What is the mPINC Survey?
The Maternity Practices in Infant Nutrition and Care (mPINC) Survey is a national survey from the Centers for Disease Control and Prevention (CDC) that assesses infant feeding care processes, policies, and staffing expectations in maternity care settings.

What is in this report?
This report summarizes results from all Minnesota facilities that participated in the 2013 mPINC Survey and identifies opportunities to improve mother-baby care at hospitals and birth centers and related health outcomes throughout Minnesota.

Who participates in the mPINC survey?
All hospitals with maternity services and all free-standing birth centers in the United States are invited to participate in CDC’s mPINC survey every two years.

Minnesota’s mPINC Score: 77
In Minnesota, 92% of 95 eligible facilities participated in CDC’s 2013 mPINC Survey.

Minnesota Highlights: Strengths

- **Availability of Prenatal Breastfeeding Instruction**
  Most facilities (94%) in Minnesota include breastfeeding education as a routine element of their prenatal classes.

- **Documentation of Mothers’ Feeding Decisions**
  Staff at 98% of facilities in Minnesota consistently ask about and record mothers’ infant feeding decisions.

- **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.**

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

Minnesota Highlights: Opportunities for Improvement

- **Appropriate Use of Breastfeeding Supplements**
  Only 44% of facilities in Minnesota adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.

- **Inclusion of Model Breastfeeding Policy Elements**
  Only 20% of facilities in Minnesota have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).

- **Adequate Assessment of Staff Competency**
  Only 43% of facilities in Minnesota annually assess staff competency for basic breastfeeding management and support.

- **Initiation of Mother and Infant Skin-to-Skin Care**
  Only 68% of facilities in Minnesota initiate skin-to-skin care for at least 30 minutes upon delivery of the newborn.

- **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.**

- **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.**

- **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.**

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

There are many opportunities to protect, promote, and support breastfeeding in Minnesota. Opportunities such as those listed below can help Minnesota bring ideal maternity care practices to all Minnesota hospitals.

**Changes in maternity care practices improve breastfeeding rates.**

### Change opportunities:
- Examine Minnesota regulations for maternity facilities and evaluate their evidence base.
- Sponsor a Minnesota-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 Minnesota to be trained in providing care that supports mothers to breastfeed.
- Establish links among maternity facilities and community breastfeeding support networks in Minnesota.
- Implement evidence-based practices in medical care settings across Minnesota that support mothers’ efforts to breastfeed.
- Integrate maternity care into related hospital-wide Quality Improvement efforts across Minnesota.
- Promote utilization of the Joint Commission’s Perinatal Care Core Measure Set including exclusive breast milk feeding at hospital discharge in Minnesota hospital data collection systems.

### Minnesota’s 2013 Survey Results

#### Minnesota’s State mPINC Score

<table>
<thead>
<tr>
<th>mPINC Care Dimension</th>
<th>Care Dimension Subscore</th>
<th>Ideal Response to mPINC Survey Question</th>
<th>Percent of MN Facilities with Ideal Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor and Delivery Care</td>
<td>83</td>
<td>Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)</td>
<td>68</td>
</tr>
<tr>
<td>Feeding of Breastfed Infants</td>
<td>86</td>
<td>Initial feeding is breast milk (vaginal births)</td>
<td>82</td>
</tr>
<tr>
<td>Breastfeeding Assistance</td>
<td>88</td>
<td>Staff provide breastfeeding advice &amp; instructions to patients</td>
<td>90</td>
</tr>
<tr>
<td>Contact Between Mother and Infant</td>
<td>80</td>
<td>Mother-infant pairs are not separated for postpartum transition</td>
<td>87</td>
</tr>
<tr>
<td>Facility Discharge Care</td>
<td>79</td>
<td>Staff provide appropriate discharge planning (referrals &amp; other multi-modal support)</td>
<td>54</td>
</tr>
<tr>
<td>Staff Training</td>
<td>51</td>
<td>New staff receive appropriate breastfeeding education</td>
<td>12</td>
</tr>
<tr>
<td>Structural &amp; Organizational Aspects of Care Delivery</td>
<td>74</td>
<td>Breastfeeding policy includes all 10 model policy elements</td>
<td>20</td>
</tr>
</tbody>
</table>

#### Minnesota’s Rank

<table>
<thead>
<tr>
<th>mPINC Care Dimension</th>
<th>Minnesota’s State mPINC Rank (out of 53)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor and Delivery Care</td>
<td>21</td>
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<td>Breastfeeding Assistance</td>
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<tr>
<td>Contact Between Mother and Infant</td>
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<td>Facility Discharge Care</td>
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<td>Staff Training</td>
<td>19</td>
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<tr>
<td>Structural &amp; Organizational Aspects of Care Delivery</td>
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### References