### Exclusive Breastmilk Feeding Audit Form

**Definition:** “Exclusive breastmilk feeding is defined as a newborn receiving only breastmilk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.” (Specification Manual for Joint Commission National Quality Measures, 2010A2, Perinatal Care Core Measure Set)

<table>
<thead>
<tr>
<th>Newborn discharge date/time: __________________________</th>
<th>Newborn birth date: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn MRN: ________________________________________</td>
<td>GA (at delivery time): ________________________ (weeks)</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>SVD: Breastfed w/in first hr. of birth: Y [ ] N [ ]</td>
<td>CS: Breastfed w/in 30 min. to PACU: Y [ ] N [ ]</td>
</tr>
<tr>
<td>Skin-to-skin time immediately after birth: Y [ ] N [ ]</td>
<td>Exclusive breastfeeding: Y [ ] N [ ]</td>
</tr>
<tr>
<td>Education provided re: benefits of exclusive breastfeeding: Y [ ] N [ ]</td>
<td></td>
</tr>
</tbody>
</table>

If the answer is “N” to exclusive breastfeeding, please check one of the following exclusions:

- [ ] Transferred to NICU
- [ ] Experienced death
- [ ] Documented reasons for not exclusively feeding breastmilk
  
  (See list below for acceptable maternal documentation defined by JCAHO.)
  
  - HIV infection
  - Human T-cell leukemia virus type 1 (HTLV1)
  - Substance abuse and/or alcohol abuse (current)
  - Active, untreated tuberculosis
  - Taking certain medications, i.e., prescribed cancer chemotherapy, radioactive isotopes, antimetabolites, antiretroviral medications and other medications where the risk of morbidity outweighs the benefits of breastmilk feeding
  - Undergoing radiation therapy
  - Active, untreated varicella
  - Active herpes simplex virus with breast lesion

  (The above are acceptable documented reasons as outlined in the Joint Commission Specification Manual.)

**OR** one of the following additional documented reasons (locally defined for data collection purposes):

- [ ] Physician’s order for formula supplementation:
  - Hypoglycemia: glucose _____ mg%
  - Excessive weight loss: _____% at _____ hrs. of age
  - Order while infant on phototherapy
  - LBW/IUGR or late preterm requiring caloric supply (per MD or LC)
  - Other ____________________________

- [ ] Failure to latch at _________ hrs.
- [ ] Perception of inadequate milk production (either by mother or by nurses)
- [ ] Mother and baby separation: explain ____________________________
- [ ] Maternal refusal
- [ ] Supplementation route (check all that apply and note if expressed breastmilk [EBM] or formula)
  - [ ] SNS at breast EBM [ ] Formula [ ]
  - [ ] Bottle EBM [ ] Formula [ ]
  - [ ] Syringe/drip EBM [ ] Formula [ ]
  - [ ] Finger feed EBM [ ] Formula [ ]
  - [ ] Cup EBM [ ] Formula [ ]

**Auditor Name __________________________________________________________**

**Date __________________________**

---

**SAMPLE**

Adapted by Tamara Herrera, RN, from the United States Breastfeeding Committee’s Toolkit, Implementing TJC Perinatal Care Core Measure on Exclusive Breast Milk Feeding. Available online: [http://miniurl.org/qnw](http://miniurl.org/qnw)