



# mPINC Ten Steps Assessment Tool

Aligning CDC's Maternity Practices in Infant Nutrition and  
Care (mPINC) Survey to the Ten Steps to Successful  
Breastfeeding

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# About the mPINC Ten Steps Assessment Tool

This is a tool to help assess a hospital's implementation of each of the Ten Steps to Successful Breastfeeding (Ten Steps). The tool identifies, or crosswalks, which items from [CDC's Maternity Practices in Infant Nutrition and Care \(mPINC\) survey](#) align with each of the Ten Steps. The Ten Steps included in this tool are based on WHO's and UNICEF's [Implementation Guidance – Protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018](#).

This tool is intended for use by state and local health departments, breastfeeding coalitions, and institutions and organizations working with hospitals on quality improvement in maternity care practices. It can also be used by hospitals to assess their own implementation of the Ten Steps and highlight areas of strength and needed improvement. This tool can help guide the implementation of maternity care practices and policies supportive of breastfeeding and identify and prioritize quality improvement efforts.

**This tool does not correspond to or replace Baby-Friendly USA's on-site assessments or Baby-Friendly designation.** Although this tool assesses many aspects of each of the Ten Steps, it does not assess every aspect. Every aspect of each Step cannot be assessed using mPINC data alone. **This tool is not an additional mPINC survey.** Instead, it presents a crosswalk between mPINC items and the Ten Steps and is designed to help with assessment efforts.

## mPINC and the Ten Steps

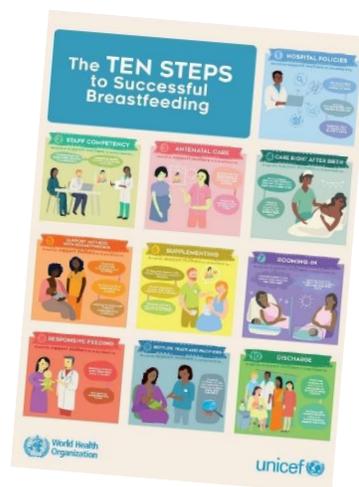
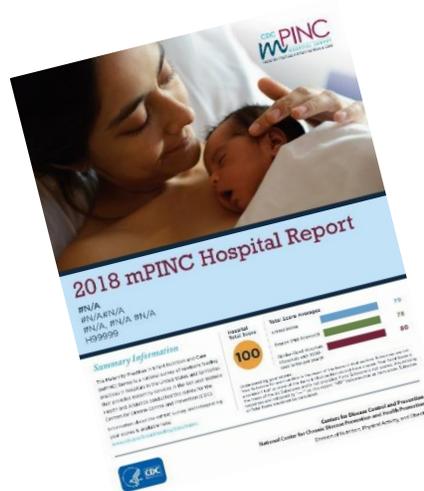
[CDC's mPINC survey](#) is a national survey of maternity care practices related to breastfeeding. Approximately every other year, facilities routinely providing maternity care in the United States and territories are invited to participate in the survey. Only hospitals and birthing centers inside hospitals are eligible to participate; as of 2018, freestanding birth centers are not eligible to participate.

CDC calculates total mPINC scores for all participating hospitals to indicate their overall level of maternity care practices and policies that support optimal infant feeding and also calculates subscores across multiple maternity care practice subdomains. CDC sends hospitals these scores and their responses to each scored mPINC item in their mPINC Hospital Report.

The [Ten Steps](#) were developed by WHO and UNICEF to summarize key maternity care practices and policies that support breastfeeding. The Ten Steps help guide maternity care quality improvement efforts in many hospitals. The mPINC scoring algorithm is not aligned with the Ten Steps, and a hospital's total mPINC score or subscores do not necessarily indicate how well a hospital has implemented the Ten Steps. However, many mPINC items and responses can be used to help assess a hospital's implementation of each of the Ten Steps. This tool is designed to help with this process.

# How to Use the mPINC Ten Steps Assessment Tool

- Step 1: Review and prepare.
  - Review background material, including CDC's mPINC [survey](#) and [scoring algorithm](#) and the [Ten Steps to Successful Breastfeeding](#).
  - Gather mPINC Hospital Reports for the hospital you wish to assess.
    - If a state health department does not have the needed Hospital Report, they can request facility-level data on hospitals in their state from CDC by contacting [mpinc@cdc.gov](mailto:mpinc@cdc.gov). Hospitals may also request their own hospital's report from CDC by contacting [mpinc@cdc.gov](mailto:mpinc@cdc.gov).
    - If a hospital has not completed the mPINC survey recently, mPINC [questionnaires](#) are available for use. The mPINC [scoring algorithm](#) and this tool can be used to score and assess hospital responses.
- Step 2: Input data into tool.
  - Find the tool or download fillable versions of the tool from the mPINC Ten Steps Assessment Tool [website](#).
  - Use the mPINC Hospital Report, requested data, or completed mPINC questionnaire to note the hospital's response to each item. Compare the hospital's response to the ideal response for each item.
- Step 3: Use results to help inform improvement efforts.
  - Assess the hospital's alignment with each of the Ten Steps by noting how often the hospital selected the ideal response for items corresponding to each Step.
  - Identify strengths and weaknesses in maternity care practices and policies to help plan quality improvement initiatives.



# Frequently Asked Questions

## **Q: How do I find a hospital's mPINC data?**

A: A hospital's mPINC data is included in its latest mPINC Hospital Report. mPINC data can also be requested from CDC by submitting a data request to [mpinc@cdc.gov](mailto:mpinc@cdc.gov). Only state health departments can request reports for facilities in their state. Hospitals can request their own facility data. Alternatively, if a hospital did not complete the mPINC survey, they can download the mPINC [questionnaire](#) to assess their own maternity care practices and policies. If you are not a participating hospital or a state health department, you will need to work directly with hospitals to get mPINC data.

## **Q: How do I find a hospital's answer for each of the mPINC items included in this tool?**

A: A hospital's response to each mPINC item is displayed on its mPINC Hospital Report in the column "Your Response". Every item included in this tool, except for a hospital's prenatal breastfeeding education information, is included in the hospital's mPINC Hospital Report. If you cannot determine if a hospital offers prenatal breastfeeding education, mPINC data can be requested from CDC by state health departments and hospitals by submitting a data request to [mpinc@cdc.gov](mailto:mpinc@cdc.gov).

## **Q: Does this tool provide an overall score?**

A: No. This tool does not provide an overall score. This tool identifies the mPINC item(s) that correspond to each of the Ten Steps and identifies ideal and not-ideal response choices for each item to help assess implementation of each Step.

## **Q: If this tool indicates a hospital is implementing each of the Ten Steps does that mean that hospital is ready for Baby-Friendly designation?**

A: No. This tool does not replace or serve as a pretest for Baby-Friendly assessments or designation. Hospitals interested in pursuing Baby-Friendly designation can learn [more about the designation process](#) from Baby-Friendly USA.



## mPINC Ten Steps Assessment Tool

Aligning CDC's Maternity Practices in Infant Nutrition and Care (mPINC) Survey  
to the Ten Steps to Successful Breastfeeding

# Step 1: Hospital Policies

Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions. Have a written infant feeding policy that is routinely communicated to staff and parents. Establish ongoing monitoring and data-management systems\*

Ten Steps Competency <sup>1</sup>	mPINC Item	mPINC Domain	mPINC Data Element	Ideal Response <sup>†</sup>	Hospital Response	Did the Hospital Select the Ideal Response?
Compliance with the Code: Acquisition of infant formula	Indicates how your hospital acquires infant formula.	Institutional Management	G4_a1	<b>Pays fair market price</b>  Not ideal: Receives Free or Unknown/Unsure		
Compliance with the Code: Distribution of infant formula or formula-related supplies/ coupons as gifts	Indicates whether your hospital gives mothers any of these items free of charge (not including items prescribed as part of medical care):  a) infant formula,  b) feeding bottles/nipples, nipple shields, or pacifiers, or  c) coupons, discounts, or educational materials from companies that make or sell infant formula or feeding products.	Discharge Support	G5_a1/G5_a2/ G5_a3	<b>No to all three items</b>  Not ideal: Yes to any item		
Written infant feeding policies	Indicates whether your hospital has a policy requiring...  ...documentation of medical justification or informed consent for giving non-breast milk feedings to breastfed newborns.	Institutional Management	G2_a1	<b>Yes</b>  Not ideal: No		

Written infant feeding policies	...formal assessment of staff's clinical competency in breastfeeding support.	Institutional Management	G2_a2	<b>Yes</b> Not ideal: No		
Written infant feeding policies	...documentation of prenatal breastfeeding education.	Institutional Management	G2_a4	<b>Yes</b> Not ideal: No		
Written infant feeding policies	...staff to teach mothers breastfeeding techniques AND staff to show mothers how to express milk.	Institutional Management	G2_a5/G2_a6	<b>Yes to both items</b> Not ideal: No to either item		
Written infant feeding policies	...purchase of infant formula and related breast milk substitutes by the hospital at fair market value AND a policy prohibiting distribution of free infant formula, infant feeding products, and infant formula coupons.	Institutional Management	G2_a8/G2_a12	<b>Yes to both items</b> Not ideal: No to either item		
Written infant feeding policies	...staff to provide mothers with resources for support after discharge.	Institutional Management	G2_a9	<b>Yes</b> Not ideal: No		
Written infant feeding policies	...placement of all newborns skin-to-skin with their mother at birth or soon thereafter.	Institutional Management	G2_a7	<b>Yes</b> Not ideal: No		
Written infant feeding policies	...the option for mothers to room-in with their newborns.	Institutional Management	G2_a11	<b>Yes</b> Not ideal: No		
Monitoring and data-management systems	Indicates whether your hospital records/tracks exclusive breastfeeding throughout the entire hospitalization.	Institutional Management	G1	<b>Yes</b> Not ideal: No		

## Step 2: Staff Competency

Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding\*

Ten Steps Competency <sup>1</sup>	mPINC Item	mPINC Domain	mPINC Data Element	Ideal Response <sup>†</sup>	Hospital Response	Did the Hospital Select the Ideal Response?
Staff competency to support breastfeeding	Indicates which competency skills are required of nurses: <ul style="list-style-type: none"> <li>- Placement and monitoring of the newborn skin-to-skin with the mother immediately following birth.</li> <li>- Assisting with effective newborn positioning and latch for breastfeeding.</li> <li>- Assessment of milk transfer during breastfeeding.</li> <li>- Assessment of maternal pain related to breastfeeding.</li> <li>- Teaching hand expression of breast milk.</li> <li>- Teaching safe formula preparation and feeding.</li> </ul>	Institutional Management	F4_a1/F4_a2/ F4_a3/F4_a4/ F4_a5/F4_a6	<b>Required for all items</b>  Not ideal: Not required for any item		
Assessment of staff competency to support breastfeeding	Assesses whether formal assessment of clinical competency in breastfeeding support and lactation management is required of nurses.	Institutional Management	F3	<b>Required at least once per year OR Required less than once per year</b>  Not ideal: Not required		

## Step 3: Prenatal Care

Discuss the importance and management of breastfeeding with pregnant women and their families\*

Ten Steps Competency <sup>1</sup>	mPINC Item	mPINC Domain	mPINC Data Element	Ideal Response <sup>†</sup>	Hospital Response	Did the Hospital Select the Ideal Response?
Prenatal breastfeeding education <sup>§</sup>	Indicates women who deliver at your hospital have the opportunity to receive prenatal breastfeeding education (in either group or individual settings) provided by your hospital and/or a hospital-affiliated clinic or service. <sup>§</sup>	Not included in mPINC Hospital Report	A5	<b>Yes</b>  Not ideal: No or Not Sure		

## Step 4: Care Right After Birth

Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth\*

Ten Steps Competency <sup>1</sup>	mPINC Item	mPINC Domain	mPINC Data Element	Ideal Response <sup>†</sup>	Hospital Response	Did the Hospital Select the Ideal Response?
Immediate skin-to-skin contact after vaginal delivery	After vaginal delivery, percent of newborns who remain in uninterrupted skin-to-skin contact with their mothers immediately after birth...  ...if breastfeeding, until the first breastfeeding is completed.  ...if not breastfeeding, for at least one hour.	Immediate Postpartum Care	C1_a1/C1_a2	<b>Most to both items</b>  Not ideal: Many, Some, or Few to either item		
Immediate skin-to-skin contact after Cesarean-delivery	After Cesarean-delivery, percent of newborns who remain in uninterrupted skin-to-skin contact with their mothers as soon as the mother is responsive and alert after birth...  ...if breastfeeding, until the first breastfeeding is completed.  ...if not breastfeeding, for at least one hour.	Immediate Postpartum Care	C2_a1/C2_a2	<b>Most to both items</b>  Not ideal: Many, Some, or Few to either item		

# Step 5: Support Mothers with Breastfeeding

Support mothers to initiate and maintain breastfeeding and manage common difficulties\*

Ten Steps Competency <sup>1</sup>	mPINC Item	mPINC Domain	mPINC Data Element	Ideal Response <sup>†</sup>	Hospital Response	Did the Hospital Select the Ideal Response?
Practical support to initiate and maintain breastfeeding and manage common breastfeeding problems	<p>Percent of breastfeeding mothers who are taught or shown how to...</p> <p>...position and latch their newborn for breastfeeding.</p> <p>...assess effective breastfeeding by observing their newborn's latch and the presence of audible swallowing.</p> <p>...assess effective breastfeeding by observing their newborn's elimination patterns.</p> <p>...hand express breast milk.</p>	Feeding Education	E2_a2/E2_a3/ E2_a4/E2_a6	<p><b>Most to all items</b></p> <p>Not ideal: Some, or Few to any item</p>		

# Step 6: Supplementing

Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated\*

Ten Steps Competency <sup>1</sup>	mPINC Item	mPINC Domain	mPINC Data Element	Ideal Response <sup>†</sup>	Hospital Response	Did the Hospital Select the Ideal Response?
Non-medically indicated supplementation	Percent of healthy, term breastfed newborns who are fed infant formula.	Feeding Practices	D3_a1	<b>&lt;20%</b> Not ideal: ≥20%		
Counseling on the importance of exclusive breastfeeding	Frequency that staff counsel breastfeeding mothers who request infant formula about possible health consequences for their infant and the success of breastfeeding.	Feeding Practices	E3	<b>Almost always</b> Not ideal: Often, Sometimes, or Rarely		
Instruction of formula feeding techniques and safe preparation, and handling of formula	Among mothers whose newborns are fed any formula, percent of mothers taught...  ...appropriate formula feeding techniques.  ...how to safely prepare and feed formula.	Feeding Education	E4_a1/E4_a2	<b>Most to both items</b> Not ideal: Many, Some, or Few to either item		

# Step 7: Rooming-in

Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day\*

Ten Steps Competency <sup>1</sup>	mPINC Item	mPINC Domain	mPINC Data Element	Ideal Response <sup>†</sup>	Hospital Response	Did the Hospital Select the Ideal Response?
Mother-infant separation after birth	Percent of vaginally-delivered newborns separated from their mothers before starting rooming-in.	Immediate Postpartum Care	C3	<b>Few</b>  Not ideal: Some, Many, Most, or Not an option		
Rooming-in for 24 hours/day	Percent of newborns who stay in the room with their mothers for 24 hours/day (not including separation for medical reasons).	Rooming-in	C4_a1	<b>80%+</b>  Not ideal: <80%		
Mother-infant separation while rooming-in	Indicates usual location of newborns during...  ...pediatric exams/rounds.  ...hearing screening.  ...pulse oximetry screening.  ...routine labs/blood draws/injections.  ...newborn bath.	Rooming-in	C6_a1/C6_a2/C6_a4/C6_a5/C6_a6	<b>In mother's room for all situations</b>  Not ideal: Not in a mother's room for any situation		
Observation of mother-infant dyads to ensure safety	Indicates whether your hospital has a protocol requiring frequent observations of high-risk mother-infant dyads by nurses to ensure safety of the infant while they are together.	Rooming-in	C7	<b>Yes</b>  Not ideal: No		

# Step 8: Responsive Feeding

Support mothers to recognize and respond to their infants' cues for feeding\*

Ten Steps Competency <sup>1</sup>	mPINC Item	mPINC Domain	mPINC Data Element	Ideal Response <sup>†</sup>	Hospital Response	Did the Hospital Select the Ideal Response?
Support recognition and response to infant feeding cues	Percent of breastfeeding mothers who are taught or shown how to...  ...recognize and respond to their newborn's feeding cues.  ...breastfeed as often and as long as their newborn wants.	Feeding Education	E2_a1/E2_a5	<b>Most to both items</b>  Not ideal: Many, Some, or Few to either item		

# Step 9: Bottles, Nipples, and Pacifiers

Counsel mothers on the use and risks of feeding bottles, teats (nipples), and pacifiers\*

Ten Steps Competency <sup>1</sup>	mPINC Item	mPINC Domain	mPINC Data Element	Ideal Response <sup>†</sup>	Hospital Response	Did the Hospital Select the Ideal Response?
Counseling on the risks of artificial teats (nipples) and pacifiers	Percent of breastfeeding mothers who are taught or shown how to...  ...understand the use and risks of artificial nipples and pacifiers.	Feeding Education	E2_a7	<b>Most</b>  Not ideal: Many, Some or Few		

# Step 10: Discharge

Coordinate discharge so that parents and their infants have timely access to ongoing support and care\*

Ten Steps Competency <sup>1</sup>	mPINC Item	mPINC Domain	mPINC Data Element	Ideal Response <sup>†</sup>	Hospital Response	Did the Hospital Select the Ideal Response?
Coordination of discharge to ensure appropriate follow-up care	Indicates whether your hospital's discharge criteria for breastfeeding newborns requires scheduling of the first follow-up visit with a health care provider.	Discharge Support	E5_a3	<b>Yes</b>  Not ideal: No		
Coordination of discharge to ensure ongoing breastfeeding support	Indicates whether your hospital's routine discharge support to breastfeeding mothers includes:  a) in-person follow-up visits/appointments for lactation support,  b) personalized phone calls to mothers to ask about breastfeeding, or  c) formalized, coordinated referrals to lactation providers in the community when additional support is needed.	Discharge Support	E6_a1/E6_a2/ E6_a3	<b>Yes to any item</b>  Not ideal: No to all items		

Note: This tool does not correspond to or replace Baby-Friendly USA's on-site assessments or Baby-Friendly designation.

\*Although this tool assesses many aspects of each of the Ten Steps, it does not assess every aspect. Every aspect of each Step cannot be assessed using mPINC data alone.

<sup>†</sup>Ideal responses are highlighted.

<sup>§</sup>This item was not scored and therefore not included in mPINC Hospital Reports. Please use your knowledge of hospital practice to answer this question. If you have requested access to mPINC data from CDC, this item corresponds with mPINC Data Element A5.

## References

1. World Health Organization. [Implementation guidance: protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018](https://www.who.int/publications/m/item/implementation-guidance-protecting-promoting-and-supporting-breastfeeding-in-facilities-providing-maternity-and-newborn-services-the-revised-baby-friendly-hospital-initiative-2018) (who.int).

# How to use findings from the mPINC Ten Steps Assessment Tool

Results can be used to help assess a hospital's implementation of each of the Ten Steps. Alignment with each Step can be assessed by noting how often the hospital selected the ideal response for the corresponding mPINC items.

Findings can be used to identify gaps, celebrate achievements, plan for improvement, and bring together partners to prioritize next steps. For example, if a hospital did not choose ideal responses for most of the items in Step 7, then changes to practices and policies related to rooming-in may be considered and implemented.

Have you used this tool? We want to hear from you about your experiences! For any questions or comments on this tool, please contact [mpinc@cdc.gov](mailto:mpinc@cdc.gov).

# Resources

## [The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies](#)

The Guide includes a chapter on maternity care practices, and it provides descriptions and examples of different ways to improve maternity care practices.

## [Infant Safety in Maternity Care Practices that Support Breastfeeding in US Birth Facilities](#)

This CDC webpage provides links to documents and resources for current guidance related to breastfeeding and infant safety in US maternity hospitals.

## [The Surgeon General's Call to Action to Support Breastfeeding](#)

This document outlines steps that can be taken to remove some of the obstacles faced by women who want to breastfeed their babies, including seven actions related to health care.

## [Implementation Guidance: Protecting, Promoting, and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services: The Revised Baby-Friendly Hospital Initiative 2018](#)

This WHO guidance document is intended to help policy makers, breastfeeding and nutrition programs, and hospital management officials implement the Ten Steps to Successful Breastfeeding.

## [The Baby-Friendly USA Guidelines and Evaluation Criteria](#)

Baby-Friendly USA is the US organization responsible for coordinating and conducting all activities necessary to confer the Baby-Friendly designation. The Guidelines and Evaluation Criteria describe the standards of maternity care that hospitals should strive to achieve for all women and infants and include the Ten Steps to Successful Breastfeeding. This resource may be helpful for program officials working with hospitals to implement evidenced-based maternity care practices and/or working toward the Baby-Friendly designation.

## [Academy of Breastfeeding Medicine's Model Maternity Policy Supportive of Breastfeeding](#)

This model policy aligns with the Ten Steps to Successful Breastfeeding and can be used by hospitals when implementing or modifying hospital maternity care policies.