PQCNC HM NCCC Phase III Data Collection Sheet

Part I - ADMISSION

1. Admission Date: _____

2. Birth weight (grams): _____

3. HC (cm): _____

4. Length (cm): _____

5. Delivery: Inborn   Outborn

6. Gestational age at birth (completed weeks): _____

8. Has a Doctor/Nurse Practitioner spoken to mom about the importance of providing milk for her baby?

   a. Yes +Date:_____ / Not don**e**

9.5 Time to first pump_____ This question on the computer form has a drop down box that allows the

    choice for the number of hours

Part II – DISCHARGE

10. Discharge Date: _____

11. Did this baby survive until discharge?   Yes   No (If no, skip to question 21 and 22)

12. Discharge age in days: _____

13. Discharge weight (grams): _____

14. HC (cm): _____

15. Length (cm): _____

16. Was this baby discharged on supplemental oxygen?   Yes   No

17. Did this baby have NEC?   Yes   No

    a.   If Yes where did NEC occur?   Your Hospital   Other Hospital

18. Did this baby have NEC requiring surgery?   Yes   No

19. Did baby have sepsis?   Yes   No

21. For 24 hour period in previous 48 hrs (not on day of discharge) which best reflects the infant's feeding status: (Mark all that apply)

    a.   Mother's milk

    b.   Donor Milk

    c.   Formula

    d.   NPO

    e.   Combination: If there is some combination of milk/formula please indicate reason below

        i.   If combination: (circle one)

            1.   growth

            2.   diminished mother's milk

22. Mom's Ethnicity (circle):   African-American   Asian   Caucasian   Spanish/Hispanic/Latina

23. Payor (circle):   Medicaid   Blue Cross Blue Shield/State Health Plan   Other

Pt. Label:

Part III-Daily 1-14 days, day 21 and day28

Date:_____   Day of life:_____

24. Did mother hold baby skin to skin in last 24 hours? ☐Yes   ☐No

25 Has infant received in the last 24 hours (mark all that apply):

    Human milk for oral care   ☐Yes   ☐No

    Maternal milk   ☐Yes   ☐No

    Donor milk   ☐Yes   ☐No

    Formula   ☐Yes   ☐No

26. Fortifier added to breast/donor milk feedings: ☐Yes   ☐No

27. Today's weight (grams): _____

28. Have you reviewed the status of mother's milk supply (If "No answer 29 and 30 as "0"):

    ☐Yes

    ☐No

29. How many times has mom pumped in last 24 hours:_____

30. How much milk has mom expressed in the last 24 hours: _____ml

Pt. Label: