

## WisPQC Human Milk Feeding Initiative: Measures (January 27, 2023)

Measure	Definition	Data Source/ Reporting Frequency  Source/Timing E=EHR S=survey M=monthly Q=quarterly B=biannually
<b>Outcome</b>		
HO1: % of infants that received any human milk during hospitalization	<p>Numerator: Number of newborns that received any human milk during hospitalization.</p> <p>Denominator: Single term newborns discharged alive from the hospital</p> <p>Exclusions: Medically justifiable reasons for delayed contact or interruption documented OR maternal refusal with documentation of education given</p>	E/M
HO2: % of newborns that received only human milk during the entire hospitalization	<p>Numerator: Newborns that were fed human milk only since birth</p> <p>Denominator: Single term newborns discharged alive from the hospital</p> <p>Exclusions: Medically justifiable reasons for delayed contact or interruption documented OR maternal refusal with documentation of education given</p> <p>PC-05 definition</p>	E/M
<b>Process</b>		
<p>HP1: Immediate skin-to-skin contact after vaginal delivery</p> <p>% of newborns placed in skin-to-skin contact immediately after birth AND continuing uninterrupted for at least 1 hour (longer, if needed, to allow a breast/chestfeeding infant to complete a feeding) unless medically justifiable reasons for delayed contact or interruption documented</p>	<p>Numerator: Number of newborns placed in skin-to-skin contact immediately after birth AND continuing uninterrupted for at least 1 hour (longer, if needed, to allow a breast/chestfeeding infant to complete a feeding)</p> <p>Denominator: All newborns delivered vaginally</p>	E/M

	Exclusions: Medically justifiable reasons for delayed contact or interruption documented OR maternal refusal with documentation of education given	
<p>HP2: Skin-to-skin contact after Cesarean delivery</p> <p>% of infants placed in skin-to-skin contact when safe and feasible following a Cesarean delivery (should begin in recovery area as soon as birthing parent is responsive and alert) AND continuing uninterrupted for at least 1 hour (longer, if needed, to allow a breast/chestfeeding infant to complete a feeding) unless medically justifiable reasons for delayed contact or interruption documented</p>	<p>Numerator: Number of newborns delivered by Cesarean delivery placed in skin-to-skin contact when safe and feasible following a Cesarean delivery (should begin in recovery area as soon as birthing parent is responsive and alert) AND continuing uninterrupted for at least 1 hour (longer, if needed, to allow a breast/chestfeeding infant to complete a feeding)</p> <p>Denominator: All newborns delivered by Cesarean delivery</p> <p>Exclusions: Medically justifiable reasons for delayed contact or interruption documented OR maternal refusal with documentation of education given</p>	E/M
<p>HP3: Rooming-in</p> <p>% of birthing persons and infants rooming-in, unless:</p> <ol style="list-style-type: none"> <li>Medically justifiable reason for separation, OR</li> <li>Safety-related reason for separation, OR</li> <li>Informed decision for separation (maternal request)</li> </ol>	<p>Numerator: Number of birthing persons and infants rooming-in (staying in the same room with separations for medical procedures documented at less than or equal to one hour)</p> <p>Denominator: Total number of birthing person/infant(s) combinations</p> <p>Exclusions:</p> <ol style="list-style-type: none"> <li>Medically justifiable reason for separation, OR</li> <li>Safety-related reason for separation, OR</li> <li>Informed decision for separation (maternal request)</li> </ol>	E/M
<p>HP4: Initiation of milk expression within 6 hours for maternal infant separation</p> <p>% of lactating parents who are separated from their infant due to medical complications with initiation of lactation (manual expression or pumping) within 6 hours of delivery</p>	<p>Numerator: Lactating persons separated from their infant with documented pumping or manual expression within 6 hours of delivery</p> <p>Denominator: Lactating persons separated from their infant due to medical needs of the infant</p>	E/M
<p>HP5: Post-discharge follow-up visit scheduled</p> <p>% of birthing persons with post-discharge follow-up scheduled and documented, including:</p> <ol style="list-style-type: none"> <li>medical provider;</li> <li>WIC; and</li> <li>community-based resources without income restrictions/limitations</li> </ol>	<p>Numerator: Number of discharged birthing persons with post-discharge follow-up visits scheduled and documented</p> <p>Denominator: Total number of discharged birthing persons</p> <p>Exclusions: None</p>	E/M
<p>HP6: Educational activities/attendance</p> <p>Availability and utilization of educational activities</p>	<p>Number of training/educational activities available</p> <p>Number/% of staff participating in educational activities</p>	S/Q

	Each live or enduring material counts as one.	
<b>Structure</b>		
HS1: Lactation support availability, access	Survey of lactation support, e.g., types of staff, FTE, shift coverage, referrals, etc.	S/Q
HS2: Written policies/protocols/procedures  a. Documentation of medical justification or informed consent for giving non-human milk feedings to breast/chestfed newborns; b. Placement of all newborns skin-to-skin with their mother at birth or soon thereafter; c. The option for mothers to room-in with their newborns; d. Rooming-in safety; e. Monitoring following birth; f. Birthing person/infant separation for procedures; g. Discharge criteria; h. Nurse skill competency (see content in Definition); i. Nurse competency assessment	Survey assessment of existing policies/protocols/procedures  HS2.h: Nurse skill competency Indicates which competency skills are required of nurses: 1. Placement and monitoring of the newborn skin-to-skin with the mother immediately following birth 2. Assisting with effective newborn positioning and latch for breast/chestfeeding 3. Assessment of milk transfer during breast/chestfeeding 4. Assessment of maternal pain related to breast/chestfeeding 5. Teaching hand expression of human milk 6. Teaching safe formula preparation and feeding 7. Counseling parents/caregivers on safe sleep practices for their newborn during the hospital stay 8. Counseling lactating parent on importance of exclusive human milk feeding for 6 months	S/B
HS3: Acquisition of infant formula  Indicates how hospital acquires infant formula	Survey of how formula is acquired	S/B
HS4/NS2: Donor milk program and policies related to qualification and referrals for outpatient access  Indicates availability and accessibility of donor milk	Survey of availability, access policies, and referrals for outpatient access	S/B

The following process items will be surveyed from the patient perspective:

- HPP1: Received prenatal human milk feeding education
- HPP2: Separation during transition before starting rooming-in
- HPP3: Staff teaching breast/chestfeeding techniques AND demonstration of how to express milk
- HPP4: Feeding cues and pacifiers
- HPP5: Formula counseling for human milk feeding birthing persons
- HPP6: Formula preparation and feeding techniques
- HPP7: Identify and solve human milk feeding problems
- HPP8: Discharge follow-up including medical provider, WIC, and community-based resources without income restrictions/limitations