

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

This report provides data from the 2009 mPINC survey for Nebraska. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in Nebraska 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 Nebraska Facilities

Strengths

	<p>Documentation of Mothers' Feeding Decisions Staff at all (100%) facilities in Nebraska consistently ask about and record mothers' infant feeding decisions.</p>	<p>Standard documentation of infant feeding decisions is important to adequately support maternal choice.</p>
	<p>Availability of Prenatal Breastfeeding Instruction Most facilities (92%) in Nebraska include breastfeeding education as a routine element of their prenatal classes.</p>	<p>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.</p>

Needed Improvements

	<p>Appropriate Use of Breastfeeding Supplements Only 27% of facilities in Nebraska adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.</p>	<p>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.</p>
	<p>Inclusion of Model Breastfeeding Policy Elements Only 6% of facilities in Nebraska have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).</p>	<p>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.</p>
	<p>Adequate Assessment of Staff Competency Only 15% of facilities in Nebraska annually assess staff competency for basic breastfeeding management and support.</p>	<p>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.</p>
	<p>Initiation of Mother and Infant Skin-to-Skin Care Only 29% of facilities in Nebraska initiate skin-to-skin care for at least 30 minutes upon delivery of the newborn.</p>	<p>Upon delivery, the newborn should be placed skin-to-skin with the mother and allowed uninterrupted time to initiate and establish breastfeeding in order to improve infant health outcomes and reduce the risk of impairment of the neonatal immune system from unnecessary non-breast milk feeds.</p>

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.



Nebraska 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 86% of the 57 eligible facilities in Nebraska responded to the 2009 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in March 2011.

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

Nebraska's Composite Rank† **40**
(out of 52)

mPINC Dimension of Care	NE Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of NE Facilities with Ideal Response	NE 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)	45	11
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	53	25
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	52	17
		Routine procedures are performed skin-to-skin	6	48
Feeding of Breastfed Infants	76	Initial feeding is breast milk (vaginal births)	73	32
		Initial feeding is breast milk (cesarean births)	71	14
		Supplemental feedings to breastfeeding infants are rare	27	17
		Water and glucose water are not used	57	46
Breastfeeding Assistance	76	Infant feeding decision is documented in the patient chart	100	-
		Staff provide breastfeeding advice & instructions to patients	75	49
		Staff teach breastfeeding cues to patients	67	49
		Staff teach patients not to limit suckling time	39	32
		Staff directly observe & assess breastfeeding	64	51
		Staff use a standard feeding assessment tool	40	43
Contact Between Mother and Infant	73	Staff rarely provide pacifiers to breastfeeding infants	16	44
		Mother-infant pairs are not separated for postpartum transition	57	27
		Mother-infant pairs room-in at night	78	16
		Mother-infant pairs are not separated during the hospital stay	22	33
		Infant procedures, assessment, and care are in the patient room	0	33
Facility Discharge Care	38	Non-rooming-in infants are brought to mothers at night for feeding	86	17
		Staff provide appropriate discharge planning (referrals & other multi-modal support)	29	20
Staff Training	30	Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	17	42
		New staff receive appropriate breastfeeding education	10	13
		Current staff receive appropriate breastfeeding education	14	21
		Staff received breastfeeding education in the past year	21	47
Structural & Organizational Aspects of Care Delivery	61	Assessment of staff competency in breastfeeding management & support is at least annual	15	52
		Breastfeeding policy includes all 10 model policy elements	6	44
		Breastfeeding policy is effectively communicated	51	50
		Facility documents infant feeding rates in patient population	63	30
		Facility provides breastfeeding support to employees	33	51
		Facility does not receive infant formula free of charge	4	35
		Breastfeeding is included in prenatal patient education	92	-
		Facility has a designated staff member responsible for coordination of lactation care	60	42

* 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 Nebraska.

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

Take action on this critical need—consider the following:

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