



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 New Hampshire 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 New Hampshire.

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.

New Hampshire's mPINC Score:

91

In New Hampshire, 96% of 24 eligible facilities participated in CDC's 2013 mPINC Survey.

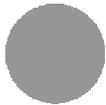
New Hampshire Highlights: Strengths



Provision of Breastfeeding Advice and Counseling

Staff at all (100%) facilities in New Hampshire 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

All facilities (100%) in New Hampshire 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.

New Hampshire Highlights: Opportunities for Improvement



Appropriate Use of Breastfeeding Supplements

Only 57% of facilities in New Hampshire 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 52% of facilities in New Hampshire 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 67% of facilities in New Hampshire 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 65% of facilities in New Hampshire 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 New Hampshire. Opportunities such as those listed below can help bring ideal maternity care practices to *all* New Hampshire hospitals.

Change opportunities:

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

New Hampshire's 2013 Survey Results

91

New Hampshire's State mPINC Score
(out of 100)*

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

1

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of NH Facilities with Ideal Response	Item Rank [†]
Labor and Delivery Care	97	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	96	---
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	95	---
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	87	2
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	90	---
		Routine procedures are performed skin-to-skin	87	1
Feeding of Breastfed Infants	95	Initial feeding is breast milk (vaginal births)	86	15
		Initial feeding is breast milk (cesarean births)	89	7
		Supplemental feedings to breastfeeding infants are rare	57	5
		Water and glucose water are not used	100	---
Breast-feeding Assistance	94	Infant feeding decision is documented in the patient chart	100	---
		Staff provide breastfeeding advice & instructions to patients	100	---
		Staff teach breastfeeding cues to patients	100	---
		Staff teach patients not to limit suckling time	83	2
		Staff directly observe & assess breastfeeding	100	---
		Staff use a standard feeding assessment tool	74	24
Contact Between Mother and Infant	92	Staff rarely provide pacifiers to breastfeeding infants	78	4
		Mother-infant pairs are not separated for postpartum transition	100	---
		Mother-infant pairs room-in at night	96	---
		Mother-infant pairs are not separated during the hospital stay	65	13
		Infant procedures, assessment, and care are in the patient room	11	18
Facility Discharge Care	91	Non-rooming-in infants are brought to mothers at night for feeding	95	---
		Staff provide appropriate discharge planning (referrals & other multi-modal support)	61	5
Staff Training	80	Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	100	---
		New staff receive appropriate breastfeeding education	55	2
		Current staff receive appropriate breastfeeding education	62	2
		Staff received breastfeeding education in the past year	81	5
Structural & Organizational Aspects of Care Delivery	85	Assessment of staff competency in breastfeeding management & support is at least annual	67	17
		Breastfeeding policy includes all 10 model policy elements	52	3
		Breastfeeding policy is effectively communicated	74	34
		Facility documents infant feeding rates in patient population	96	---
		Facility provides breastfeeding support to employees	86	5
		Facility does not receive infant formula free of charge	57	1
		Breastfeeding is included in prenatal patient education	100	---
Facility has a designated staff member responsible for coordination of lactation care	77	15		

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.