OMB #0920-0743
EXP. DATE: 7-31-2009

NOT FOR DATA COLLECTION
EXAMPLE ONLY

CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)

Hospital Survey

Conducted for

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition and Physical Activity
Maternal and Child Nutrition Branch
Atlanta, GA

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS-24, Atlanta, GA 30333, ATTN: PRA (0920-0743). Do not send the completed form to this address.

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CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)

What is this survey about:

The Centers for Disease Control and Prevention (CDC) is inviting you to participate in a national survey of infant feeding practices at hospitals and birth centers in the United States and Territories that provided maternity care in the past year. The survey is being conducted for CDC by the Battelle Centers for Public Health Research and Evaluation. We need the response of every facility providing maternity care to make this study representative of all maternity care facilities in the United States and Territories. If your facility provides maternity care at multiple locations, please only report data for the specific location listed on the cover letter.

How long will the survey take to complete:

On average, the survey will take about 30 minutes to complete.

How will this information be used:

The purpose of this study is to find out about infant feeding practices at hospitals and birth centers in the United States and Territories. Information obtained from this survey will assist CDC with program planning. After data collection is complete, your facility will receive an individualized report containing a summary of survey results. Your name, facility name and other personal identifiers will not be shared with any other facility.

Confidentiality:

Your responses will be treated in a confidential manner and will be kept private to the extent allowed by law. Your name, facility name, and any other personal identifiers will not be included in either oral or written presentation of study results. Responses will be reported only in summary form so individual responses cannot be identified. Data may be released for additional approved research purposes. Your participation in the study is completely voluntary. Data collection will be managed by Battelle, Centers for Public Health Research and Evaluation, a national survey and research organization with extensive experience in collection of health data.

Who do I call if I have questions about how to complete the survey:

Diane Manninen, Ph.D., Task Leader, Battelle, toll-free at 1-866-826-4176

Who do I call if I have questions regarding my rights as a study participant:

Chairperson of Battelle IRB
1-877-810-9530 x 500

Thank you very much for taking the time to complete this survey

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SECTION A: HOSPITAL PRACTICES

A1. Are prenatal classes offered at your hospital, either by hospital staff or contracted personnel?

- ❑ Yes → Is breastfeeding covered as part of the class content in the prenatal/childbirth preparation class?
  - ❑ Yes
  - ❑ No

  Does your hospital offer a separate prenatal breastfeeding class?
  - ❑ Yes
  - ❑ No
- ❑ No
- ❑ Not sure

A2. Approximately how many women (pregnant or postpartum) are asked by hospital staff about their newborn feeding plans?

Few (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not sure
❑	❑	❑	❑	❑

A3. Is the mother's infant feeding decision recorded on a hospital record? *(either hers or her infant's hospital record)*

Rarely (0%–9%)	Sometimes (10%–49%)	Often (50%–89%)	Almost always (90%+)	Not sure
❑	❑	❑	❑	❑

A4. Approximately, how many mothers are encouraged to hold their **healthy full-term** infants skin-to-skin for at least 30 minutes within an hour of birth for uncomplicated vaginal births?

Few (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not sure
❑	❑	❑	❑	❑

A5. Are routine newborn procedures (e.g. Apgar, cord clamping, foot printing) after uncomplicated vaginal births done while the mother is holding the **healthy full-term** infant skin-to-skin?

Rarely (0%–9%)	Sometimes (10%–49%)	Often (50%–89%)	Almost always (90%+)	Not sure
❑	❑	❑	❑	❑

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A6. Approximately what percentage of **healthy full-term breastfed** infants are put to the breast for the first time during the specified period after delivery for uncomplicated vaginal births?

Within 1 hour after birth	____%
1-2 hours after birth	____%
2-4 hours after birth	____%
4+ hours after birth	____%
Total	100%

A7. Approximately what percentage of **healthy full-term breastfed** infants are given the following as a first feeding after uncomplicated vaginal births?

Breast milk	____%
Water	____%
Glucose water	____%
Infant formula	____%
Total	100%

A8. Approximately what percentage of live births in the past calendar or fiscal year were by cesarean section (total cesarean sections)? ___ %

If your hospital does not do cesarean sections, **record "0"** above and → **Skip to Question A12**

A9. Approximately how many mothers (regardless of feeding method) are encouraged to hold their **healthy full-term** infants skin-to-skin for at least 30 minutes within **two hours** after delivery for uncomplicated cesarean births?

Few (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not sure
❑	❑	❑	❑	❑

A10. Approximately what percentage of **healthy full-term breastfed** infants are put to the breast for the first time during the specified period after delivery for uncomplicated cesarean sections?

Within 2 hours after delivery	____%
2–4 hours after delivery	____%
4+ hours after delivery	____%
Total	100%

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A11. Approximately what percentage of **healthy full-term breastfed** infants are given the following as a <u>first feeding</u> after <u>uncomplicated cesarean section births</u>?

Breast milk	____%
Water	____%
Glucose water	____%
Infant formula	____%
Total	100%

A12. Of mothers who are breastfeeding, or intend to breastfeed, approximately how many do you teach breastfeeding techniques (e.g. comfortable positioning, holding infant, how to express milk, assessing the effectiveness of breastfeeding)?

Few (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not sure
❑	❑	❑	❑	❑

A13. Approximately how many mothers are taught to recognize and respond to first signs of baby's hunger?

Few (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not sure
❑	❑	❑	❑	❑

A14. How often do maternity care staff advise breastfeeding women to limit the length of suckling at each feeding (e.g. nurse for 5, 10, or 15 minutes on each breast)?

Rarely (0%–9%)	Sometimes (10%–49%)	Often (50%–89%)	Almost always (90%+)	Not sure
❑	❑	❑	❑	❑

A15. Of mothers who are breastfeeding, approximately how many mother-baby couples are observed and assessed by staff for breastfeeding effectiveness during the maternity care hospital stay?

Few (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not sure
❑	❑	❑	❑	❑

A16. Do staff at your hospital use a tool to assess breastfeeding effectiveness?

❑ Yes → What tool does your hospital use to assess breastfeeding effectiveness?

- ❑ A standardized tool (i.e. LATCH, IBFAT)
- ❑ A standard tool developed or adapted by your hospital, for use by maternity care staff

❑ No

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A17. Approximately what percentage of **healthy full-term breastfed** infants are supplemented with something other than breast milk? (*Please provide your best estimate if your hospital does not formally track this information.*) ____%

If infants are **never** supplemented, **record "0"** above and → **Skip to Question A20**

A18. Of the **healthy full-term breastfed** infants who are supplemented with infant formula**,** what percentage are supplemented for the following reasons?

Doctor's orders	____%
Nurse's recommendation	____%
Mother's choice	____%
Other (*please specify*)	____%
Total	100%

A19. Are **healthy full-term breastfed** infants who are supplemented ever given the following types of supplementary feedings?

	Yes	No
Water	❑	❑
Glucose water	❑	❑

A20. Approximately how many **healthy full-term breastfed** infants are given pacifiers by maternity care staff? *Please do not include the use of pacifiers for medical procedures (e.g., circumcision) in your response.*

Few (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not sure
❑	❑	❑	❑	❑

A21. Does your hospital receive free infant formula?

❑ Yes
❑ No
❑ Not sure

A22. Does your hospital have a well baby nursery?

❑ Yes
❑ No

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A23. Following uncomplicated vaginal births, are **healthy full-term breastfed infants** routinely taken to the nursery or other separate area for transition (e.g. processing as a pediatrics patient, vital signs, first bath)?

❑ Yes → On average, how long is the infant in this transition period?

_____ minutes

❑ No

A24. Are **healthy full-term breastfed** infants routinely taken from the mother's room at night?

❑ Yes→ On average, how many hours is baby away from mother at night?
Please use decimals to represent parts of hours (e.g.: .25=15 minutes, .5=30 minutes, .75=45 minutes.)

_____ hours

❑ No

A25. Among mother-infant couples that do <u>not</u> room-in at night, approximately how many **healthy full-term breastfed** infants are brought to their mothers at night for feedings?

Few (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not sure
❑	❑	❑	❑	❑

A26. Approximately how many **healthy full-term breastfed** infants are taken from the mother's room for:

	Few (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not sure
Pediatric rounds	❑	❑	❑	❑	❑
Change of shift	❑	❑	❑	❑	❑
Visiting hours	❑	❑	❑	❑	❑
Hearing test	❑	❑	❑	❑	❑
Heel stick	❑	❑	❑	❑	❑
Infant photos	❑	❑	❑	❑	❑
Infant's bath	❑	❑	❑	❑	❑
Mother bathing	❑	❑	❑	❑	❑
Mother out of room	❑	❑	❑	❑	❑

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A27. What is the typical length of stay at your hospital for the mother and infant following an uncomplicated vaginal birth?

- ❑ Four hours or less → **Skip to Question A29**
- ❑ 5 – 12 hours → **Skip to Question A29**
- ❑ 13 – 24 hours → **Skip to Question A29**
- ❑ 25 – 48 hours
- ❑ More than 48 hours

A28. Approximately what percentage of **healthy full-term** infants, regardless of feeding method, remain with their mothers for at least the following number of hours per day?

8 or fewer hours per day	____%
9–15 hours per day	____%
16–23 hours per day	____%
23+ hours per day	____%
Total	100%

A29. Are discharge packs/bags containing infant formula samples given to breastfeeding mothers?

- ❑ Yes
- ❑ No

A30. What support does your hospital routinely (most of the time) offer to breastfeeding mothers at discharge?

	Yes	No	Not Sure
a. Postpartum telephone call by hospital staff	❑	❑	❑
b. Telephone number for patient to call	❑	❑	❑
c. Postpartum follow-up visit at hospital after discharge	❑	❑	❑
d. Home follow-up visit after discharge	❑	❑	❑
e. Referral to hospital-based breastfeeding support group	❑	❑	❑
f. Referral to other breastfeeding support groups	❑	❑	❑
g. Referral to lactation consultant/specialist	❑	❑	❑
h. Referral to WIC (for those eligible)	❑	❑	❑
i. Referral to an outpatient lactation clinic	❑	❑	❑
j. List of resources for breastfeeding help	❑	❑	❑
k. Breastfeeding assessment sheet	❑	❑	❑
l. Other *(please specify)* _____			

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A31. What is the highest level of neonatal care provided at your hospital?

- ❑ Healthy newborn→Skip to Question B1
- ❑ Special care (Level 1 or Level 2 NICU)
- ❑ Intensive care (Level 3 NICU)

A32. Is banked donor milk ever used in your NICU?

- ❑ Yes
- ❑ No

A33. Among NICU infants receiving milk feedings, approximately how many are routinely provided human milk?

Few (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not sure
❑	❑	❑	❑	❑

EXAMPLE ONLY
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SECTION B: TRAINING, PERSONNEL, AND POLICY

B1. On average, how many hours do nurses spend in breastfeeding education **as new employees**?

<1 hour	1-4 hours	5–8 hours	9–18 hours	>18 hours	Not sure	Not applicable
❑	❑	❑	❑	❑	❑	❑

B2. On average, how many hours do each of the following types of maternity care staff spend in breastfeeding education **as new employees**?

	< 1 hour	1-3 hours	3+ hours	Not sure	Not applicable
Physicians employed by the hospital, residents, interns	❑	❑	❑	❑	❑
Certified Nurse Midwives, advance practice nurses	❑	❑	❑	❑	❑

B3. How many nurses received breastfeeding education **in the past year**?

Few (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not sure
❑	❑	❑	❑	❑

B4. On average, how many hours did nurses spend in breastfeeding education **in the past year**?

<1 hour	1-4 hours	5–8 hours	9–18 hours	>18 hours	Not sure	Not applicable
❑	❑	❑	❑	❑	❑	❑

B5. How often are nurses assessed for level of competency in breastfeeding management and support?

At least once a year	Less than once a year	Not assessed	Not applicable
❑	❑	❑	❑

B6. On average, how many hours did each of the following types of maternity care staff spend in breastfeeding education **in the past year**?

	< 1 hour	1-3 hours	3+ hours	Not sure	Not applicable
Physicians employed by the hospital, residents, interns	❑	❑	❑	❑	❑
Certified Nurse Midwives, advance practice nurses	❑	❑	❑	❑	❑

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B7. Which of the following health care providers deliver infants at your hospital?

	Yes	No
Obstetrician/Gynecologists	❑	❑
Family Practice Physicians	❑	❑
Certified Nurse Midwives	❑	❑

B8. Does your hospital employ a designated lactation coordinator (person who is trained in breastfeeding physiology and management and is responsible for ensuring the implementation of a breastfeeding program)?

❑ Yes → What are his/her credentials? *(check all that apply)*

- ❑ Registered Nurse (RN)
- ❑ International Board Certified Lactation Consultant (IBCLC)
- ❑ Registered Dietician (RD)
- ❑ Certified Nurse Midwife (CNM)
- ❑ Other Lactation consultant/specialist
- ❑ Other *(please specify)*_____

❑ No

B9. How many full time equivalents (FTEs) are dedicated to lactation patient care? (*If less than 1 FTE, please record as a decimal. For example, 40 hours per week = 1 FTE, 20 hours per week = .5 FTEs and 10 hours per week = .25 FTEs*.)

_____FTEs

B10. How often is hands-on breastfeeding support available to mothers during their hospital stay?

	Always	Sometimes	Never
Weekday days	❑	❑	❑
Weekday nights	❑	❑	❑
Weekend days	❑	❑	❑
Weekend nights	❑	❑	❑

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B11. Does your hospital have a written policy addressing…?

	Yes	No	Not Sure
a. formal in-service training programs for hospital staff	❑	❑	❑
b. prenatal classes informing mothers about breastfeeding	❑	❑	❑
c. asking about mothers' feeding plans	❑	❑	❑
d. initiating breastfeeding within 60 minutes after uncomplicated vaginal birth	❑	❑	❑
e. initiating breastfeeding after recovery for births by uncomplicated cesarean section	❑	❑	❑
f. showing mothers how to express breast milk and maintain lactation should they be separated from their infants	❑	❑	❑
g. giving breastfed infants food or drink other than breast milk	❑	❑	❑
h. 24-hour/day rooming-in	❑	❑	❑
i. breastfeeding on-demand and duration and frequency of individual feedings	❑	❑	❑
j. use of pacifiers by breastfed infants	❑	❑	❑
k. referral of mothers with breastfeeding problems to appropriate resources (e.g. lactation consultant/specialist, community support group, medical provider, WIC Program)	❑	❑	❑
l. referral of mothers to appropriate community breastfeeding resources upon discharge	❑	❑	❑

B12. How are staff informed about these policies?

	Yes	No	Not Applicable
In-service training	❑	❑	❑
Policy is posted (paper, web-site)	❑	❑	❑
Newsletter	❑	❑	❑
New staff orientation	❑	❑	❑
New staff training	❑	❑	❑
Staff meeting	❑	❑	❑
Word of mouth	❑	❑	❑
Other *(please specify)* _____	❑	❑	❑

B13. Does your hospital provide any of the following to **hospital staff** who are also mothers?

	Yes	No
a. A designated room to express milk	❑	❑
b. On-site child care for dependents of hospital staff	❑	❑
c. Electric breast pump for hospital staff use	❑	❑
d. Permission to use existing work breaks to express milk	❑	❑
e. Breastfeeding support group for hospital staff	❑	❑
f. Lactation consultant/specialist available for consult	❑	❑
g. Paid maternity leave (other than accrued vacation or sick leave)	❑	❑

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SECTION C: HOSPITAL CHARACTERISTICS

C1. How many total live births took place in the past calendar or fiscal year at your hospital?

_____ live births

C2. Approximately what percentage of laboring women in the past calendar or fiscal year were given epidurals at your hospital? _____%

C3. Approximately what percentage of patients received pharmacological agents (e.g. oxytocin, prostaglandins, misoprostol, mifepristone, relaxin) to initiate or speed up labor onset at your hospital in the past calendar or fiscal year? _____%

C4. Approximately what percentage of patients received mechanical or surgical approaches (e.g. amniotomy, stripping or sweeping membranes, balloon or Foley catheter dilation) to initiate or speed up labor onset at your hospital in the past calendar or fiscal year? _____%

C5. Does your hospital record (keep track of) the number of mothers breastfeeding?

❑ Yes: at admission→	What percentage of women intended to breastfeed at admission, in the past calendar or fiscal year? _____%
❑ Yes: at some point during the hospital stay →	What percentage of women were breastfeeding during their hospital stay, in the past calendar or fiscal year? _____%
❑ Yes: at discharge →	What percentage of women were breastfeeding at discharge, in the past calendar or fiscal year? _____%
❑ Yes: beyond discharge→	What percentage of women continued breastfeeding after discharge from the hospital in the past calendar or fiscal year? _____%
❑ No	
❑ Not sure	

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C6. Please select the positions or titles of the people who have worked on responding to this questionnaire.

	Your position	Other people contributing information to survey (check all that apply)
Mother-Baby Unit manager/supervisor	❑	❑
Birth Center director	❑	❑
Labor and Delivery unit manager/supervisor	❑	❑
Maternity care services director/manager	❑	❑
Lactation services coordinator	❑	❑
Clinical nurse specialist	❑	❑
Director of obstetrics and gynecology	❑	❑
Director of perinatal care	❑	❑
Director of pediatrics	❑	❑
Medical Director	❑	❑
NICU nurse manager	❑	❑
Staff physician	❑	❑
Staff midwife	❑	❑
Staff nurse	❑	❑
Database manager/coordinator	❑	❑
Other (please specify)	❑	❑

_____

❑ No other person worked on responding to this questionnaire

Thank you very much for your participation in this survey.

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Comments:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please return by mail to:

CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)
1100 Dexter Avenue North, Suite 400
Seattle, WA 98109-3598