# Maternity Practices in Infant Nutrition and Care in Arkansas

In 2007, CDC administered the first national **M**aternity **P**ractices in **I**nfant **N**utrition and **C**are ("mPINC") survey. All hospitals and birth centers in the U.S. that provide maternity care were invited to participate. This report describes specific opportunities to improve mother-baby care at hospitals and birth centers in Arkansas in order to more successfully meet national quality of care standards for perinatal care.

For more information about the mPINC survey, visit www.cdc.gov/mpinc

## Changes in Maternity Care Practices Improve Breastfeeding Rates

Breastfeeding provides optimal nutrition for infants and is associated with decreased risk for infant morbidity and mortality as well as maternal morbidity.[1] Maternity practices in hospitals and birth centers can influence breastfeeding behaviors during a period critical to successful establishment of lactation.[2] The literature, including a Cochrane review, found that institutional changes in maternity care practices to make them more supportive of breastfeeding increased initiation and duration of breastfeeding.[3]

**Strengths in Breastfeeding Support in Arkansas Facilities**

| | | | |
|---|---|---|---|
| Pie chart of prevalence | Documentation of Mothers' Feeding Decisions | Staff at 96% of facilities in Arkansas consistently ask about and record mothers' infant feeding decisions. | Standard documentation of infant feeding decisions is important to adequately support maternal choice. |
| Pie chart of prevalence | Provision of Breastfeeding Advice and Counseling | Staff at 67% of facilities in Arkansas provide breastfeeding advice and instructions to patients who are breastfeeding, or intend to breastfeed. | The American Academy of Pediatrics (AAP) recommends pediatricians provide patients with complete, current information on the benefits and methods of breastfeeding to ensure that the feeding decision is a fully informed one. Patient education is important in order to establish breastfeeding. |

**Needed Improvements in Arkansas Facilities**

| | | | |
|---|---|---|---|
| Pie chart of prevalence | Appropriate Use of Breastfeeding Supplements | No (0%) facilities in Arkansas adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water. | The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care recommend against routine supplementation because supplementation with formula and/or water makes infants more likely to receive formula at home and stop breastfeeding prematurely. |
| Pie chart of prevalence | Adequate Assessment of Staff Competency | Only 8% of facilities in Arkansas annually assess staff competency for basic breastfeeding management and support. | Implementing comprehensive assessment of staff training and skills for basic breastfeeding management and support establishes the foundation for quality infant feeding care. Adequate training and skills assessment are critical to ensure that mothers and infants receive care that is consistent, evidence-based, and appropriate. |
| Pie chart of prevalence | Protection of Patients from Formula Marketing | Only 15% of facilities in Arkansas adhere to clinical and public health recommendations against distributing formula company discharge packs. | Distribution of discharge packs contributes to premature breastfeeding discontinuation. The ACOG, AAP, American Public Health Association (APHA), and the federal Government Accountability Office (GAO) all identify this practice as inappropriate in medical environments and recommend against it. |
| Pie chart of prevalence | Provision of Hospital Discharge Planning Support | Only 15% of facilities in Arkansas provide hospital discharge care including a phone call to the patient's home, opportunity for follow-up visit, and referral to community breastfeeding support. | The American Academy of Pediatrics (AAP) clinical practice guidelines recommend examination of the newborn by a qualified health care professional within 48 hours of hospital discharge in order to assess breastfeeding. Ensuring post discharge ambulatory support improves breastfeeding outcomes. |

**Breastfeeding is a National Priority**

Breastfeeding protects mothers' and infants' health.[1] *Healthy People 2010*[4] includes breastfeeding as a national priority and it is recommended by a number of health professional organizations.[5]

Establishing evidence-based, breastfeeding-supportive maternity practices as standards of care in US hospitals and birth centers will help meet *Healthy People 2010* breastfeeding objectives and will help improve maternal and child health nationwide.

Department of Health and Human Services

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**The CDC mPINC Survey**

The CDC mPINC survey was mailed to all US maternity facilities, with the request that it be completed by the person most knowledgeable about the facility's maternity practices related to infant feeding and care.

60% of the 45 eligible hospitals and birth centers in Arkansas responded to the 2007 CDC mPINC survey.

Each participating facility received its facility-specific benchmark report in October 2008.

For more information about the mPINC survey, visit www.cdc.gov/mpinc

**Results of the 2007 CDC mPINC Survey:** Arkansas

Arkansas **Composite Quality Practice Score*:** 48
Arkansas **State Rank[+]:** 52

| mPINC Dimension of Care | Ideal Response to mPINC Survey Question | Percent of Facilities with Ideal Response[‡] | AR Rank[+] | AR Subscale Score* (out of 100) |
|---|---|---|---|---|
| Labor and Delivery Care | | | | 43 |
| | Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births) | 37 | 31 | |
| | Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births) | 15 | 49 | |
| | Initial breastfeeding opportunity is w/in 1 hour (vaginal births) | 37 | 37 | |
| | Initial breastfeeding opportunity is w/in 2 hours (cesarean births) | 15 | 48 | |
| | Routine procedures are performed skin-to-skin | 0 | 48 | |
| Feeding of Breastfed Infants | | | | 62 |
| | Initial feeding is breast milk (vaginal births) | 42 | 52 | |
| | Initial feeding is breast milk (cesarean births) | 40 | 44 | |
| | Supplemental feedings to breastfeeding infants are rare | 0 | 51 | |
| | Water and glucose water are not used | 48 | 47 | |
| Breastfeeding Assistance | | | | 67 |
| | Infant feeding decision is documented in the patient chart | 96 | - | |
| | Staff provide breastfeeding advice & instructions to patients | 67 | 52 | |
| | Staff teach breastfeeding cues to patients | 70 | 41 | |
| | Staff teach patients not to limit suckling time | 15 | 48 | |
| | Staff directly observe & assess breastfeeding | 67 | 50 | |
| | Staff use a standard feeding assessment tool | 26 | 50 | |
| | Staff rarely provide pacifiers to breastfeeding infants | 15 | 38 | |
| Contact Between Mother and Infant | | | | 58 |
| | Mother-infant pairs are not separated for postpartum transition | 19 | 50 | |
| | Mother-infant pairs room-in at night | 50 | 44 | |
| | Mother-infant pairs are not separated during the hospital stay | 25 | 20 | |
| | Infant procedures, assessment, and care are in the patient room | 0 | 36 | |
| | Non-rooming-in infants are brought to mothers at night for feeding | 81 | 19 | |

| mPINC Dimension of Care | Ideal Response to mPINC Survey Question | Percent of Facilities with Ideal Response‡ | AR Rank+ | AR Subscale Score* (out of 100) |
|---|---|---|---|---|
| Facility Discharge Care | | | | 24 |
| | Staff provide appropriate discharge planning (referrals & other multi-modal support) | 15 | 40 | |
| | Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients | 15 | 38 | |
| Staff Training | | | | 29 |
| | New staff receive appropriate breastfeeding education | 0 | 45 | |
| | Current staff receive appropriate breastfeeding education | 12 | 49 | |
| | Staff received breastfeeding education in the past year | 0 | 52 | |
| | Assessment of staff competency in breastfeeding management & support is at least annual | 32 | 38 | |
| Structural & Organizational Aspects of Care Delivery | | | | 53 |
| | Breastfeeding policy includes all 10 model policy elements | 8 | 33 | |
| | Breastfeeding policy is effectively communicated | 85 | 16 | |
| | Facility documents infant feeding rates in patient population | 25 | 52 | |
| | Facility provides breastfeeding support to employees | 52 | 36 | |
| | Facility does not receive infant formula free of charge | 4 | 33 | |
| | Breastfeeding is included in prenatal patient education | 69 | 51 | |
| | Facility has a designated staff member responsible for coordination of lactation care | 42 | 49 | |

* Facility practices in 7 dimensions of care ("subscales") contribute to the overall "Composite Quality Practice Score." Possible item, subscale, and overall scores range from 0 to 100, with 100 being the highest, best possible score.

+ State ranks range from 1 to 52, with 1 being the highest rank. In case of a tie, both states are given the same rank.

‡ Calculation excludes facilities' responses that indicate prevalence is "unknown" for the practice measured in a given item.

- State ranks are not shown for survey questions with 90% or more facilities reporting ideal responses.

**Improvement is Needed in Maternity Care Practices and Policies in Arkansas**

Many opportunities exist in Arkansas to protect, promote, and support breastfeeding mothers and infants. To take action on this critical need, consider the following:

- Examine Arkansas regulations for maternity facilities and evaluate their evidence base; revise if necessary.
- Sponsor an Arkansas-wide summit of key decision-making staff at maternity facilities to highlight the importance of evidence-based practices for breastfeeding.
- Pay for hospital staff across Arkansas to participate in 18-hour training courses in breastfeeding.
- Establish links among maternity facilities and community breastfeeding support networks in Arkansas.
- Identify and implement programs within hospital settings—choose one widespread practice and adjust it to be evidence-based and supportive of breastfeeding.
- Integrate maternity care into related Quality Improvement efforts including:
    - Consistent delivery of optimal care
    - Improving patient flow
    - Improving patient experience & loyalty
    - Engaging physicians in a shared quality agenda
    - Increasing staff efficiency
    - Optimizing hospital-to-home transitions

- Develop a plan to ensure adherence to the Joint Commission's recently revised (July 2009) Perinatal Care Core Measure Set to include exclusive breastfeeding at discharge in hospital data collection starting with April 1, 2010, discharges.

Questions about the mPINC survey? Information about the mPINC survey, benchmark reports, scoring methods, and complete references available at: www.cdc.gov/mpinc For more information:

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**References**

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[2] DiGirolamo AM, Grummer-Strawn LM, Fein S. Maternity care practices: implications for breastfeeding. Birth 2001;28:94-100.
[3] Fairbank L, O'Meara S, Renfrew MJ, Woolridge M, Snowden AJ, Lister-Sharp D. A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. Health Technology Assessment 2000;4:1-171.
[4] US Dept of Health and Human Services. Healthy People 2010 midcourse review. Washington, DC: US Dept of Health and Human Services; 2005. Available at http://www.healthypeople.gov/data/midcourse.
[5] Organizations including but not limited to: National Quality Forum; American Academy of Pediatrics; American Association of Family Physicians; American College of Obstetricians and Gynecologists; Association of Women's Health, Obstetric, and Neonatal Nurses; American College of Nurse Midwives; Academy of Breastfeeding Medicine; American Public Health Association; World Health Organization.