

Breastfeeding **Electronic Playbook**





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HV CoIN 2.0 Breastfeeding Charter

A. WHAT ARE WE TRYING TO ACCOMPLISH?

Call to Action: Breastfeeding is one of the most highly effective preventive measures a mother can take to protect the well-being of her infant and herself. The short and long term benefits of breastfeeding for children, mothers, and society is extensively supported in research and evidence. Across the U.S., the rate of infants who are ever breastfed shows a slow, yet steady increase and currently is at 83.2%, exceeding Healthy People 2020 goals of 81.9%. This would indicate that the multi-faceted approach to support women to meet their infant feeding goals is working. However, only 47% of mothers in Phase I of the HV CoIN initiated breastfeeding. This included six states with eleven local implementing agencies using quality improvement to: better engage parents to make informed decisions about breastfeeding, build capacity of home visitors to address breastfeeding barriers, ensure families are intentionally linked to appropriate breastfeeding support systems that meet individual needs; and ensure internal policies and practices are standardized to support breastfeeding practices among all families served by participating home visiting programs. Two observable shifts in initiation rates among participating HV programs to 51% and 61% were observed by the end of Phase II. Although this continues to fall short of the national average and Healthy People 2020 goals, an increase in initiation among mothers, especially those who are least likely to initiate breastfeeding is an essential step towards improving rates of continuation and exclusivity at three and six months. This also highlights the need for further emphasis and work to be done to promote and support families to reach their breastfeeding goals.

Efforts to reach long term goals such as three and six month rates of exclusive breastfeeding can be addressed most effectively by raising awareness about breastfeeding so that expecting mothers can make an informed decision and have the intention to breastfeed thereby increasing initiation rates. Extensive variation in rates of breastfeeding initiation, continuation, and exclusivity persist geographically and across race / ethnicity. Contributing factors to this variation include lack of social support, unsupportive work environments, fewer hospitals that are Baby Friendly in certain geographical locations, and higher rates of African American women in the southeastern part of the U.S., which has the lowest breastfeeding rates nationwide.

Dedicated efforts to improve breastfeeding outcomes is important to home visiting because:

- Breastfeeding plays a critical role in an infant's health and well-being during a most critical and vulnerable developmental stage.

- Infants receiving breast milk are shown to have a health advantage with reduced risk of common childhood diseases such as diarrhea and pneumonia,² as well as longer-term health benefits including lower mean blood pressure and cholesterol, and reduced prevalence of obesity and type-2 diabetes.³ For mothers, breastfeeding has been found to reduce the risk of breast and ovarian cancer, type 2 diabetes, and postpartum depression.⁴
- In addition to physical health benefits, breastfeeding has been shown to have a positive impact on early relationships impacting the mental health of mother and child. The release of hormones—oxytocin and prolactin—during skin-to-skin contact can produce a calm regulatory state for both the mother and infant, supporting mothering behaviors that stimulate behaviors conducive to secure, early attachment.⁵
- Home visiting programs have a unique opportunity to reach families and to incorporate evidence-based and practice-informed strategies—what we know works, and what we do on the ground, to improve rates of breastfeeding.

In [insert your state here], [insert a description of the status of breastfeeding in home visiting in your state here. If you participated in the HV CoIIN 2.0 Breastfeeding 90-day testing cycle, you could begin by summarizing the accomplishments and learning from your experiences. Then describe the gap in practice that you plan to overcome.]

Mission: Together, in HV CoIIN 2.0, we will dramatically improve breastfeeding initiation and duration among mothers of young children receiving home visiting services [insert here the expected timeframe, based on the time between your launch date and December 31, 2019; for example “between January 20, 2020 and December 31, 2020”] by developing and refining policy and practices that lead to 1) a comprehensive data tracking system and understanding of pertinent breastfeeding data, 2) capacity of and support for home visitors to address breastfeeding in the target population, 3) effective family engagement in infant feeding practices, and 4) strong community linkages to breastfeeding support systems. Refer to Table 1. Refined Key Driver Diagram for additional details.

The overarching **SMART AIM** and **PROCESS AIMS** for the HV Breastfeeding CoIIN are:

75% of mothers initiate breastfeeding, 30% of infants will be fed breast milk exclusively to three months of age, and 10% of infants will be fed breast milk exclusively to six months of age.

- “Exclusive breastfeeding” means that the infant receives only breast milk (either expressed or directly at the breast). No other liquids or solids are given (including baby formula, juice, cow’s milk, sugar water, baby food, and anything else that a child might be given—even water—with the exception of drops/syrups of vitamins, minerals, or medicines).

PROCESS AIMS:

- 90% of team members use CQI data in practice.

- 100% of home visitors are trained in basic competencies in lactation and breastfeeding within three months of date of hire.
- 50% of trained staff and peer support are reflective of the target population by race or ethnicity.
- 65% of women report an intention to breastfeed at enrollment.
- 75% of women report an intention to breastfeed at 36 weeks gestation.
- 90% of women have an infant feeding plan and goals written prior to delivery.
- 75% of women with a need for breastfeeding support identified this month using the Breastfeeding Self-Efficacy Scale receive additional support.

B. HOW WILL WE KNOW A CHANGE IS AN IMPROVEMENT?

To identify progress towards these shared aims, we will report a common group of measures monthly. Data will be graphed on run charts and shared with all participants across the cohort to promote shared learning. The following measures were selected to reflect the processes necessary to achieve the SMART aim.

Measure #1: % of home visitors trained in administering the BSES-SF

Measure #2: % of women who report an intention to breastfeed at enrollment

Measure #3: % of women who report an intention to breastfeed at 36 weeks gestation

Measure #4: % of women who have an infant feeding plan and goals written prior to delivery

Measure #5: % of women with an intention to breastfeed who complete the BSES-SF at least once prior to delivery to assess need for additional supports and referrals

Measure #6: % of women with an intention to breastfeed who initiate breastfeeding

Measure #7: % of women with an intention to breastfeed who complete the BSES-SF prior to hospital discharge following delivery to assess need for additional supports and referrals

Measure #8: % of women with an intention to breastfeed who complete the BSES-SF between hospital discharge and 10 days postpartum to assess need for additional supports and referrals

Measure #9: Average number of days from time need for breastfeeding support identified and support provided

Measure #10 (SMART Aim): % of women with a need for breastfeeding support identified this month using the BSES-SF who received additional breastfeeding support

C. WHAT CHANGES CAN WE MAKE THAT WILL LEAD TO IMPROVEMENT

HV ColIN 2.0 provides a “playbook” comprised of working technical documents that establish a common vision and mission, shared aims, theory, measures and change ideas to drive improvement in breastfeeding. These materials were developed by HVColIN staff, faculty, and front-line home visiting teams who applied the latest evidence-based research and practice to draft, test and refine the Breastfeeding *Key Driver Diagram* (KDD). The KDD displays our aim and our shared theory of how that aim will be achieved, including the primary drivers (i.e., what needs to be in place to accomplish the aim), change ideas (i.e., how those primary drivers might be put in place), and high quality sample PDSAs from HV ColIN LIA teams from the 90-day cycle.

[Insert text here to describe how you intend local teams to prioritize areas of the KDD to test in, e.g. “each team will begin with PD1 and follow a specific sequence, moving from one driver to the next as they achieve the associated process aims”, or “each team will select the driver that they prefer to start with, using data to inform which drivers to prioritize.” Be sure to include language that makes explicit that they will share their learning with one another. *Sample text: Teams from participating LIAs select which of these change ideas might work in their particular contexts, and design Plan-Do-Study-Act (PDSA) cycles to test those changes and drive improvement. The change package provides more detailed descriptions of the change ideas, including examples from seasoned LIA teams that tested specific change ideas and sample PDSA plans.*]

D. COLLABORATIVE EXPECTATIONS

The HV CoIIN 2.0 National Group will:

- Provide playbooks, including draft charter, Key Driver Diagrams, Change Package with high-quality, tested sample PDSAs, and measures at a face-to-face national launch, via monthly virtual project-wide calls, and via regular and ad hoc coaching.
- Offer coaching to awardee teams to support scale design and execution to facilitate improvements in home visiting.
- Provide communication strategies to keep HV CoIIN 2.0 participants connected to the National Group and colleagues.
- Provide an online database that automates monthly reports to awardee leaders, model developers and local implementing agencies.
- Provide regular coaching and teaching on scale methods, content knowledge, quality improvement methods, and family leadership.

Participating awardees are expected to:

- Convene and lead an awardee team to be part of the HV CoIIN 2.0 project to provide support to local teams.
- Participate monthly HV CoIIN 2.0 project webinars.
- Develop a scale plan for the HV CoIIN 2.0 work (e.g. aligned with MIECHV CQI plan and state strategic priorities).
- Lead a state-wide scale effort using a specific method that will include meeting regularly (e.g. monthly) with local LIA QI teams to review progress and provide coaching as needed (e.g. PDSA quality review, data progress and quality, etc.).
- Cover travel and other expenses incurred due to participation in the HV CoIIN 2.0.

Participating LIAs are expected to:

- Connect the goals of the awardee HV CoIIN 2.0 work to a strategic initiative in the organization.
- Provide a senior leader to serve as sponsor for the team working on the HV CoIIN scale improvement work

- Convene a core team of 3-5 members and facilitate the full team’s participation in awardee-level scale activities.
- Set goals and work to achieve our AIMS.
- Perform tests of changes using PDSA rapid cycle methods and submit them via the HV CoIIN 2.0 database.
- Make well-defined measurements related to the teams’ aims at least monthly and submit them via the HV CoIIN 2.0 database, which will create automated run charts that plot the results over time for the duration of the scale initiative.
- Share information with the peers including details and measurements of changes made at awardee-sponsored peer-to-peer learning opportunities.
- Present the teams’ experiences and results at awardee-sponsored peer-to-peer learning opportunities to celebrate success and prepare for spread of changes to practice teams beyond the initial cohort.
- [adapt these expectations to your chosen scale method. For example, for a BTS collaborative: “Participate in monthly calls/webinars with peers, and awardee HV CoIIN 2.0 faculty, staff and consultants to review data, engage in learning and problem-solve barriers”].
- Work hard, implement change and have fun.

E. OUR TEAM SIGNATURES

Sponsor (State/Tribal Lead/Not-for-Profit Lead):

Agency Lead(s):

Day-to-Day Supervisor(s):

Home Visitor(s):

Family Member(s):

Other:

Breastfeeding Key Driver Diagram

SMART AIM	Primary Drivers	Change Ideas
<p>75% of women with an intention to breastfeed will initiate breastfeeding.</p> <p>Among infants whose mothers initiate breastfeeding, 30% of infants will be exclusively breastfed at 3 months and 15% of infants will be exclusively breastfed at 6 months.</p>	<p>PD1. Comprehensive data tracking system and understanding of pertinent breastfeeding data</p>	<ol style="list-style-type: none"> 1. Tracking system for critical breastfeeding information (i.e., intention, initiation, duration, reasons for discontinuing, status of breastfeeding at discharge, education and discussion of critical breastfeeding time points, race and/or ethnicity, referral and follow-up for breastfeeding support) 2. Tracking system for team meetings (i.e., weekly) to review improvement data and its use for guiding program effectiveness
	<p>PD2. Capacity of and support for home visitors to address breastfeeding in the target population</p>	<ol style="list-style-type: none"> 1. Initial training (w/in 3 months of hire) to ensure foundational breastfeeding knowledge 2. Training of home visitors to administer the Breastfeeding Self-Efficacy Scale Short Form (BSES-SF) at critical time points and use results to enhance infant feeding discussions 3. Protocol for ongoing refresher training for all staff 4. Regular reflective supervision with home visitors to address family needs and supports especially around trauma, assets, and cultural sensitivities
	<p>PD3. Effective family engagement in infant feeding practices</p>	<ol style="list-style-type: none"> 1. Evidence-informed and up to date educational materials aligned with critical breastfeeding time points 2. Effective communication techniques for engaging families in face to face conversations about infant feeding delivered during critical time points (approximately 4-8 visits) to prepare and address anticipated and current challenges identified through the BSES-SF assessment 3. Infant feeding plans to support families to meet infant feeding goals including decisions regarding skin to skin, rooming-in, and pacifier use, and formal and informal supports, and support through key transitions 4. Engage families to lead and participate in breastfeeding support groups 5. Protocol for ensuring effective support is offered as standard practice by trained staff in ongoing scheduled visits tailored to the setting and needs of the target population
	<p>PD4. Foster strong community linkages to breastfeeding support systems</p>	<ol style="list-style-type: none"> 1. Build relationships and regular communication with key community partners such as: state and local breastfeeding coalitions, WIC, Baby-Friendly Hospitals and birthing facilities, community and other informal breastfeeding supports 2. Establish protocol for connecting families with community-based infant feeding supports, including when available and appropriate joint visits and warm hand-offs in line with infant feeding plan

Breastfeeding Change Package

SMART AIM	Primary Drivers	Change Ideas	PDSA Examples
<p>75% of women with an intention to breastfeed will initiate breastfeeding.</p> <p>Among infants whose mothers initiate breastfeeding, 30% of infants will be exclusively breastfed at 3 months and 15% of infants will be exclusively breastfed at 6 months.</p>	<p>PD1. Comprehensive data tracking system and understanding of pertinent breastfeeding data</p>	<p>1. Tracking system for critical breastfeeding information (i.e., intention, initiation, duration, reasons for discontinuing, status of breastfeeding at discharge, education and discussion of critical breastfeeding time points, race and/or ethnicity, referral and follow-up for breastfeeding support)</p>	<p>BF.PD1.C1. Collecting data on intention to breastfeed at intake and 36 weeks as well as collect initiation and duration rates.</p>
		<p>2. Tracking system for team meetings (i.e., weekly) to review improvement data and its use for guiding program effectiveness</p>	<p>BF.PD1.C2. Reviewing_data with the CQI team monthly to build buy-in for developing the breastfeeding education framework</p>
	<p>PD2. Capacity of and support for home visitors to address breastfeeding in the target population</p>	<p>1. Initial training (w/in 3 months of hire) to ensure foundational breastfeeding knowledge</p>	<p>BF.PD2.C1. Ensuring all home visitors receive the same basic breastfeeding training</p>
		<p>2. Training of home visitors to administer the Breastfeeding Self-Efficacy Scale Short Form (BSES-SF) at critical time points and use results to enhance infant feeding discussions</p>	<p>BF.PD2.C2. Using the BSES-SF survey and developing a systematic way to reference certain resource materials or community supports</p>
		<p>3. Protocol for ongoing refresher training for all staff</p>	<p>BF.PD2.C3. Training the staff in breastfeeding basics</p>
		<p>4. Regular reflective supervision with home visitors to address family needs and supports especially around trauma, assets, and cultural sensitivities</p>	<p>BF.PD2.C4. Supervisors using Form A to provide reflective inquiry and feedback while shadowing home visitors</p>
	<p>PD3. Effective family engagement in infant feeding practices</p>	<p>1. Evidence-informed and up to date educational materials aligned with critical breastfeeding time points</p>	<p>BF.PD3.C1. Improving the processes of providing timely and tailored education and support for breastfeeding</p>

		2. Effective communication techniques for engaging families in face to face conversations about infant feeding delivered during critical time points (approximately 4-8 visits) to prepare and address anticipated, and current challenges identified through the BSES-SF assessment	<u>BF. PD3.C2.</u> Use an Infant Feeding Home Visit Guide to improve rates of women sustaining/exclusively breastfeeding at 3 and 6 months
		3. Infant feeding plans to support families to meet infant feeding goals including decisions regarding skin to skin, rooming-in, and pacifier use, and formal and informal supports, and support through key transitions	<u>BF.PD3.C3.</u> Providing breastfeeding education at enrollment and 36 weeks gestation
		4. Engage families to lead and participate in breastfeeding support groups	<u>BF.PD3.C4.</u> Developing breastfeeding support groups on Facebook to connect families and help them feel better supported with breastfeeding
		5. Protocol for ensuring effective support is offered as standard practice by trained staff in ongoing scheduled visits tailored to the setting and needs of the target population	<u>BF.PD3.C5. Example 1.</u> Using a questionnaire to collect intent to breastfeed data
			<u>BF. PD3.C5. Example 2.</u> Joint visits with a CLC to support clients in initiating breastfeeding
PD4. Foster strong community linkages to breastfeeding support systems	1. Build relationships and regular communication with key community partners such as: state and local breastfeeding coalitions, WIC, Baby-Friendly Hospitals and birthing facilities, community and other informal breastfeeding supports	<u>BF.PD4.C1.</u> Connecting with contacts at hospital to support home visitor knowledge of how breastfeeding moms are supported at hospitals	
	2. Establish protocol for connecting families with community-based infant feeding supports, including when available and appropriate joint visits and warm hand-offs in line with infant feeding plan	<u>BF.PD4.C2.</u> Develop infant feeding plan with introduction and warm hand-off to community-based resources	

Breastfeeding SMART Aim, Process Aims, and Measures

Breastfeeding Cheat Sheet

SMART AIMS:

- 75% of women with an intention to breastfeed will initiate breastfeeding.
- Among infants whose mothers initiate breastfeeding, 30% of infants will be exclusively breastfed at 3 months and 15% of infants will be exclusively breastfed at 6 months.

PROCESS AIMS:

1. 100% of team members use CQI data in practice. (OPTIONAL)
2. 100% of home visitors are trained in basic competencies in lactation within three months of date of hire.
3. 65% of women report an intention to breastfeed at enrollment. (OPTIONAL)
4. 75% of women report an intention to breastfeed at 36 weeks gestation.
5. 90% of women have an infant feeding plan and goals written prior to delivery.
6. 90% of women with an intention to breastfeed complete the BSES-SF at least once prior to delivery.
7. 75% of women with an intention to breastfeed complete the BSES-SF between delivery and 2 weeks postpartum. (OPTIONAL)
8. 75% of women with a need for breastfeeding support identified this month using the BSES-SF receive additional breastfeeding support.

MEASURES:

Measure #1 (OPTIONAL): % of team members that use CQI data in practice (column E)

- Numerator: N of team members (home visitors, supervisors, other members) that reviewed and used CQI data in practice this month (column D)
- Denominator: N of team members (home visitors, supervisors, other members) (column C)

Measure #2: % of home visitors trained in basic competencies in lactation within three months of date of hire (column H)

- Numerator: N of home visitors hired 3 or more months ago that have been trained in basic breastfeeding competencies (column G)
- Denominator: N of home visitors hired 3 or more months ago (column F)

Measure #3 (OPTIONAL): % of women who report an intention to breastfeed at enrollment (column K)

- Numerator: N of women enrolled prenatally with no contraindication to breastfeeding who report intention to breastfeed at enrollment (column J)
- Denominator: N of women enrolled prenatally with no contraindication to breastfeeding (column I)

Measure #4: % of women who report an intention to breastfeed at 36 weeks gestation (column O)

- Numerator: N of women enrolled prenatally with no contraindication to breastfeeding who report intention to breastfeed at 36 weeks gestation (column N)
- Denominator: N of women enrolled prenatally with no contraindication to breastfeeding who are at or beyond 36 weeks of gestation (column M)

Measure #5: % of women who have an infant feeding plan and goals written prior to delivery (column Q)

- Numerator: N of women enrolled prenatally who are at or beyond 36 weeks of gestation and have an infant feeding plan and goals written prior to delivery (column P)
- Denominator: N of women enrolled prenatally who are at or beyond 36 weeks of gestation (column L)

Measure #6: % of women with an intention to breastfeed who complete the BSES-SF at least once prior to delivery (column S)

- Numerator: N of women enrolled prenatally with no contraindication to breastfeeding and report intention to breastfeed at 36 weeks gestation who completed the BSES-SF prior to delivery (column R)
- Denominator: N of women enrolled prenatally with no contraindication to breastfeeding who report an intention to breastfeed at 36 weeks gestation (column N)

Measure #7 (OPTIONAL): % of women with an intention to breastfeed who complete the BSES-SF between delivery and 2 weeks postpartum (column V)

- Numerator: N of women with no contraindication for breastfeeding, report intention to breastfeed at 36 weeks of gestation, and who are at or beyond 2 weeks (14 days) postpartum who complete the BSES-SF between delivery and 2 weeks (14 days) postpartum (column U)
- Denominator: N of women enrolled prenatally with no contraindication to breastfeeding who report an intention to breastfeed at 36 weeks gestation and who are at or beyond 2 weeks (14 days) postpartum (column T)

Measure #8: % of women with a need for breastfeeding support identified this month using the BSES-SF who receive additional breastfeeding support (column Y)

- Numerator: N of women with a need for breastfeeding support identified this month using the BSES-SF who received peer or professional support this month (column X)
- Denominator: N of women with a need for breastfeeding support identified this month using the BSES-SF (column W)

Measure #9 (SMART AIM): % of women with an intention to breastfeed who initiate breastfeeding (column AA)

- Numerator: N of women with no contraindication for breastfeeding and reported intention to breastfeed at 36 weeks gestation who initiated breastfeeding (column Z)
- Denominator: N of women enrolled prenatally with no contraindication to breastfeeding who report an intention to breastfeed at 36 weeks gestation (column N)

Measure #10 (SMART AIM): % of children who were fed breastmilk exclusively to 3 months of age (column AD)

- Numerator: N of children 3 to 12 months old whose mothers initiated breastfeeding and were fed breastmilk exclusively to 3 months of age (column AC)
- Denominator: N of children 3 to 12 months old whose mothers initiated breastfeeding (column AB)

Measure #11 (SMART AIM): % of children who were fed breastmilk exclusively to 6 months of age (column AG)

- Numerator: N of children 6 to 12 months old whose mothers initiated breastfeeding and were fed breastmilk exclusively to 6 months of age (column AF)
- Denominator: N of children 6 to 12 months old whose mothers initiated breastfeeding (column AE)

OPERATIONAL DEFINITIONS:

- Center for Disease Control's contraindications for breastfeeding: *Breastfeeding is encouraged for all infants except those who themselves have or whose mothers have one or more of the following contraindications to breastfeeding:*
 - 1) Infants diagnosed with galactosemia, a rare genetic metabolic disorder
 - 2) Infants whose mother:
 - Has been infected with the human immunodeficiency virus (HIV)
 - Is taking antiretroviral medications
 - Has untreated, active tuberculosis
 - Is infected with human T-cell lymphotropic virus type I or type II
 - Is taking prescribed cancer chemotherapy agents, such as antimetabolites that interfere with DNA replication and cell division
 - Is undergoing radiation therapies; however, such nuclear medicine therapies require only a temporary interruption in breastfeeding
- Intention to breastfeed at enrollment: Report prenatally that they plan to breastfeed (with or without formula supplementation) in the first few weeks of life.
- Intention to breastfeed at 36 weeks of gestation: Report between 35 weeks of gestation and delivery that they plan to breastfeed (with or without formula supplementation) in the first few weeks of life.
 - Include women who already delivered if they delivered after 36 weeks
 - Exclude women who delivered before 36 weeks gestation
- Initiate breastfeeding: Child was ever fed breast milk
- Women with a need for breastfeeding support: Any woman who scored below 3 on a single item in the BSES-SF
- Additional breastfeeding support: Includes support by:
 - a home visitor trained in lactation including certification as a CLC or IBCLC
 - other certified provider within the LIA
 - breastfeeding support group within the LIA
 - breastfeeding support group / Baby Café in the community
 - referral partner: community-based CLC or IBCLC, WIC peer counselor, outpatient lactation clinic, etc.
 - Note: Providing a list of resources for breastfeeding help or breastfeeding assessment sheet DOES NOT qualify as additional breastfeeding support. This additional support may come from an individual within your program, outside your program but within your agency, or outside of your agency.

Breastfeeding Data Reporting Template 2020 Data Entry Sheet

Column letters correspond to the **measures**, **denominators**, & **numerators** in the Cheat Sheet.

A	B	C	D	E	F	G	H
Breastfeeding Extension Reporting Template - HV CoIIN							
Month	Total N enrolled families	N Team Members	N team members who reviewed and used CQI data in practice this month	% team members who use CQI data in practice	N Home Visitors hired 3 or more months ago	N Home Visitors hired 3 or more months ago that are trained in BF	% of Home Visitors that have been trained in breastfeeding within 3 months of date of hire
Dec-19				#N/A			#N/A
Jan-20				#N/A			#N/A
Feb-20				#N/A			#N/A
Mar-20				#N/A			#N/A
Apr-20				#N/A			#N/A
May-20				#N/A			#N/A
Jun-20				#N/A			#N/A
Jul-20				#N/A			#N/A
Aug-20				#N/A			#N/A
Sep-20				#N/A			#N/A
Oct-20				#N/A			#N/A

Each row represents the data for that month and year

Pink columns are calculated fields (the measure) and you will not be able to edit them.

Yellow columns are denominators of calculated fields.

Green columns are numerators for calculated fields

Gray columns are optional fields

[Find the Data Reporting Template on the HV CoIIN 2.0 Website](#)

Data Review Guidance (BF)

March 2021

Reflecting on data is an important step in Continuous Quality Improvement; it provides direction, motivation and opportunities for celebration. Ensuring accurate data is a crucial component of this. Below is a list of guidelines for reviewing data submitted for the HV CoIN's Breastfeeding topic area to check for data errors. All of the guidelines outlined below are meant to identify *potential* errors, in many cases there will be a perfectly good explanation for why something looks the way it does. These guidelines are also not comprehensive. If something looks off in the data but is not listed here, it is probably still worth having a conversation about. The most helpful question to ask yourself while thoroughly reviewing this data is "If the data in this column is accurate, what might I expect to see happening in the other columns?"

We recommend that you first do a general screen for all measures:

- If there are large fluctuations in any of the variables but related variables remain stable, this may be worth checking on.
- If the numbers stay exactly the same for each measure across several months, check with your team to make sure the data is being tracked/collected correctly.
- Check to make sure there is no missing data for mandatory measures. No data entered for optional measures is fine – however, if a team enters partial data for an optional measure that may be worth asking about.
- There are conditional formatting rules built into the data reporting template so that if the data entered is probably in error, the cells will turn red. These rules include measures for which the numerator is larger than the denominator, or for a few other cells in which the expected population is lower than for a previous measure.

Specific Measure Checks

Measures 1 & 2

- The number of team members (Column C) should include more than just home visitors, so we wouldn't expect the value in Column C to be exactly the same as the value in Column F.

Measure 3, 4, 5, 6, & 7

- These measures are cumulative across months, meaning that women who meet the criteria for the numerator or denominator remain in the measure until they exit the home visiting program. Therefore, we would not expect to see a large change from row

to row, especially if the number of families enrolled does not move in the same direction. What counts as a large change will depend on the size of the program, but for most sites a change equivalent to one home visitor caseload per 100 total enrolled women would be reason to double check (e.g. a site with 80 enrolled women wouldn't often drop to 55 in one month; a site with 150 enrolled women might increase to 170, but not often to 200).

- These measures should include women in the program who have already given birth. Check these denominators against the total number of families enrolled. If the denominators for these measures look low compared to the number of families enrolled, it may be worth asking the program to ensure they are not excluding women who have already given birth from these measures .
 - Measures 6 and 7 include women who have been asked about their intention to breastfeed, so in the beginning of the collaborative this measure may look different from Measures 3, 4, & 5 for teams who are not yet asking their families this question as standard practice.

Measure 5

- Column P (N of women enrolled prenatally who are at or beyond 36 weeks gestation and have an infant feeding plan and goals written prior to delivery) can be larger than Column N (N women enrolled prenatally with no contraindication to breastfeeding who report intention to breastfeed at 36 weeks gestation) because infant feeding plans are not just limited to people who intend breastfeed. Families who plan to formula feed can also be included in Measure 5.

Measure 7

- Column T (N women enrolled prenatally with no contraindication to breastfeed who report and intention to breastfeed at 36 weeks gestation and who are at or beyond 2 weeks postpartum) should be smaller than Column N (N women enrolled prenatally with no contraindication to breastfeed who report intention to breastfeed at 36 weeks gestation)

Measure 8

- Unlike Measures 3-7, Measure 8 should only include women with a need for breastfeeding support reported in the reporting month.. so we expect more fluctuations in this numerator and denominator across months than we expect to see in Measures 3-7. The population for Measure 8 is also different than Measures 3-7 in that it can include women who enrolled in the home visiting program postnatally if they are breastfeeding.
 - We expect the data for Measure 8 to be 0 or close to 0 in the beginning of the cohort until teams start using the BSES-SF tool with families.

Measures 10 & 11

- Measures 10 and 11 switch to looking at the number of children and not women, so may be slightly larger than expected if families have multiples.
- Column AB (N children 3 to 12 months old whose mothers initiated breastfeeding) should always be larger than or equal to Column AE (N children 6 to 12 months old whose mothers initiated breastfeeding).
- Column AC (N children 3 to 12 months old whose mothers initiated breastfeeding and were fed breastmilk exclusively to 3 months of age) should always be larger than or equal to Column AF (N children 6 to 12 months old whose mothers initiated breastfeeding and were fed breastmilk exclusively to 6 months of age).
- Children should leave the denominators for Measures 10 and 11 when they hit 13 months of age or exit the program, whichever comes first.



HV CoIN 2.0

Breastfeeding Measure Specifications

September 2020

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Aim	Outcome Measures
75% of women with an intention to breastfeed will initiate breastfeeding	% of women with an intention to breastfeed who initiate breastfeeding
Among infants whose mothers initiate breastfeeding, 30% of infants will be exclusively breastfed at 3 months and 15% of infants will be exclusively breastfed at 6 months.	% of children who were fed breastmilk exclusively to 3 months of age % of children who were fed breastmilk exclusively to 6 months of age

Primary Drivers	Process Measures
PD1. Comprehensive data tracking system and understanding of pertinent breastfeeding data	<ul style="list-style-type: none"> • (Optional) % of team members that use CQI data in practice
PD2. Capacity of and support for home visitors to address breastfeeding in the target population	<ul style="list-style-type: none"> • % of home visitors that are trained in basic competencies in lactation
PD3. Effective family engagement in infant feeding practices	<ul style="list-style-type: none"> • % of women who report an intention to breastfeed at 36 weeks gestation • % of women who have an infant feeding plan and goals written prior to delivery • % of women with an intention to breastfeed who complete the BSES-SF at least once prior to delivery • (Optional) % of women who report an intention to breastfeed at enrollment • (Optional) % of women with an intention to breastfeed who complete the BSES-SF between delivery and 2 weeks postpartum
PD4. Foster strong community linkages to breastfeeding support systems	<ul style="list-style-type: none"> • % of women with a need for breastfeeding support identified this month using the BSES-SF who receive additional breastfeeding support

Primary Driver 1

Measure #1 (Optional)

Measure

% of team members who use CQI data in practice

- *Numerator*: # of team members (home visitors, supervisors, other members) who reviewed and used CQI data in practice this month
- *Denominator*: # of team members (home visitors, supervisors, other members)

Associated Driver

Primary Driver 1

Primary Driver 2

Measure #2

Measure

% of Home Visitors trained in basic competencies in lactation

- *Numerator*: # of home visitors hired 3 or more months ago that have been trained in basic lactation competencies
- *Denominator*: # of home visitors hired 3 or more months ago

Associated Driver

Primary Driver 2

Primary Driver 3

Measure #3 (Optional)

Measure

% of women who report an intention to breastfeed at enrollment

- *Numerator*: # of women enrolled prenatally with no contraindication to breastfeeding who report intention to breastfeed at enrollment
- *Denominator*: # of women enrolled prenatally with no contraindication to breastfeeding

Associated Driver

Primary Driver 3

Measure #4

Measure

% of women who report an intention to breastfeed at 36 weeks gestation

- *Numerator*: # of women enrolled prenatally with no contraindication to breastfeeding who report intention to breastfeed at 36 weeks gestation
- *Denominator*: # of women enrolled prenatally with no contraindication to breastfeeding who are at or beyond 36 weeks of gestation

Associated Driver

Primary Driver 3

Definitions

Intention to breastfeed at enrollment

Report prenatally that they plan to breastfeed (with or without formula supplementation) in the first few weeks of life

CDC's Contraindications for Breastfeeding

Breastfeeding is encouraged for all infants except those who themselves have or whose mothers have one or more of the following contraindications to breastfeeding:

Infants diagnosed with galactosemia, a rare genetic metabolic disorder

OR

Infants whose mother:

- Has been infected with the human immunodeficiency virus (HIV)
- Is taking antiretroviral medications
- Has untreated, active tuberculosis
- Is infected with human T-cell lymphotropic virus type I or type II
- Is taking prescribed cancer chemotherapy agents, such as antimetabolites that interfere with DNA replication and cell division
- Is undergoing radiation therapies; however, such nuclear medicine therapies require only a temporary interruption in breastfeeding

Intention to breastfeed at 36 weeks of gestation

Report between 35 weeks of gestation and delivery that they plan to breastfeed (with or without formula supplementation) in the first few weeks of life

Measure #5

Measure

% of women who have an infant feeding plan and goals written prior to delivery

- *Numerator:* # of women enrolled prenatally who are at or beyond 36 weeks of gestation and have an infant feeding plan and goals written prior to delivery
- *Denominator:* # of women enrolled prenatally who are at or beyond 36 weeks of gestation

Associated Driver

Primary Driver 3

Measure #6

Measure

% of women with an intention to breastfeed who complete the BSES-SF at least once prior to delivery

- *Numerator:* # of women enrolled prenatally with no contraindication to breastfeeding and report intention to breastfeed at 36 weeks gestation who completed the BSES-SF prior to delivery
- *Denominator:* # of women enrolled prenatally with no contraindication to breastfeeding who report an intention to breastfeed at 36 weeks gestation

Associated Driver

Primary Driver 3

Measure #7 (Optional)

Measure

% of women with an intention to breastfeed who complete the BSES-SF between delivery and 2 weeks postpartum

- *Numerator:* # of women with no contraindication for breastfeeding, report intention to breastfeed at 36 weeks of gestation, and who are at or beyond 2 weeks (14 days) postpartum who complete the BSES-SF between delivery and 2 weeks (14 days) postpartum
- *Denominator:* # of women enrolled prenatally with no contraindication to breastfeeding who report an intention to breastfeed at 36 weeks gestation and who are at or beyond 2 weeks (14 days) postpartum

Associated Driver

Primary Driver 3

Primary Driver 4

Measure #8

Measure

% of women with a need for breastfeeding support identified this month using the BSES-SF who receive additional breastfeeding support

- *Numerator:* # of women with a need for breastfeeding support identified this month using the BSES-SF who received peer or professional support this month
- *Denominator:* # of women with a need for breastfeeding support identified this month using the BSES-SF

Associated Driver

Primary Driver 4

Definitions

Women with a need for breastfeeding support

Any woman who scored below 3 on a single item on the BSES-SF

Additional breastfeeding support

Includes support by:

- A home visitor trained in lactation including certification as a CLC or IBCLC
- Other certified provider within the LIA
- Breastfeeding support group within the LIA
- Breastfeeding support group / Baby Café in the community
- Referral partner: community-based CLC or IBCLC, WIC peer counselor, outpatient lactation clinic, etc.

Note: Providing a list of resources for breastfeeding help or breastfeeding assessment sheet DOES NOT qualify as additional breastfeeding support. This additional support may come from an individual within your program, outside your program but within your agency, or outside of your agency.

Initiate breastfeeding

Child was ever fed breastmilk

Measure #9

Measure

% of women with an intention to breastfeed who initiate breastfeeding

- *Numerator:* # of women with no contraindication for breastfeeding and reported intention to breastfeed at 36 weeks gestation who initiated breastfeeding
- *Denominator:* # of women enrolled prenatally with no contraindication to breastfeeding who report an intention to breastfeed at 36 weeks gestation

Associated Driver

SMART Aim

Measure #10

Measure

% of children who were fed breastmilk exclusively to 3 months of age

- *Numerator:* # of children 3 to 12 months old whose mothers initiated breastfeeding and were fed breastmilk exclusively to 3 months of age
- *Denominator:* # of children 3 to 12 months old whose mothers initiated breastfeeding

Associated Driver

SMART Aim

Measure #11

Measure

% of children who were fed breastmilk exclusively to 6 months of age

- *Numerator:* # of children 6 to 12 months old whose mothers initiated breastfeeding and were fed breastmilk exclusively to 6 months of age
- *Denominator:* # of children 6 to 12 months old whose mothers initiated breastfeeding

Associated Driver

SMART Aim

HVCoIN2.0

Home Visiting Collaborative
Improvement and Innovation Network



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