

BFI Hospital Chart Audit User Manual

Template prepared by the Breastfeeding Committee for Canada and may be adapted by facilities

Preamble

The Chart Audit User Manual and Excel templates are meant to assist facilities to self-monitor, track and analyze care practices to inform BFI improvement. Users are encouraged to follow their facility's policies and procedures for data collection, storage and sharing of information for quality improvement purposes.

If your facility's current documentation tools do not provide the information necessary to complete all the questions in the chart audit, please review chart documentation tools and make revisions as needed to capture and monitor evidence-based care practices. Development of Excel data collection tools are in progress by the BCC.

Conduct **monthly chart audits** for births occurring at your facility as follows:

1. Random selection of **30 charts** for births that did not have an admission to the NICU. Include healthy term infants and near-term infants (34 weeks 0/7- 36 weeks 6/7) with no need for admission to the NICU. If, in each month, your facility had **fewer than 30 births**, continue to **audit all** the charts from that month.
2. Random selection of **10 charts** for births where the infant was admitted to the NICU. If the infant was admitted to NICU for a very short stay (e.g., 6 hours or less) and most of the care was in the maternity unit use the 'remain together' form.
Note: If your facility does not have a NICU, this second audit is not applicable. You only need to complete a single audit.

Selecting Charts to Audit

Randomly select charts for one month from a list of all live births. Do not include charts for babies not born in your facility or transferred to another facility.

For both audits:

- If your facility has over 30 births per month, please audit a **maximum of 30** charts.
- If your facility has fewer than 30 births, then please audit all charts.

Audit charts based on the infants' birth date and time. For example, if an infant was born on September 30 and is discharged on October 3, the infant's record should be included in the September Chart Audit. For babies admitted to the NICU, include charts based on date of birth month rather than discharge month. It is important to know the care the baby received especially in the early days after birth.

Random Selection of Charts: Hospitals generating their own random sample should ensure that they adhere to the following principles:

- (1) Ensure that your sample is evenly distributed throughout the month – from the start of the month to the end of the month.
- (2) Ensure that you are selecting charts from each week in the month. If your hospital has enough births, consider designing your randomization procedure so that you are selecting a birth from each day in the month.

Note: For both audits, please make sure that all results are based on a **minimum of 6 mother/birthing parent/baby dyads**.

Each chart review is estimated to take approximately 5-10 minutes.

Chart Audit Questions and Answer Key

Baby Date of Birth:

Time of Birth:

- *“Day Shift” if the birth occurred between 07:00 and 18:59*
- *“Night Shift” if the birth occurred between 19:00 and 06:59*

Medical Separation:

- *“Infant did NOT go to the NICU” if the infant was not admitted to the NICU.*
- *“Infant admitted to the NICU” if the infant was admitted to the NICU.*

Mother/Birthing Parent-Infant Dyad Remained Together (Not Admitted to the NICU)

1. Is there documentation that the mother/birthing parent received prenatal education on infant feeding? Topics to be included are a) importance of breastfeeding, b) effects of not breastfeeding, c) recommendations for exclusive breastfeeding and breastfeeding duration, d) importance of immediate and sustained skin-to-skin contact, e) importance of early initiation of breastfeeding, f) importance of mother-infant togetherness (rooming-in), g) the basics of good positioning and attachment, and h) recognition of feeding cues. (Standard 3.1, 4.1, 4.3, 4.5, 5.1, 8.1)

Select Yes if:

- *the chart documents that **prenatal education** on infant feeding was completed. **All components must be present to mark "yes."***

Select No if:

- *prenatal education is not documented.*
- *there is no place to document prenatal education.*

Select N/A if:

- *mother/birthing parent received prenatal education from some place other than your facility.*
- *mother/birthing parent had fewer than 2 prenatal visits to your facility.*

Notes:

Prenatal education may be documented in different locations of the patient chart (e.g., Nurses notes, prenatal education checklists, attendance at prenatal classes where the prenatal curricula is aligned with BFI information).

Validate that numbers of Yes, No and N/A are equal to your total number of charts for this measure.

2. Mode of birth

- *“Vaginal” if the baby was born vaginally.*
- *“Caesarean” if the baby was born by Caesarean section.*

Note: Validate that the total number of Vaginal and Caesarean births equal the number of charts audited.

3a. Is there documentation that the mother/birthing parent and baby were placed skin-to-skin immediately after birth? (Within 5 minutes of birth) (Standard 4.1)

The use of terms 'as soon as possible' and 'up to 5 minutes' are intended to signal those attending the birth that an occasional delay may be necessary to allow them time for brief assessment of a critical medical issue. The assessment of the standard allows for a delay of up to 5 minutes under these circumstances.

Select Yes if:

- *the baby was born vaginally **AND** there is documentation that the baby was immediately placed skin-to-skin with the mother/birthing parent. We define "immediate" as "within five minutes of the recorded time of birth."*
- *the baby was born by Caesarean section with LOCAL ANESTHESIA **AND** there is documentation that the baby was immediately placed skin-to-skin with the mother/birthing parent. We define "immediate" as "within five minutes of the recorded time of birth."*
- *the baby was born by Caesarean section with GENERAL ANESTHESIA **AND** there is documentation that the baby was placed skin-to-skin with the mother/birthing parent as soon as the mother/birthing parent is responsive and alert.*

Note: *If the baby was weighed within the first hour "Yes" can be selected – **only IF** weighing within the first hour was documented as medically indicated (for example, baby's weight was required for medication dosage). Routine practice should be to delay weighing until after the first hour or completion of first feed.*

Select No if:

- *it is impossible to determine whether the baby was placed skin-to-skin with the mother/birthing parent within the time frames outlined above.*
- *the baby was placed skin-to-skin, but **MORE THAN FIVE** minutes after birth – Vaginal births.*
- *the baby was placed skin-to-skin, but **MORE THAN FIVE** minutes after birth – Caesarean section births with local anesthesia.*
- *the baby was placed skin-to-skin, but **MORE THAN FIVE** minutes after the mother/birthing parent was responsive and alert – Caesarean section births with general anesthesia.*
- *the baby was born by Caesarean section with GENERAL ANESTHESIA **AND** there was no documentation that baby was placed skin-to-skin as soon as the mother/birthing parent was alert and responsive.*
- *the baby was never placed skin-to-skin with the mother/birthing parent.*

Select N/A if:

- *the mother/birthing parent has a documented, justifiable medical reason for a delay of skin-to-skin. Stable mother/birthing parent is defined as alert and no critical/emergency condition preventing baby to be safely held skin to skin.*
- *the baby is not stable or has complex medical or surgical pathologies. Stable baby is defined as a baby who during care and handling does not have severe apnea, desaturation or bradycardia.*

Note: Validate that the Yes, No, and N/A add up to total number of vaginal births. Validate the Yes, No and N/A add up to total number of Caesarean births.

3b. Is there documentation that mother/birthing parent and baby were skin-to-skin for at least an hour, or until completion of the first feed, unless there was a documented justifiable medical reason? (Standard 4.2)

Select Yes if there is documentation:

- *that the baby was skin-to-skin with the mother/birthing parent for at least an hour.*

- *that the baby was skin-to-skin with the mother/birthing parent until completion of first feed.*
- *that the baby was skin-to-skin with the mother/birthing parent for as long as the mother/birthing parent wanted.*

Select No if:

- *it is impossible to determine or there is no place to document how long the baby was skin-to-skin.*
- *baby was skin-to-skin for less than an hour.*
- *mother/birthing parent-baby skin-to-skin time ended before the completion of the first feed.*
- *if the baby was never placed skin-to-skin with the mother/birthing parent.*

Select N/A if:

- *immediately postpartum, the mother/birthing parent is not stable. Stable Mother/birthing parent is defined as alert and no critical/emergency condition preventing baby to be safely held skin to skin.*
- *the baby is not stable or has complex medical or surgical pathologies. Stable Baby is defined as a baby who during care and handling does not have severe apnea, desaturation, or bradycardia.*

Note: Validate that the Yes, No, and N/A add up to total number of vaginal births. Validate the Yes, No and N/A add up to total number of Caesarean births.

4a. Is there documentation that the mother/birthing parent offered the breast to their baby within one hour after birth? (Sentinel Standard 4.3)

Select Yes if:

- *there is documentation that the mother/birthing parent offered their breast to their baby within one hour of birth.*

Select No if:

- *no documentation of mother/birthing parent offering their breast.*
- *it is impossible to determine from the chart whether support was offered within one hour of birth.*

Select N/A if:

- *if immediately postpartum, the mother/birthing parent is not stable. Stable mother/birthing parent is defined as alert and no critical/emergency condition preventing baby to be safely held skin to skin.*
- *the baby is not stable or has complex medical or surgical pathologies. Stable baby is defined as a baby who during care and handling does not have severe apnea, desaturation, or bradycardia.*
- *the mother/birthing parent decided to exclusively use human milk substitutes from birth.*

4 b. Is there documentation that care providers offered the mother/birthing parent breastfeeding support (1. position & latch, and 2. effective feeding & milk transfer) within 6 hours of birth? (Standards 5.1, 5.2, 5.5)

The two components listed in the question are the bare minimum of support that care providers need to be providing to mothers/birthing parents.

Select Yes if:

- *there is documentation that the mother/birthing parent was offered support with positioning, latching, effective feeding and milk transfer.*

Select No if:

- *support was not documented in the chart.*
- *support was not offered within 6 hours of birth.*

- *it is impossible to determine from the chart whether support was offered within six hours of birth.*
- *any of the three components listed above are missing: if only two of the components above are covered; if only one of the components above are covered, or if none of the components are covered.*

Select N/A if:

- *immediately postpartum, the mother/birthing parent is not stable. Stable mother/birthing parent is defined as alert and no critical/emergency condition preventing baby to be safely held skin to skin.*
- *the baby is not stable or has complex medical or surgical pathologies. Stable baby is defined as a baby who during care and handling does not have severe apnea, desaturation, or bradycardia.*
- *the mother/birthing parent decided to exclusively use human milk substitutes from birth.*

Note: Validate that the Yes, No and N/A responses add up to the number of mothers/birthing parents who initiated breastfeeding.

4c. Is there documentation that care providers taught hand expression anytime from birth to discharge from hospital? (Standard 5.6)

Select Yes if:

- *there is documentation that the mother/birthing parent was taught hand expression before discharge from hospital.*

Select No if:

- *teaching was not documented in the chart.*
- *it is impossible to determine from the chart whether teaching was offered before discharge.*

Select N/A if:

- *the mother/birthing parent decided to exclusively use human milk substitutes from birth.*

Note: Validate that the Yes, No and NA responses add up to the number of mothers/birthing parents who initiated breastfeeding.

5a. Was the baby breastfed and/or given any human milk before hospital discharge? If 'no' because the baby was exclusively given human milk substitutes, then skip 5 b, c, d and go to question 6.

Select Yes if:

- *there is documentation that the baby breastfed before hospital discharge.*
- *there is documentation that the baby was fed mother/birthing parent's own milk before hospital discharge. If a mother/birthing parent's milk is fortified, that is included.*
- *if there is documentation that the baby was fed donor human milk before hospital discharge. If donor human milk is fortified that is included.*

Select No if:

- *any of the above are not met.*
- *the infant was exclusively given human milk substitutes.*

5b. Was baby exclusively breastfed from birth to discharge? **If 'yes' skip to question 7. (Sentinel Standard 6.1)**

Exclusive breastfeeding: the infant receives human milk (including expressed milk and donor milk) and allows the infant to receive oral rehydration solution, syrups (vitamins, minerals, medicines) but does not allow the infant to receive anything else.

Select Yes if:

- *there is documentation that the baby was **ONLY** fed human milk before hospital discharge. Fortified human milk is included.*

Select No if:

- *there is no documentation that the baby was ONLY fed human milk before hospital discharge.*

5c. If breastfeeding was not exclusive, was there a [medical indication](#)? (Standard 6.2)

Select Yes if:

- *there is documentation that the baby was supplemented for a medical indication.*

Select No if:

- *the indication for supplementation is not one listed in the BCC Medical Indications for Supplementation.*
- *the reason(s) for supplementation is (are) not documented.*
- *there is no place to document the reason for supplementation.*

5d. If breastfeeding was not exclusive was there a non-medical reason? (**mother/birthing parent's informed decision, or staff recommendation of human milk substitutes for a non-medical reason**). (Standard 6.1)

Select Yes if:

- *the baby was supplemented but the indication for supplementation is not one listed in the BCC Medical Indications for Supplementation.*
- *the baby was supplemented but the reason(s) for supplementation is (are) not documented.*
- *the baby was supplemented but there is no place to document the reason for supplementation.*

Select No if:

- *the baby was supplemented and the indication for supplementation is one listed in the BCC Medical Indications for Supplementation.*

Note: Validate that the responses to questions 5 b, 5c and 5d 'Yes' category equal the total number of babies that initiated breastfeeding during this month's chart audit.

6a. Was the baby exclusively fed human milk substitutes? Skip this question if the baby was exclusively breastfed or given any human milk.

Non-Human milk: Otherwise referred to as human milk substitutes, commercial infant formula, breastmilk substitutes.

Select Yes if:

- *the baby was **ONLY** fed human milk substitutes – including glucose water and was not fed anything else.*

Select No if:

- *the baby was fed human milk substitutes and human milk.*

Note: Exclusive fed human milk substitutes (question 6a) and any breastfeeding (question 5a) should equal the number of charts audited this month.

6b. If parents plan to use any human milk substitutes after discharge, were they given information on the safe preparation, storage, and use? (Standard 6.4).

Select Yes if:

- *chart documents that the mother/birthing parent was taught all the following: (1) selection of appropriate human milk substitutes for her situation; (2) how to safely prepare human milk substitutes at home; (3) how to safely feed her baby; (3) how to safely store human milk substitutes; (4) how to feed according to infant cues and satiety; (5) how to hold the baby for good positioning during feeding.*

Select No if:

- *there is no place to document whether the mother/birthing parent was taught how to safely prepare, store and use human milk substitutes.*
- *any one of the three components listed above is missing: (a) if the chart only documents two of the three; (b) if the chart only documents one of the three; (c) if the chart documents none of the three.*

7. Were mother/birthing parent and baby separated for any reason? (Routine procedures such as weighing baby, blood collection and routine exam should be done in the presence of the mother/birthing parent) (Standard 7.1)

Select Yes if:

- *teaching and examinations occur with the mother/birthing parent present.*
- *separation occurred, it was for a medical indication.*
- *mother/birthing parent needed to leave the room, a support person stayed with the infant.*
- *mother/birthing parent needed to leave the room, or the baby was taken out of the room it was for less than an hour per day.*

Select No If:

- *it is impossible to determine from the chart whether the mother/birthing parent had a support person present, if they had to leave the room.*
- *the mother/birthing parent was separated from their infant for more than 1 hour per day during the birth hospital stay for a non-medical indication.*
- *the reason for separation is not documented in the chart.*
- *the baby was separated for routine procedures such as newborn assessments or weighing.*

Select N/A if:

- *immediately postpartum, the mother/birthing parent is not stable. Stable mother/birthing parent defined as alert and no critical/emergency conditions prevent baby from being safely held skin to skin.*
- *the baby is not stable or has complex medical or surgical pathologies. Stable baby defined as a baby who during care and handling does not have severe apnea, desaturation, or bradycardia.*

8. Is there documentation of teaching related to use and risks of bottles, artificial nipples and pacifiers? (Standard 9.1)

Select Yes if the mother/birthing parent received information on:

- *the risks of using bottles, artificial nipples and pacifiers before breastfeeding is established*.*
Note: Breastfeeding established is defined as (i) a mother/birthing parent can successfully position and latch comfortably without soreness or misshapen nipple for two or more feedings; (ii) milk supply

increases and milk is transferred during breastfeeding; and (iii) baby is gaining weight appropriate for age. Generally, this can take up to 6 weeks.

- *the importance of delaying pacifier use until breastfeeding is established.*
- *the impact of pacifier use on identifying and responding to infant feeding cues.*

Select No if:

- *any or all the components, listed above, are missing from the chart documentation.*
- *it is impossible to determine whether the mother/birthing parent was instructed on the use of bottles, teats, and pacifiers.*

Select N/A if:

- *for premature babies that are unable to suckle at the breast and would benefit from non-nutritive suckling.*
- *exclusively fed human milk substitutes.*

9. Is there documentation of the mother/birthing parent receiving information on how to access breastfeeding/infant feeding support in their community? (Standard 10.2)

Select Yes if:

- *the chart documents a **conversation** with the mother/birthing parent about community support for breastfeeding **and** that they were provided with this **information** before hospital discharge.*

Select No if:

- *any or all the components, listed above, are missing from the chart documentation.*
- *it is impossible to determine whether the mother/birthing parent received information on community breastfeeding support.*

Infants Admitted to the NICU

Note: If the infant was admitted to NICU for a very short stay (e.g. 6 hours or less) and most of the care was in the maternity unit, use the above ‘remain together’ form. **Do not include charts for babies not born in your facility or transferred to another facility.**

1. Is there documentation that the mother/birthing parent received prenatal education on the importance of breastfeeding and human milk?

Select Yes if:

- *the chart documents prenatal education on the importance of breastfeeding and human milk.*

Select No if

- *prenatal education is not documented.*
- *there is no place to document prenatal education.*

Select N/A if:

- *mother/birthing parent received prenatal education from some place other than your facility.*
- *mother/birthing parent had fewer than 2 prenatal visits to your facility.*

Note: Consider antenatal consults and inpatient stays as opportunities for this teaching.

2. Mode of birth

- *Select “Vaginal” if baby was born vaginally.*
- *Select “Caesarean” if the baby was born by a Caesarean section birth.*

Note: Validate that the total number of Vaginal and Caesarean births equal your number of charts audited.

3a. Is there documentation of multiple episodes of skin-to-skin contact between mother/birthing parent and baby lasting greater than one hour?

Select Yes if:

- *documentation indicates multiple episodes of skin-to-skin contact between mother/birthing parent and baby lasting greater than one hour.*

Select No if:

- *it is impossible to determine whether the baby was placed skin-to-skin with the mother/birthing parent during the NICU stay.*
- *Select “No” if the baby was never placed skin-to-skin with the mother/birthing parent.*

Select N/A if:

- *the baby was unstable during the entire NICU stay or during the chart audit time frame.*
- *the baby is no longer in the care of the mother/birthing parent or the mother/birthing parent was unstable during the NICU stay.*

Note: Validate that the total number of Yes and No responses equal your number of charts audited.

4 a. Does documentation indicate that assistance was provided to support breastfeeding when the baby was stable? Note that the dyad may be reunited before the baby is stable. (Standard 4.4)

Select Yes if:

- *documentation indicates that the mother/birthing parent received instruction on and assistance with positioning and latching to support breastfeeding when the baby was stable.*

Select No if:

- *it is impossible to determine whether the mother/birthing parent received assistance to support breastfeeding.*
- *the mother/birthing parent did not receive assistance to support breastfeeding.*

Select N/A if:

- *immediately postpartum, the mother/birthing parent is not stable. Stable mother/birthing parent is defined as alert and no critical/emergency condition preventing baby to be safely held skin to skin.*
- *the baby is not stable or has complex medical or surgical pathologies. Stable baby is defined as a baby who during care and handling does not have severe apnea, desaturation, or bradycardia.*
- *the baby is exclusively fed human milk substitutes.*

Note: Validate that numbers of Yes, No and NA are equal to your total number of charts for this measure.

4 b. Is there documentation that a caregiver provided assistance to the mother/birthing parent for expressing milk and milk collection within 1-2 hours of birth? (Standard 5.7)

Select Yes if:

- *documentation indicates that the mother/birthing parent received assistance and instruction on how to express and collect milk within 1-2 hours of birth.*

Select No if:

- *it is impossible to determine whether the mother/birthing parent received assistance and instruction on how to express and collect milk within 2 hours of birth.*
- *the mother/birthing parent did not receive assistance and instruction on how to express and collect milk within 2 hours of birth.*

Select N/A if:

- *the baby is exclusively fed human milk substitutes.*
- *the mother/birthing parent is not stable. Stable mother/birthing parent is defined as: immediately postpartum the mother/birthing parent is alert and no critical/emergency condition preventing baby to be safely held skin to skin.*

Note: Validate that numbers of Yes, No and NA are equal to your total number of charts for this measure.

5a. Was the baby breastfed and/or given any human milk before hospital discharge? If 'no' because the baby was exclusively given human milk substitutes then skip 5 b,c,d and go to question 6.

Select Yes if there is documentation that the baby:

- *breastfed at the breast before hospital discharge.*
- *was fed mother/birthing parent's own milk before hospital discharge. If a mother/birthing parent's milk is fortified, that is included.*
- *was fed donor human milk before hospital discharge. If donor human milk is fortified that is included*

Select No if:

- *any of the above are not met.*
- *the infant was exclusively given human milk substitutes.*

5b. Was baby exclusively breastfed from birth to discharge? **If 'yes' skip to question 7. (Sentinel Standard 6.1)**
Exclusive breastfeeding: the infant receives human milk (including expressed milk and donor human milk) and allows the infant to receive oral rehydration solution, syrups (vitamins, minerals, medicines) but does not allow the infant to receive anything else.

Select Yes if:

- *there is documentation that the baby was **ONLY** fed human milk before hospital discharge. If a mother/birthing parent's milk is fortified, that is included.*
Also Included: Breastfed at the breast, provided mother/birthing parent's own milk, provided donor human milk.

Select No if:

- *there is no documentation that the baby was **ONLY** fed human milk before hospital discharge.*

5c. If breastfeeding was not exclusive was there a [medical indication](#)? (Standard 6.2)

Select Yes if:

- *there is documentation that the baby was supplemented for a medical indication.*

Select No if:

- *the indication for supplementation is not one of the medical indications listed in the **BCC Medical Indications for Supplementation document**.*
- *the reason(s) for supplementation is (are) not documented.*
- *there is no place to document the reason for supplementation.*

5d. If breastfeeding was not exclusive was there a non-medical reason? (**mother/birthing parents decision, or staff recommendation of human milk substitutes for a non-medical reason**). (Standard 6.1)

Select Yes if:

- *the baby was supplemented but the indication for supplementation is not one of the medical indications listed in the **BCC Medical Indications for Supplementation document**.*
- *the baby was supplemented but the reason(s) for supplementation is (are) not documented.*
Select "Yes" if the baby was supplemented but there is no place to document the reason for supplementation.

Select No if:

- *supplemented and the indication for supplementation is one of the medical indications listed in the **BCC Medical Indications for Supplementation document**.*

Note: Validate that the responses to questions 5 b, 5c and 5d 'Yes' category should equal the total number of babies that initiated breastfeeding during this month's chart audit.

6a. Was the baby exclusively fed human milk substitutes? Skip this question if the baby was exclusively breastfed or given any human milk.

Non-Human milk: Otherwise referred to human milk substitutes, commercial infant formula, breastmilk substitutes.

Select Yes if:

- *the baby was **ONLY** fed human milk substitutes – including glucose water and was not fed anything else.*

Select No if:

- *the baby was fed human milk substitutes and human milk.*

Note: Exclusive fed human milk substitutes (question 6a) and any breastfeeding (question 5a) should equal the number of charts audited this month.

6b. If parents plan to give any human milk substitutes after discharge, were they given information on the safe preparation, store and use human milk substitutes? (Standard 6.4).

Select Yes if:

- *chart documents that the mother/birthing parent was taught all of the following: (1) selection of appropriate human milk substitutes for their situation; (2) how to safely prepare human milk substitutes at home; (3) how to safely feed their baby; (3) how to safely store human milk substitutes; (4) how to feed according to infant cues and satiety; (5) how to hold the baby for good positioning during feeding.*

Select No if:

- *there is no place to document whether the mother/birthing parent was taught how to safely prepare, feed their infant and store human milk substitutes.*
- *any one of the three components listed above is missing: (a) if the chart only documents two of the three; (b) if the chart only documents one of the three; (c) if the chart documents none of the three.*

7. Is there documentation that the mother/birthing parent received guidance on observing subtle signs and behavioural state shifts to determine when to feed? (Standard 8.3)

Select Yes if:

- *chart documents that the mother/birthing parent received guidance on how to identify subtle signs and behavioural state shifts to determine when to feed their infant.*

Select No if:

- *there is no place to document whether the mother/birthing parent received guidance on how to identify subtle signs and behavioural state shifts to determine when to feed their infant.*
- *the mother/birthing parent did not receive guidance on how to identify subtle signs and behavioural state shifts to determine when to feed their infant.*

Select N/A if:

- *the baby was unstable from birth to the time of chart audit and it was inappropriate to provide education on infant feeding during that timeframe.*

9. Is there documentation of teaching related to use and risks of bottles, artificial nipples, and pacifiers? Teaching includes justifiable reasons for using pacifiers and how to minimize pacifier use during breastfeeding. (Standard 9.4)

Select Yes if:

- *chart documentation demonstrates teaching was done.*

Select No if:

- *it is impossible to determine whether the mother/birthing parent was instructed on the use of bottles, teats, and pacifiers.*

Select N/A if:

- *for babies that are unable to suckle at the breast and would benefit from non-nutritive suckling. Note: the infant is unable to suckle at the breast for the duration of their time in hospital.*

10. Is there documentation of the mother/birthing parent receiving information on how to access breastfeeding/infant feeding support in their community? (Standard 10.2)

Select Yes if:

- *the chart documents a **conversation** with the mother/birthing parent about community support for breastfeeding **and** that they were provided with this **information** before hospital discharge.*

Select No if:

- *any or all the components, listed above, are missing from the chart documentation.*
- *it is impossible to determine whether the mother/birthing parent received information on community breastfeeding support.*