



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 Oregon 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 Oregon.

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.

Oregon's
mPINC Score:

85

In Oregon, 87% of 60 eligible facilities participated in CDC's 2013 mPINC Survey.

Oregon Highlights: Strengths



Provision of Breastfeeding Advice and Counseling

Staff at 96% of facilities in Oregon 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 (92%) in Oregon 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.

Oregon Highlights: Opportunities for Improvement



Appropriate Use of Breastfeeding Supplements

Only 60% of facilities in Oregon 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 Oregon 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 56% of facilities in Oregon 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.



Provision of Hospital Discharge Planning Support

Only 31% of facilities in Oregon 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 Oregon. Opportunities such as those listed below can help Oregon bring ideal maternity care practices to all Oregon hospitals.

Change opportunities:

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

November 2014

Oregon's 2013 Survey Results

85

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

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

5

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of OR Facilities with Ideal Response	Item Rank [†]
Labor and Delivery Care	95	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	94	---
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	81	6
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	79	8
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	84	3
		Routine procedures are performed skin-to-skin	73	4
Feeding of Breastfed Infants	94	Initial feeding is breast milk (vaginal births)	96	---
		Initial feeding is breast milk (cesarean births)	95	---
		Supplemental feedings to breastfeeding infants are rare	60	4
		Water and glucose water are not used	94	---
Breast-feeding Assistance	91	Infant feeding decision is documented in the patient chart	98	---
		Staff provide breastfeeding advice & instructions to patients	96	---
		Staff teach breastfeeding cues to patients	94	---
		Staff teach patients not to limit suckling time	70	9
		Staff directly observe & assess breastfeeding	92	---
		Staff use a standard feeding assessment tool	79	11
		Staff rarely provide pacifiers to breastfeeding infants	58	12
Contact Between Mother and Infant	92	Mother-infant pairs are not separated for postpartum transition	98	---
		Mother-infant pairs room-in at night	100	---
		Mother-infant pairs are not separated during the hospital stay	73	10
		Infant procedures, assessment, and care are in the patient room	26	4
		Non-rooming-in infants are brought to mothers at night for feeding	98	---
Facility Discharge Care	76	Staff provide appropriate discharge planning (referrals & other multi-modal support)	31	25
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	90	---
Staff Training	66	New staff receive appropriate breastfeeding education	27	13
		Current staff receive appropriate breastfeeding education	33	16
		Staff received breastfeeding education in the past year	64	20
		Assessment of staff competency in breastfeeding management & support is at least annual	56	30
Structural & Organizational Aspects of Care Delivery	79	Breastfeeding policy includes all 10 model policy elements	27	22
		Breastfeeding policy is effectively communicated	81	22
		Facility documents infant feeding rates in patient population	85	11
		Facility provides breastfeeding support to employees	71	27
		Facility does not receive infant formula free of charge	48	5
		Breastfeeding is included in prenatal patient education	92	---
		Facility has a designated staff member responsible for coordination of lactation care	73	26

* 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.