



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 South Dakota 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 South Dakota.

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.

South Dakota's mPINC Score:

70

In South Dakota, 96% of 25 eligible facilities participated in CDC's 2013 mPINC Survey.

South Dakota Highlights: Strengths

	<p>Documentation of Mothers' Feeding Decisions Staff at all (100%) facilities in South Dakota consistently ask about and record mothers' infant feeding decisions.</p>	<p>Standard documentation of infant feeding decisions is important to adequately support maternal choice.</p>
	<p>Provision of Breastfeeding Advice and Counseling Staff at 96% of facilities in South Dakota provide breastfeeding advice and instructions to patients who are breastfeeding, or intend to breastfeed.</p>	<p>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.</p>

South Dakota Highlights: Opportunities or Improvement

	<p>Appropriate Use of Breastfeeding Supplements Only 26% of facilities in South Dakota adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.</p>	<p>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.</p>
	<p>Inclusion of Model Breastfeeding Policy Elements Only 33% of facilities in South Dakota have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).</p>	<p>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.</p>
	<p>Protection of Patients from Formula Marketing Only 17% of facilities in South Dakota adhere to clinical and public health recommendations against distributing formula company discharge packs.</p>	<p>Distribution of discharge packs contributes to premature breastfeeding discontinuation. The ACOG, AAP, American Public Health Association (APHA), and the federal Government Accountability Office (GAO) all identify this practice as inappropriate in medical environments and recommend against it.</p>
	<p>Use of Combined Mother/Baby Postpartum Care Only 25% of facilities in South Dakota report that most healthy full-term infants remain with their mothers for at least 23 hours per day throughout the hospital stay.</p>	<p>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.</p>



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

Change opportunities:

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

South Dakota's 2013 Survey Results

70

South Dakota's State mPINC Score
(out of 100)*

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

42

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of SD Facilities with Ideal Response	Item Rank [†]
Labor and Delivery Care	82	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	63	36
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	57	31
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	71	17
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	74	8
		Routine procedures are performed skin-to-skin	44	23
Feeding of Breastfed Infants	84	Initial feeding is breast milk (vaginal births)	75	33
		Initial feeding is breast milk (cesarean births)	78	16
		Supplemental feedings to breastfeeding infants are rare	26	23
Breast-feeding Assistance	85	Water and glucose water are not used	77	45
		Infant feeding decision is documented in the patient chart	100	---
		Staff provide breastfeeding advice & instructions to patients	96	---
		Staff teach breastfeeding cues to patients	78	45
		Staff teach patients not to limit suckling time	58	23
		Staff directly observe & assess breastfeeding	75	50
Contact Between Mother and Infant	71	Staff use a standard feeding assessment tool	79	11
		Staff rarely provide pacifiers to breastfeeding infants	22	50
		Mother-infant pairs are not separated for postpartum transition	58	43
		Mother-infant pairs room-in at night	71	49
		Mother-infant pairs are not separated during the hospital stay	25	44
Facility Discharge Care	46	Infant procedures, assessment, and care are in the patient room	0	45
		Non-rooming-in infants are brought to mothers at night for feeding	86	35
Staff Training	56	Staff provide appropriate discharge planning (referrals & other multi-modal support)	54	9
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	17	53
		New staff receive appropriate breastfeeding education	13	35
		Current staff receive appropriate breastfeeding education	9	52
Structural & Organizational Aspects of Care Delivery	70	Staff received breastfeeding education in the past year	50	38
		Assessment of staff competency in breastfeeding management & support is at least annual	50	39
		Breastfeeding policy includes all 10 model policy elements	33	13
		Breastfeeding policy is effectively communicated	71	41
		Facility documents infant feeding rates in patient population	67	42
		Facility provides breastfeeding support to employees	71	27
		Facility does not receive infant formula free of charge	13	38
Breastfeeding is included in prenatal patient education	79	48		
		Facility has a designated staff member responsible for coordination of lactation care	75	21

Questions about the mPINC survey?

Information about the mPINC survey, results, reports, scoring, and history is at: www.cdc.gov/mpinc

For more information:

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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.