



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 Pennsylvania 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 Pennsylvania.

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.

Pennsylvania's mPINC Score:

74

In Pennsylvania, 88% of 99 eligible facilities participated in CDC's 2013 mPINC Survey.

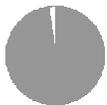
Pennsylvania Highlights: Strengths



Documentation of Mothers' Feeding Decisions

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

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



Provision of Breastfeeding Advice and Counseling

Staff at 98% of facilities in Pennsylvania 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.

Pennsylvania Highlights: Opportunities for Improvement



Appropriate Use of Breastfeeding Supplements

Only 29% of facilities in Pennsylvania 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 24% of facilities in Pennsylvania 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.



Initiation of Mother and Infant Skin-to-Skin Care

Only 58% of facilities in Pennsylvania 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.



Use of Combined Mother/Baby Postpartum Care

Only 26% of facilities in Pennsylvania 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 Pennsylvania. Opportunities such as those listed below can help Pennsylvania bring ideal maternity care practices to all Pennsylvania hospitals.

Change opportunities:

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

Pennsylvania's 2013 Survey Results

74

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

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

32

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of PA Facilities with Ideal Response	Item Rank [†]
Labor and Delivery Care	76	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	58	43
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	52	37
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	66	26
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	49	44
		Routine procedures are performed skin-to-skin	23	46
Feeding of Breastfed Infants	87	Initial feeding is breast milk (vaginal births)	84	17
		Initial feeding is breast milk (cesarean births)	77	17
		Supplemental feedings to breastfeeding infants are rare	29	17
Breast-feeding Assistance	89	Water and glucose water are not used	88	29
		Infant feeding decision is documented in the patient chart	100	---
		Staff provide breastfeeding advice & instructions to patients	98	---
		Staff teach breastfeeding cues to patients	88	29
		Staff teach patients not to limit suckling time	69	10
		Staff directly observe & assess breastfeeding	90	---
Contact Between Mother and Infant	70	Staff use a standard feeding assessment tool	79	11
		Staff rarely provide pacifiers to breastfeeding infants	33	42
		Mother-infant pairs are not separated for postpartum transition	59	42
		Mother-infant pairs room-in at night	77	44
		Mother-infant pairs are not separated during the hospital stay	26	42
Facility Discharge Care	61	Infant procedures, assessment, and care are in the patient room	6	28
		Non-rooming-in infants are brought to mothers at night for feeding	89	31
Staff Training	64	Staff provide appropriate discharge planning (referrals & other multi-modal support)	29	28
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	62	35
		New staff receive appropriate breastfeeding education	21	19
		Current staff receive appropriate breastfeeding education	27	24
Structural & Organizational Aspects of Care Delivery	73	Staff received breastfeeding education in the past year	65	16
		Assessment of staff competency in breastfeeding management & support is at least annual	58	29
		Breastfeeding policy includes all 10 model policy elements	24	29
		Breastfeeding policy is effectively communicated	85	12
		Facility documents infant feeding rates in patient population	73	35
		Facility provides breastfeeding support to employees	75	21
		Facility does not receive infant formula free of charge	13	38
Breastfeeding is included in prenatal patient education	92	---		
Facility has a designated staff member responsible for coordination of lactation care	70	31		

* 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.

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.