[the following information appears on page 1 of each State Report]

Maternity Practices in Infant Nutrition and Care in Connecticut

State Map

In 2009, 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 Connecticut 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 Connecticut Facilities

	Documentation of Mothers' Feeding Decisions	Staff at 100% of facilities in Connecticut consistently ask about and record mothers' infant feeding decisions.	Standard documentation of infant feeding decisions is important to adequately support maternal choice.
	Availability of Prenatal Breastfeeding Instruction	Staff at 96% of facilities in Connecticut include breastfeeding education as a routine element of their prenatal classes.	Prenatal education about breastfeeding is important because it provides mothers with a better understanding of the benefits and requirements of breastfeeding, resulting in improved breastfeeding rates.

Needed Improvements in Connecticut Facilities

	Appropriate Use of Breastfeeding Supplements	Only 18% of facilities in Connecticut 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.
	Adequate Assessment of Staff Competency	Only 29% of facilities in Connecticut 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.
	Use of Combined Mother/Baby Postpartum Care	Only 21% of facilities in Connecticut 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.
	Provision of Hospital Discharge Planning Support	Only 21% of facilities in Connecticut 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.

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CDC Logo

[the following information appears on page 2 of each State Report]

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.

24% of the 29 eligible hospitals and birth centers in Connecticut responded to the 2009 CDC mPINC survey.

Each participating facility received its facility-specific benchmark report in Spring 2011.

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

Evidence-based maternity care supports mothers' decisions and increases the chances that mothers will meet their personal breastfeeding

Improvement is Needed in Maternity Care Practices and Policies in

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

- Examine Connecticut regulations for maternity facilities and evaluate their evidence base; revise if necessary.
- Sponsor a Connecticut-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 Connecticut to participate in 18-hour training courses in breastfeeding.
- Establish links among maternity facilities and community breastfeeding support networks in Connecticut.

- 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 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:

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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References

[1] 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.

[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.

Results of the 2009 CDC mPINC Survey: Connecticut

Connecticut Composite Quality Practice Score*: 71

Connecticut **State Rank[+]:** 11

mPINC Dimension of Care	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response[‡]	CT Rank[+]	CTSubscale Score* (out of 100)
Labor and Delivery Care				69
	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	50	16	
	Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	44	12	
	Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	50	30	
	Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	44	24	
	Routine procedures are performed skin-to-skin	25	17	
Feeding of Breastfed Infants				86
	Initial feeding is breast milk (vaginal births)	92	-	
	Initial feeding is breast milk (cesarean births)	78	11	
	Supplemental feedings to breastfeeding infants are rare	18	32	
	Water and glucose water are not used	86	8	
Breastfeeding Assistance				85
	Infant feeding decision is documented in the patient chart	100	-	
	Staff provide breastfeeding advice & instructions to patients	88	29	
	Staff teach breastfeeding cues to patients	92	-	
	Staff teach patients not to limit suckling time	57	10	
	Staff directly observe & assess breastfeeding	75	43	
	Staff use a standard feeding assessment tool	4	15	
	Staff rarely provide pacifiers to breastfeeding infants	61	52	
Contact Between Mother and Infant				72
	Mother-infant pairs are not separated for postpartum transition	75	11	
	Mother-infant pairs room-in at night	63	35	
	Mother-infant pairs are not separated during the hospital stay	21	35	
	Infant procedures, assessment, and care are in the patient room	4	15	
	Non-rooming-in infants are brought to mothers at night for feeding	61	52	

mPINC Dimension of Care	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response‡	CT Rank+	CTSubscale Score* (out of 100)
Facility Discharge Care				41
	Staff provide appropriate discharge planning (referrals & other multi-modal support)	21	31	
	Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	33	20	
Staff Training				64
	New staff receive appropriate breastfeeding education	17	7	
	Current staff receive appropriate breastfeeding education	22	10	
	Staff received breastfeeding education in the past year	65	6	
	Assessment of staff competency in breastfeeding management & support is at least annual	67	7	
Structural & Organizational Aspects of Care Delivery				77
	Breastfeeding policy includes all 10 model policy elements	29	6	
	Breastfeeding policy is effectively communicated	71	31	
	Facility documents infant feeding rates in patient population	96	-	
	Facility provides breastfeeding support to employees	96	-	
	Facility does not receive infant formula free of charge	13	17	
	Breastfeeding is included in prenatal patient education	96	-	
	Facility has a designated staff member responsible for coordination of lactation care	79	16	

* 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.