mPINC

CDC Survey of
Maternity Practices in Infant Nutrition and Care

2013 Survey

New Mexico Results Report

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 Mexico 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 Mexico.

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 Mexico's mPINC Score: 77

In New Mexico, 91% of 32 eligible facilities participated in CDC's 2013 mPINC Survey.

New Mexico Highlights: Strengths

Provision of Breastfeeding Advice and Counseling Staff at 97% of facilities in New Mexico 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 New Mexico 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 Mexico Highlights: Opportunities for Improvement

Appropriate Use of Breastfeeding Supplements Only 32% of facilities in New Mexico 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 27% of facilities in New Mexico 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 Only 14% of facilities in New Mexico 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.
Adequate Assessment of Staff Competency Only 50% of facilities in New Mexico 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.

Breastfeeding **is a public health priority.**

mPINC

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

Change opportunities:

- Examine New Mexico regulations for maternity facilities and evaluate their evidence base.
- Sponsor a New Mexico-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 Mexico to be trained in providing care that supports mothers to breastfeed.
- Establish links among maternity facilities and community breastfeeding support networks in New Mexico.
- Implement evidence-based practices in medical care settings across New Mexico that support mothers' efforts to breastfeed.
- Integrate maternity care into related hospital-wide Quality Improvement efforts across New Mexico.
- Promote utilization of the Joint Commission's Perinatal Care Core Measure Set including exclusive breast milk feeding at hospital discharge in New Mexico 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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New Mexico's 2013 Survey Results

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

New Mexico's State mPINC **Rank** (out of 53)† **21**

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of NM Facilities with Ideal Response	Item Rank†
Labor and Delivery Care	84	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	86	11
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	56	32
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	72	15
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	52	38
		Routine procedures are performed skin-to-skin	59	8
Feeding of Breastfed Infants	88	Initial feeding is breast milk (vaginal births)	90	---
		Initial feeding is breast milk (cesarean births)	72	26
		Supplemental feedings to breastfeeding infants are rare	32	16
		Water and glucose water are not used	93	---
Breast-feeding Assistance	88	Infant feeding decision is documented in the patient chart	97	---
		Staff provide breastfeeding advice & instructions to patients	97	---
		Staff teach breastfeeding cues to patients	86	34
		Staff teach patients not to limit suckling time	46	40
		Staff directly observe & assess breastfeeding	93	---
		Staff use a standard feeding assessment tool	76	19
		Staff rarely provide pacifiers to breastfeeding infants	64	9
Contact Between Mother and Infant	89	Mother-infant pairs are not separated for postpartum transition	72	30
		Mother-infant pairs room-in at night	96	---
		Mother-infant pairs are not separated during the hospital stay	76	6
		Infant procedures, assessment, and care are in the patient room	26	4
		Non-rooming-in infants are brought to mothers at night for feeding	90	---
Facility Discharge Care	67	Staff provide appropriate discharge planning (referrals & other multi-modal support)	14	50
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	82	15
Staff Training	56	New staff receive appropriate breastfeeding education	27	13
		Current staff receive appropriate breastfeeding education	30	21
		Staff received breastfeeding education in the past year	58	27
		Assessment of staff competency in breastfeeding management & support is at least annual	50	39
Structural & Organizational Aspects of Care Delivery	67	Breastfeeding policy includes all 10 model policy elements	27	22
		Breastfeeding policy is effectively communicated	72	38
		Facility documents infant feeding rates in patient population	61	47
		Facility provides breastfeeding support to employees	63	39
		Facility does not receive infant formula free of charge	35	15
		Breastfeeding is included in prenatal patient education	86	39
		Facility has a designated staff member responsible for coordination of lactation care	46	51

* 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/topicsobjectives2020/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.