BFI Feeding & Skin to Skin Audit Feb 2014

Date	Name	Gest Age	**Breast or PBM only**	**Breast with Formula HOW OLD WHEN INITIATED?**			**Formula only**	**In Birthing Skin to Skin** Time ?
				Medical Reason H- hypoglycaemia W- ?%of wt loss Who initiated it	**Informed Choice** Documented reason Who initiated it**.?**	**No Reason** Who initiated it.		