

Maternity Practices in Infant Nutrition and Care In Iowa —2009 mPINC Survey



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This report provides data from the 2009 mPINC survey for Iowa. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in Iowa in order to more successfully meet national quality of care standards for perinatal care.

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 Iowa Facilities

Strengths



Availability of Prenatal Breastfeeding Instruction

Most facilities (99%) in Iowa 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.



Provision of Breastfeeding Advice and Counseling

Staff at 91% of facilities in Iowa 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 13% of facilities in Iowa 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 6% of facilities in Iowa 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.



Use of Combined Mother/Baby Postpartum Care

Only 7% of facilities in Iowa 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.



Protection of Patients from Formula Marketing

Only 7% of facilities in Iowa 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.

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.



Iowa Summary —2009 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 91% of the 76 eligible facilities in Iowa responded to the 2009 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in March 2011.

Iowa's Composite Quality Practice Score* **61**
(out of 100)

Iowa's Composite Rank[†] **39**
(out of 52)

mPINC Dimension of Care	IA Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of IA Facilities with Ideal Response	IA Item Rank [†]
Labor and Delivery Care	59	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	29	44
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	29	27
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	49	33
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	53	15
		Routine procedures are performed skin-to-skin	15	33
Feeding of Breastfed Infants	79	Initial feeding is breast milk (vaginal births)	79	19
		Initial feeding is breast milk (cesarean births)	67	23
		Supplemental feedings to breastfeeding infants are rare	13	42
		Water and glucose water are not used	79	22
Breastfeeding Assistance	78	Infant feeding decision is documented in the patient chart	97	-
		Staff provide breastfeeding advice & instructions to patients	91	-
		Staff teach breastfeeding cues to patients	75	42
		Staff teach patients not to limit suckling time	29	45
		Staff directly observe & assess breastfeeding	86	18
		Staff use a standard feeding assessment tool	55	37
Contact Between Mother and Infant	68	Mother-infant pairs are not separated for postpartum transition	62	25
		Mother-infant pairs room-in at night	62	38
		Mother-infant pairs are not separated during the hospital stay	7	51
		Infant procedures, assessment, and care are in the patient room	2	22
		Non-rooming-in infants are brought to mothers at night for feeding	85	21
Facility Discharge Care	39	Staff provide appropriate discharge planning (referrals & other multi-modal support)	44	5
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	7	51
Staff Training	41	New staff receive appropriate breastfeeding education	6	32
		Current staff receive appropriate breastfeeding education	10	33
		Staff received breastfeeding education in the past year	32	36
		Assessment of staff competency in breastfeeding management & support is at least annual	34	43
Structural & Organizational Aspects of Care Delivery	64	Breastfeeding policy includes all 10 model policy elements	6	44
		Breastfeeding policy is effectively communicated	61	43
		Facility documents infant feeding rates in patient population	58	37
		Facility provides breastfeeding support to employees	62	27
		Facility does not receive infant formula free of charge	1	45
		Breastfeeding is included in prenatal patient education	99	-
Facility has a designated staff member responsible for coordination of lactation care	67	32		

* 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 Iowa.

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

Take action on this critical need—consider the following:

- Examine Iowa regulations for maternity facilities and evaluate their evidence base; revise if necessary.
- Sponsor an Iowa-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 Iowa to participate in 18-hour training courses in breastfeeding.
- Establish links among maternity facilities and community breastfeeding support networks in Iowa.
- 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 hospital-wide Quality Improvement efforts across Iowa.
- Promote Iowa-wide utilization of the Joint Commission's Perinatal Care Core Measure Set including exclusive breastfeeding at discharge in hospital data collection.

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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