

NFP Flo Data Entry Instructions for HVSA Aligned Measure: Breastfeeding

For this measure, the HVSA evaluates whether children who were enrolled in your program before they were born received any amount of breastmilk at 6 months of age.

To collect this data, When the child is between 6 and 12 months old, ask the caregiver:

Has your child ever received breastmilk?

Yes

No

↳ If yes, does your child continue to get breastmilk?

Yes

No

↳ If no, how old was your child when they stopped receiving breastmilk?

Less than one week

One week or more; specify number of weeks: _____

Make sure each of the following data elements are entered Flo:

Enrollment Date

Exit Date (if applicable)

Child Due Date

Child DOB

Has your child ever received breast milk?

If yes, does your child continue to get breast milk?

If no, how old was your child when s/he stopped getting breast milk?

Note:


- Questions about breastfeeding are included in the Infant Health Care form. Make sure to complete this form for the *Infancy 6 months* timepoint on or after the date the child turns 6 months (26 weeks or 180 days). That way, we can determine if the child received breastmilk at 6 months of age.
- If data was collected before the child was 6 months old and the caregiver responded that child was never breastfed or was weaned before the child was 6

months, it's not necessary to ask about breastfeeding again for the purposes of this measure.

- If the Infant Health Care form was completed before the child was 6 months old and the child was still receiving breastmilk at that time, the question MUST be asked again when the child is between 6 and 12 months old. This information may be collected and entered at the *Infancy 12 Months* timepoint.

Data entry on the Infant Health Care form:

Infant Health Care



| | | | | | | |
|------------|----------------------|-----------------------|----------------------|-------------------------|----------------------|----------------------|
| Infant ID | <input type="text"/> | Infant Name | <input type="text"/> | Infant DOB | <input type="text"/> | |
| Infant SSN | <input type="text"/> | | | | | |
| Client ID | <input type="text"/> | Client Name | <input type="text"/> | | DOB | <input type="text"/> |
| Date | <input type="text"/> | Nurse Home Visitor ID | <input type="text"/> | Nurse Home Visitor Name | <input type="text"/> | |

Check one: Infancy 6 Months Infancy 12 Months Toddler 18 Months Toddler 24 Months

Breastfeeding:

7. ♦ Has your child ever received breast milk?
 Yes
 No (Skip to 12)

8. Does your child continue to get breast milk?
 Yes (Skip to 10)
 No

9. How old was your child when s/he stopped getting breast milk?
 Less than one week (Skip to 12)
 One week or more; specify number of weeks: weeks (Skip to 12)