. Three emails were sent – one in March, one in April, and one in May.

### **Geography**

A total of 18 responses were received from 12 different counties. Of the 19 counties included in this southwest region, 10 of those counties had at least one organization respond to the survey. In addition, responses were received from organizations in two other counties – one response from Neosho County and two from Saline County. While these counties are not in the southwest region, their responses are included in the data summarized in this report.

### **Organizations**

Eleven responses were from health departments (representing seven different health departments), two were from hospitals, two were from nonprofit organizations, and one response was received from each of the following types of organizations: Federally Qualified Health Center, physician office, and WIC agency.

### **Important Note**

While 18 survey responses were started, not all of the responses were completed. Of the 12 who indicated they collect breastfeeding data, 8 completed the full survey. The other 4 completed portions of the survey, and the data for the items they completed are included in the report (hence the responses adding to 12, then 10, and then 8).

## Section 2: Breastfeeding Data Collection

---

**Of the 18 survey responses received, 12 said YES, their organization does collect patient/client breastfeeding data.**



Of the 12 that reported collecting breastfeeding data, half (N=6) indicated that their organization utilizes an Electronic Health Record/Electronic Medical Record (EHR/EMR) to collect the patient/client breastfeeding data.

**When asked about breastfeeding exclusivity, most said YES, they do collect data regarding whether a child is breastfed exclusively** (i.e., consistent with the definition of exclusive breastfeeding provided by the Joint Commission and meaning the child is receiving only breast milk and no other liquids or solids).

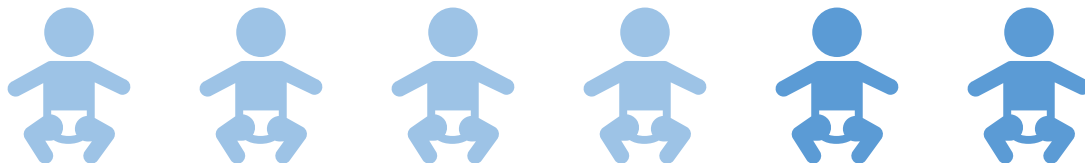


The survey asked participants to indicate whether they are collecting patient/client breastfeeding data at 10 different time points: 2 to 5 days after birth, 2 weeks after birth, 4 weeks, 6 weeks, 2 months, 4 months, 6 months, 12 months, 18 months, and 24 months.

**Four organizations reported collecting breastfeeding data at only one time point.**



**Six respondents reported collecting data at more than one time point. Only two of the six were collecting data after 12 months.**



## Section 3: Data Summaries and Sharing

---

In addition to asking respondents about data collection, the survey also asked about their ability to summarize and export data. Of the 12 that reported collecting patient/client breastfeeding data, 8 completed this final section of the survey:

- 6 of the 8 said they could link parent and infant records
- 5 of the 8 can generate reports summarizing their breastfeeding data
- 4 of the 8 indicated they can export their breastfeeding data (3 said they did not know if this was possible).

**When asked if their organization looks at the breastfeeding data they collect, 5 of the 8 said YES, their organization routinely reviews their breastfeeding data.**



When asked about whether their organization might be willing to share de-identified breastfeeding data, 3 said yes, they would be willing to share their organization's data. Half (4 of the 8) said it would depend on with whom they were being asked to share the data, and one person said they did not know. **No one said they would not be willing to share their organization's de-identified breastfeeding data.**

## Project Partners

---

- LLSWKS coordinator, Carmen Valverde, oversaw the project and facilitated collaboration among partners. Carmen is a certified doula, Breastfeeding USA peer counselor, and is a Certified Lactation Counselor. Carmen has successfully completed two other breastfeeding projects in SW KS funded by NACCHO.
- KBC Executive Director Brenda Bandy, IBCLC, supported Carmen. Brenda has experience conducting community breastfeeding needs assessments and was a member of the USBC Continuity of Care for Breastfeeding Constellation.
- Dr. Sarah Jolley with Wichita State University's Community Engagement Institute assisted in the survey/interview design and data analysis for this report. She has experience co-creating surveys and working with the KBC on other breastfeeding needs assessments. Dr. Jolley is the current Treasurer of the KBC Board of Directors.

## Appendix

---

Documents to include:

- Survey instrument
- Assessment tool for healthcare organizations



# Breastfeeding Data Collection Survey



Lactancia Latina of Southwest Kansas, in partnership with the Kansas Breastfeeding Coalition, would like your help to determine the availability and accessibility of breastfeeding data in our region.

This survey is designed to give us a clearer picture of where breastfeeding data are being collected and how accessible the data might be to the community. Community-level breastfeeding data can help determine if rates of breastfeeding are being impacted by interventions and programs to support breastfeeding families in southwest Kansas.

The survey asks about your “organization,” which can be any entity providing services to families, including healthcare systems, health departments, and physician offices.

We estimate it will take you approximately 10 minutes to complete this survey. Please feel free to forward this survey to the person(s) in your organization who are the most knowledgeable about your EMR/EHR data collection system. Your responses will be anonymous and reported only in aggregate.

Thank you for taking time to help us improve breastfeeding support in southwest Kansas through the use of quality breastfeeding data!

Carmen Valverde, CLC  
Lactancia Latina of Southwest Kansas

\* 1. Select the county (or counties) in which your organization is located. Select all that apply. (Note: These are the counties in which your organization has a location, NOT the counties your organization serves.)

☐ Clark

☐ Lane

☐ Finney

☐ Meade

☐ Ford

☐ Morton

☐ Grant

☐ Ness

☐ Gray

☐ Scott

☐ Greely

☐ Seward

☐ Hamilton

☐ Stanton

☐ Haskell

☐ Stevens

☐ Hodgeman

☐ Wichita

☐ Kearney

☐ Other counties (please specify)



Breastfeeding Data Collection Survey

2. Which of the following best describes your organization?

- ☐ Federally Qualified Health Center (FQHC)
- ☐ Hospital
- ☐ Local Health Department
- ☐ Physician or Other Healthcare Provider Practice
- ☐ Rural Health Clinic
- ☐ Other (please specify)

\* 3. Does your organization collect any patient/client breastfeeding data?

- ☐ Yes
- ☐ No

\* 4. Does your organization utilize an Electronic Health Record/Electronic Medical Record (EHR/EMR) to collect patient/client data?

- ☐ Yes
- ☐ No



## Breastfeeding Data Collection Survey



5. What EHR/EMR does your organization use?

☐ Athena

☐ IMS Meditab

☐ CDP/ezEMRx

☐ Insight

☐ Cerner

☐ Nightingale Notes/Champ

☐ CureMD

☐ Patagonia

☐ Greenway Intergy

☐ Other (please specify)

6. Is the patient/client breastfeeding data your organization collects entered into the EHR/EMR?

☐ Yes

☐ No



**Breastfeeding Data Collection Survey**

7. Not including an EHR/EMR, in what other ways are breastfeeding data being captured? Check all that apply.

☐ Another electronic system (that is not an EHR/EMR)

☐ KIPHS

☐ Paper records/files

☐ Other (please specify)

☐ None of the above

**The Joint Commission defines exclusive breast milk feeding as: “a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.”** Breast milk feeding includes expressed mother’s milk as well as donor human milk, both of which may be fed to the infant by means other than suckling at the breast. While breastfeeding is the goal for optimal health, it is recognized that human milk provided indirectly is still superior to alternatives.

8. Does the breastfeeding data you collect ask if the child is breastfed exclusively (i.e., receiving only breast milk and no other liquids or solids)?

☐ Yes

☐ No

☐ I don't know

9. At what time points do you collect patient/client breastfeeding data? Select all that apply.

☐ 2 to 5 days after birth

☐ 2 weeks after birth

☐ 4 weeks

☐ 6 weeks

☐ 2 months

☐ 4 months

☐ 6 months

☐ 12 months

☐ 18 months

☐ 24 months

☐ Other (please specify)



## Breastfeeding Data Collection Survey

10. Are you able to link parent and infant records?

☐ Yes

☐ No

☐ I don't know

11. Does your organization routinely review/look at the breastfeeding data you collect?

- ☐ Yes
- ☐ No
- ☐ I don't know

12. Are you able to generate reports summarizing the breastfeeding data?

- ☐ Yes
- ☐ No
- ☐ I don't know

13. Are you able to export the breastfeeding data?

- ☐ Yes
- ☐ No
- ☐ I don't know


14. Would you be willing to share your organization's de-identified breastfeeding data?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ It depends on with whom



## Breastfeeding Data Collection Survey

15. Please use this space to say anything additional regarding breastfeeding data collection.

A large, empty rectangular box with a thin black border, intended for users to provide additional comments or feedback regarding breastfeeding data collection.

Thank you for taking time to help us improve breastfeeding support in southwest Kansas through the use of quality breastfeeding data! Please click DONE below to submit your responses. You will be directed to the Kansas Breastfeeding Coalition's website. Thanks again!



## 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	

	<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.
<b><i>Do you document the follow type of referrals?</i></b>		
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	

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