

## *Evaluation Tools*

### **Patient Data Collection Instruments - Breastfeeding**

A pre and post evaluation was conducted of a five-month pilot implementation of new Breastfeeding Best Practice Guidelines in a hospital and Public Health Unit in Sudbury, Ontario. The evaluation included a *Chart Audit* and *In-hospital Interview*. The sample consisted of all consecutive mothers admitted to the hospital over a six-week period or until 75 In-hospital interviews were completed. In order to be included in the study, all of the following criteria needed to be met:

- Infant birth
- Term pregnancy (exclude if less than 37 weeks but include if =37 weeks gestation)
- Singleton
- Length of Stay in hospital is 24 hours or more
- Was not a mid-wife delivery
- No major congenital anomalies of the baby detected while in hospital
- No galactasemia
- No documented use of street drugs
- No major psychiatric illness of mother
- Baby not up for adoption
- Baby discharged home with mother not earlier than 24 hours after birth



#### **Please note:**

These client data collection tools were developed for the evaluation of the implementation draft of the RNAO Best Practice Guideline “Breastfeeding Best Practice Guideline for Nurses”. Acknowledgement of the use or adaptation of these tools is requested. The recommended citation is:

Edwards, N., Davies, B., Dobbins, M., Griffin, P., Ploeg, J., Skelly, J. (2003). RNAO Evaluation Team – Nursing Best Practice Guidelines Project, Cycle 3.

Based on the data collected during the pilot, we would make some recommendations for future evaluations. First, it is important to interview the mother in the hospital as close to discharge as possible to obtain complete information on what teaching she received on breastfeeding. Second, if possible the *Chart Audit* should be completed after the mother and baby have been discharged in order to have information on factors that might influence breastfeeding, such as supplementation.

For the questions on what the nurses taught the mothers regarding breastfeeding, some of the mothers responded that ‘they already knew’. We coded this response as ‘no’ the nurse did not teach that item. In the post implementation interviews, we required a ‘yes’ or ‘no’ for these questions as well as ‘already knew’ .

In the “*Follow-up Telephone Interview at Home*” eight weeks after discharge from the hospital, the respondents were asked if the Public Health nurse phoned or visited. In most cases, where the nurse visited she also phoned.

The data concerning the mothers’ experience that was obtained during the *Follow-up Telephone Interview* was useful. We identified inconsistencies in supplementation rates and inclusion criteria.

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## CHART AUDIT

Best Practice Guideline Name and Code: **Breastfeeding**

Patient ID #: \_\_\_\_\_

Agency/Site #: \_\_\_\_\_

Date Data Collected: \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Chart Abstractor's Initials: \_\_\_\_\_

Client Eligibility Criteria (all eligibility criteria must be met to proceed)

- Infant birth
- Term pregnancy (exclude if less than 37 weeks but include if =37 weeks gestation)
- Singleton
- Length of Stay in hospital is 24 hours or more
- Was not a mid-wife delivery
- No major congenital anomalies of the baby detected while in hospital
- No galactasemia
- No documented use of street drugs
- No major psychiatric illness of mother
- Baby not up for adoption
- Baby discharged home with mother not earlier than 24 hours after birth

1. Primary Diagnosis: **Infant birth**

2. Mother's Parity \_\_\_\_\_ (number of previous births > 20 weeks gestation)

3. Mother's Year of Birth \_\_\_\_\_

4. Baby's Date of Birth \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

5. Type of delivery (mark one)

- Spontaneous vaginal       Forceps/vacuum       Caesarean section

6. Was this mother intending to breastfeed on admission?

- yes       no       undecided

7. Was breastfeeding initiated?     Yes     No

8. Was supplementation given?     Yes     No

a) If yes, what was given? (check all appropriate responses)

- Formula     Water

## PATIENT INTERVIEW IN HOSPITAL

Best Practice Guideline Name & Code: **Breastfeeding**

Patient ID #: \_\_\_\_\_

Agency/Site #: \_\_\_\_\_

Date of interview: \_\_\_\_\_(day) \_\_\_\_\_(month) \_\_\_\_\_(year)

Interviewer's Initials: \_\_\_\_\_

Client Eligibility Criteria (all eligibility criteria must be met to proceed)

**Note:** To be eligible for an interview, a mother must at least have tried to breastfeed her baby.

### Interview

1. How are you presently feeding your baby? (mark one answer only)

Are you:

- Breastfeeding only
- Breastfeeding and giving some formula (no matter what amount) at least once a day
- Formula feeding only (was breastfeeding, but stopped)

	Yes	No	Don't Know
2. Did a nurse teach you how to position your baby at your breast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did a nurse teach you how to tell if your baby is latched properly at your breast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did a nurse explain how often you can expect your baby to feed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did a nurse explain to you how to tell if your baby is ready to feed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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- |  | Yes                      | No                       | Don't Know               |
|--|--------------------------|--------------------------|--------------------------|
| 6. Did a nurse explain to you how to tell if your baby is finished feeding?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did a nurse explain to you how to tell if your baby is getting enough breast milk?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did a nurse explain to you how to tell if you need help with breastfeeding?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did a nurse give you information as to where you can call or go for breastfeeding help or support after you are discharged from hospital? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Do you have any comments about the nursing care you received on breastfeeding?

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Would you be willing to participate in a 5 to 10 minute follow-up telephone interview in 2 months about infant feeding?

- yes       no       maybe

a) If yes, what is your telephone number? \_\_\_\_\_

b) Do you have an alternate phone number? \_\_\_\_\_

*Thank you for taking the time to participate in this survey and answer all of these questions!*

## PATIENT FOLLOW-UP TELEPHONE INTERVIEW AT HOME

Best Practice Guideline Name & Code: **Breastfeeding**

Patient ID #: \_\_\_\_\_

Agency/Site #: \_\_\_\_\_

Date of interview: \_\_\_\_\_(day) \_\_\_\_\_(month) \_\_\_\_\_(year)

Interviewer's Initials: \_\_\_\_\_

### **Introduction:**

Hello. My name is \_\_\_\_\_. When you had your baby in the hospital, you indicated that you would be willing to participate in a telephone survey after you and the baby went home from the hospital. I am calling to do the interview for that survey. Your views are very important to us in order to evaluate breastfeeding best practice guidelines for nurses.

The survey will take about 5 to 10 minutes. Do you have any questions regarding your participation in this interview at this point? Please remember that your participation is voluntary and that you may choose not to answer any question or stop the interview.

I would like to ask you a few questions about your experience with breastfeeding for the past two months.

Please feel free to ask questions at anytime during the interview. Let's get started.

**The following questions relate to your breastfeeding experience in the hospital.**

1. Was your baby given formula while in hospital?
  - Yes What was the reason?
  - No
  - I don't know
2. Was your baby given water or sugar water while in hospital?
  - Yes What was the reason?
  - No
  - I don't know



3. How are you presently feeding your baby? (mark one answer only)

- Breastfeeding only
- Breastfeeding and giving 1 bottle or more of milk other than breast milk a day
- Formula feeding only (was breastfeeding, but stopped)

If formula feeding only ask question 4, otherwise go to question 5

4. For how long did you breastfeed your baby?

\_\_\_\_\_ Days    OR \_\_\_\_\_ Weeks    OR \_\_\_\_\_ Months

5. When you left the hospital, were you given information about the following community resources?

	Yes	No	Don't Know
a) Public health nursing visits/telephone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Healthy Babies, Healthy Children program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Well Baby Clinics offered by the Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Breast Feeding Telephone Information Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Kradles to Kids Telephone Information Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Breastfeeding Support Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) La Leche League breastfeeding support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Shkagamik - Kwe Health Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) N'Swakamok Friendship Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Centre de Santé Communautaire de Sudbury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Internet Breastfeeding Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Other Community Resources for support with Breastfeeding: specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



6. Did you telephone, visit or receive assistance from any of these resources?

	Yes	No	Don't Know
a) Public health nursing visits or telephone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, <input type="checkbox"/> public health nurse phone call			
<input type="checkbox"/> public health nurse visit			
b) Healthy Babies, Healthy Children program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, <input type="checkbox"/> public health nurse phone call			
<input type="checkbox"/> public health nurse visit			
<input type="checkbox"/> client initiated referral			
c) Well Baby Clinics offered by the Health Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, <input type="checkbox"/> client initiated			
<input type="checkbox"/> recommended by the public health nurse			
d) Breastfeeding Telephone Information Line at the Sudbury and District Health Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Kradles to Kids Telephone Information Line at the Sudbury and District Health Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Breastfeeding Support Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, <input type="checkbox"/> client initiated			
<input type="checkbox"/> recommended by the public health nurse			
g) La Leche League	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, <input type="checkbox"/> client initiated			
<input type="checkbox"/> recommended by the public health nurse			

6. Did you telephone, visit or receive assistance from any of these resources? *(Continued)*

	Yes	No	Don't Know
h) Shkagamik - Kwe Health Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) N'Swakamok Friendship Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Centre de Santé Communautaire de Sudbury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Internet Breastfeeding Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Other community resources for support with breastfeeding: specify _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How comfortable or uncomfortable do/did you feel breastfeeding in public places such as shopping malls and restaurants? (mark one answer only)

- very comfortable
- somewhat comfortable
- somewhat uncomfortable
- very uncomfortable

8. How comfortable or uncomfortable do/did you feel breastfeeding in the presence of close family or friends? (mark one answer only)

- very comfortable
- somewhat comfortable
- somewhat uncomfortable
- very uncomfortable

Do you have any comments about the nursing care received in the hospital or by public health nurses about breastfeeding? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for taking the time to participate in this survey and answer all of these questions!*