



## OPQC Human Milk 72 Hour Data Collection Form

Please complete for ALL Infants at or between 22<sup>0/7th</sup> weeks and 29<sup>6/7th</sup> weeks gestational age at delivery present and alive at 72 Hours of Life in your NICU

Data Collection Tool		
Data <u>must</u> be entered into OPQC website		
<input type="checkbox"/>	<b>No 72 Hour Old Babies to report for Month</b>	_____ (MM/DD/YYYY) <i>(please record on last day of month)</i> <b>STOP</b>
1.	<b>Gestational age at delivery</b>	_____ Weeks _____ Days
2.	<b>Date and Time of infant's birth:</b>	_____ (MM/DD/YYYY) _____ (HH:MM – 24 hour clock)
3.	<b>Infant Present and Alive at 72 Hours?</b>	<input type="radio"/> Yes <input type="radio"/> No <b>STOP</b> <input type="radio"/> Can't Determine <b>STOP</b>
Human Milk Questions		
4.	OPTIONAL: How many hours from birth was mother's first pumping?	_____ Number of Hours
5.	OPTIONAL: Date and Time of mother's first pumping	_____ (MM/DD/YYYY) _____ (HH:MM - 24 hour clock)
6.	Was mother's first pumping within 6 hours of giving birth?	<input type="radio"/> Yes <i>(skip to Question #8)</i> <input type="radio"/> No <input type="radio"/> Can't Determine <i>(skip to Question #8)</i>
7.	If mother has not started pumping within 6 hours post-delivery or at all, please indicate the reason <i>(choose all that apply)</i>	<input type="checkbox"/> Mother's Own Milk contraindicated <input type="checkbox"/> Maternal medical complication <input type="checkbox"/> Mother declines <input type="checkbox"/> Randomized into Human Milk Study <input type="checkbox"/> Other: _____ <i>(please specify)</i>
8.	Was a meeting that urged human milk with the mother by the NICU team documented?	<input type="radio"/> Yes <input type="radio"/> No <i>(skip to Question #10)</i> <input type="radio"/> Can't Determine <i>(skip to Question #11)</i>
9.	If YES, when did the educational meeting occur? <i>(skip to Question #11 after response)</i>	<input type="radio"/> Before delivery <input type="radio"/> At the time of delivery <input type="radio"/> Within 24 hours after delivery <input type="radio"/> Greater than 24 hours after delivery
10.	If no meeting or a delayed meeting (>24 hours) occurred, please provide a reason in the space provided:	
11.	Type of first enteral feed:	<input type="radio"/> Mother's Own Milk <input type="radio"/> Donor Milk <input type="radio"/> Formula Only <input type="radio"/> Human Milk + Donor milk <input type="radio"/> Human Milk + Formula <input type="radio"/> Study Milk <input type="radio"/> Can't Determine
12.	First Human Milk (any volume) within 72 hours?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Can't Determine
13.	OPTIONAL: Date and Time of first human milk feed:	_____ (MM/DD/YYYY) _____ (HH:MM - 24 hour clock)
14.	Was Kangaroo Care performed within 72 hours?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Can't Determine
15.	Was the mother provided instructions on pumping of breast milk?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Can't Determine