References Cited


[17] For more information visit: cdc.gov/micn

Division of Nutrition, Physical Activity, and Obesity National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

Atlanta, GA USA

For more information visit: cdc.gov/micn

Maternity Practices in Infant Nutrition and Care (mPINC) Survey Question Practice Measures—2007

Benchmark Report

Division of Nutrition, Physical Activity, and Obesity National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

Atlanta, GA USA
V. Structural & Organizational Aspects of Care Delivery

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rationale</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding policy</td>
<td>The AAP recommends inclusion of specific elements in facility breastfeeding policies. The Academy of Breastfeeding Medicine's clinical protocol lists components of a model breastfeeding policy.</td>
<td>This measure reports the number of model breastfeeding policy elements in your facility's breastfeeding policy.</td>
</tr>
<tr>
<td>Communication of breastfeeding policy</td>
<td>Effective intra-professional communication increases the likelihood that a facility's breastfeeding policy will be implemented appropriately.</td>
<td>This measure reports the modes used to inform staff about breastfeeding policies.</td>
</tr>
<tr>
<td>Infant feeding documentation policy</td>
<td>Standardized documentation of patient decisions allows for valid internal assessment, monitoring &amp; improvement of quality of care, &amp; improves staff collaboration &amp; support of patients' decisions.</td>
<td>This measure reports your facility's policy for documentation of patient infant feeding plan &amp; practices.</td>
</tr>
<tr>
<td>Employee breastfeeding support</td>
<td>The AMA &amp; AWHONN recommend medical facilities support all lactating employees by providing appropriate time &amp; facilities to express &amp; store milk during the working day. The US Breastfeeding Committee recommends specific workplace supports.</td>
<td>This measure reports how many supports are provided to lactating staff.</td>
</tr>
<tr>
<td>Facility receipt of free infant formula</td>
<td>The ADA guidelines for mandatory elements of infant formula HACCP plans apply to purchased &amp; free infant formula. The AMA recognizes the inherent conflict of interest this kind of financial support introduces.</td>
<td>This measure reports whether your facility receives infant formula free of charge from manufacturers.</td>
</tr>
<tr>
<td>Provider breastfeeding instruction</td>
<td>Patient education about breastfeeding improves breastfeeding rates.</td>
<td>This measure reports whether breastfeeding is a component of prenatal patient education opportunities.</td>
</tr>
<tr>
<td>Coordination of lactation care</td>
<td>A designated Lactation Coordinator demonstrates consideration of lactation support as an essential &amp; necessary function of intrapartum care.</td>
<td>This measure reports whether your facility has a designated person who oversees lactation care within the facility.</td>
</tr>
</tbody>
</table>

Ideal Response: Yes
Your Response: No

Subscore

Next steps
Examine the care dimension that was the most problematic in your facility compared to others in your state or across the country, and choose one care process or policy to begin improving. For example:

I. Labor and delivery care—Reduce delays in first contact and breastfeeding opportunities.
   a. Feeding of breastfed infants—Eliminate unnecessary supplementation;
   b. Breastfeeding assistance—Improve patient education and assistance;
   c. Contact between mother and infant—Eliminate unnecessary separations between mothers and infants.

II. Postpartum care—Facilitate staff training on breastfeeding management and support.

III. Facility discharge care—Ensure compliance with AAP clinical practice recommendations.

IV. Staff training—Facilitate staff training on breastfeeding management and support.

V. Structural & organizational aspects of care delivery—Improve your facility's policies related to breastfeeding.

---

What is the mPINC Survey?
The Maternity Practices in Infant Nutrition and Care (mPINC) Survey is a national survey of infant feeding practices in facilities that provide maternity care services. The Battelle Centers for Public Health Research and Evaluation conducted this survey for the Centers for Disease Control and Prevention (CDC) between August and December 2007.

Composite Quality Practice Score Percentiles¹

<table>
<thead>
<tr>
<th>National</th>
<th>State</th>
<th>Comparable Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

National = Among all facilities nationwide
State = Among all facilities in your state
Comparable Size = Among US facilities of similar size¹

Your Facility's Composite Quality Practice Score: 31

What is the mPINC Survey?
The Maternity Practices in Infant Nutrition and Care (mPINC) Survey is a national survey of infant feeding practices in facilities that provide maternity care services. The Battelle Centers for Public Health Research and Evaluation conducted this survey for the Centers for Disease Control and Prevention (CDC) between August and December 2007.

Aspects of Care Delivery

I. Labor and delivery care—Reduce delays in first contact and breastfeeding opportunities.
   a. Feeding of breastfed infants—Eliminate unnecessary supplementation;
   b. Breastfeeding assistance—Improve patient education and assistance;
   c. Contact between mother and infant—Eliminate unnecessary separations between mothers and infants.

II. Postpartum care—Facilitate staff training on breastfeeding management and support.

III. Facility discharge care—Ensure compliance with AAP clinical practice recommendations.

IV. Staff training—Facilitate staff training on breastfeeding management and support.

V. Structural & organizational aspects of care delivery—Improve your facility's policies related to breastfeeding.

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¹Your facility’s percentile is the point below which the indicated percent of scores fall in each group. For example, if your National percentile is 50, then you are performing better than half of all facilities nationwide. If your State percentile is 50 or 51, you are performing better than about two-thirds of the facilities in your state. If your Similar Size percentile is 99, you are performing better than almost all other facilities nationwide with a similar number of births per year.

²Facility size estimates are based on annual birth census as reported by the mPINC survey respondent and/or the American Hospital Association (when respondent did not provide data).
In free-standing birth centers, these questions were asked among “birth attendants” to accommodate the range of attendants to births in these facilities.

### Staff Training

#### Subscore

**Measure**
- **Preparation of new staff**
- **Continuing education**
- **Competency assessment**

**Rationale**
- Staff training ensures standard capacity to provide evidence-based care, learn about new information, and maintain patient support skills.

**Explanation**
- This measure reports how many hours of breastfeeding education new nurses & other birth attendants* received in the past year.
- This measure reports how many hours of breastfeeding education current nurses & other birth attendants* received in the past year.
- This measure reports how often nurses & other birth attendants* are assessed for competency in breastfeeding management & support.

**Ideal Response**
- >18

**Your Response**
- 

**Your Score**
- 

#### What’s in this report?

**Your facility’s results from the 2007 CDC mPINC Survey**—CDC provides this resource to help you improve outcomes by providing the best evidence-based care to your patients.

**Summary Information**—Examine your Composite Quality Practice Score. Scores range from 0 to 100; 100 is the highest or “best” possible score. See how your score compares to all other facilities across the US; in your state; and in your size category nationwide.

**Care Dimension Information**—Learn about your subscores and percentiles in: labor and delivery care; postpartum care; breastfeeding assistance and contact between mother and infant; staff training; and structural and organizational aspects of care delivery. Accompanied with each score are explanations of how and why CDC chose to measure these particular practices.

**What are the components of infant feeding care best practices?**

The following key clinical care processes, policies, and practices are appropriate for care of all perinatal patients, unless medically contraindicated:

1. Labor and delivery care—Upon delivery, the newborn is placed skin-to-skin with the mother, allowing uninterrupted time for breastfeeding.
2. Postpartum care:
   - **a.** Feeding of breastfed infants—The breastfeeding infant is only offered pacifiers and supplements (infant formula, water, and glucose water) when medically indicated; breastfeeding assistance—Assistance is offered to the breastfeeding mother and infant using consistent standards for supportive patient education and assessment; contact between mother and infant—The infant is enabled to stay with the mother 24 hours per day, without unnecessary separation or restrictions.

#### Facility Discharge Care

**Subscore**

**Measure**
- **Assurance of ambulatory breastfeeding support**
- **Distribution of ‘discharge packs’ containing infant formula**

**Rationale**
- The AAP clinical practice guidelines recommend examination of all infants by a qualified health care professional within 48 hours of hospital discharge to assess breastfeeding. Ensuring post discharge ambulatory support improves breastfeeding outcomes.
- The AAP & ACOG recommend against distributing infant formula “discharge packs” because it reduces exclusive breastfeeding rates and implies health care professional endorsement of specific commercial items.

**Explanation**
- This measure reports how many modes of ambulatory breastfeeding support are offered: Physical Contact—Home/hospital visit; Active Reaching Out—Phone call to patient; Referral—Providing information about: available phone numbers, support groups, lactation consultants/specialists, WIC, outpatient clinic.
- This measure reports whether breastfeeding support in the newborn’s first week is enabled to stay with the mother 24 hours per day, without unnecessary separation or restrictions.

**Ideal Response**
- All 3 modes

**Your Response**
- 

**Your Score**
- 

**Maternity Care Practices and Infant Feeding**

A group of specific interventions has been identified that, when implemented together as a consistent system of care, results in better breastfeeding outcomes. Inpatient and ambulatory intrapartum care strategies describe how infant feeding care is delivered across the perinatal period. These strategies are designed to reduce the incidence of events and experiences that undermine mothers’ breastfeeding intentions and decisions.

The key components of this care system were identified using the best available science and evidence. Like other clinical care models, this evidence spans a wide range, from results of randomized trials to expert opinion, producing a set of connected best practices that make up a facility’s infant feeding care system.

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1. The Composite Quality Practice Score is a simple average of subscores from each care dimension.
2. Facility size estimates are based on annual birth volumes reported by the mPINC survey respondent and/or the American Hospital Association (when respondent did not provide data).
3. The care dimension subscore is the calculated simple average of scored items within each dimension.
4. Immediate skin-to-skin contact and breastfeeding opportunities are possible and beneficial in both vaginal and Cesarean births. These practices should be initiated within one hour of vaginal birth and within two hours of Cesarean birth.
5. Please visit www.cdc.gov/mipinc for detailed information on the scoring algorithm and other details about administration of the 2007 mPINC Survey.
I. Labor and Delivery Care

Subscore 0

II. Postpartum Care—

b. Breastfeeding Assistance

Subscore

II. Postpartum Care—
c. Contact Between Mother and Infant

Subscore

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rationale</th>
<th>Explanation</th>
<th>Ideal</th>
<th>Response</th>
<th>Your</th>
<th>Your</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial skin-to-skin contact</td>
<td>Skin-to-skin contact improves infant ability to establish breastfeeding.9</td>
<td>This measure reports how many patients experience mother-infant skin-to-skin contact for at least 30 minutes within 1 hour of uncomplicated vaginal birth.</td>
<td>Most</td>
<td>Few</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial breastfeeding opportunity</td>
<td>Early initiation of breastfeeding increase overall breastfeeding duration &amp; reduce a mother's risk of delayed onset of milk production.10</td>
<td>This measure reports what percent of patients experience mother-infant skin-to-skin contact for at least 30 minutes within 2 hours of uncomplicated Cesarean birth.</td>
<td>≥90</td>
<td>5</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine procedures performed skin-to-skin</td>
<td>Performing routine newborn procedures &amp; assessments skin-to-skin increases infant stability, is safe for mother &amp; infant, &amp; improves breastfeeding outcomes by reducing unnecessary separation of mother &amp; infant.11</td>
<td>This measure reports how often patient care units perform routine procedures performed skin-to-skin.</td>
<td>Almost always</td>
<td>Rarely</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>Neonatal immune system development depends on transfer of specific antibodies through colostrum &amp; is impaired by prior introduction of non-breast milk feeds.9,10</td>
<td>This measure reports what percent of breastfeeding infants receive breast milk as their first feeding after uncomplicated vaginal birth.</td>
<td>≥90</td>
<td>5</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplementary feedings</td>
<td>The AAP &amp; ACOG Guidelines for Perinatal Care &amp; Academy for Breastfeeding Medicine guidelines for supplementing feedings in healthy &amp; hypoglycemic12 infants recommend against routine supplementation with formula, glucose water, or water.</td>
<td>This measure reports what percent of breastfeeding infants receive non-breast milk feedings.</td>
<td>&lt;10</td>
<td>95</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. Postpartum Care—
a. Feeding of Breastfed Infants

Subscore 25

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rationale</th>
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<th>Your</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Initial feeding res国资委 after birth</td>
<td>Neonatal immune system development depends on transfer of specific antibodies through colostrum &amp; is impaired by prior introduction of non-breast milk feeds.9,10</td>
<td>This measure reports what percent of breastfeeding infants receive breast milk as their first feeding after uncomplicated vaginal birth.</td>
<td>≥90</td>
<td>5</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation of mother &amp; newborn during transition to receiving units</td>
<td>Separation during transition to postpartum care is unnecessary for stable patients. Mother-infant contact is important during this time to establish breastfeeding, maintain infant weight, &amp; improve regulation of infants' neurologic stability.13,14</td>
<td>This measure reports how many patients are removed from mothers' rooms.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rooming-in of mother-infant pairs increases breastfeeding duration &amp; reduces a mother's risk of separation.13,14</td>
<td>This measure reports how many minutes patient care units separate mother-infant pairs after uncomplicated Cesarean birth.</td>
<td>&lt;10</td>
<td>95</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
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<th>Score</th>
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</thead>
<tbody>
<tr>
<td>Documentation of feeding decision</td>
<td>Standard documentation of infant feeding decisions is important in order to adequately support maternal choice.16,17</td>
<td>This measure reports how often infant feeding decisions are documented in medical records.</td>
<td>Almost always</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding advice &amp; counseling</td>
<td>The AAP recommends pediatricians provide parents with complete, current information on the benefits and methods of breastfeeding to ensure that the feeding decision is a fully informed one.13,14 Patient education is important in order to establish breastfeeding.13,14</td>
<td>This measure reports how many patients who are breastfeeding, or intend to breastfeed, are provided advice &amp; instructions about breastfeeding.</td>
<td>Most</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment &amp; observation of breastfeeding sessions</td>
<td>The AAP recommends formal evaluation of breastfeeding performance by trained observers during the first 24–48 hours of life.13,14</td>
<td>This measure reports how many breastfeeding patients receive instructions to limit suckling at the breast to a specific length of time.</td>
<td>Rarely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacifier use</td>
<td>In-hospital pacifier use reduces duration of exclusive breastfeeding.15,16</td>
<td>This measure reports how many breastfeeding patients are given pacifiers by facility staff.</td>
<td>Few</td>
<td></td>
<td></td>
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<tr>
<td>Neonatal immune system development depends on transfer of specific antibodies through colostrum &amp; is impaired by prior introduction of non-breast milk feeds.9,10</td>
<td>This measure reports what percent of breastfeeding infants receive breast milk as their first feeding after uncomplicated vaginal birth.</td>
<td>≥90</td>
<td>5</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation of mother &amp; newborn during transition to receiving units</td>
<td>Separation during transition to postpartum care is unnecessary for stable patients. Mother-infant contact is important during this time to establish breastfeeding, maintain infant weight, &amp; improve regulation of infants' neurologic stability.13,14</td>
<td>This measure reports how many patients are removed from mothers' rooms.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Rooming-in of mother-infant pairs increases breastfeeding duration &amp; reduces a mother's risk of separation.13,14</td>
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<td>≥90</td>
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<tr>
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<td>5</td>
<td>0</td>
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<td>Separation of mother &amp; newborn during transition to receiving units</td>
<td>Separation during transition to postpartum care is unnecessary for stable patients. Mother-infant contact is important during this time to establish breastfeeding, maintain infant weight, &amp; improve regulation of infants' neurologic stability.13,14</td>
<td>This measure reports how many patients are removed from mothers' rooms.</td>
<td>0</td>
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<td></td>
</tr>
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<td>Rooming-in of mother-infant pairs increases breastfeeding duration &amp; reduces a mother's risk of separation.13,14</td>
<td>This measure reports how many minutes patient care units separate mother-infant pairs after uncomplicated Cesarean birth.</td>
<td>≥90</td>
<td>5</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I. Labor and Delivery Care

II. Postpartum Care—

a. Feeding of Breastfed Infants

Measure | Rationale | Explanation | Ideal Response | Your Response | Your Score
--- | --- | --- | --- | --- | ---
Initial skin-to-skin contract | Skin-to-skin contact improves infant ability to establish breastfeeding.17 | This measure reports how many patients experience mother-infant skin-to-skin contact for at least 30 minutes within 1 hour of uncomplicated vaginal birth. | Most | 5 | Ideal

Initial breastfeeding opportunity | Early initiation of breastfeeding increases overall breastfeeding duration & reduces a mother's risk of delayed onset of milk production.18 | This measure reports what percent of patients receive breast milk as their first feeding after uncomplicated vaginal birth. | ≥90 | 10 | Ideal

Routine procedures performed skin-to-skin | Performing routine newborn procedures & assessments skin-to-skin increases infant stability, is safe for mother & infant,19 & improves breastfeeding outcomes by reducing unnecessary separation of mother & infant.20 | This measure reports how often patients have routine infant procedures performed while mother & infant are skin-to-skin. | Almost always | 5 | Ideal

II. Postpartum Care—

b. Breastfeeding Assistance

Measure | Rationale | Explanation | Ideal Response | Your Response | Your Score
--- | --- | --- | --- | --- | ---
Documentation of feeding decision | Standard documentation of infant feeding decisions is important in order to adequately support maternal choice.21 | This measure reports how often infant feeding decisions are documented in medical records. | Almost always | 100 | Ideal

Breastfeeding advice & counseling | The AAP recommends pediatricians provide parents with complete, current information on the benefits and methods of breastfeeding to ensure that the feeding decision is a fully informed one.22 Patient education is important in order to establish breastfeeding.23 | This measure reports how many patients who are breastfeeding, or intend to breastfeed, are provided advice & instructions about breastfeeding. | Most | 100 | Ideal

Early initiation of breastfeeding increases overall breastfeeding duration & reduces a mother's risk of delayed onset of milk production.18 | This measure reports how many patients who are breastfeeding, or intend to breastfeed, are provided advice & instructions about breastfeeding. | This measure reports how many patients who are breastfeeding, or intend to breastfeed, are provided advice & instructions about breastfeeding. | Most | Few | 0

Effective breastfeeding relies on feeding in direct response to specific infant cues rather than scheduled frequency or duration of feedings.24 | This measure reports how many patients receive instructions to limit suckling at the breast to a specific length of time. | | Few | Almost 0

Patient education is important in order to establish breastfeeding.25 | This measure reports how many patients receive instruction to limit suckling at the breast to a specific length of time. | | No | 0

II. Postpartum Care—

c. Contact Between Mother and Infant

Measure | Rationale | Explanation | Ideal Response | Your Response | Your Score
--- | --- | --- | --- | --- | ---
Separation of mother & newborn during transition to receiving units | Neonatal immune system development depends on transfer of specific antibodies through colostrum & is impaired by prior introduction of non-breast milk feeds.26,27 | This measure reports what percent of breastfeeding infants receive breast milk as their first feeding after uncomplicated vaginal birth. | ≥90 | 100 | Ideal

This measure reports what percent of breastfeeding infants receive breast milk as their first feeding after uncomplicated Caesarean birth. | ≥90 | 100 | Ideal

The AAP & ACOG Guidelines for Perinatal Care28 & Academy for Breastfeeding Medicine guidelines for supplementation in healthy29 & hypoglycemic30 infants all recommend against routine supplementation with formula, glucose water, or water. | <10 | 0 | No

Irritability of mother-infant separation | This measure reports what percent of breastfeeding infants receive breast milk as their first feeding after uncomplicated Caesarean birth. | | <10 | 0 | No

These measures report what percent of breastfeeding infants receive breast milk as their first feeding after uncomplicated Caesarean birth. | <10 | 0 | No

Understanding the reasons mother-infant pairs are separated helps identify opportunities to reduce unnecessary separations. Bringing the infant to the mother to breastfeed reduces chance the infant will receive supplemental feeds.30,31 | This measure reports the number of reasons that infant patients are removed from mother's room. | | 0-1 | 70 | Somewhat

This measure reports the number of reasons that infant patients are removed from mother's room. | | | Must | Some | 30

Patient rooming-in of mother-infant pairs increases infant's opportunities to learn to breastfeed28 & separation of mother & infant.12 | This measure reports how many hours breastfeeding mother-infant pairs are separated at night. | This measure reports how many hours breastfeeding mother-infant pairs are separated at night. | No | 180 | Ideal

Patient rooming-in | This measure reports how many breastfeeding mother-infant pairs are separated after uncomplicated vaginal births during the transition from labor and delivery care to their receiving patient care unit. | | No Separation | 180 | Ideal

Rooming-in of mother-infant pairs increases infants' opportunities to learn to breastfeed & increases duration & quality of maternal contact.32,33 | This measure reports how many breastfeeding mother-infant pairs are separated after uncomplicated vaginal births during the transition from labor and delivery care to their receiving patient care unit. | | No Separation | 8 | No

Rooming-in of mother-infant pairs increases infants' opportunities to learn to breastfeed & increases duration & quality of maternal contact.32,33 | This measure reports how many breastfeeding mother-infant pairs are separated after uncomplicated vaginal births during the transition from labor and delivery care to their receiving patient care unit. | | ≥90 | No response | No

This measure reports how many hours breastfeeding mother-infant pairs are separated after uncomplicated vaginal births during the transition from labor and delivery care to their receiving patient care unit. | | ≥90 | No response | No
In free-standing birth centers, these questions were asked among “birth attendants” to accommodate the range of attendants to births in these facilities.

II. Facility Discharge Care

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rationale</th>
<th>Explanation</th>
<th>Ideal Response</th>
<th>Your Response</th>
<th>Your Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assurance of ambulatory breastfeeding support</td>
<td>The AAP clinical practice guidelines recommend examination of all infants by a qualified health care professional within 48 hours of hospital discharge to assess breastfeeding. Ensuring post discharge ambulatory support improves breastfeeding outcomes.</td>
<td>This measure reports how many modes of ambulatory breastfeeding support are offered: Physical Contact—Home/hospital visit; Active Reaching Out—Phone call to patient; Referral—Providing information about: available phone numbers, support groups, lactation consultants/specialists, WIC, outpatient clinics.</td>
<td>All 3 modes</td>
<td>Mode 3 only</td>
<td>10</td>
</tr>
<tr>
<td>Distribution of “discharge packs” containing infant formula</td>
<td>The AAP &amp; ACOG recommend against distributing infant formula “discharge packs” because it reduces exclusive breastfeeding rates &amp; implies health care professional endorsement of specific commercial items.</td>
<td>This measure reports whether breastfeeding parents are given “discharge packs” containing product-marketing infant formula samples.</td>
<td>No</td>
<td>No</td>
<td>100</td>
</tr>
</tbody>
</table>

III. Staff Training

<table>
<thead>
<tr>
<th>Measure</th>
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<th>Your Response</th>
<th>Your Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation of new staff</td>
<td>Staff training ensures standard capacity to provide evidence-based care, learn about new information, &amp; maintain patient support skills. Standards 18 hour staff training improves patient breastfeeding outcomes facility-wide.</td>
<td>This measure reports how many hours of breastfeeding education new nurses &amp; birth attendants receive.</td>
<td>&gt;18</td>
<td>1 to 4</td>
<td>25</td>
</tr>
<tr>
<td>Continuing education</td>
<td>Standards 18 hour staff training improves patient breastfeeding outcomes facility-wide.</td>
<td>This measure reports how many hours of breastfeeding education current nurses &amp; birth attendants received in the past year.</td>
<td>≤5</td>
<td>1 to 4</td>
<td>90</td>
</tr>
<tr>
<td>Competency assessment</td>
<td>Like other critical nursing competencies, regular assessment of competency in breastfeeding management &amp; support improves delivery of care.</td>
<td>This measure reports how often nurses &amp; birth attendants are assessed for competency in breastfeeding management &amp; support.</td>
<td>At least once a year</td>
<td>Never</td>
<td>0</td>
</tr>
</tbody>
</table>

What’s in this report?

Your facility’s results from the 2007 CDC mPINC Survey—CDC provides this resource to help you improve outcomes by providing the best evidence-based care to your patients.

- **Summary Information**—Examine your Composite Quality Practice Score. Scores range from 0 to 100; 100 is the highest or “best” possible score. See how your score compares to all other facilities; across the US; in your state; and in your size category nationwide.

- **Care Dimension Information**—Learn about your subscores and percentiles in labor and delivery care; postpartum feeding of breastfed infants; breastfeeding assistance, and contract between mother and infant; staff training; and structural and organizational aspects of care delivery. Accompanied with each score are explanations of how and why CDC chose to measure these particular practices.

What are the components of infant feeding care best practices?

The following key clinical care processes, policies, and staffing expectations are appropriate for care of all perinatal patients, unless medically contraindicated:

1. Labor and delivery care—Upon delivery: the newborn is placed skin-to-skin with the mother, allowing uninterrupted time for breastfeeding.

2. Postpartum care:
   a. Feeding of breastfed infants—The breastfeeding infant is only offered pacifiers and supplements (infant formula, water, and glucose water) when medically indicated.
   b. Breastfeeding assistance—Assistance is offered to the breastfeeding mother and infant using consistent standards for supportive patient education and assessment.
   c. Contact between mother and infant—The infant is enabled to stay with the mother 24 hours per day, without unnecessary separation or restrictions.

III. Facility discharge care—The breastfeeding mother and infant are assured ambulatory breastfeeding care; patient discharge gifts contain no infant formula marketing samples.

IV. Staff training—All staff with primary responsibility for care of the breastfeeding mother and infant receive appropriate breastfeeding skills training and assessment.

V. Structural & organizational aspects of care delivery—Best practices policies are implemented for staffing, care process, and communication expectations in perinatal patient education and care settings; are supportive of breastfeeding employees; and are free from financial conflict of interest.

Who responded to the mPINC Survey?

All facilities were surveyed that provide intrapartum care in the United States and Territories.

At each facility, surveys were completed by the person most knowledgeable about the care processes and policies involved in feeding healthy infants.

The survey response rate was 82%.24

Maternity Care Practices and Infant Feeding

A group of specific interventions has been identified that, when implemented together as a consistent system of care, results in better breastfeeding outcomes. Inpatient and ambulatory intrapartum care strategies describe how infant feeding care is delivered across the perinatal period. These strategies are designed to reduce the incidence of events and experiences that undermine mothers’ breastfeeding intentions and decisions.

The key components of this care system were identified using the best available science and evidence. Like other clinical care models, this evidence spans a wide range, from results of randomized trials to expert opinion, producing a set of connected best practices that make up a facility’s infant feeding care system.

2 The Composite Quality Practice Score is a simple average of subscores from each care dimension.

24 Facility site estimates are based on annual birth rates as reported by the mPINC survey respondent and/or the American Hospital Association (when respondent did not provide data).
Your Facility's Composite Quality Practice Score:

What is the mPINC Survey?
The Maternity Practices in Infant Nutrition and Care (mPINC) Survey is a national survey of infant feeding practices in facilities that provide maternity care services.
The Battelle Centers for Public Health Research and Evaluation conducted this survey for the Centers for Disease Control and Prevention (CDC) between August and December 2007.

Composite Quality Practice Score Percentiles1

National

State

Comparable Size

National = Among all facilities nationwide
State = Among all facilities in your state
Comparable Size = Among US facilities of similar size

V. Structural & Organizational Aspects of Care Delivery

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rationale</th>
<th>Explanation</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding policy</td>
<td>The AAP recommends inclusion of specific elements in facility breastfeeding policies. The Academy of Breastfeeding Medicine's clinical protocol lists components of a model breastfeeding policy.</td>
<td>This measure reports the number of model breastfeeding policy elements in your facility's breastfeeding policy.</td>
<td>10 2 20</td>
</tr>
<tr>
<td>Communication of breastfeeding policy</td>
<td>Effective interprofessional communication increases the likelihood that a facility's breastfeeding policy will be implemented appropriately.</td>
<td>This measure reports the modes used to inform staff about breastfeeding policies.</td>
<td>Both modes Both modes 100</td>
</tr>
<tr>
<td>Infant feeding documentation policy</td>
<td>Standardized documentation of patient decisions allows for valid internal assessment, monitoring &amp; improvement of quality of care, &amp; improves staff collaboration &amp; support of patients' decisions.6</td>
<td>This measure reports your facility's policy for documentation of patient infant feeding plans &amp; practices.</td>
<td>Any point during or post-stay No/not sure 0</td>
</tr>
<tr>
<td>Employee breastfeeding support</td>
<td>The AMA &amp; ANHONN recommend medical facilities support all lactating employees by providing appropriate time &amp; facilities to express &amp; store milk during the workday. The US Breastfeeding Committee recommends specific workplace supports.43</td>
<td>This measure reports how many supports are provided to lactating staff.</td>
<td>3 critical 3 critical, 4 additional 100</td>
</tr>
<tr>
<td>Facility receipt of free infant formula</td>
<td>The ADA guidelines for mandatory elements of infant formula HACCP plans apply to purchased &amp; free infant formula. The AMA recognizes the inherent conflict of interest this kind of financial support introduces.46</td>
<td>This measure reports whether your facility receives infant formula free of charge from manufacturers.</td>
<td>No Yes 0</td>
</tr>
<tr>
<td>Prenatal breastfeeding instruction</td>
<td>Patient education about breastfeeding improves breastfeeding rates.</td>
<td>This measure reports whether breastfeeding is a component of prenatal patient education opportunities.</td>
<td>Yes Yes 100</td>
</tr>
<tr>
<td>Coordination of lactation care</td>
<td>A designated Lactation Coordinator demonstrates consideration of lactation support as an essential &amp; necessary function of intrapartum care.</td>
<td>This measure reports whether your facility has a designated person who oversees lactation care within the facility.</td>
<td>Yes No 0</td>
</tr>
</tbody>
</table>

1. Labor and delivery care—Reduce delays in first contact and breastfeeding opportunities.
2. Postpartum care:
   a. Feeding of breastfed infants—Eliminate unnecessary supplementation;
   b. Breastfeeding assistance—Improve patient education and assistance;
   c. Contact between mother and infant—Eliminate unnecessary separations between mothers and infants.
3. Facility discharge care—Ensure compliance with AAP clinical practice recommendations.
4. Staff training—Facilitate staff training on breastfeeding management and support.
5. Structural & organizational aspects of care delivery—Improve your facility's policies related to breastfeeding.

*Please visit www.cdc.gov/mpinc for detailed scoring information.
References Cited


[10] Atlanta, GA USA

Division of Nutrition, Physical Activity, and Obesity National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

Atlanta, GA USA

October 2008

Benchmark Report

Maternity Practices in Infant Nutrition and Care (mPINC) Survey Quality Practice Measures—2007

For more information visit: http://cdc.gov/mpinc