

Maternity Practices in Infant Feeding Care – mPINC

Quality Practice Measures

Benchmark Report

2009 Survey

Facility Name

Facility Street

Facility City, State, Zip

Facility ID: Facility ID

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity

CDC

2009 Quality Practice Measures

Summary Information

Facility Name'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, and again between August and December 2009.

Facility Name's Composite Quality Practice Score Percentilesⁱ

United States (Among all facilities nationwideⁱ): 2 char

Statename (Among all facilities in Statename): 2 char

Similar Size Facilities (Among all US facilities with Births_range births per yearⁱⁱ): 2 char

Facility Name reported Numbirths births in the past year; it is in the size category of Births_range births per year.

ⁱ Your facility's percentile is the point below which the indicated percent of scores fall in each group. For example, if your National percentile is around 50, then you are performing better than about half of all facilities nationwide. If your State percentile is around 66 or 67, 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 that perform a similar number of births per year.

ⁱⁱ Facility 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).

What's in this report?

Facility Name's results from the 2009 CDC mPINC Survey – CDC provides this resource to help you continue to provide the best evidence-based care for your patients and improve your patients' outcomes by considering your infant feeding care policies and practices.

- Summary Information – Examine your Composite Quality Practice Score.ⁱⁱⁱ Scores range from 0 to 100, which is the highest or “best” possible score. Compare your percentile to all facilities in the US, all facilities in your state, and all facilities of similar size across the US.ⁱⁱ
- Care Dimension Information – Learn about your subscores^{iv} and percentiles in: labor and delivery care; postpartum breastfeeding assistance, contact between mother and infant, and feeding of breastfed infants; 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.

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%.

Maternity Care Practices and Infant Feeding

A group of specific interventions have been identified that, when implemented together as a consistent system of care,¹⁻³ result in better breastfeeding outcomes.⁴⁻⁸ This system centers on the mother and family as the locus of control in infant feeding decisions. Inpatient and ambulatory intrapartum care strategies describe how infant feeding care is delivered across the perinatal period and are designed to reduce the incidence of events and experiences that undermine mothers' infant feeding intentions and decisions.

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

^{iv} The care dimension subscore is the calculated simple average of scored items within each dimension.

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, to produce a theory of connected best practices that make up a facility's infant feeding care system.

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:

- I. Labor and delivery care – Upon delivery^v, the newborn is placed skin-to-skin with the mother, allowing uninterrupted time for breastfeeding.
- II. 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 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.

^v Immediate skin-to-skin contact and breastfeeding opportunities are possible and beneficial in both vaginal and Cesarean deliveries. These practice should be initiated within one hour of vaginal birth and within two hours of Cesarean birth.

I. Labor and Delivery Care

Measure	Rationale	Explanation	Ideal Response	Subscore Your Response	Your Score
Initial skin-to-skin contact	Skin-to-skin contact improves infant ability to establish breastfeeding. ⁹	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	8 char	3 char
		This measure reports how many patients experience mother-infant skin-to-skin contact for at least 30 minutes within 2 hours of uncomplicated Cesarean birth.	Most	8 char	3 char
Initial breastfeeding opportunity	Early initiation of breastfeeding increases overall breastfeeding duration and reduces a mother's risk of delayed onset of milk production. ¹⁰	This measure reports what percent of patients have the opportunity to breastfeed within 1 hour of uncomplicated vaginal birth.	≥90	3 char	3 char
		This measure reports what percent of patients have the opportunity to breastfeed within 2 hours of uncomplicated Cesarean birth.	≥90	3 char	3 char
Routine procedures performed skin-to-skin	Performing routine newborn procedures & assessments skin-to-skin increases infant stability, is safe for mother and infant, ¹¹ and improves breastfeeding outcomes by reducing unnecessary separation of mother and infant. ¹²	This measure reports how often patients have routine infant procedures performed while mother & infant are skin-to-skin.	Almost always	13 char	3 char

**II. Postpartum Care –
a. Feeding of Breastfed Infants**

				Subscore	
Measure	Rationale	Explanation	Ideal Response	Your Response	Your Score
Initial feeding received after birth	Neonatal immune system development depends on transfer of specific antibodies through colostrum and is impaired by prior introduction of non-breast milk feeds. ^{13,14}	This measure reports what percent of breastfeeding infants receive breast milk as their first feeding after uncomplicated vaginal birth.	≥90	3 char	3 char
		This measure reports what percent of breastfeeding infants receive breast milk as their first feeding after uncomplicated Cesarean birth.	≥90	3 char	3 char
Supplementary feedings	The AAP & ACOG <i>Guidelines for Perinatal Care</i> ¹⁵ and Academy for Breastfeeding Medicine guidelines for supplementing feedings in healthy ¹⁶ and hypoglycemic ¹⁷ neonates all recommend against routine supplementation with formula, glucose water or water.	This measure reports what percent of breastfeeding infants receive non-breast milk feedings.	<10	3 char	3 char
		This measure reports whether breastfeeding infants receive glucose water and/or water.	No	3 char	3 char

**II. Postpartum Care –
b. Breastfeeding Assistance**

				Subscore	
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. ¹⁸	This measure reports how often infant feeding decisions are documented in medical records.	Almost always	13 char	3 char
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. ¹⁹ Patient education is important in order to establish breastfeeding. ^{20,21}	This measure reports how many patients who are breastfeeding, or intend to breastfeed, are provided advice & instructions about breastfeeding.	Most	8 char	3 char
	Effective breastfeeding relies on feeding in direct response to specific infant cues rather than scheduled frequency or duration of feedings. ²²	This measure reports how many patients are taught to recognize & respond to infants' cues instead of feeding on a set schedule.	Most	8 char	3 char
		This measure reports how often breastfeeding patients receive instructions to limit suckling at the breast to a specific length of time.	Rarely	13 char	3 char
Assessment & observation of breastfeeding sessions	The AAP recommends formal evaluation of breastfeeding performance by trained observers during the first 24-48 hours of life. ¹⁹	This measure reports how many patients received a directly observed breastfeeding assessment by facility staff.	Most	8 char	3 char
	Standardized breastfeeding assessment tools improve comparability & validity of findings. ²³⁻²⁵	This measure reports whether breastfeeding is assessed using a standardized or adapted assessment tool.	Yes	3 char	3 char
Pacifier use	In-hospital pacifier use reduces duration of exclusive breastfeeding. ²⁶	This measure reports how many breastfeeding patients are given pacifiers by facility staff.	Few	8 char	3 char

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

			Subscore		
Measure	Rationale	Explanation	Ideal Response	Your Response	Your Score
Separation of mother and newborn during transition to receiving units	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, and improve regulation of infants' neurologic states. ²²	This measure reports how many minutes mother-infant pairs are separated after uncomplicated vaginal births during the transition from labor and delivery care to their receiving patient care units.	No separation	13 char	3 char
Patient rooming-in	Rooming-in of mother-infant pairs increases infants' opportunities to learn to breastfeed ²⁸ & increases duration & quality of maternal sleep. ²⁹	This measure reports how many hours breastfeeding mother-infant pairs are separated at night.	No separation	13 char	3 char
		This measure reports what percent of mother-infant pairs room together ≥ 23 hrs per day.	≥ 90	3 char	3 char
Instances of mother infant separation	Understanding the reasons mother-infant pairs are separated ³⁰ helps identify opportunities to reduce unnecessary separations. Bringing the infant to the mother to breastfeed is important because it reduces chances the infant will receive supplemental feeds. ^{31,32}	This measure reports the number of reasons that infant patients are removed from mothers' rooms.	0	2 char	3 char
		This measure reports how many patients who are not rooming-in receive their infant from the nursery for breastfeeding at night.	Most	8 char	3 char

III. Facility Discharge Care

				Subscore	
Measure	Rationale	Explanation	Ideal Response	Your Response	Your Score
Assurance of ambulatory breastfeeding support	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. ³³ Ensuring post discharge ambulatory support improves breastfeeding outcomes. ³⁴⁻³⁵	This measure reports how many modes of post-discharge breastfeeding support patients are offered: Physical Contact – Home/hospital visit; Active Reaching Out – Phone call to patient; Referral – Providing information about: Available phone numbers, support groups, lactation consultant/specialist, WIC, outpatient clinics.	All 3 modes	13 char	3 char
Distribution of “discharge packs” containing infant formula	The AAP and ACOG recommend against distributing infant formula “discharge packs” ^{14,36} because it reduces exclusive breastfeeding rates and implies health care professional endorsement of specific commercial items. ³⁷⁻³⁹	This measure reports whether breastfeeding patients are given “discharge packs” containing product marketing infant formula samples.	No	3 char	3 char

IV. Staff Training

				Subscore	
Measure	Rationale	Explanation	Ideal Response	Your Response	Your Score
Preparation of new staff	Staff training ensures standard capacity to provide evidence-based care, learn about new information, and maintain patient support skills. ³⁹⁻⁴² Standard 18 hour staff training improves patient breastfeeding outcomes facility-wide. ^{43,44}	This measure reports how many hours of breastfeeding education are received by new nurses & other birth attendants*.	>18	8 char	3 char
Continuing education		This measure reports how many hours of breastfeeding education current nurses & other birth attendants* received in the past year.	≥5	8 char	3 char
		This measure reports how many nurses & other birth attendants* received any breastfeeding education in the past year.	Most	8 char	3 char
Competency assessment	Like other critical nursing competencies, regular assessment of competency in breastfeeding management & support improves delivery of care. ⁴⁵⁻⁴⁷	This measure reports how often nurses & other birth attendants* are assessed for competency in breastfeeding management & support.	At least once a year	21 char	3 char

* In free-standing birth centers, these questions were asked among “birth attendants” to accommodate the range of attendants to births in these facilities.

V. Structural and Organizational Aspects of Care Delivery

Measure	Rationale	Explanation	Ideal Response	Subscore	
				Your Response	Your Score
Breastfeeding policy	The AAP recommends inclusion of specific elements in facility breastfeeding policies. ¹⁴ The Academy of Breastfeeding Medicine's clinical protocol lists components of a model breastfeeding policy. ¹⁶	This measure reports the number of model breastfeeding policy elements in your facility's breastfeeding policy.	10	2 char	3 char
Communication of breastfeeding policy	Effective intra-professional communication increases the likelihood that a facility's breastfeeding policy will be implemented appropriately. ^{48,49}	This measure reports the modes used to inform staff about breastfeeding policies: In person – In-service training, new staff orientation, new staff training, staff meeting; Printed/online materials – Policy posted, newsletter.	Both modes	36 char	3 char
Infant feeding documentation policy	Standardized documentation of patient decisions allows for valid internal assessment, monitoring and improvement of quality of care, and improves staff collaboration & support of patients' decisions. ⁵⁰	This measure reports your facility's policy for documentation of patient infant feeding plans and practices.	Any point during or post-stay	29 char	3 char
Employee breastfeeding support	The AMA and AWHONN recommend medical facilities support all lactating employees by providing appropriate time and facilities to express and store milk during the working day. ^{51,52} The US Breastfeeding Committee recommends specific workplace supports. ⁵³	This measure reports how many supports are provided to lactating staff: Critical supports- Room to express milk, electric breast pump for staff use, permission to express milk on breaks; Additional supports – On-site child care, breastfeeding support group for staff, access to lactation consultant/specialist, paid maternity leave other than accrued leave.	3 critical	23 char	3 char
Facility receipt of free infant formula	The ADA guidelines for mandatory elements of infant formula HACCP plans ⁵⁴ apply to purchased and free infant formula. The AMA recognizes the inherent conflict of interest this kind of financial support introduces. ^{55,56}	This measure reports whether your facility receives infant formula free of charge from manufacturers.	No	8 char	3 char

Prenatal breastfeeding instruction	Patient education about breastfeeding is important because it improves breastfeeding rates. ²⁰	This measure reports whether breastfeeding is a component of prenatal patient education opportunities.	Yes	11 char	3 char
Coordination of lactation care	A designated Lactation Coordinator demonstrates a facility's consideration of lactation support as an essential and necessary function of intrapartum care. ⁵⁷	This measure reports whether your facility has a designated person who oversees lactation care within the facility.	Yes	3 char	3 char

Next Steps

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

Example Improvement Opportunities

- I. Labor and delivery care – Reduce delays in first contact and breastfeeding opportunities.
- II. Postpartum care:
 - a. Feeding of breastfed infants – Eliminate unnecessary supplementation;
 - b. Breastfeeding assistance – Improve patient education and assistance; and
 - c. Contact between mother and infant – Eliminate unnecessary separations between mothers and infants.
- 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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Division of Nutrition, Physical Activity, and Obesity

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

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