Facility Data Sheet Guide

The Facility Data Sheet (FDS) is a means of reporting certain demographic information and data to Baby-Friendly USA (BFUSA). This guide provides instructions for facilities on completing and submitting the FDS.

Completing the FDS web form

The FDS is submitted directly through the BFUSA website portal as a web form. A registered user for your facility will enter information directly into the web form on the portal. Any of your registered users may enter information and save a draft version of the web form. Only the primary user for your facility may submit the web form.

It is recommended that you gather all of the information you need prior to entering any information in the web form. The questions asked in the FDS can be found later in this document. You may wish to print the questions for convenience while gathering the required information, but keep in mind that the FDS may only be submitted using the web form in the BFUSA website portal. A FDS that is submitted on paper, or by any means other than the web form, will not be accepted.

When you are ready to enter the FDS information into the web form, log into the BFUSA website portal and select "Facility Data Sheets" from the left side menu. As you enter information, periodically save the web form as a draft to ensure that your progress is not lost. When you have completed the web form, it will need to be submitted by the primary user for your facility. After clicking the "Submit" button, scroll to the top of the page to see if there are any errors before closing your browser window.

When to submit the FDS

The FDS is submitted multiple times in the 4-D Pathway and in the Annual Quality Improvement (AQI) and Re-Designation Phases. For each submission, data may be collected through any of the methods described in question number 17 of the FDS. Specific requirements for data collection vary according to the facility's progress in the 4-D Pathway or post-designation status.

1. **The FDS is first submitted in the Discovery Phase (D1)**, reporting baseline breastfeeding rates as the facility begins its Baby-Friendly® journey. For free standing birth centers and hospitals with fewer than 500 births per year, we suggest collecting data on 100% of patients for one month. For larger facilities, a random sampling of 25% of patients for one month, with a minimum of 50 patients, is required.

2. **Prior to the Readiness Assessment Interview in the Designation Phase (D4)**, the facility will submit a FDS to evaluate the impact of practice changes.

3. **Prior to the on-site assessment in the Designation Phase**, the facility will submit a FDS to provide current information. Data for this FDS must be collected from 100% of patients over a 4-week period within 2 months prior to the on-site assessment.

4. **In post-designation phases (Annual Quality Improvement and Re-Designation)**, the facility will regularly submit updated information through the FDS.

Instructions for specific questions

In the table below, you will find the questions you are asked on the FDS in the left column, with additional instructions for each question in the right column.

Below the table, you will find additional instructions specific to question 19, which addresses exclusive breastfeeding rates.

When entering percentages, only enter the digits. Do not include the percent symbol (%).

Facility Data Sheet Question	Instructions
Facility Legal Name	This will be entered for you. If this information is not correct, follow the instructions on the BFUSA website portal regarding a facility name change.
Facility ID	This will be entered for you.
Name of Person Supplying Data	Enter your name and contact information.
1) Does the facility provide prenatal care or prenatal services?	• You must use the Affiliated Prenatal Services Questionnaire (DISC2) to determine the answer to this question. It can be found on the BFUSA website portal. • Check the box to indicate "yes." Leave the box unchecked to indicate "no."
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	• Select the statement that most closely describes your affiliated prenatal services. • If you indicated that you did <u>not</u> have affiliated prenatal services in question 1, you will skip this question.

Facility Data Sheet Question	Instructions
3) At how many locations are prenatal services offered by either facility employees or on facility owned property?	• Indicate the number of locations where you have affiliated prenatal care services. • If you indicated that you did <u>not</u> have affiliated prenatal services in question 1, you will skip this question.
4) List the names, addresses, the approximate distance from your primary birthing facility, and the approximate annual number of prenatal women served at each prenatal for all of the above affiliated prenatal services.	• If you have more than one prenatal care service location, click "Add Another" to create additional entries. Enter information for up to 10 locations. • For distance, enter an estimate of the number of miles from the facility's primary birthing unit. • If the number of women served is not available, enter your best estimate. • If you indicated that you did <u>not</u> have affiliated prenatal services in question 1, you will skip this question.
5) Please enter the percentage of women who deliver at the hospital and receive prenatal care provided by the facility.	• In other words, what percentage of women who deliver at your facility receive their prenatal care through your affiliated prenatal services? • Enter only the digits. Do <u>not</u> enter the percent symbol (%). • If you indicated that you did <u>not</u> have affiliated prenatal services in question 1, you will skip this question.
6) Please enter the percentage of women who arrive at the facility without having any prenatal care.	• Enter only the digits. Do <u>not</u> enter the percent symbol (%). • If this data is not available, enter your best estimate.
7) Does the facility offer any prenatal breastfeeding education classes? If yes, please list names below.	• Check the box to indicate "yes." Leave the box unchecked to indicate "no." • If yes, indicate the name of the class. • Click "Add Another" to list more than one class.
8) Does the facility offer any prenatal breastfeeding education through tours or other alternative means?	• Check the box to indicate "yes." Leave the box unchecked to indicate "no." • If yes, list the settings in which education is offered. • Click "Add Another" to add another entry.

Facility Data Sheet Question	Instructions
9) Total beds in hospital	• Indicate the total number of beds throughout the facility, <u>not</u> the number of beds in maternity services. • Facilities that share an operating license with other campuses should <u>not</u> include beds located at other campuses.
10) Are all birthing and newborn mother/baby services operating under the facility license provided at a single location?	• Check the box to indicate "yes." Leave the box unchecked to indicate "no." • Do not include locations of general pediatric services, but only locations for births and newborn care immediately after birth.
11) How many locations are birthing and newborn mother/baby services operating under the facility license provided at?	• Indicate the number of locations where services are provided. • Do not include locations of general pediatric services, but only locations for births and newborn care immediately after birth. • If you indicated that all services are provided at a single location in question 10, you will skip this question.
12) List the names and addresses of all birthing and newborn mother/baby services operating under the facility license.	• List the locations where services are provided. • Do not include locations of general pediatric services, but only locations for births and newborn care immediately after birth. • Click "Add Another" to add another entry. • If you indicated that all services are provided at a single location in question 10, you will skip this question.

13) Please enter the number of beds
    In LDRP Area
    In Labor and Delivery Area
    In Postpartum Area
    Mother/Baby Care (couplet care)
    In NICU Level 1
    In NICU Level 2
    In NICU Level 3
	• If your facility has a Level IV NICU, enter the number of beds in your Level IV NICU in the field for NICU Level 3. If you have both level III and level IV NICUs, combine the number of beds to enter in the field for Level 3.
	• Do not count the same beds for more than one category.
	• All fields require a response. Enter 0 where applicable.
	• Facilities that share an operating license with other campuses should <u>not</u> include beds located at other campuses.

Facility Data Sheet Question	Instructions
14) Please enter birth information for the previous year.	• Indicate the four-digit year (i.e. 2015) as the "Previous year." • Facilities that share an operating license with other campuses should <u>not</u> include births at other campuses. • The percent of deliveries that were cesarean births will automatically calculate.
15) Please enter the number of staff responsible for caring for new mothers and babies.	• All fields require a response. Enter 0 where applicable. • Facilities that share an operating license with other campuses should <u>not</u> include staff located at other campuses.
16) Data below obtained in:	• Select the month and year from the drop-down menus. • If the time period when data was collected spans more than one month, indicate the month when the data collection ended.
17) Please indicate the data collection method used to complete questions 18, 19, and 20.	
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	• Although these items ask for data "in the past month," the time period for the data you are reporting may be different. • For multiples, consider each infant individually. For example, for a mother with twins, count Twin A and Twin B separately. • An infant that receives any breast milk during hospitalization should be counted as initiating breastfeeding. • Facilities that share an operating license with other campuses should <u>not</u> include data from other campuses. • The breastfeeding initiation rate in C will automatically calculate.

Facility Data Sheet Question	Instructions
19) Exclusive breastfeeding rates 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	• Although these items ask for data "in the past month," the time period for the data you are reporting may be different. • For multiples, consider each infant individually. For example, for a mother with twins, count Twin A and Twin B separately. • An infant may be considered exclusively breastfeeding if he or she received only breast milk during hospitalization, whether through direct breastfeeding or as expressed breast milk. • Facilities that share an operating license with other campuses should <u>not</u> include data from other campuses. • **See additional instructions below.** • The exclusive breastfeeding rate in F will automatically calculate.
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.	• Although this item asks for data "in the past month," the time period for the data you are reporting may be different. • Count only breastfed infants who were given formula in response to a fully educated parental request. • Facilities that share an operating license with other campuses should <u>not</u> include data from other campuses. • The rate in H will automatically calculate.
21) Are you Joint Commission accredited?	• Check the box to indicate "yes." Leave the box unchecked to indicate "no." • This question is asked for statistical purposes only. Your answer does not impact your participation in the Baby-Friendly Hospital Initiative.
22) Does the facility collect data that calculates the exclusive breast milk feeding rate according to the Joint Commission? A/B) What is that rate?	• This question is optional. • Check the box to indicate "yes." Leave the box unchecked to indicate "no." • For A or B, indicate the facility's exclusive breast milk feeding rate and indicate the calculation method used to determine this rate.
23) Has the facility submitted data to the CDC for the mPINC survey?	• This question is optional. • Check the box to indicate "yes." Leave the box unchecked to indicate "no."

Facility Data Sheet Question	Instructions
24) A) What was the facility mPINC score? B) What year does this score apply to?	• This question is optional. • Indicate the facility's mPINC score and the four-digit year to which the score applies.
25) Does the facility collect data that compares to the Healthy People 2020 goals?	• This question is optional. • Check the box to indicate "yes." Leave the box unchecked to indicate "no."
26) Number of mother/infant pairs with any breastfeeding at discharge in the past month.	• This question is optional. • This question refers to HP 2020 objective MICH 21.1 – Increase the proportion of infants who are ever breastfed.
27) Percent of mother/infant pairs with any breastfeeding at discharge in the past month.	• This question is optional. • This question refers to HP 2020 objective MICH 21.1 – Increase the proportion of infants who are ever breastfed.
28) Number of breastfed infants discharged in the past month who had received at least 1 formula feed before 2 days old.	• This question is optional. • This question refers to HP 2020 objective MICH 23 – Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life.
29) Percent of breastfed infants discharged in the past month who had received at least 1 formula feed before 2 days old.	• This question is optional. • This question refers to HP 2020 objective MICH 23 – Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life.
30) Does the facility collect data about payer information for maternity care services?	• This question is optional. • Check the box to indicate "yes." Leave the box unchecked to indicate "no."
31) If yes, please provide the number of births per insurance type.	• This question is optional.

Question 19: Exclusive breastfeeding rates

To determine the denominator for your calculation (D), begin with the total number of mother/infant pairs discharged in the past month. Remove the number of mother/infant pairs for whom one or more contraindications to breastfeeding or medical indications for supplementation apply. Refer to the Model Hospital and Supplementation protocols from the Academy of Breastfeeding Medicine (ABM).

Your exclusive breastfeeding rate will be calculated as follows:

$$\frac{Number\ of\ mother\ infant\ pairs\ who\ fed\ only\ breast\ milk}{(All\ mother\ infant\ pairs) - (Mother\ infant\ pairs\ with\ medical\ indications\ as\ defined\ by\ ABM\ protocols)}$$

Alternatively, facilities may report Exclusive Breast Milk Feeding (PC-05), as defined by the Joint Commission in the Perinatal Care Core Measure Set, for question 19. Facilities are cautioned that the Exclusive Breast Milk Feeding (PC-05) definition is regularly updated by the Joint Commission. It is very important to remember that the list of excluded populations provided by the Joint Commission is intended for data collection purposes only. It should not be misunderstood as a list of medical indications for supplementation or contraindications for breastfeeding.

Participation in the 4-D Pathway and use of the Baby-Friendly USA tools does not guarantee that facilities will receive the Baby-Friendly designation. Facilities are responsible for implementing all of the changes and quality improvement activities necessary to ensure that they have successfully incorporated all of the *Guidelines and Evaluation Criteria* into their daily practice. The Baby-Friendly designation is granted after an on-site assessment by the Baby-Friendly assessment team and a review by the External Review Board (ERB) determines that the *Guidelines and Evaluation Criteria* were successfully implemented.