

Changes in maternity care improve breastfeeding outcomes.

CDC's mPINC Reports have what you need to understand and improve care across District of Columbia:

- 2015 survey scores and ranks
- Action ideas to improve outcomes
- Trends across all mPINC surveys:

New! — **TOTAL SCORES** averaging all hospitals' scores

- **POLICIES** for staff training and infant feeding care
- **PRACTICES** in supplementing breastfed infants
- **PROTOCOLS** for support after discharge to home

What is mPINC?

mPINC is CDC's national survey of maternity practices in infant nutrition and care.

What does mPINC measure?

Survey questions measure infant feeding care practices, policies, and staffing expectations in place at hospitals that provide maternity services.

Who is included in mPINC surveys?

Every other year, CDC invites all maternity hospitals* nationwide to participate in mPINC.

In 2015, **57%** of eligible District of Columbia hospitals took part. (n=4)

* In states with free-standing birth centers, this includes hospitals and birth centers.

Compare **TOTAL SCORES** from 2007 through 2015:

76

2007 survey

72

2009 survey

79

2011 survey

80

2013 survey

82

2015 survey

Examine **IDEAL RESPONSES TO SELECTED ITEMS** in District of Columbia hospitals for 2007–2015:

Percentage of District of Columbia hospitals with ideal responses (2007–2015 surveys)

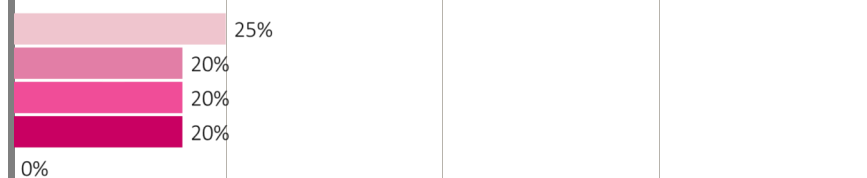
Complete Hospital Policies:

Hospital breastfeeding policy includes all 10 model policy elements. (in *Structural & Organizational Aspects of Care Delivery*)



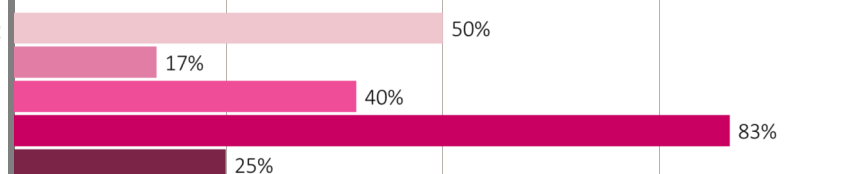
Appropriate Feeding Practices:

Supplemental feedings to breastfeeding infants are rare. (in *Feeding of Breastfed Infants*)



Adequate Discharge Protocols:

Hospital provides appropriate discharge planning (referrals & other multi-modal support). (in *Hospital Discharge Care*)



Make mPINC work for you.

Use your mPINC data to bring together partners, identify gaps, celebrate achievements, and prioritize next steps.

Total
SCORE*
(out of 100)

82

Overall **RANK****
(out of 53)

13th

USE THESE RESULTS.

Action ideas:

Use your mPINC summary data to:

→ **Help** hospitals meet Joint Commission Perinatal Care Core Measure breastfeeding requirements.

→ **Ensure** hospital staff across District of Columbia are trained in infant feeding care.

→ **Celebrate** the 2 Baby-Friendly hospitals in District of Columbia and show how to use mPINC to work toward Baby-Friendly designation.

Learn how mPINC works.

See questionnaires, past survey results, and read about mPINC.

→ Go to www.cdc.gov/mpinc or

→ Scan this code:



mPINC Care Dimensions

Ideal response to each care dimension item

Percentage of hospitals with ideal response

Care Dimension
SUBSCORES

Labor and Delivery Care

76

Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	75%
Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	0%
Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	75%
Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	33%
Routine procedures are performed skin-to-skin	25%

Feeding of Breastfed Infants

78

Initial feeding is breast milk (vaginal births)	50%
Initial feeding is breast milk (cesarean births)	50%
Supplemental feedings to breastfeeding infants are rare†	0%
Water and glucose water are not used	100%

Breastfeeding Assistance

85

Infant feeding decision is documented in the patient chart	100%
Staff provide breastfeeding advice & instructions to patients	75%
Staff teach breastfeeding cues to patients	100%
Staff teach patients not to limit suckling time	75%
Staff directly observe & assess breastfeeding	100%
Staff use a standard feeding assessment tool	50%
Staff rarely provide pacifiers to breastfeeding infants	25%

Contact Between Mother and Infant

86

Mother-infant pairs are not separated for postpartum transition	50%
Mother-infant pairs room-in at night	100%
Mother-infant pairs are not separated during the hospital stay	75%
Infant procedures, assessment, & care are in the patient room	0%
Non-rooming-in infants are brought to mothers at night for feeding	100%

Hospital Discharge Care

83

Staff provide appropriate discharge planning† (referrals & other multi-modal support)	25%
Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	100%

Staff Training

79

New staff receive appropriate breastfeeding education	25%
Current staff receive appropriate breastfeeding education	50%
Staff received breastfeeding education in the past year	50%
Competency assessment in bf management & support is at least annual	75%

Structural & Organizational Aspects of Care Delivery

90

Breastfeeding policy includes all 10 model policy elements†	25%
Breastfeeding policy is effectively communicated	75%
Facility documents infant feeding rates in patient population	100%
Facility provides breastfeeding support to employees	100%
Facility does not receive infant formula free of charge	75%
Breastfeeding is included in prenatal patient education	100%
Facility has a designated staff member who coordinates lactation care	75%

* Scores range from 0 to 100 for each item, 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; 1 is the highest rank. In case of a tie, both are given the same rank.

† Key items highlighted on page 1.

Suggested Citation:

Centers for Disease Control and Prevention. District of Columbia 2015 Report, CDC Survey of Maternity Practices in Infant Nutrition and Care. Atlanta, GA. September 2016.