



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 Kentucky 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 Kentucky.

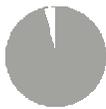
Who participates in the mPINC survey? All hospitals with maternity services and all free-standing birth centers in the United States are invited to participate in CDC's mPINC survey every two years.

Kentucky's mPINC Score:

70

In Kentucky, 90% of 49 eligible facilities participated in CDC's 2013 mPINC Survey.

Kentucky Highlights: Strengths



Provision of Breastfeeding Advice and Counseling
Staff at 96% of facilities in Kentucky 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.



Availability of Prenatal Breastfeeding Instruction
Most facilities (86%) in Kentucky 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.

Kentucky Highlights: Opportunities for Improvement



Appropriate Use of Breastfeeding Supplements
Only 21% of facilities in Kentucky 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.



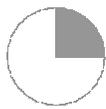
Inclusion of Model Breastfeeding Policy Elements
Only 18% of facilities in Kentucky have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).

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.



Protection of Patients from Formula Marketing
Only 41% of facilities in Kentucky 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.



Use of Combined Mother/Baby Postpartum Care
Only 25% of facilities in Kentucky 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 without affecting duration and quality of maternal sleep, and reduces supplemental feeds.

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 Kentucky. Opportunities such as those listed below can help Kentucky bring ideal maternity care practices to all Kentucky hospitals.

Change opportunities:

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

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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Kentucky's 2013 Survey Results

70

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

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

42

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of KY Facilities with Ideal Response	Item Rank [†]
Labor and Delivery Care	86	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	93	---
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	71	11
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	64	29
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	56	32
		Routine procedures are performed skin-to-skin	55	13
Feeding of Breastfed Infants	78	Initial feeding is breast milk (vaginal births)	68	45
		Initial feeding is breast milk (cesarean births)	77	17
		Supplemental feedings to breastfeeding infants are rare	21	32
Breast-feeding Assistance	83	Water and glucose water are not used	71	51
		Infant feeding decision is documented in the patient chart	96	---
		Staff provide breastfeeding advice & instructions to patients	96	---
		Staff teach breastfeeding cues to patients	91	---
		Staff teach patients not to limit suckling time	52	33
		Staff directly observe & assess breastfeeding	86	31
Contact Between Mother and Infant	69	Staff use a standard feeding assessment tool	66	37
		Staff rarely provide pacifiers to breastfeeding infants	23	49
		Mother-infant pairs are not separated for postpartum transition	61	39
		Mother-infant pairs room-in at night	63	52
		Mother-infant pairs are not separated during the hospital stay	25	44
Facility Discharge Care	44	Infant procedures, assessment, and care are in the patient room	2	44
		Non-rooming-in infants are brought to mothers at night for feeding	90	---
		Staff provide appropriate discharge planning (referrals & other multi-modal support)	21	39
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	41	48
Staff Training	60	New staff receive appropriate breastfeeding education	14	34
		Current staff receive appropriate breastfeeding education	22	32
		Staff received breastfeeding education in the past year	63	22
		Assessment of staff competency in breastfeeding management & support is at least annual	67	17
Structural & Organizational Aspects of Care Delivery	70	Breastfeeding policy includes all 10 model policy elements	18	36
		Breastfeeding policy is effectively communicated	77	29
		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	2	51
		Breastfeeding is included in prenatal patient education	86	39
		Facility has a designated staff member responsible for coordination of lactation care	73	26

* 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 "Total Score" is made up of subscores for practices in each of 7 dimensions of care.

† Ranks range from 1 to 53, 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

- 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.