



Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding

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Summary Sheet

After March 31, 2010, The Joint Commission's Pregnancy and Related Conditions core measure set will be retired and replaced with the new Perinatal Care core measure set. The new [Perinatal Care core measure set](#) is now available for selection for hospitals beginning with April 1, 2010 discharges.

What are the Perinatal Care core measures? The Perinatal Care core measure set comprises the following measures:

- Elective delivery
- Cesarean section
- Antenatal steroids
- Health care–associated bloodstream infections in newborns
- *Exclusive breast milk feeding*

This document, published by the United States Breastfeeding Committee, addresses the exclusive breast milk feeding core measure, and is designed to aid hospitals and maternity facilities in accurate collection of the data needed to comply with this new measure. Inadequate documentation of formula use and breastfeeding can impede progress in delivering evidence-based care.

Compliance with the new core measure may require facilities to modify their paper charts and/or electronic medical records. Thus facilities may want to consider charting modifications that support breastfeeding (such as length of time of skin-to-skin contact, especially immediately following birth). This document offers suggestions on how to accurately collect data, and the appendix includes samples from exemplary hospitals that already collect data on exclusive breast milk feeding.

How is exclusive breast milk feeding defined? 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.

Are any infants excluded? Yes. The list of exclusions is included in this document and on The Joint Commission’s Web site.

The United States Breastfeeding Committee (USBC) is an independent nonprofit coalition of 41 nationally influential professional, educational, and governmental organizations. Representing over half a million concerned professionals and the families they serve, USBC and its member organizations share a common mission to improve the Nation's health by working collaboratively to protect, promote, and support breastfeeding. For more information on USBC, visit www.usbreastfeeding.org.

Guidelines for Data Collection

The United States Breastfeeding Committee (USBC) has created this document to aid hospitals and maternity facilities in accurate collection of the data needed to comply with The Joint Commission's new Perinatal Care core measure on exclusive breast milk feeding. While breastfeeding is the goal for optimal health, it is recognized that human milk provided indirectly is still superior to alternatives.

Background

Pregnancy and related conditions were among the initial priority focus areas for hospital core measure development identified by key Joint Commission stakeholders. In 2002, the Pregnancy and Related Conditions (PR) core measure set was one of the initial sets of measures implemented.

After March 31, 2010, the Pregnancy and Related Conditions core measure set will be retired and replaced with the new Perinatal Care (PC) core measure set. The new [Perinatal Care core measure set](#) is now available for selection for hospitals beginning with April 1, 2010 discharges. This expanded measure set now comprises the following measures:

- Elective delivery
- Cesarean section
- Antenatal steroids
- Health care–associated bloodstream infections in newborns
- ***Exclusive breast milk feeding***

The Joint Commission's core measures serve as a national, standardized performance measurement system providing assessments of care delivered in given focus areas. One factor causing varying compliance with core measures may be a lack of awareness of the evidence connecting processes of care to improved outcomes. Hospitals should plan to use their data to drive quality improvements in evidence-based care and to help track progress from year to year.

Accurate documentation of infant feeding will help hospitals monitor their practices and comply with the new Perinatal Care core measure set. Inadequate documentation of formula use and breastfeeding can impede progress in delivering evidence-based care.

Compliance with the new core measure may require facilities to modify their paper charts and/or electronic medical records. Thus facilities may want to consider charting modifications that support breastfeeding (such as length of time of skin-to-skin contact, especially immediately following birth).

The Joint Commission is looking specifically at the number of exclusively breast milk-fed term infants as a proportion of all term infants. The exceptions are those infants meeting certain criteria in which breastfeeding is contraindicated, and excluding all infants who have spent time in the Neonatal Intensive Care Unit (NICU). The measure is not examining medically acceptable reasons to supplement a breastfed infant. In other words, The Joint Commission will be measuring how many non-NICU babies without a contraindication to breastfeeding were exclusively breast milk fed.

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.

The measure will **exclude from the denominator** the following infants:

- Discharged from the hospital while in the Neonatal Intensive Care Unit (NICU)
- *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for galactosemia
- *ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes* for parenteral infusion
- Experienced death
- Length of Stay >120 days
- Enrolled in clinical trials
- Documented *Reason for Not Exclusively Feeding Breast Milk*. The Joint Commission describes the only acceptable maternal reasons for which “breast milk feeding should be avoided” as:
 - HIV infection
 - Human t-lymphotrophic virus type I or II
 - Substance abuse and/or alcohol abuse
 - Active, untreated tuberculosis
 - Taking certain medications, i.e., prescribed cancer chemotherapy, radioactive isotopes, antimetabolites, antiretroviral medications and other medications where the risk of morbidity outweighs the benefits of breast milk feeding
 - Undergoing radiation therapy
 - Active, untreated varicella
 - Active herpes simplex virus with breast lesions

In some of these cases, the infant can and should be exclusively fed breast milk or donor human milk, even though The Joint Commission allows these infants to be excluded from the denominator. For example, a mother with herpetic lesions on one breast can still feed from the other breast. A mother with active untreated tuberculosis can have someone else feed her infant her own expressed milk, but feeding at the breast is not recommended due to droplet precautions, according to expert sources. A mother in a clinical trial may breastfeed if the trial allows.

It is important to note that the “reasons for not exclusively feeding breast milk” listed by The Joint Commission are *not* indications for *supplementation* in a breastfed infant. Many of these exclusions concern breastfeeding *initiation*.

Important note on exclusive breastfeeding

The health outcomes in most studies on breastfeeding are based on mother/child dyad breastfeeding, i.e., feeding at the breast. Although WHO and CDC now define breastfeeding to include feeding expressed milk, it is only in recent years, and predominantly in the United States, that studies have begun to include expressed milk as part of the definition of breastfeeding. Further research is necessary to assess whether the health impact of breastfeeding for mother and child is also present with the feeding of expressed milk.

Important note on non-exclusive breast milk feeding

There are medical indications for supplementing a breastfed infant, but The Joint Commission does not require documentation of these indications. If the supplement consists of expressed or donor human milk, these infants can still be counted as exclusively breast milk fed. Medical reasons for supplementation are *not* reasons for excluding infants from the denominator.

However, the indications for supplementing a breastfed infant should be documented for purposes of patient care. It is important to note that “supplements” may consist of expressed or donor human milk or formula, and each hospital will need to define whether “supplement” includes breast milk or only refers to formula. Note that hospitals seeking Baby-Friendly designation are required to document medical reasons for supplementation, as well as the route and type of supplementation.

The Joint Commission assumes that implementation of evidence-based best practices for infant feeding and care will greatly diminish the numbers of infants who become dehydrated from insufficient milk transfer. Supplementation (using breast milk or formula) is medically indicated in these infants. It is not expected that exclusive breast milk feeding rates will reach 100% in any facility, as there will always be a small number of breastfed infants in whom supplementation is medically indicated, even with exemplary implementation of best practices. Experience with public reporting on exclusive breastfeeding in California shows that less than 10% of breastfed infants are supplemented in the top-performing hospitals. Such hospitals range from public institutions serving low-income populations to private hospitals.

Recommendations for documentation

The Joint Commission currently suggests the following sources for collecting data on exclusive breast milk feeding:

- 1) Discharge summary
- 2) Feeding flow sheets
- 3) Individual treatment plans
- 4) Intake and output sheets
- 5) Nursing notes
- 6) Physician progress notes

Two of the six suggested sources—the intake/output sheets and feeding flow sheets—represent direct documentation of the types of feeding and offer the best starting place for appropriate documentation. The other four sources can augment these primary sources of information.

The United States Breastfeeding Committee suggests several different approaches to accurate data collection on exclusive breast milk feeding at discharge. These approaches may be applied to both paper and electronic documentation.

- 1) *Modify existing charting to support appropriate data collection and easy extraction with chart audits.*
 - Avoid using the word “bottle” as a synonym for formula. Because bottles may contain expressed breast milk or donor human milk, it is best to be specific about the milk that the infant is consuming.
 - Encourage provider orders that state “exclusive breastfeeding” or “breastfeeding contraindicated due to _____.” This may help collect and extract data more easily.
 - Create a special charting section on supplementation, that lists what the supplement is (formula, the mother’s expressed milk, or donor human milk), and the indication. This may be a form, a stamp, or a sticker.
 - Collect information on each infant related to the approved reasons for not exclusively feeding breast milk. Consider creating a check-off list that includes these reasons to exclude the infant from the denominator. It may be useful to have this check-off list in a central location for those indications that will not change, such as HIV infection or substance abuse.

- 2) *Key information should be aggregated and summarized.*
 - This can be done readily with electronic medical records. Note that any measures that will be electronically aggregated cannot be in free text, and must exist as a ready-made option for the user to choose. Paper charts may require chart audits at the time of discharge or after discharge. In this case, the information would need to be presented in a way that can be readily extracted.
- 3) *A hospital may use a feeding flow sheet or intake/output sheet as a central source of final documentation for all feeding information that may be present elsewhere (such as feeding records kept by mothers, or notes on supplementation written in the physician progress notes).*
 - Feeding records kept by mothers can be a useful source of information for a nurse to add into the nursing flow sheets.
- 4) *Universal data collection on all infants will support consistent practices and is preferable to sampling.*
 - It is helpful to record information on each feeding, and to have a place where the aggregate data for that patient is summarized.
 - If using a paper record, creating a lightly shaded row or column for formula use may make it easier to perform data extraction for chart audits.
- 5) *Point-of-use inventory management can support documentation of feeding practices.*
 - Some hospitals have had success in handling formula in the same manner as medications: a practice that can provide an easy way to document and track use of any formula, just as medication use is tracked. Including formula in automated medication dispensing and distribution systems provides a time-saving vehicle for accurate data collection while investing a minimal amount of staff time.

Additional measures

Updating documentation tools and changing work flow sheets can be time-consuming and costly. Thus, in addition to adding documentation to monitor exclusive breast milk feeding, hospitals may want to take advantage of the update process to add tools that will help encourage and monitor *other* best practices related to infant feeding. Such measures will help a hospital reduce the number of breastfed infants receiving formula for non-medical indications. Additional practices might include:

- Documentation that allows easy measurement of breastfeeding initiation rates.
- Documentation that includes the route of supplement administration, as this information may become relevant in improving best feeding practices.
- Documentation that describes the medical indication for supplementation especially for conditions that may arise during the infant's stay (e.g., dehydration, mother starting a contraindicated medication).
- Documentation that allows staff to record the length of time of skin-to-skin contact, especially immediately following birth.
- Lactation documentation that includes ventral positioning as a positioning option.

- Documentation that shows the mother has been taught and understands various aspects related to infant feeding, such as: the health impact of breastfeeding to mother and child; the importance of exclusivity; information on milk supply, engorgement versus fullness, sore nipples, mastitis, pacifiers, and WIC, as well as information on preparing and giving formula, if appropriate. Most importantly, documentation can reflect that the breastfeeding mother is discharged knowing *how* to breastfeed, with a skill set that includes demonstration of proper positioning, achievement of infant latch, recognition of swallowing, knowledge of when to feed the infant and for how long, and recognition that the infant is receiving sufficient milk.
- Documentation that demonstrates that the risks of inappropriate formula use were reviewed by the mother, including the risks to breastfeeding success, and health risks of formula feeding to mother and baby. (Such charting practices can help augment data collection on formula use.)
- Documentation that supports workflows that eliminate mother-baby separation and disruptive procedures for the first two hours after birth.

Appendix: Charting Samples

Note: The United States Breastfeeding Committee does not endorse the use of any particular documentation product or brand.

Charting samples are provided as a starting point and come from hospitals already implementing documentation procedures that satisfy the accurate collection of data for the exclusive breast milk feeding core measure. These examples are intended to aid hospitals in assessing their current charting tools and considering potential adjustments.

All examples are used with permission of the contributing institution.

Example 1

Electronic medical record from St. Vincent's Medical Center, Bridgeport, CT, working toward Baby-Friendly designation. This electronic medical record system was customized for this institution and is one of the best examples identified.

St. Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606 <hr/> Print Date & Time: 12/18/2009 11:59		Fake Baby MR#: 0000 DOB : Unit: Training Unit Attending: Age Bed: Train4	
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Lactation Statistics

	12/18/09		
	09:04	12:06	13:08
Feeding Method	Attempted breastfeeding	Did not nurse - skin to skin contact done	Soft cup feeder <i>Annotation: greater than 10% wt loss MD order to supplement attempted breastfeed with ebm and sns infant too sleepy only 5ccs followed with 10 ccs more ebm via soft feeder</i>
Supplemented per mom's request	0	0	0
Total supplement per mom's req	0	0	0
Supplemented medical indication	0	0	0
Total supplement medical indic	0	0	0
Soft cup feedings	0	0	1
Total supplement soft cup feed	0	0	1
SNS Feedings	0	0	1
Total supplement SNS feedings	0	0	1
	0	0	0
Recorded by			
	12/18/09		
	23:00		
Total supplements formula fed	0		
Recorded by			

Newborn I&O rev 4-08

	12/18/09		
	09:04	12:06	13:08
Weight			
Weight (gms)	3000	2600	2600
Output			
Infant Void	No	No	
Infant Stool	No	No	
Intake			
Breastfeeding			
Feeding	Attempted breastfeeding	Did not nurse - skin to skin contact done	Soft cup feeder <i>Annotation: greater than 10% wt loss MD order to supplement attempted breastfeed with ebm and sns infant too sleepy only 5ccs followed with 10 ccs more ebm via soft feeder</i>
Infant Suck Quality	Weak		Fair
Breastfeeding Quality	Attempted Breastfeeding		Attempted Breastfeeding

Intake and Output (I&O) documentation: Note that the type of feeding described is a pre-populated choice. Free text is described as "annotation." Because of weight loss of 400 grams and poor suck, the infant was given expressed breast milk, but still counts as exclusively breast milk fed according to The Joint Commission measure.

Patient ID	Patient Name	Pediatrician	Delivery Date	Planned Exclusive	# Supplement Mat Request	# Supplement Med Ind	Total # Supplement
Breast		fhc	12/6/2009 8:39:00 AM	Yes	0	0	
Breast		FHC	12/10/2009 11:36:00 AM	Yes	0	0	
Breast		FHC	12/2/2009 9:10:00 PM	Yes	0	0	
Breast		FHC	12/10/2009 6:29:00 PM	Yes	0	0	
Breast		MSP	12/4/2009 11:47:00 AM	Yes	0	0	
Breast		FHC (HO) Orange	12/3/2009 10:00:00 AM	Yes	0	0	
Breast		FHC (HO) Dr. Dela	12/7/2009 4:51:00 PM	Yes	0	0	
Breast		fhc h.o.	12/8/2009 4:45:00 AM	Yes	0	0	
Breast		Aryoha Anselm	12/8/2009 9:00:00 AM	No	0	0	13
Breast		Alonzo - Prohealth	12/13/2009 3:13:00 AM	Yes	0	0	
Breast		PHC	12/2/2009 11:02:00 PM	No	1	0	1

Aggregate breastfeeding statistics compiled in a monthly report. Each row represents a different patient.

The last row shows a mother who stated on admission that she planned to exclusively breastfeed. Although not medically indicated, this mother did request one formula supplement during the hospital stay. As a result, the aggregate report then shows a “no” in the “Planned Exclusive” column.

The patient identifiers are omitted here, but are normally available if needed for chart audit. An audit was necessary for the mother on the third row from the bottom. This mother changed her mind and decided to formula feed although all education and support was offered, and she gave 13 formula feedings. Because she changed her mind after the fact, staff only documented the feedings without clicking the Newborn I&O tabs that would trigger “medical indication” or “maternal request.” Thus there are no numbers under medical indication or maternal request.

All other rows show exclusive breastfeeding throughout the hospital stay.

Month	Initiation: % that breastfed at all during stay	NSVD	C/S	Breastfed in 1 st hour	Said "yes" to exclusive in Recovery Room	Exclusive breast milk feeding upon D/C	Had medical indication to supple- ment	Exclusive and medical indication combined %	Exclusive education offered and documented
		STS in first ½ hour	STS ½ hour when able to respond						
July	79/100 70%	28/57 49%	22/55 40%	54/70 77%	31/77 40%	37/77 48%	21/77 27%	58/77 75%	63/63 100%
Aug	81/101 80%	37/38 97%	16/31 52%	60/74 81%	46/81 57%	45/81 56%	17/81 21%	62/81 77%	76/76 100%

Prior to the development of computerized data aggregation at this hospital, this spreadsheet was used for manually auditing charts and continues to be used by utilizing computerized aggregation. This spreadsheet shows that in August, 81 of 101 mothers initiated breastfeeding. Out of those 81 mothers 45 (56%) were still exclusively breastfeeding upon discharge from the hospital, while 17 (21%) had a medical indication to supplement. While The Joint Commission is not looking at medical indications to supplement, monitoring this data can help improve quality of care.

Feeding Method	12/19/09				12/20/09			
	13:23	16:30	21:21	01:22	breastfed	breastfed	breastfed	breastfed
Supplemented per mom's request	0	0	0	0				
Total supplement per mom's req	0	0	0	0				
Supplemented medical indication	0	0	0	0				
Total supplement medical indic	0	0	0	0				
Soft cup Feedings	0	0	0	0				
Total supplement soft cup feed	0	0	0	0				
SNS Feedings	0	0	0	0				
Total supplement SNS feedings	0	0	0	0				
Total supplements	0	0	0	0				
Total breastfeeds in hospital	2	3	4	5				
Recorded by								

This hospital now tracks number of breastfeeds through hospital stay for exclusive breast milk feeding reporting, shown at left.

Breastfeeding Statistics

Report Printed: 12/21/2009 3:13:53 PM

12/01/09 to 12/21/09

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	Patient ID Patient Name	Pediatrician	Delivery Date	Planned Exclusive	# Breastfeeds in Hospital	# Supplement Mat Request	Supplement Med Inf	Total # Supplement
Breast	[REDACTED]		12/17/2009 9:45:00 AM	Yes	11	0	0	
<i>Feeding Method</i>								
Breast	[REDACTED]		12/17/2009 12:33:00 PM	Yes	23	0	0	
<i>Total: 1</i>								
<i>Feeding Method</i>								
Breast	[REDACTED]		12/18/2009 4:09:00 PM	Yes	17	0	0	
<i>Total: 1</i>								

This hospital now tracks total number of breastfeeds *and* supplements as it generates its monthly aggregate report.

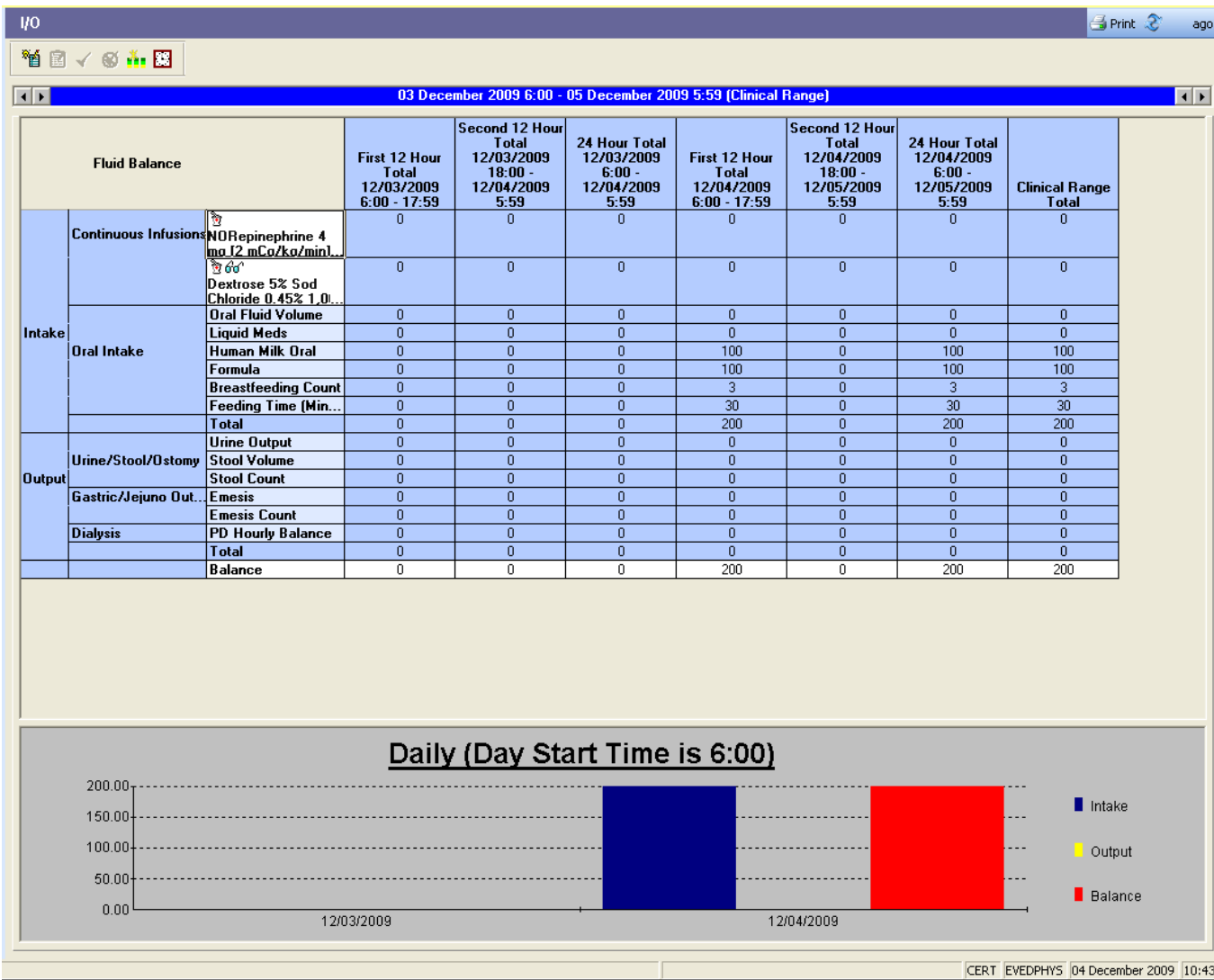
Example 2

Electronic medical record from Clarian Health, IN.

The screenshot displays the 'Results Review' interface for 'Nutrition Services Detailed'. The navigation bar includes tabs for 'Lab Results', 'Vital Signs', 'Significant Events', 'Results - 72 Hours', 'Radiology', 'Pathology', 'Diagnostics', 'Glucose Data', 'Respiratory Care', 'TPN Therapy Analysis', and 'Nutrition'. The main content area shows a table with the following data:

	12/04/2009 10:29	12/04/2009 10:28
Intake		
Human Milk Type	breast milk EXPRESSED 20 kcal	
Human Milk Oral	100.0 mL	
Formula Type	Alimentum 20 kcal	
Formula	100.0 mL	
Feeding Time (Minutes)	15 Minutes	15 Minutes
Breastfeeding Count	2	1

The best place to view type, amount, and length of feeding is on the Nutrition tab within Results Review, above.



The Intake/Output tab will display amount given totals, but will not display type of feeding or feeding time. It will, however, differentiate between formula and breast milk feedings.

Clinview (CERT | Powernote, Phillip - 37001260 | Vitals I/O) - Microsoft Internet Explorer

Patient: Powernote, Phillip - 37001260 Location: U5SW U5715 P MRN: 37001260 ** Weight **
 Page: Vitals I/O Age: 27 years FIN: 380017822 ** Allergies **
 Current User: EVEDPHYS Login/Change User Gender: Male

SE/NN Show Hourly Sections As of: 12/04/2009 13:02 12/04/2009 Sign Add a Drain/Tube Large

12/04/09 06:00 to 12/05/09 05:59	Vitals							Pain					Intake													
	Temperature (DegC)	Heart Rate (bpm)	Respiratory Rate (br/min)	O2 Sats (%)	O2 Delivery Mode	SP/DP Blood Pressure #1 (mmHg)	BP # 1 MAP (mmHg)	BP # 1 Method	Comfort/Functional Goal	Pain Scale Used	Pain Score	Post Intervention Pain Score	Radiation (Admission/1st Onset Only)	Formula Type	Formula Volume (mL)	Human Milk Type	Human Milk Oral (mL)	Feeding Time (Minutes)	Breast Feeding Count (#)	Nipple Type	Feeding Readiness Scale (1-5)	Nipping Quality Scale (1-5)	Caregiver Technique Scale (A-E)	Intake Total	Intake Grand Totals	
10:28																	15	x1								
10:29													Alimentum 20 kcal	100	breast milk EXPRESSED 20 kcal	100	15	x2	Other: test							
10:55																				1	1	A				
12 Total														100				x3						200	200	
12/05/2009																										
12 Total																										
24 Total														100				x3						200	200	

Clinview displays type, amount, feeding time, and nipple type on the Vitals Intake/Output flow sheet.

Example 3

Adapted from University of California, San Diego, a Baby-Friendly facility.

Date/Time _____ RN/LC/MD _____
Formula Supplementation Initiated for:
<ul style="list-style-type: none">○ New maternal medication contraindicated in breastfeeding○ Development of untreated varicella or herpes simplex w/breast lesions○ New enrollment in a clinical trial
Other reasons:
<ul style="list-style-type: none">○ Hypoglycemia: glucose ____mg%○ Excessive wt loss: ____% at ____hours of age○ Failure to latch at ____hours○ Delayed lactogenesis○ Jaundice related to decreased intake (per MD)○ LBW/IUGR requiring caloric suppl. (per MD or LC)○ Mother/baby separation; explain _____○ Maternal insistence○ Other _____
Education provided re Risks &Benefits of formula: OYes ONo
If No, explain: _____
Supplement route (check all that apply):
<ul style="list-style-type: none">○ SNS (at breast)○ Finger○ Cup○ Bottle

This facility uses a formula supplement “stamp” that is put in the paper record for each instance of supplementation with infant formula. Use of expressed mother’s milk or donor human milk is not included. Again, note that medical reasons for supplementation are unrelated to The Joint Commission's acceptable “reasons for not exclusively feeding breast milk,” but are required for Baby-Friendly documentation. The presence of this stamp anywhere in the paper record easily alerts chart auditors that this infant was not exclusively fed breast milk.

