IF IT WASN’T CHARTED, DID IT HAPPEN?
ASSESSING BREASTFEEDING DOCUMENTATION AMONG PROVIDERS

Presented by
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Objectives

<table>
<thead>
<tr>
<th>Identify</th>
<th>Identify key components of a feeding history.</th>
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<tbody>
<tr>
<td>Recognize</td>
<td>Recognize the usefulness of comprehensive breastfeeding documentation.</td>
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<tr>
<td>Describe</td>
<td>Describe potential solutions to documentation challenges.</td>
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</tbody>
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Disclaimer

This IS meant to inspire you to be more thoughtful and intentional with WHAT you do document thought in order to:
- Improve breast feeding rates
- Help families meet their goals
- Create a culture of doing comprehensive breast assessments

My “aha” moments

- Nutrition and Breastfeeding elective
- Obesity prevention → Breastfeeding linkage
A retrospective chart review was conducted on patients 0-6 months of age who were seen by MSM Pediatric Residency interns at CHOA–Hughes Spalding Primary Care Clinic from July 1, 2020–February 1, 2022.

Lessons learned:
- From 267 patient charts reviewed:
  - GOOD:
    - Type of feeds noted
    - Frequency
  - NOT SO GOOD:
    - Route
    - Feeding goals
    - Everything else...

Common examples:
- Mom reports that she has pain with breastfeeding. Feeding every 2-3 hours. Good UOP and stools. Would like to see lactation.
- Mom reports that she does not think that she has any milk. Baby cries a lot. Latch feels fine having good UOP and stools. Now giving 2-3 oz of formula every 2-3 hours.
- Mom states baby seems to be doing ok with feeds but does not always wake up overnight to feed. No pain. Feeding on demand.
What is realistic to include in visit documentation:

- FOR ALL PATIENTS:
  - Feeding goals
  - Latching comfort/pain
  - Frequency (day + night)
  - Duration of feeding

- FOR PATIENTS WITH CHALLENGES:
  - Same +
  - Observe a feeding, if able
  - Assess for risk factors based on:
    - Birth hx
    - Maternal hx + Surgical hx
    - Medications/Supplements
    - Parity
    - Prior breastfeeding experience, if any
    - Visual inspection of breasts (with consent)
    - Mode of milk delivery: direct feeding, pumping, hand-expression
    - Physical exam of baby

Now what?

LAW OF MEDICINE:

IF IT’S NOT DOCUMENTED, DID IT REALLY HAPPEN?

In-clinic consultation vs Refer (if needed)  DOCUMENT findings and the concise plan!
**Is time a factor for you?**

- Smart phrases
- Note templates
- Handouts for families at discharge
- Websites
- QR codes to be scanned with phones

**WHY SHOULD I INCLUDE THIS INFORMATION:**

- WHY SHOULD I INCLUDE THIS INFORMATION:
- Variety of learners and providers
- Challenges with continuity of care
- Opportunity for QI initiatives
- Improved patient outcomes

**Other considerations:**

- Serial weights
- Anticipatory guidance on:
  - Return to work
  - Storage guidelines
  - Cleaning pump parts
  - Feeding cues
  - Volumes through introduction of solids
- Inclusion of NNHY tool
Next Steps:

- What are you currently doing well?
- Identify opportunities for improvement
- Enhance your knowledge- that's why you are here today, right?
- Share with colleagues!
- Keep the priority at the forefront:
  
  OUR BABIES!

CHEERS TO MAKING IT HAPPEN + DOCUMENTING TO PROVE THAT IT DID!