

Due to an overwhelmingly large number of questions about the Perinatal Care (PC) data element *Reason for Not Exclusively Feeding Breast Milk*, we are providing you with the following clarification to share with your hospitals **immediately**. This clarification will appear in the notes for abstraction in manual V2015A, which will be published August 2014.

When determining whether there is a reason due to a medical maternal condition documented by a physician/advanced practice nurse (APN)/physician assistant (PA)/certified nurse midwife (CNM) /international board certified lactation consultant (IBCLC)/ certified lactation counselor (CLC) for not exclusively feeding breast milk, reasons must be explicitly documented (e.g., "mother is HIV positive - newborn will not be breast fed") or clearly implied (e.g., "mother is currently abusing alcohol - newborn will be fed formula"). If reasons are not mentioned in the context of newborn feeding, do not make inferences (e.g., do not assume that the newborn is not receiving breast milk because of the medications the mother is currently taking). Documentation from certified lactation educators alone cannot be used for maternal medical conditions.

If newborn medical conditions, i.e., hypoglycemia, weight loss, hyperbilirubinemia, etc. are documented as a reason for not exclusively feeding breast milk, select allowable value 3.

A mother's initial feeding plan existing at the time of admission of the newborn that includes formula feeding during the hospitalization must be clearly documented in the newborn's medical record in the context of the newborn feeding method in order to select allowable value 2. Do not assume that the newborn was not exclusively fed breast milk due to the mother's initial feeding plan in the absence of such documentation.

There is no evidence to support feeding both breast milk and formula, so the discussion of the mother's initial feeding plan should focus on the benefits of exclusive breast milk feeding and the risks of adding formula when breast feeding. If there is documentation in the newborn's medical record the mother's initial feeding plan for the hospitalization was discussed and the mother still elected to feed both formula and breast milk upon admission select allowable value 2.

If the mother's initial feeding plan was to exclusively feed breast milk upon admission, and the mother's feeding plan changed later in the hospitalization to include formula feeding select allowable value 3. Standing orders and check boxes listing the method of feeding to include formula based on the mother's initial feeding plan cannot be used alone to select allowable value 2. There must be additional supporting documentation from the physician/APN/PA/CNM/IBCLC/CLC that the initial feeding plan was discussed with the mother. RN documentation of the mother's initial feeding plan to include formula discussed upon admission is acceptable **ONLY** if there is supporting documentation by the physician/APN/PA/CNM/IBCLC/CLC at some point during the hospitalization to corroborate the RN's initial discussion with the mother.

Admission is defined as the birth of the newborn. The mother's initial feeding plan or diet plan must be documented in the newborn's medical record and may only be used if it is documented prior to the first feeding. If the discussion of the mother's initial feeding occurred prior to birth of the newborn, this may be used provided the date and time of the discussion appears in the newborn's medical record. The date and time the discussion took place must also be prior to the date and time of the first feeding.

The mother's medical record cannot be used to determine the mother's initial feeding plan. This documentation must appear in the newborn's medical record even if there is a link between the mother and newborn medical records in the EHR.

Bottle is a method of feeding and is not the same as formula. Bottle cannot be used interchangeably for formula, since breast milk can also be fed via a bottle.