



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 Maine 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 Maine.

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.

Maine's mPINC Score:

82

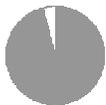
In Maine, 80% of 30 eligible facilities participated in CDC's 2013 mPINC Survey.

Maine Highlights: Strengths



Availability of Prenatal Breastfeeding Instruction
All facilities (100%) in Maine 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 96% of facilities in Maine 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.

Maine Highlights: Opportunities for Improvement



Appropriate Use of Breastfeeding Supplements
Only 71% of facilities in Maine 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 33% of facilities in Maine 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.



Adequate Assessment of Staff Competency
Only 54% of facilities in Maine annually assess staff competency for basic breastfeeding management and support.

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.



Use of Combined Mother/Baby Postpartum Care
Only 33% of facilities in Maine 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 Maine. Opportunities such as those listed below can help Maine bring ideal maternity care practices to all Maine hospitals.

Change opportunities:

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

Maine's 2013 Survey Results

82

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

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

8

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of ME Facilities with Ideal Response	Item Rank [†]
Labor and Delivery Care	93	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	79	18
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	83	4
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	83	3
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	79	6
		Routine procedures are performed skin-to-skin	63	7
Feeding of Breastfed Infants	95	Initial feeding is breast milk (vaginal births)	83	19
		Initial feeding is breast milk (cesarean births)	83	12
		Supplemental feedings to breastfeeding infants are rare	71	2
Breast-feeding Assistance	89	Water and glucose water are not used	100	---
		Infant feeding decision is documented in the patient chart	96	---
		Staff provide breastfeeding advice & instructions to patients	96	---
		Staff teach breastfeeding cues to patients	92	---
		Staff teach patients not to limit suckling time	75	7
		Staff directly observe & assess breastfeeding	100	---
Contact Between Mother and Infant	78	Staff use a standard feeding assessment tool	58	43
		Staff rarely provide pacifiers to breastfeeding infants	75	5
		Mother-infant pairs are not separated for postpartum transition	88	13
		Mother-infant pairs room-in at night	88	21
		Mother-infant pairs are not separated during the hospital stay	33	31
Facility Discharge Care	83	Infant procedures, assessment, and care are in the patient room	17	12
		Non-rooming-in infants are brought to mothers at night for feeding	82	46
		Staff provide appropriate discharge planning (referrals & other multi-modal support)	71	3
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	79	18
Staff Training	56	New staff receive appropriate breastfeeding education	35	8
		Current staff receive appropriate breastfeeding education	13	45
		Staff received breastfeeding education in the past year	46	44
		Assessment of staff competency in breastfeeding management & support is at least annual	54	35
Structural & Organizational Aspects of Care Delivery	82	Breastfeeding policy includes all 10 model policy elements	33	13
		Breastfeeding policy is effectively communicated	75	33
		Facility documents infant feeding rates in patient population	83	17
		Facility provides breastfeeding support to employees	67	37
		Facility does not receive infant formula free of charge	42	10
		Breastfeeding is included in prenatal patient education	100	---
		Facility has a designated staff member responsible for coordination of lactation care	83	7

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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* 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.