



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 West Virginia 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 West Virginia.

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.

West Virginia's
mPINC Score:

69

In West Virginia, 89% of 28 eligible facilities participated in CDC's 2013 mPINC Survey.

West Virginia Highlights: Strengths



Documentation of Mothers' Feeding Decisions

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

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



Availability of Prenatal Breastfeeding Instruction

Most facilities (88%) in West Virginia 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.

West Virginia Highlights: Opportunities for Improvement



Appropriate Use of Breastfeeding Supplements

Only 24% of facilities in West Virginia 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 8% of facilities in West Virginia 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 48% of facilities in West Virginia 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.



Adequate Assessment of Staff Competency

Only 48% of facilities in West Virginia 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 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 West Virginia. Opportunities such as those listed below can help West Virginia bring ideal maternity care practices to all West Virginia hospitals.

Change opportunities:

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

West Virginia's 2013 Survey Results

69

West Virginia's
State mPINC Score
(out of 100)*

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

45

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of WV Facilities with Ideal Response	Item Rank [†]
Labor and Delivery Care	67	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	48	51
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	33	48
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	52	46
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	54	35
		Routine procedures are performed skin-to-skin	20	49
Feeding of Breastfed Infants	80	Initial feeding is breast milk (vaginal births)	72	40
		Initial feeding is breast milk (cesarean births)	67	36
		Supplemental feedings to breastfeeding infants are rare	24	27
		Water and glucose water are not used	75	48
Breast-feeding Assistance	80	Infant feeding decision is documented in the patient chart	100	---
		Staff provide breastfeeding advice & instructions to patients	88	40
		Staff teach breastfeeding cues to patients	92	---
		Staff teach patients not to limit suckling time	48	39
		Staff directly observe & assess breastfeeding	84	35
		Staff use a standard feeding assessment tool	40	50
		Staff rarely provide pacifiers to breastfeeding infants	48	26
Contact Between Mother and Infant	71	Mother-infant pairs are not separated for postpartum transition	64	36
		Mother-infant pairs room-in at night	82	39
		Mother-infant pairs are not separated during the hospital stay	29	37
		Infant procedures, assessment, and care are in the patient room	4	39
		Non-rooming-in infants are brought to mothers at night for feeding	96	---
Facility Discharge Care	61	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	68	33
Staff Training	53	New staff receive appropriate breastfeeding education	4	49
		Current staff receive appropriate breastfeeding education	10	51
		Staff received breastfeeding education in the past year	52	37
		Assessment of staff competency in breastfeeding management & support is at least annual	48	41
Structural & Organizational Aspects of Care Delivery	70	Breastfeeding policy includes all 10 model policy elements	8	48
		Breastfeeding policy is effectively communicated	80	24
		Facility documents infant feeding rates in patient population	84	15
		Facility provides breastfeeding support to employees	56	48
		Facility does not receive infant formula free of charge	12	40
		Breastfeeding is included in prenatal patient education	88	38
		Facility has a designated staff member responsible for coordination of lactation care	60	43

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.