

NeoQic Human Milk Data Collection Form

Complete for infants < 1501 g or < 30 weeks that were admitted to your NICU (DR deaths excluded)

For purposes of this data collection, DATE OF BIRTH is DAY OF LIFE (DOL) 1

Please complete to the best of your ability, if data elements difficult to obtain, please report “unknown”

IDENTIFIERS – FOR YOUR OWN INTERNAL USE AND TRACKING ONLY, WILL NOT BE SHARED WITH NeoQIC		
A	Patient name	_____
B	MRN	_____
C	Date of Birth	__/__/____ (DD/MM/YEAR)
D	Time of Birth	__:__ (HR: MIN)

REDCAP STUDY ID		
	This will be generated for you by REDCap, it will be unique to every baby in the entire initiative	

REDCAP IDENTIFIERS		
1	Hospital	<input type="radio"/> Baystate <input type="radio"/> MGH <input type="radio"/> BIDMC <input type="radio"/> St. E’s <input type="radio"/> BCH <input type="radio"/> SSH <input type="radio"/> BMC <input type="radio"/> Tufts <input type="radio"/> BWH <input type="radio"/> UMass
2	Your Hospital Study ID Number (This is a number you must assign on each baby as you begin data entry. Please start with 001 and go forward.)	_____

DEMOGRAPHIC VARIABLES		
3	Month of birth:	<input type="radio"/> January <input type="radio"/> July <input type="radio"/> February <input type="radio"/> August <input type="radio"/> March <input type="radio"/> September <input type="radio"/> April <input type="radio"/> October <input type="radio"/> May <input type="radio"/> November <input type="radio"/> June <input type="radio"/> December
4	Year of birth:	_____
5a	Location of birth (inborn or outborn)	<input type="radio"/> Inborn <input type="radio"/> Outborn
5b	If Outborn, what DOL was the infant transferred to your hospital?	_____ days
6	Birth weight:	_____ grams
7	Gestational Age, weeks:	_____ weeks
8	Gestational Age, days:	_____ days
9	Head circumference at birth:	_____ cm to nearest 0.1 cm <input type="radio"/> Unknown
10	Length at birth:	_____ cm to nearest 0.1 cm <input type="radio"/> Unknown

11	Maternal race:	<input type="radio"/> Black of African American <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Other <input type="radio"/> Unknown
12	Ethnicity of Mother:	<input type="radio"/> Not Hispanic <input type="radio"/> Hispanic <input type="radio"/> Unknown
	Maternal Language	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Haitian Creole <input type="radio"/> Chinese <input type="radio"/> Portuguese <input type="radio"/> Arabic <input type="radio"/> Vietnamese <input type="radio"/> Khmer <input type="radio"/> Cape Verdean <input type="radio"/> Russian <input type="radio"/> Korean <input type="radio"/> Other _____ <input type="radio"/> Unknown
	Maternal Age	_____
13	Infant sex	<input type="radio"/> Female <input type="radio"/> Male
14	Plurality	<input type="radio"/> Singleton <input type="radio"/> Multiple
PRENATAL EDUCATION VARIABLES		
15a	Did the mother of this infant receive a prenatal consultation by an MD/NP as documented in the medical record?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
15b	If Yes to 15a, please indicate if the consult note indicates counseling regarding human milk. Specifically, mark "Yes" if "human milk", "breast milk", "mother's milk", "mother's own milk" or "breastfeeding" is mentioned.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
15c	<i>OPTIONAL: Did the mother of this infant receive a prenatal consultation by a lactation consultant as documented in the medical record</i>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> N/A; our hospital has chosen not to track this variable at this time
BREASTFEEDING INITIATION VARIABLES- Answers apply to the first 7 days of life only		
16	Within the <u>first 7 days of life</u> , what hour of life did the mother initiate pumping or hand expression?	_____ hours of life (round to nearest hour) <input type="radio"/> Never initiated pumping or hand expression in the first 7 days <input type="radio"/> Unknown

17	Within the <u>first 7 days of life</u> , what DOL did a lactation consultant counsel the mother, as evidenced by a consultation note in the infant or mother's medical record?	_____ days of life <input type="radio"/> A lactation consultant never counseled this mother in the first 7 days <input type="radio"/> Unknown
18	Within the <u>first 7 days of life</u> , what hour of life did the infant first receive mother's own milk (colostrum or any other mother's own milk)? (via oral care or enterally)	_____ hours of life (round to nearest hour) <input type="radio"/> Never received mother's own milk in the first 7 days <input type="radio"/> Unknown
19	Within the <u>first 7 days of life only</u> , what hour of life did the infant first receive donor milk? (via oral care or enterally)?	_____ hours of life (round to nearest hour) <input type="radio"/> Never received donor milk in the first 7 days <input type="radio"/> Unknown
20	Within the <u>first 7 days of life only</u> , what hour of life did the infant first receive formula? (via oral care or enterally)?	_____ hours of life (round to nearest hour) <input type="radio"/> Never received formula in the first 7 days <input type="radio"/> Unknown
DOL 7 VARIABLES- Reminder, the day of birth is DOL 1		
21	Was the infant still admitted to your NICU on DOL 7?	<input type="radio"/> NO (<i>move question 45</i>) <input type="radio"/> YES
22	On DOL 7, the infant received the following feeding types: (check all that apply) <i>See appendix for definitions of feeding types</i> <i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i>	<input type="radio"/> Mother's own milk <input type="radio"/> Donor milk <input type="radio"/> Formula <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> N/A; infant not admitted on DOL 7
22a	<i>OPTIONAL: On DOL 7, what percent of each of the following feeding types did the infant receive?</i> <i>% feeding type = (ml consumed of a feeding type/total ml consumed) X 100</i> <i>(round to nearest %)</i> <i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i> <i>Also, please indicate if the infant received MOM directly at the breast</i>	___ % Mother's own milk ___ % Donor milk ___ % Formula ___ None ___ Unknown ___ N/A; our hospital has chosen not to track this variable at this time. <input type="radio"/> This baby directly breast fed
23	Was skin to skin or kangaroo care performed on DOL 7 <u>with the mother</u> , as documented in medical record (any progress note or nursing flow sheets)?	<input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> Unknown <input type="radio"/> N/A; infant not admitted on DOL 7
DOL 14 VARIABLES- Reminder, the day of birth is DOL 1		
24	Was the infant still admitted to your NICU on DOL 14?	<input type="radio"/> NO (<i>move to question 45</i>) <input type="radio"/> YES
25	On DOL 14, the infant received the following feeding types: (check all that apply) <i>See appendix for definitions of feeding types</i> <i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i>	<input type="radio"/> Mother's own milk <input type="radio"/> Donor milk <input type="radio"/> Formula <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> N/A; infant not admitted on DOL 14
25a	<i>OPTIONAL: On DOL 14, what percent of each of the following feeding types did the infant receive?</i> <i>% feeding type = (ml consumed of a feeding type/total ml consumed) X 100</i>	___ % Mother's own milk ___ % Donor milk ___ % Formula

	<p>consumed) X 100 (round to nearest %)</p> <p><i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i></p> <p><i>Also, please indicate if the infant received MOM directly at the breast</i></p>	<p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> N/A; our hospital has chosen not to track this variable at this time</p> <p><input type="checkbox"/> This baby directly breast fed</p>
26	<p>Was skin to skin or kangaroo care performed on DOL 14 <u>with the mother</u>, as documented in medical record (any progress note or nursing flow sheets)?</p>	<p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> N/A; infant not admitted on DOL 24</p>
26a	<p><i>OPTIONAL: How many days was skin to skin or kangaroo care with the mother performed from DOL 1 to DOL 14?</i></p> <p><i>Note: If skin to skin was performed multiple times on 1 day, count this as only 1 day.</i></p>	<p><input type="checkbox"/> ___ days</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> N/A; our hospital has chosen not to track this variable at this time</p>
DOL 21 VARIABLES- Reminder, the day of birth is DOL 1		
27	<p>Was the infant still admitted to your NICU on DOL 21?</p>	<p><input type="checkbox"/> NO (move to question 45)</p> <p><input type="checkbox"/> YES</p>
28	<p>On DOL 21, the infant received the following feeding types: (check all that apply)</p> <p><i>See appendix for definitions of feeding types</i></p> <p><i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i></p>	<p><input type="checkbox"/> Mother's own milk</p> <p><input type="checkbox"/> Donor milk</p> <p><input type="checkbox"/> Formula</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> N/A; infant not admitted on DOL 21</p>
28a	<p><i>OPTIONAL: On DOL 21, what percent of each of the following feeding types did the infant receive?</i></p> <p><i>% feeding type = (ml consumed of a feeding type/total ml consumed) X 100</i></p> <p><i>(round to nearest %)</i></p> <p><i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i></p> <p><i>Also, please indicate if the infant received MOM directly at the breast</i></p>	<p><input type="checkbox"/> ___ % Mother's own milk</p> <p><input type="checkbox"/> ___ % Donor milk</p> <p><input type="checkbox"/> ___ % Formula</p> <p><input type="checkbox"/> ___ None</p> <p><input type="checkbox"/> ___ Unknown</p> <p><input type="checkbox"/> ___ N/A; our hospital has chosen not to track this variable at this time</p> <p><input type="checkbox"/> This baby directly breast fed</p>
29	<p>Was skin to skin or kangaroo care performed on DOL 21 <u>with the mother</u>, as documented in medical record (any progress notes or nursing flow sheets)?</p>	<p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> N/A; infant not admitted on DOL 21</p>
DOL 28 VARIABLES- Reminder, the day of birth is DOL 1		
30	<p>Was the infant still admitted to your NICU on DOL 28?</p>	<p><input type="checkbox"/> NO (move to question 45)</p> <p><input type="checkbox"/> YES</p>
31	<p>On DOL 28, the infant received the following feeding types: (check all that apply)</p> <p><i>See appendix for definitions of feeding types</i></p> <p><i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i></p>	<p><input type="checkbox"/> Mother's own milk</p> <p><input type="checkbox"/> Donor milk</p> <p><input type="checkbox"/> Formula</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> N/A; infant not admitted on DOL 28</p>
31a	<p><i>OPTIONAL: On DOL 28, what percent of each of the</i></p>	<p><input type="checkbox"/> ___ % Mother's own milk</p>

	<p><i>following feeding types did the infant receive?</i> $\% \text{ feeding type} = (\text{ml consumed of a feeding type} / \text{total ml consumed}) \times 100$ <i>(round to nearest %)</i></p> <p><i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i></p> <p><i>Also, please indicate if the infant received MOM directly at the breast</i></p>	<p>___ % Donor milk ___ % Formula ___ None ___ Unknown ___ N/A; our hospital has chosen not to track this variable at this time.</p> <p><input type="radio"/> This baby directly breast fed</p>
32	<p>Was skin to skin or kangaroo care performed on DOL 28 <u>with the mother</u>, as documented in medical record (any progress notes or nursing flow sheets)?</p>	<p><input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> Unknown <input type="radio"/> N/A; infant not admitted on DOL 28</p>
32a	<p><i>OPTIONAL: How many days was skin to skin or kangaroo care with the mother performed from DOL 15 to DOL 28?</i></p> <p><i>Note: If skin to skin was performed multiple times on 1 day, count this as only 1 day.</i></p>	<p>___ days <input type="radio"/> Unknown <input type="radio"/> N/A; our hospital has chosen not to track this variable at this time</p>
OPTIONAL DOL 42 VARIABLES- Reminder, the day of birth is DOL 1		
33	<p>Was the infant still admitted to your NICU on DOL 42?</p>	<p><input type="radio"/> NO (move to question 45) <input type="radio"/> YES <input type="radio"/> N/A; our hospital has chosen not to track any variables at DOL 42 at this time (move to question 45)</p>
34	<p>On DOL 42, the infant received the following feeding types: (check all that apply) <i>See appendix for definitions of feeding types</i> <i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i></p>	<p><input type="radio"/> Mother's own milk <input type="radio"/> Donor milk <input type="radio"/> Formula <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> N/A; infant not admitted on DOL 42</p>
34a	<p><i>OPTIONAL: On DOL 42, what percent of each of the following feeding types did the infant receive?</i> $\% \text{ feeding type} = (\text{ml consumed of a feeding type} / \text{total ml consumed}) \times 100$ <i>(round to nearest %)</i></p> <p><i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i></p> <p><i>Also, please indicate if the infant received MOM directly at the breast</i></p>	<p>___ % Mother's own milk ___ % Donor milk ___ % Formula ___ None ___ Unknown ___ N/A; our hospital has chosen not to track this variable at this time</p> <p><input type="radio"/> This baby directly breast fed</p>
35	<p>Was skin to skin or kangaroo care performed on DOL 42 <u>with the mother</u>, as documented in medical record (any progress notes or nursing flow sheets)?</p>	<p><input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> Unknown <input type="radio"/> N/A; infant not admitted on DOL 42</p>
35a	<p><i>OPTIONAL: How many days was skin to skin or kangaroo care with the mother performed from DOL 29 to DOL 42?</i></p> <p><i>Note: If skin to skin was performed multiple times on 1 day, count this as only 1 day.</i></p>	<p>___ times <input type="radio"/> Unknown <input type="radio"/> N/A; our hospital has chosen not to track this variable at this time</p>

OPTIONAL DOL 56 VARIABLES- Reminder, the day of birth is DOL 1		
36	Was the infant still admitted to your NICU on DOL 56?	<input type="radio"/> NO (move to question 45) <input type="radio"/> YES <input type="radio"/> N/A; our hospital has chosen not to track any variables at DOL 56 at this time (move to question 45)
37	<p>On DOL 56, the infant received the following feeding types: (check all that apply)</p> <p>See appendix for definitions of feeding types</p> <p>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</p>	<input type="radio"/> Mother's own milk <input type="radio"/> Donor milk <input type="radio"/> Formula <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> N/A; infant not admitted on DOL 56
37a	<p>OPTIONAL: On DOL 56, what percent of each of the following feeding types did the infant receive?</p> <p>% feeding type = ml consumed of a feeding type/total ml consumed) X 100</p> <p>(round to nearest %)</p> <p>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</p> <p>Also, please indicate if the infant received MOM directly at the breast</p>	<p>___ % Mother's own milk</p> <p>___ % Donor milk</p> <p>___ % Formula</p> <p>___ None</p> <p>___ Unknown</p> <p>___ N/A; our hospital has chosen not to track this variable at this time</p> <p><input type="radio"/> This baby directly breast fed</p>
38	Was skin to skin or kangaroo care performed on DOL 56 with the mother, as documented in medical record (any progress notes or nursing flow sheets)?	<input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> Unknown <input type="radio"/> N/A; infant not admitted on DOL 56
38a	<p>OPTIONAL: How many days was skin to skin or kangaroo care with the mother performed from DOL 43 to DOL 56?</p> <p>Note: If skin to skin was performed multiple times on 1 day, count this as only 1 day.</p>	<p>___ days</p> <p><input type="radio"/> Unknown</p> <p><input type="radio"/> N/A; our hospital has chosen not to track this variable at this time</p>
OPTIONAL DOL 70 VARIABLES- Reminder, the day of birth is DOL 1		
39	Was the infant still admitted to your NICU on DOL 70?	<input type="radio"/> NO (move to question 45) <input type="radio"/> YES <input type="radio"/> N/A; our hospital has chosen not to track any variables on DOL 70 at this time (move to question 45)
40	<p>On DOL 70, the infant received the following feeding types: (check all that apply)</p> <p>See appendix for definitions of feeding types</p> <p>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</p>	<input type="radio"/> Mother's own milk <input type="radio"/> Donor milk <input type="radio"/> Formula <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> N/A; infant not admitted on DOL 70
40a	<p>OPTIONAL: On DOL 70, what percent of each of the following feeding types did the infant receive?</p> <p>% feeding type = (ml consumed of a feeding type/total ml consumed) X 100</p> <p>(round to nearest %)</p> <p>Note: feeding type refers to the base component of the feed,</p>	<p>___ % Mother's own milk</p> <p>___ % Donor milk</p> <p>___ % Formula</p> <p>___ None</p> <p>___ Unknown</p> <p>___ N/A; our hospital has chosen not to track this variable at this time</p>

	<p><i>not the fortifier or supplement</i></p> <p><i>Also, please indicate if the infant received MOM directly at the breast</i></p>	<input type="radio"/> <i>This baby directly breast fed</i>
41	<p>Was skin to skin or kangaroo care performed on DOL 70 with the mother, as documented in medical record (any progress notes or nursing flow sheets)?</p>	<input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> Unknown <input type="radio"/> N/A; infant not admitted on DOL 70
41a	<p><i>OPTIONAL: How many days was skin to skin or kangaroo care with the mother performed from DOL 57 to DOL 70?</i></p> <p><i>Note: If skin to skin was performed multiple times on 1 day, count this as only 1 day.</i></p>	<p>___ days</p> <input type="radio"/> Unknown <input type="radio"/> N/A; our hospital has chosen not to track this variable at this time
OPTIONAL DOL 84 VARIABLES- Reminder, the day of birth is DOL 1		
42	<p>Was the infant still admitted to your NICU on DOL 84?</p>	<input type="radio"/> NO (<i>move to question 45</i>) <input type="radio"/> YES <input type="radio"/> N/A; <i>our hospital has chosen not to track any variables on DOL 84 at this time (move to question 45)</i>
43	<p>On DOL 84, the infant received the following feeding types: (check all that apply)</p> <p><i>See appendix for definitions of feeding types</i></p> <p><i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i></p>	<input type="radio"/> Mother's own milk <input type="radio"/> Donor milk <input type="radio"/> Formula <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> N/A; infant not admitted on DOL 84
43a	<p><i>OPTIONAL: On DOL 84, what percent of each of the following feeding types did the infant receive?</i></p> <p><i>% feeding type = (ml consumed of a feeding type/total ml consumed) X 100</i></p> <p><i>(round to nearest %)</i></p> <p><i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i></p> <p><i>Also, please indicate if the infant received MOM directly at the breast</i></p>	<p>___ % <i>Mother's own milk</i></p> <p>___ % <i>Donor milk</i></p> <p>___ % <i>Formula</i></p> <p>___ <i>None</i></p> <p>___ <i>Unknown</i></p> <p>___ <i>N/A; our hospital has chosen not to track this variable at this time</i></p> <p><input type="radio"/> <i>This baby directly breast fed</i></p>
44	<p>Was skin to skin or kangaroo care performed on DOL 84 with the mother, as documented in medical record (any progress notes or nursing flow sheets)?</p>	<input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> Unknown <input type="radio"/> N/A; infant not admitted on DOL 84
44a	<p><i>OPTIONAL: How many days was skin to skin or kangaroo care with the mother performed from DOL 71 to DOL 84?</i></p> <p><i>Note: If skin to skin was performed multiple times on 1 day, count this as only 1 day.</i></p>	<p>___ days</p> <input type="radio"/> Unknown <input type="radio"/> N/A; our hospital has chosen not to track this variable at this time
INITIAL DISPOSITION VARIABLES (questions regarding the first time an infant left your NICU)		
45	<p>Initial Disposition:</p>	<input type="radio"/> Home <input type="radio"/> Died <input type="radio"/> Transferred to another hospital <input type="radio"/> Still hospitalized as of first birthday <input type="radio"/> Unknown

46	DOL at initial disposition:	____ days
47	Infant weight at the date of the initial disposition: (measured on the day of initial disposition or previous day)	____ grams <input type="radio"/> Unknown
48	Most recent infant length prior to the initial disposition:	____ cm to the nearest 0.1 cm <input type="radio"/> Unknown
49	Most recent infant head circumference prior to the initial disposition:	____ cm to the nearest 0.1 cm <input type="radio"/> Unknown
50	In the 24 hours prior to the initial disposition, the infant received the following feeding types: (check all that apply) <i>See appendix for definitions of feeding types</i> <i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i>	<input type="radio"/> Mother's own milk <input type="radio"/> Donor milk <input type="radio"/> Formula <input type="radio"/> None <input type="radio"/> Unknown
50a	<i>OPTIONAL: In the 24 hrs prior to the initial disposition, what percent of each of the following feeding types did the infant receive?</i> <i>% feeding type = (ml consumed of a feeding type/total ml consumed) X 100</i> <i>(round to nearest %)</i> <i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i> <i>Also, please indicate if the infant received MOM directly at the breast</i>	____ % Mother's own milk ____ % Donor milk ____ % Formula ____ None ____ Unknown ____ N/A; our hospital has chosen not to track this variable at this time <input type="radio"/> This baby directly breast fed
50b	<i>OPTIONAL: In the 72 hrs prior to the initial disposition, did a lactation consultant counsel the mother as documented in the mother or infant's medical record?</i>	<input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> Unknown <input type="radio"/> N/A; our hospital has chosen not to track this variable at this time
HUMAN MILK ELIGIBILITY VARIABLES		
51a	Was the mother deemed ineligible to provide mother's own milk use by the medical team during the hospitalization?	<input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> Unknown
51b	If Yes to 51a, at what DOL was the mother was deemed ineligible to provide mother's own milk?	____ days <input type="radio"/> Unknown
51c	If Yes to 51a, for what reason was the mother deemed eligible?	<input type="radio"/> Recent substance abuse <input type="radio"/> Use of maternal drugs contraindicated with breastfeeding (i.e. chemotherapy) <input type="radio"/> Maternal HIV <input type="radio"/> Significant social issue where the infant will not go the mother's care following discharge <input type="radio"/> Other _____ <input type="radio"/> Unknown
52a	Was the infant deemed ineligible to receive human milk by the medical team during the hospitalization?	<input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> Unknown
52b	If Yes to 52a, at what DOL the infant was deemed ineligible?	____ days <input type="radio"/> Unknown
52c	If Yes to 52a, for what reason was the infant deemed ineligible?	<input type="radio"/> Presumed milk-protein allergy <input type="radio"/> Poor growth <input type="radio"/> Other _____

		<input type="radio"/> Unknown
BALACING/IMPACT VARIABLES (VON MEASURES)- Answer based on records from <u>all hospitalizations</u> for this infant		
53a	Any necrotizing enterocolitis (NEC): <i>See appendix for detailed VON definitions</i>	<input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> Unknown
53b	If Yes to 53a, where did NEC occur?	<input type="radio"/> Your Hospital <input type="radio"/> Other Hospital <input type="radio"/> Both
54a	Any surgery for NEC, suspected NEC, or bowel Perforation: <i>See appendix for detailed VON definitions</i>	<input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> Unknown
54b	If Yes to 54a, what was the location of surgery?	<input type="radio"/> Your Hospital <input type="radio"/> Other Hospital <input type="radio"/> Both
55a	Any bacterial pathogen after day 3: <i>See appendix for detailed VON definitions</i>	<input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> N/A; infant not admitted after DOL 3 <input type="radio"/> Unknown
55b	If Yes to 53a, where did the bacterial pathogen after day 3 occur?	<input type="radio"/> Your Hospital <input type="radio"/> Other Hospital <input type="radio"/> Both
56a	Any coagulase negative staph after day 3: <i>See appendix for detailed VON definitions</i>	<input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> N/A; infant not admitted after DOL 3 <input type="radio"/> Unknown
56b	If Yes to 56a, where did the coagulase negative staph after day 3 occur?	<input type="radio"/> Your Hospital <input type="radio"/> Other Hospital <input type="radio"/> Both
57a	Any fungal infection after day 3: <i>See appendix for detailed VON definitions</i>	<input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> N/A; infant not admitted after DOL 3 <input type="radio"/> Unknown
57b	If Yes to 57a, where did the fungal infection after day 3 occur?	<input type="radio"/> Your Hospital <input type="radio"/> Other Hospital <input type="radio"/> Both
TRANSFER VARIABLES (VON MEASURES)- Complete only if the infant was transferred at the initial disposition		
58	If "transferred" on question 45, what type of hospital was the infant transferred to?	<input type="radio"/> Other level 3 NICU <input type="radio"/> Level 2 NICU <input type="radio"/> Rehabilitation Facility <input type="radio"/> Other _____
59	What was the disposition after transfer?	<input type="radio"/> Home <input type="radio"/> Died <input type="radio"/> Transferred again to another hospital <input type="radio"/> Readmitted to any location in your hospital <input type="radio"/> Still hospitalized as of first birthday <input type="radio"/> Unknown
60	What was the DOL at the disposition after transfer	_____ days <input type="radio"/> Unknown
READMISSION VARIABLES (mostly VON MEASURES)- Complete only if the infant was readmitted to your hospital after transfer to another hospital per question 58		

61	DOL when the infant was readmitted:	_____ days <input type="radio"/> Unknown
62	Disposition after readmission:	<input type="radio"/> Home <input type="radio"/> Died <input type="radio"/> Transferred again to another hospital <input type="radio"/> Still hospitalized as of first birthday <input type="radio"/> Unknown
63	DOL at the disposition after readmission:	_____ days <input type="radio"/> Unknown
64	Infant weight at the date of the disposition after readmission: (measured the day of disposition after readmission or previous day)	_____ grams <input type="radio"/> Unknown
65	Most recent infant length prior to disposition after readmission	_____ cm to the nearest 0.1 cm <input type="radio"/> Unknown
66	Most recent infant head circumference prior to disposition after readmission	_____ cm to the nearest 0.1 cm <input type="radio"/> Unknown
67	In the 24 hours prior to the disposition following readmission, the infant received the following feeding types: (check all that apply) <i>See appendix for definitions of feeding types</i> <i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i>	<input type="radio"/> Mother's own milk <input type="radio"/> Donor milk <input type="radio"/> Formula <input type="radio"/> None <input type="radio"/> Unknown
67a	<i>OPTIONAL: In the 24 hrs prior to the disposition after readmission, what percent of each of the following feeding types did the infant receive?</i> <i>% feeding type = (ml consumed of a feeding type/total ml consumed) X 100</i> <i>(round to nearest %)</i> <i>Note: feeding type refers to the base component of the feed, not the fortifier or supplement</i> <i>Also, please indicate if the infant received MOM directly at the breast</i>	___ % Mother's own milk ___ % Donor milk ___ % Formula ___ None ___ Unknown ___ N/A; our hospital has chosen not to track this variable at this time <input type="radio"/> This baby directly breast fed
67b	<i>OPTIONAL: In the 72 hrs prior to the disposition after readmission, did a lactation consultant counsel the mother as documented in the mother or infant's medical record?</i>	<input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> Unknown <input type="radio"/> N/A; our hospital has chosen not to track this variable at this time

Appendix

1) Feeding Types:

- a. Answer "Mother's own milk" if the infant received any mothers' own milk, with or without any kind of fortifier, via oral care, or enterally.
- b. Answer "Donor milk" if the infant received any donor milk, with or without any kind of fortifier, via oral care, or enterally.
- c. Answer "Formula" if the infant received any kind of formula as the base component of the feeding (i.e., if an infant received mother's' own milk as the base of all feedings, with cows' milk HMF, this does NOT count as formula).
- d. Answer "None" if the infant was not receiving any enteral feedings (NPO), only receiving enteral sterile water or glucose water.

2) Any Necrotizing Enterocolitis:

- a. Answer "Yes" if the infant had NEC diagnosed at surgery, at postmortem examination or clinically and radiographically using the following criteria:
 - i. At least one of the following clinical signs present:
 1. Bilious gastric aspirate or emesis
 2. Abdominal distension
 3. Occult or gross blood in stool (no fissure)
 - AND**
 - ii. At least one of the following radiographic findings present:
 1. Pneumatosis intestinalis
 2. Hepato-biliary gas
 3. Pneumoperitoneum
- b. Answer "No" if the infant did not satisfy the above definition of NEC.

NOTES:

- Infants who satisfy the definition of Necrotizing Enterocolitis above but are found at surgery or post-mortem examination for that episode to have a "Focal Intestinal Perforation" should NOT be coded as having NEC.

3) NEC Surgery:

- a. Answer "Yes" if one or more of the following procedures: laparotomy, laparoscopy, bowel resection or intraperitoneal drain placement was performed for necrotizing enterocolitis, suspected necrotizing enterocolitis, or bowel perforation.
- b. Answer "No" if none of the following procedures: laparotomy, laparoscopy, bowel resection or intraperitoneal drain placement was performed for necrotizing enterocolitis, suspected necrotizing enterocolitis, or bowel perforation.

NOTES:

- If Surgery for NEC, Suspected NEC, or Bowel Perforation is answered "**Yes**", at least one of the following surgery codes must be entered in the Surgery Codes item:
S302 Laparoscopy
S303 Laparotomy
S307 Jejunostomy, ileostomy, enterostomy or colostomy for intestinal diversion
S308 Small bowel resection
S309 Large bowel resection
S333 Primary peritoneal drainage for NEC, suspected NEC or intestinal perforation.
- Surgery Codes are listed in Appendix D of the Manual of Operations, Part 2.

Stipulated VON instructions for Any Late infection: #4-6:**NOTES:**

Each of the late infection items is based on whether the infant had the infection *after* Day 3 of life.

The three late infection items are not applicable if:

- The infant is discharged home or dies on or before Day 3, or
- The infant is transferred from your center to another hospital on or before Day 3 and either,
 - Is not readmitted to your center before discharge home, death or first birthday, or
 - Is transferred a second time on or before Day 3.

Otherwise the item is applicable.

4) Pathogen after day 3:

- a. Answer "Yes" if the item is applicable based on the Late Infection Applicability Criteria and a bacterial pathogen from the Bacterial Pathogens List is recovered from a blood and/or cerebral spinal fluid culture obtained after Day 3 of life.
- b. Answer "No" if the item is applicable based on the Late Infection Applicability Criteria and a bacterial pathogen from the Bacterial Pathogens List is not recovered from a blood and/or cerebral spinal fluid culture obtained after Day 3 of life.
- c. Answer "N/A" if the item is not applicable based on the Late Infection Applicability Criteria.

NOTES:

- If a bacterial pathogen and a coagulase negative staph are recovered during the same sepsis workup performed after Day 3, answer "**Yes**" to only "Bacterial Pathogen" for that episode.
- If a bacterial pathogen is recovered during one episode of sepsis after Day 3, and coagulase negative staphylococcus is recovered during another episode of sepsis after Day 3 (associated with the three clinical criteria for coagulase negative staph), answer "**Yes**" to both "Bacterial Pathogen" and "Coagulase Negative Staph".
- Bacterial Pathogens are listed in Appendix B of the Manual of Operations, Part 2.

5) Any coagulase negative staph after day 3:

- a. Answer "Yes" if the item is applicable based on the Late Infection Applicability Criteria and the infant has *all three* (3) of the following after Day 3 of life:

- i. Coagulase negative staphylococcus is recovered from a blood culture obtained from either a central line, or peripheral blood sample, and/or is recovered from cerebrospinal fluid obtained by lumbar puncture, ventricular tap or ventricular drain.
 - ii. One or more signs of generalized infection (such as apnea, temperature instability, feeding intolerance, worsening respiratory distress or hemodynamic instability).
 - iii. Treatment with 5 or more days of intravenous antibiotics after the above cultures were obtained. If the infant died, was discharged, or transferred prior to the completion of 5 days of intravenous antibiotics, this condition would still be met if the intention were to treat for 5 or more days.
- b. Answer "No" if the item is applicable based on the Late Infection Applicability Criteria and any or all of the above are not true.
 - c. Answer "N/A" if the item is not applicable based on the Late Infection Applicability Criteria.

NOTES:

If a bacterial pathogen and a coagulase negative staphylococcus are recovered during the same sepsis workup performed after Day 3, answer **"Yes"** to only "Bacterial Pathogen" for that episode.

If a bacterial pathogen is recovered during one episode of sepsis after Day 3, and coagulase negative staphylococcus is recovered during another episode of sepsis after Day 3 (associated with the three clinical criteria for coagulase negative staphylococcus), answer **"Yes"** to both "Bacterial Pathogen" and "Coagulase Negative Staphylococcal Infection".

6) Any fungal infection after day 3:

- a. Answer "Yes" if the item is applicable based on the Late Infection Applicability Criteria and a fungus was recovered from a blood culture obtained from either a central line or peripheral blood sample after Day 3 of life.
- b. Answer "No" if the item is applicable based on the Late Infection Applicability Criteria and a fungus was not recovered from a blood culture obtained from either a central line or peripheral blood sample after Day 3 of life.
- c. Answer "N/A" if the item is not applicable based on the Late Infection Applicability Criteria.