

Maternity Practices in Infant Nutrition and Care in Puerto Rico —2011 mPINC Survey



This report provides data from the 2011 mPINC survey for Puerto Rico. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in Puerto Rico in order to more successfully meet national quality of care standards for perinatal care.

More information is at www.cdc.gov/mpinc

Breastfeeding is a National Priority

Breastfeeding is associated with decreased risk for infant morbidity and mortality as well as maternal morbidity,¹ and provides optimal infant nutrition. *Healthy People 2020*² establishes breastfeeding initiation, continuation, and exclusivity as national priorities.

Changes in Maternity Care Practices Improve Breastfeeding Rates

Maternity practices in hospitals and birth centers can influence breastfeeding behaviors during a period critical to successful establishment of lactation.³ Abundant literature, including a Cochrane review, document that institutional changes in maternity care practices to make them more supportive of breastfeeding increase initiation and continuation of breastfeeding.⁴

Breastfeeding Support in Puerto Rico Facilities

Strengths



Documentation of Mothers' Feeding Decisions

Staff at 86% of facilities in Puerto Rico consistently ask about and record mothers' infant feeding decisions.

Standard documentation of infant feeding decisions is important to adequately support maternal choice.



Provision of Breastfeeding Advice and Counseling

Staff at 71% of facilities in Puerto Rico 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



Appropriate Use of Breastfeeding Supplements

Only 43% of facilities in Puerto Rico 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.



Inclusion of Model Breastfeeding Policy Elements

Only 14% of facilities in Puerto Rico have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).

The ABM model breastfeeding policy elements are the result of extensive research on best practices to improve breastfeeding outcomes. Facility policies determine the nature of care that is available to patients. Facilities with comprehensive policies consistently have the highest rates of exclusive breastfeeding, regardless of patient population characteristics such as ethnicity, income, and payer status.



Provision of Hospital Discharge Planning Support

No facilities (0%) in Puerto Rico 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.



Use of Combined Mother/Baby Postpartum Care

Only 40% of facilities in Puerto Rico report that most healthy full-term infants remain with their mothers for at least 23 hours per day throughout the hospital stay.

Mother-infant contact during the hospital stay helps establish breastfeeding and maintain infant weight, temperature, and health. Rooming-in increases breastfeeding learning opportunities and duration and quality of maternal sleep, and reduces supplemental feeds.

Every two years, CDC administers the national Maternity Practices in Infant Nutrition and Care (mPINC) survey to all hospitals and birth centers in the U.S. that provide maternity care.

Data from this survey can be used to establish evidence-based, breastfeeding-supportive maternity practices as standards of care in hospitals and birth centers across the US. Improved care will help meet *Healthy People 2020* breastfeeding objectives and will help improve maternal and child health nationwide.

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity



Puerto Rico Summary —2011 mPINC Survey

Survey Method At each facility, the person who is the most knowledgeable about the facility's maternity practices related to healthy newborn feeding and care completes the CDC mPINC survey.

Response Rate 39% of the 18 eligible facilities in Puerto Rico responded to the 2011 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in October 2012.

Puerto Rico's Composite Quality Practice Score* **60**
(out of 100)

Puerto Rico's Composite Rank† **48**
(out of 53)

mPINC Dimension of Care	PR Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of PR Facilities with Ideal Response	PR Item Rank†
Labor and Delivery Care	58	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	71	8
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	0	53
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	71	8
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	14	53
		Routine procedures are performed skin-to-skin	71	1
Feeding of Breastfed Infants	71	Initial feeding is breast milk (vaginal births)	100	---
		Initial feeding is breast milk (cesarean births)	50	48
		Supplemental feedings to breastfeeding infants are rare	43	8
		Water and glucose water are not used	43	53
Breastfeeding Assistance	77	Infant feeding decision is documented in the patient chart	86	51
		Staff provide breastfeeding advice & instructions to patients	71	52
		Staff teach breastfeeding cues to patients	57	53
		Staff teach patients not to limit suckling time	14	53
		Staff directly observe & assess breastfeeding	29	53
		Staff use a standard feeding assessment tool	40	50
		Staff rarely provide pacifiers to breastfeeding infants	86	3
Contact Between Mother and Infant	66	Mother-infant pairs are not separated for postpartum transition	14	53
		Mother-infant pairs room-in at night	80	19
		Mother-infant pairs are not separated during the hospital stay	40	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	100	---
Facility Discharge Care	42	Staff provide appropriate discharge planning (referrals & other multi-modal support)	0	53
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	71	9
Staff Training	56	New staff receive appropriate breastfeeding education	14	14
		Current staff receive appropriate breastfeeding education	0	51
		Staff received breastfeeding education in the past year	14	53
		Assessment of staff competency in breastfeeding management & support is at least annual	86	1
Structural & Organizational Aspects of Care Delivery	54	Breastfeeding policy includes all 10 model policy elements	14	34
		Breastfeeding policy is effectively communicated	43	53
		Facility documents infant feeding rates in patient population	86	6
		Facility provides breastfeeding support to employees	25	53
		Facility does not receive infant formula free of charge	0	50
		Breastfeeding is included in prenatal patient education	50	53
		Facility has a designated staff member responsible for coordination of lactation care	29	53

* Quality Practice scores range from 0 to 100 for each question, dimension of care, facility, and state. The highest, best possible score for each is 100. Each facility and state's "Composite Quality Practice Score" is made up of subscores for practices in each of 7 dimensions of care.

† Ranks range from 1 to 52, with 1 being the highest rank. In case of a tie, both are given the same rank.

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

References

- Ip S, Chung M, Raman G, et al. Breastfeeding and maternal and infant health outcomes in developed countries. Rockville, MD: US Dept of Health and Human Services, Agency for Healthcare Research and Quality; 2007.
- US Dept of Health and Human Services. Healthy People 2020 Summary of Objectives: Maternal, Infant, and Child Health. Available at <http://www.healthypeople.gov/2020/topics/objectives/2020/pdfs/MaternalChildHealth.pdf>
- DiGirolamo AM, Grummer-Strawn LM, Fein S. Effect of maternity care practices on breastfeeding. Pediatrics 2008;122, Supp 2:S43-9.
- 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.

Improvement is Needed in Maternity Care Practices and Policies in Puerto Rico.

Many opportunities exist to protect, promote, and support breastfeeding mothers and infants in Puerto Rico.

Potential opportunities:

- Examine Puerto Rico regulations for maternity facilities and evaluate their evidence base.
- Sponsor a Puerto Rico-wide summit of key decision-making staff at maternity facilities to highlight the importance of evidence-based practices for breastfeeding.
- Encourage and support hospital staff across Puerto Rico to be trained in providing care that supports mothers to breastfeed.
- Establish links among maternity facilities and community breastfeeding support networks in Puerto Rico.
- Implement evidence-based practices in medical care settings across Puerto Rico that support mothers' efforts to breastfeed.
- Integrate maternity care into related hospital-wide Quality Improvement efforts across Puerto Rico.
- Promote utilization of the Joint Commission's Perinatal Care Core Measure Set including exclusive breast milk feeding at hospital discharge in Puerto Rico hospital data collection systems.

Questions about the mPINC survey?

Information about the mPINC survey, benchmark reports, scoring methods, and complete references are available at: www.cdc.gov/mpinc

For more information:
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