

FPQC Mothers Own Milk (MOM) Initiative Data Collection Sheet

Complete for those who have BW \leq 1500g.

Do not complete for infants where MOM is contraindicated, expire/transferred out at \leq 24 hours, or transferred in at $>$ DOL 7.

Sex	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> ambiguous	Gestational age	weeks days	Maternal ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> unknown	Maternal race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> unknown
Date of birth (MM/DD/YY)	/ /	Growth parameters at birth		Weight: _____ grams <3 rd percentile: <input type="checkbox"/> yes <input type="checkbox"/> no		HC: _____ cm <3 rd percentile: <input type="checkbox"/> yes <input type="checkbox"/> no	
Does mother intend to provide MOM <i>(If "no", no further data collection is required)</i>	<input type="checkbox"/> yes <input type="checkbox"/> no - stop		Intent to provide MOM documented		<input type="checkbox"/> yes <input type="checkbox"/> no		
Lactation assessment w/in 24 hours of admission to your NICU	<input type="checkbox"/> yes <input type="checkbox"/> no		Availability of hospital grade pump at maternal discharge		<input type="checkbox"/> yes <input type="checkbox"/> NA <input type="checkbox"/> no or unknown		
Initial pumping \leq6 HOL	<input type="checkbox"/> yes <input type="checkbox"/> no or unknown		Availability of MOM \leq72 HOL		<input type="checkbox"/> yes <input type="checkbox"/> NA <input type="checkbox"/> no or unknown		
Non-nutritive BF documented	<input type="checkbox"/> yes <input type="checkbox"/> NA <input type="checkbox"/> no or unknown <input type="checkbox"/> not desired by mother		Skin-to-skin (S2S) care \leqDOL 10		<input type="checkbox"/> yes <input type="checkbox"/> NA <input type="checkbox"/> no or unknown <input type="checkbox"/> not desired by mother		
	DOL 7 <input type="checkbox"/> NA	DOL 14 <input type="checkbox"/> NA	DOL 28 <input type="checkbox"/> NA	Day of Infant Initial Disposition			
MOM pumped volume \geq 500 ml/day	<input type="checkbox"/> yes <input type="checkbox"/> no or unknown		<input type="checkbox"/> yes <input type="checkbox"/> no or unknown		<input type="checkbox"/> yes <input type="checkbox"/> no or unknown		
MOM feeding volume	ml		ml		ml		
Donor human milk feeding volume	ml		ml		ml		
Formula feeding volume	ml		ml		ml		
Day of infant initial disposition (MM/DD/YY)	/ / <input type="checkbox"/> discharged home <input type="checkbox"/> transferred out <input type="checkbox"/> expired		Growth parameters at infant initial disposition		Weight: _____ grams <3 rd percentile: <input type="checkbox"/> yes <input type="checkbox"/> no		
					HC: _____ cm <3 rd percentile: <input type="checkbox"/> yes <input type="checkbox"/> no		
Any nutritive BF w/in 7 days of initial disposition	<input type="checkbox"/> yes <input type="checkbox"/> no or unknown <input type="checkbox"/> not desired by mother <input type="checkbox"/> NA		Any NEC		<input type="checkbox"/> yes <input type="checkbox"/> no		

Notes:

FPQC Mothers Own Milk (MOM) QI Data Collection Definitions

Select “NA” if infant is transferred, discharged, or expires prior to the data collection time-point. Selecting “NA” will remove infant from denominator for the specific measure only

“No” or “Unknown” – all attempts should be made to determine measure before selecting.

Study ID# begins with 001 & numbers the enrolled neonates consecutively. On site log, record infant’s medical record number or identifying number next to the corresponding Study ID#.

Gestational age: Record in weeks & days (e.g. 30 wks & 0 days). If only weeks of gestation are known, provide that and enter a zero for days (e.g. 30 wks & 0 days). Use the "Best Obstetrical Estimate".

Maternal ethnicity should be obtained from maternal interview, electronic medical record, or birth certificate. Answer “Hispanic” if the biological mother is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. **Maternal race** should be obtained from asking the mother, electronic medical record, or birth certificate. You may choose more than one response for the biological mother.

Dates are collected as 2-digit month/day/year (e.g. 09/12/13).

Growth parameters at birth & initial disposition: Record birth weight and initial disposition weight in grams rounded to the nearest 1; Head circumference (HC) is the first HC and initial disposition HC recorded as cm rounded to the nearest 0.1 cm. Use the Fenton growth curve to determine if weight and HC are <3rd%ile at birth and initial disposition.

Intent to provide MOM documented includes the mother received education on the benefits of MOM *and* her decision was documented in the medical record. Intent can be assessed upon transfer from another facility.

Does mother intend to provide MOM: If the response to this is “no”, the electronic database will prompt you to collect and submit the following data: Sex, Gestational age, Date of Birth, Race/Ethnicity, and Birth weight.

Lactation assessment within 24 hours of admission to your NICU: A lactation assessment is at minimum comprised of all of the following: 1) Review pumping frequency or technique (i.e., 8-12 times per day with 1 session at night, 2) Assess breast comfort while pumping (i.e., flange size, vacuum level), 3) Review use of the pumping log, and 4) Develop a plan for a hospital grade electric pump at or after maternal discharge (i.e., WIC referral, loaner pump, rental information). Individual sites can determine qualified personnel to conduct these assessments. It does not require an IBCLC to be consulted. Transferred infants should have this assessment completed within 24 hours of transfer.

Availability of hospital grade pump at maternal discharge: Plan for a hospital grade electric pump at maternal discharge (i.e., WIC referral, loaner pump, rental information). Maternal discharge refers to initial hospital discharge after the infant’s birth.

Initial pumping less than or equal to 6 hours of life (HOL) can be determined by maternal interview or EMR documentation.

Availability of MOM less than or equal to 72 HOL can be determined by maternal interview or EMR documentation.

Non-nutritive breastfeeding, also known as “dry” breastfeeding, is used to transition infants to nutritive breastfeeding. Infants practice breastfeeding after mothers have emptied their breasts by pumping.

Skin-to-skin care by DOL 10: Skin-to-skin care or “kangaroo care” occurs when an infant, dressed only in a diaper and a hat, rests skin-to-skin against the mother’s bare chest.

Any nutritive BF w/in 7 days of initial disposition refers to transfer of breast milk during a breastfeeding session. Transfer can be determined in many ways including observation or test weights.

Any NEC uses the VON definition. Answer “yes” if NEC was diagnosed at surgery OR clinically/radiographically using both of the following criteria: 1) One or more of the following clinical signs present: bilious gastric aspirate or emesis, abdominal distention, occult or gross blood in stool (no fissure) AND 2) at least one of the following radiographic findings is present: pneumatosis intestinalis, hepato-biliary gas, pneumoperitoneum.

MOM pumped volume on DOL 7, 14, & 28 greater than or equal to 500 ml is determined by maternal interview or from a pumping log. This includes a 24-hour period from midnight to midnight for each designated DOL.

MOM, Donor human milk, or Formula feeding volume on DOL 7, 14, 28, & initial disposition - Record total ml for each feeding substrate infant received in a 24-hour period from midnight to midnight for each designated DOL.

- **DOL 7, 14, 28** - Enter volumes fed for each substrate. Place a “0” if substrate not fed at all. If discharged (home, transfer out, or expire) prior to data collection point, select “NA”. If NPO, place “0” in all feeding substrates.
- **“Initial disposition”** column should have values entered for each substrate. Place a “0” if substrate not fed at all. If infant transferred or expires, enter maximal enteral feeding volumes achieved during NICU stay. Column should not have all “0”s unless infant never received enteral feeds.