



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 Jersey 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 Jersey.

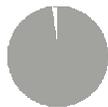
Who participates in the mPINC survey? All hospitals with maternity services and all free-standing birth centers in the United States are invited to participate in CDC's mPINC survey every two years.

New Jersey's mPINC Score:

78

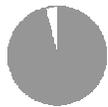
In New Jersey, 85% of 54 eligible facilities participated in CDC's 2013 mPINC Survey.

New Jersey Highlights: Strengths



Provision of Breastfeeding Advice and Counseling
Staff at 98% of facilities in New Jersey 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 (96%) in New Jersey 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 Jersey Highlights: Opportunities for Improvement



Appropriate Use of Breastfeeding Supplements
Only 17% of facilities in New Jersey 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 New Jersey 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.



Use of Combined Mother/Baby Postpartum Care
Only 28% of facilities in New Jersey 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.



Provision of Hospital Discharge Planning Support
Only 28% of facilities in New Jersey 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.

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

Change opportunities:

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

New Jersey's 2013 Survey Results

78

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

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

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mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of NJ Facilities with Ideal Response	Item Rank [†]
Labor and Delivery Care	80	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	87	10
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	65	21
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	69	20
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	63	25
		Routine procedures are performed skin-to-skin	41	26
Feeding of Breastfed Infants	82	Initial feeding is breast milk (vaginal births)	64	49
		Initial feeding is breast milk (cesarean births)	63	42
		Supplemental feedings to breastfeeding infants are rare	17	41
Breast-feeding Assistance	90	Water and glucose water are not used	96	---
		Infant feeding decision is documented in the patient chart	98	---
		Staff provide breastfeeding advice & instructions to patients	98	---
		Staff teach breastfeeding cues to patients	98	---
		Staff teach patients not to limit suckling time	66	15
		Staff directly observe & assess breastfeeding	91	---
Contact Between Mother and Infant	73	Staff use a standard feeding assessment tool	80	9
		Staff rarely provide pacifiers to breastfeeding infants	52	20
		Mother-infant pairs are not separated for postpartum transition	62	38
		Mother-infant pairs room-in at night	78	43
		Mother-infant pairs are not separated during the hospital stay	28	39
Facility Discharge Care	62	Infant procedures, assessment, and care are in the patient room	9	23
		Non-rooming-in infants are brought to mothers at night for feeding	76	50
Staff Training	79	Staff provide appropriate discharge planning (referrals & other multi-modal support)	28	32
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	70	31
		New staff receive appropriate breastfeeding education	41	5
		Current staff receive appropriate breastfeeding education	42	5
Structural & Organizational Aspects of Care Delivery	82	Staff received breastfeeding education in the past year	82	4
		Assessment of staff competency in breastfeeding management & support is at least annual	76	6
		Breastfeeding policy includes all 10 model policy elements	38	9
		Breastfeeding policy is effectively communicated	91	---
		Facility documents infant feeding rates in patient population	94	---
		Facility provides breastfeeding support to employees	80	14
		Facility does not receive infant formula free of charge	30	20
Breastfeeding is included in prenatal patient education	96	---		
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.