



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 Nevada 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 Nevada.

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.

Nevada's mPINC Score:

71

In Nevada, 84% of 19 eligible facilities participated in CDC's 2013 mPINC Survey.

Nevada Highlights: Strengths



Documentation of Mothers' Feeding Decisions

Staff at all (100%) facilities in Nevada consistently ask about and record mothers' infant feeding decisions.

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



Availability of Prenatal Breastfeeding Instruction

Most facilities (81%) facilities in Nevada 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.

Nevada Highlights: Opportunities for Improvement



Appropriate Use of Breastfeeding Supplements

Only 44% of facilities in Nevada adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.

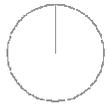
The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care recommend against routine supplementation because supplementation with formula and/or water makes infants more likely to receive formula at home and stop breastfeeding prematurely.



Inclusion of Model Breastfeeding Policy Elements

Only 38% of facilities in Nevada 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.



Provision of Hospital Discharge Planning Support

No facilities (0%) in Nevada provide hospital discharge care including a phone call to the patient's home, opportunity for follow-up visit, and referral to community breastfeeding support.

The American Academy of Pediatrics (AAP) clinical practice guidelines recommend examination of the newborn by a qualified health care professional within 48 hours of hospital discharge in order to assess breastfeeding. Ensuring post discharge ambulatory support improves breastfeeding outcomes.



Initiation of Mother and Infant Skin-to-Skin Care

Only 56% of facilities in Nevada 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.

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

Change opportunities:

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

Nevada's 2013 Survey Results

71

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

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

37

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of NV Facilities with Ideal Response	Item Rank [†]
Labor and Delivery Care	65	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	56	46
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	25	51
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	53	43
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	19	53
		Routine procedures are performed skin-to-skin	38	31
Feeding of Breastfed Infants	87	Initial feeding is breast milk (vaginal births)	69	43
		Initial feeding is breast milk (cesarean births)	56	50
		Supplemental feedings to breastfeeding infants are rare	44	9
Breast-feeding Assistance	87	Water and glucose water are not used	100	---
		Infant feeding decision is documented in the patient chart	100	---
		Staff provide breastfeeding advice & instructions to patients	81	51
		Staff teach breastfeeding cues to patients	81	39
		Staff teach patients not to limit suckling time	43	45
		Staff directly observe & assess breastfeeding	69	51
Contact Between Mother and Infant	81	Staff use a standard feeding assessment tool	88	4
		Staff rarely provide pacifiers to breastfeeding infants	50	22
		Mother-infant pairs are not separated for postpartum transition	63	37
		Mother-infant pairs room-in at night	93	---
		Mother-infant pairs are not separated during the hospital stay	63	14
Facility Discharge Care	41	Infant procedures, assessment, and care are in the patient room	21	8
		Non-rooming-in infants are brought to mothers at night for feeding	79	49
Staff Training	66	Staff provide appropriate discharge planning (referrals & other multi-modal support)	0	52
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	56	39
		New staff receive appropriate breastfeeding education	27	13
Structural & Organizational Aspects of Care Delivery	71	Current staff receive appropriate breastfeeding education	29	22
		Staff received breastfeeding education in the past year	57	30
		Assessment of staff competency in breastfeeding management & support is at least annual	69	15
		Breastfeeding policy includes all 10 model policy elements	38	9
		Breastfeeding policy is effectively communicated	81	22
		Facility documents infant feeding rates in patient population	63	43
Facility Discharge Care	41	Facility provides breastfeeding support to employees	69	34
		Facility does not receive infant formula free of charge	25	24
		Breastfeeding is included in prenatal patient education	81	46
		Facility has a designated staff member responsible for coordination of lactation care	75	21

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
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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.