

NEW FACILITY DATA SHEET

The Facility Data Sheet is submitted:

1. DISCOVERY PHASE: Provides baseline breastfeeding rates. Data may be collected through any methods as outlined in Question #17. For free standing birth centers and hospitals with fewer than 500 births per year, we suggest a 100% review for one month. For larger facilities, a random sample of 25% or 50 patients.
2. DESIGNATION PHASE: Prior to Readiness Assessment Interview – Evaluates impacts of practice change. Any of the data collection methods described in Question #17 are acceptable.
3. DESIGNATION PHASE: Prior to On-site Assessment – Evaluates for adherence to current Baby-Friendly Hospital Initiative Guidelines and Evaluation Criteria. For ALL facilities, it must consist of 4 weeks of actual data on a 100% of the patients collected within 2 months prior to the assessment. Any of the data collection methods described in Question #17 are acceptable.
4. POST DESIGNATION PHASES: Evaluates ongoing adherence to current Baby-Friendly Hospital Initiative Guidelines and Evaluation Criteria. Any of the data collection methods described in Question #17 are acceptable.

IMPORTANT: Please be sure to check the top of your screen for any error messages once you click "SAVE DRAFT" or "SUBMIT". If you ignore these messages and close your screen without correcting the problem(s) and clicking the "SAVE DRAFT" or "SUBMIT" button again, you will lose your work. Also, while any registered User can input data and "SAVE DRAFT" - only the Primary User is able to "SUBMIT" the document.

GENERAL INSTRUCTIONS:

1. Clicking a check box on this form indicates a "YES" answer.
2. Please review the [Facility Data Sheet Guide \(DISC3\)](#) for instructions for specific questions instructions.
3. In addition, to determine how to answer Q#1, you must utilize the [Affiliated Prenatal Services Questionnaire \(DISC2\)](#). If you answer "YES" to Q#1, you will then need to answer Q#2 – 5. More information is found in the Facility Data Sheet Guide.

Facility Legal Name

Facility ID

Name of Person Supplying Data

First name

Last name

Phone

Email

Maternity Care Services

1) Does the facility provide prenatal care or prenatal services?

2) If yes, what statement best describes these services:

- Prenatal care is provided by facility employees at facility owned property
- Prenatal care is provided by facility employees at property NOT owned by facility
- Prenatal care is provided by an independent health care group/physicians at facility owned property

3) How many locations are prenatal services offered by either facility employees or on facility owned property?

If entered number above:

4) List the names, addresses, the approximate distance from your primary birthing facility, and the approximate annual # of prenatal women served at each prenatal for all of the above affiliated prenatal services.

Name

Address

Distance

Annual service amount

Name

Address

Distance

Annual service amount

Name

Address

Distance

Annual service amount

Name

Address

Distance

Annual service amount

Name

Address

Distance

Annual service amount

Name

Address

Distance

Annual service amount

Name

Address

Distance

Annual service amount

Name

Address

Distance

Annual service amount

Name

Address

Distance

Annual service amount

Name

Address

Distance

Annual service amount

5) Please enter the percentage of women who deliver at the hospital and receive prenatal care provided by the facility:

6) Please enter the percentage of women who arrive at the facility without having any prenatal care:

7) Does the facility offer any prenatal breastfeeding education classes?

If yes, please list names below:

Name

Name

Name

Name

Name

8) Does the facility offer any prenatal breastfeeding education through tours or other alternative means?

If yes, please list names below:

Name

Name

Name

Name

Name

Facility census data

Description of Facility Inpatient Birthing/Newborn Mother/Baby Services

9) Total Beds in Hospital

10) Are all birthing and newborn mother/baby services operating under the facility license provided at a single location?

If no, please provide the following:

11) How many locations are birthing and newborn mother/baby services operating under the facility license provided at?

12) List the names and addresses of all birthing and newborn mother/baby services operating under the facility license

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

13) Please enter the number of beds (Complete all that apply):

In LDRP Area

In Labor and Delivery Area

In Post Partum Area

Mother/Baby Care (couplet care)

In NICU Level 1

In NICU Level 2

In NICU Level 3

14) Please enter birth information for the previous year:

Previous year

Total deliveries

Deliveries by Cesarean Section

Percent of Cesarean

15) Please enter the number of staff responsible for caring for new mothers and babies (Complete all that apply):

Nurses

Midwives

Dietitians / Nutritionists

Lactation consultants / counselors

Pediatricians

Obstetricians

Family Practitioners

Residents

Advanced Practice RNs

Physician Assistants

Infant feeding information

16) Data below obtained in:

17) Please indicate data collection method used to complete questions 18, 19 and 20. Check all boxes that that apply

- Records
- Birth Certificates
- Tally at discharge
- Method estimated by

- Other

18) Breastfeeding Initiation Rates

A) Number of all mother/infant pairs discharged in the past month

B) Number of all mother/infant pairs initiating breastfeeding in the past month

C) Percent of breastfeeding initiation rate (Calculation: $B/A \times 100$)

19) Exclusive Breastfeeding Rates

Report data for D and E in accordance with the instructions for question 19 and exclusive breastfeeding rates found in the Facility Data Sheet Guide (DISC3), pages 6-8.

D) Total number of infants that meet the eligibility criteria for exclusive breastfeeding as defined above in the past month.

E) Number of mother/infant pairs exclusively breastfeeding from birth until discharge in the past month.

F) Percent of Mother/infant pairs exclusively breastfeeding from birth until discharge (Calculation: $E/D*100$)

20) Education Regarding Formula Supplementation

G) Number of infants who have been given formula in response to fully educated parental request in the past month.

H) Percent of infants who have been given formula in response to fully educated parental request (Calculation: $[G/(D-E)*100]$)

Joint Commission Accreditation

21) Are you Joint Commission accredited? (Please note: this question is asked for statistical purposes only. Your answer does not impact your participation in the Baby-Friendly Hospital Initiative.)

QUESTIONS 22-31 ARE ALL OPTIONAL

Joint commission exclusive breast milk feeding rate

22) Does the facility collect data that calculates the Exclusive Breastmilk feeding rate according to the Joint Commission?

A) If yes:

What is that rate? (Use time period submitted in question #16)

B) If no:

What is that rate?

Please describe your calculation method (numerator/denominator):

Maternity practices in infant nutrition and care (mPINC) [1]

23) Has the facility submitted data to the CDC for the mPINC survey?

24) If yes:

A) What was the facility mPINC score?

B) What year does this score apply to?

Healthy people 2020 goals [2]

25) Does the facility collect data that compares to the Healthy People 2020 Goals?

MICH-21 Increase proportion of infants being Breastfed (any breastfeeding at all)

26) Number of mother/infant pairs with any breastfeeding at discharge in the past month

27) Percent of mother/infant pairs with any breastfeeding at discharge in the past month

MICH-23 Reduce the proportion of breastfed infants who receive formula supplementation within the first 2 days of life.

(This formula supplementation rate for your facility may be compared to CDC data)

28) Number of breastfed Infants discharged in the past month who had received at least 1 formula feed before 2 days old

29) Percent of breastfed Infants discharged in the past month who had received at least 1 formula feed before 2 days old

Payer Information

30) Does the facility collect data about payer information for maternity care services?

31) If yes, please provide the number of births per insurance type: (Use time period submitted in question #16)

Medicaid

Private Insurance

No Insurance

Other

¹ mPINC is a national survey of maternity practices conducted with all birthing facilities throughout the US by the Center for Disease Control in partnership with Battelle Centers for Public Health Research and Evaluation. Individual reports are mailed to each participating facility. mPINC reports for each state may be found at <http://www.cdc.gov/breastfeeding/data/mpinc/index.htm>

² Healthy People 2020: <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives?topicId=26>