Hospital routines can help or hinder new mothers and babies while they are learning to breastfeed.

Evidence-based care is the responsibility of every facility that provides maternity services. Systematic practice improvement enables patients to make and carry out their own informed decisions, highlighting medical professionals' role in providing patient-centered, evidence-based care.

CDC now collects data on maternity care practices and policies related to infant feeding. CDC provides this information to birth facilities in the US to help find opportunities to improve their practices and policies and to improve maternal and child health in their communities.

In 2007, CDC administered the first national survey of maternity care practices related to breastfeeding, known as the Maternity Practices in Infant Nutrition and Care (mPINC) Survey to all facilities in the US and Territories that routinely provide this care.

This survey established a baseline measure of these practices and documented the extent to which practices vary by state. Data from the mPINC survey can be used to help meet local needs and improve care.

Learning to breastfeed is a natural process, like walking. It relies on a lot of practice, especially at first.

Good support makes it easier to get started; supportive champions make it easier to keep going until it becomes second-nature.

Supportive hospital practices include:

- **Skin-to-skin contact** –Doctors and midwives place newborns skin-to-skin with their mothers immediately after birth, with no bedding or clothing between them, allowing enough uninterrupted time (at least 30 minutes) for mother and baby to start breastfeeding well.
- **Teaching about breastfeeding** –Hospital staff teach mothers and babies how to breastfeed and to recognize and respond to important feeding cues.
- **Early and frequent breastfeeding** –Hospital staff help mothers and babies start breastfeeding as soon as possible after birth, with many opportunities to practice throughout the hospital stay. Pacifiers are saved for medical procedures.
- **Exclusive breastfeeding** –Hospital staff only disrupt breastfeeding with supplementary feedings in cases of rare medical complications.
- **Rooming-in** –Hospital staff encourage mothers and babies to room together and teach families the benefits of this kind of close contact, including better quality and quantity of sleep for both and more opportunities to practice breastfeeding.
- **Active follow-up after discharge** –Hospital staff schedule in-person breastfeeding follow-up visits for mothers and babies after they go home to check-up on breastfeeding, help resolve any feeding problems, and connect families to community breastfeeding resources.

For more information visit www.cdc.gov/mpinc

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