**Measure 2 – Breastfeeding**

**Caregiver Measure**

**Data Collection Time Point(s)**

[ ]  3 Months Post Birth (All EBHV)

[ ]  6 Months Post Birth (All EBHV)

**\*Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Family ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was data for this measure collected?**

[ ]  Yes (Continue to 2)

[ ]  No (Continue to 1)

[ ]  Yes, with incomplete data (Continue to 2)

1. **Please provide the reason data was not collected.**

[ ]  Caregiver exited prior to this data being collected

[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you (Caregiver) currently breastfeeding (any amount) or feeding pumped milk (any amount) to your child?**

[ ]  Yes (End) [ ]  No (Continue to 3)

1. **If No, do any of the following apply?**

[ ]  Medical Issue[[1]](#footnote-1)

[ ]  Could not produce enough milk

[ ]  Chose not to

[ ]  Other

[ ]  Other medical or medication issue

[ ]  Latching difficulty

[ ]  Returned to employment

[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. (1) Infected with human immunodeficiency virus (HIV), Taking antiretroviral medications, have untreated, active tuberculosis, infected with human T-cell lymphotropic virus type I or type II, Using or is dependent upon an illicit drug, taking prescribed cancer chemotherapy agents, such as antimetabolites that interfere with DNA replication and cell division, Undergoing radiation therapies [↑](#footnote-ref-1)