



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 Georgia 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 Georgia.

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.

Georgia's mPINC Score:

69

In Georgia, 83% of 84 eligible facilities participated in CDC's 2013 mPINC Survey.

Georgia Highlights: Strengths



Documentation of Mothers' Feeding Decisions

Staff at all (100%) facilities in Georgia 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 90% of facilities in Georgia 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.

Georgia Highlights: Opportunities for Improvement



Appropriate Use of Breastfeeding Supplements

Only 11% of facilities in Georgia 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 24% of facilities in Georgia 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.



Initiation of Mother and Infant Skin-to-Skin Care

Only 54% of facilities in Georgia initiate skin-to-skin care for at least 30 minutes upon delivery of the newborn.

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.



Protection of Patients from Formula Marketing

Only 53% of facilities in Georgia 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.



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.

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

Change opportunities:

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

Georgia's 2013 Survey Results

69

Georgia's State mPINC Score
(out of 100)*

Georgia's State mPINC Rank
(out of 53)[†]

45

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of GA Facilities with Ideal Response	Item Rank [†]
Labor and Delivery Care	69	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	54	47
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	42	46
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	54	41
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	44	48
		Routine procedures are performed skin-to-skin	24	45
Feeding of Breastfed Infants	81	Initial feeding is breast milk (vaginal births)	73	37
		Initial feeding is breast milk (cesarean births)	57	48
		Supplemental feedings to breastfeeding infants are rare	11	49
Breast-feeding Assistance	83	Water and glucose water are not used	91	---
		Infant feeding decision is documented in the patient chart	100	---
		Staff provide breastfeeding advice & instructions to patients	90	---
		Staff teach breastfeeding cues to patients	81	39
		Staff teach patients not to limit suckling time	53	32
		Staff directly observe & assess breastfeeding	89	23
Contact Between Mother and Infant	73	Staff use a standard feeding assessment tool	70	31
		Staff rarely provide pacifiers to breastfeeding infants	34	40
		Mother-infant pairs are not separated for postpartum transition	61	39
		Mother-infant pairs room-in at night	86	27
		Mother-infant pairs are not separated during the hospital stay	36	28
Facility Discharge Care	47	Infant procedures, assessment, and care are in the patient room	9	23
		Non-rooming-in infants are brought to mothers at night for feeding	86	35
Staff Training	60	Staff provide appropriate discharge planning (referrals & other multi-modal support)	20	41
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	53	42
		New staff receive appropriate breastfeeding education	13	35
		Current staff receive appropriate breastfeeding education	24	29
Structural & Organizational Aspects of Care Delivery	68	Staff received breastfeeding education in the past year	54	34
		Assessment of staff competency in breastfeeding management & support is at least annual	70	13
		Breastfeeding policy includes all 10 model policy elements	24	29
		Breastfeeding policy is effectively communicated	73	36
		Facility documents infant feeding rates in patient population	73	35
		Facility provides breastfeeding support to employees	71	27
		Facility does not receive infant formula free of charge	11	41
Breastfeeding is included in prenatal patient education	83	43		
Facility has a designated staff member responsible for coordination of lactation care	70	31		

Questions about the mPINC survey?

Information about the mPINC survey, results, reports, scoring, and history is at: www.cdc.gov/mpinc

For more information:

Centers for Disease Control and Prevention
Division of Nutrition, Physical Activity, and Obesity
Atlanta, GA USA

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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 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>
- ³ DiGirolamo AM, Grummer-Strawn LM, Fein S. Effect of maternity care practices on breastfeeding. *Pediatrics* 2008;122, Supp 2:S43-9.
- ⁴ 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.