

Changes in maternity care improve breastfeeding outcomes.

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

- 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, **92%** of eligible Vermont hospitals took part. (n=11)

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

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

81

2007
survey

76

2009
survey

76

2011
survey

88

2013
survey

88

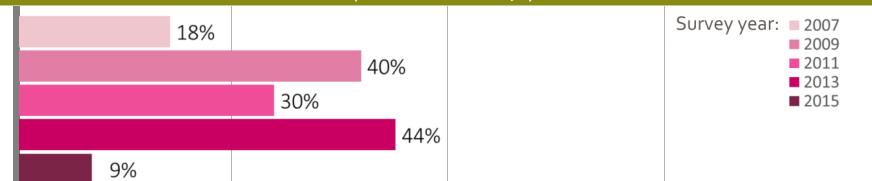
2015
survey

Examine **IDEAL RESPONSES TO SELECTED ITEMS** in Vermont hospitals for 2007–2015:

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

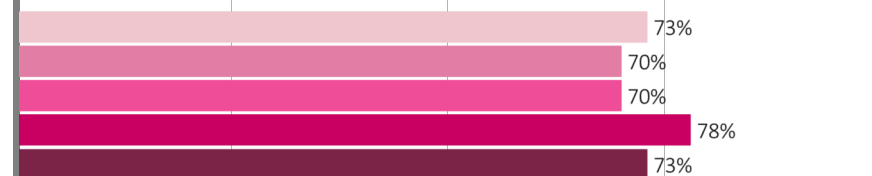
Complete Hospital Policies:

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



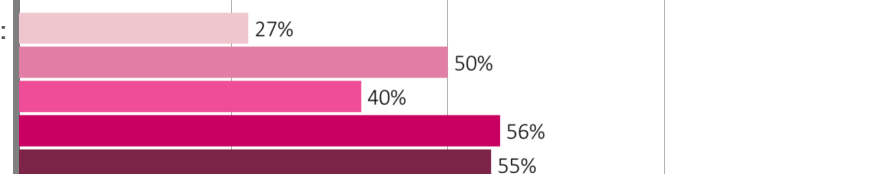
Appropriate Feeding Practices:

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)

88

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

4th

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 Vermont are trained in infant feeding care.

→ **Celebrate** the 2 Baby-Friendly hospitals in Vermont 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

96

Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	100%
Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	70%
Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	80%
Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	80%
Routine procedures are performed skin-to-skin	91%

Feeding of Breastfed Infants

93

Initial feeding is breast milk (vaginal births)	64%
Initial feeding is breast milk (cesarean births)	70%
Supplemental feedings to breastfeeding infants are rare†	73%
Water and glucose water are not used	100%

Breastfeeding Assistance

94

Infant feeding decision is documented in the patient chart	100%
Staff provide breastfeeding advice & instructions to patients	100%
Staff teach breastfeeding cues to patients	100%
Staff teach patients not to limit suckling time	91%
Staff directly observe & assess breastfeeding	100%
Staff use a standard feeding assessment tool	64%
Staff rarely provide pacifiers to breastfeeding infants	91%

Contact Between Mother and Infant

91

Mother-infant pairs are not separated for postpartum transition	100%
Mother-infant pairs room-in at night	91%
Mother-infant pairs are not separated during the hospital stay	82%
Infant procedures, assessment, & care are in the patient room	9%
Non-rooming-in infants are brought to mothers at night for feeding	100%

Hospital Discharge Care

90

Staff provide appropriate discharge planning† (referrals & other multi-modal support)	55%
Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	100%

Staff Training

76

New staff receive appropriate breastfeeding education	18%
Current staff receive appropriate breastfeeding education	27%
Staff received breastfeeding education in the past year	82%
Competency assessment in bf management & support is at least annual	73%

Structural & Organizational Aspects of Care Delivery

79

Breastfeeding policy includes all 10 model policy elements†	9%
Breastfeeding policy is effectively communicated	91%
Facility documents infant feeding rates in patient population	91%
Facility provides breastfeeding support to employees	82%
Facility does not receive infant formula free of charge	27%
Breastfeeding is included in prenatal patient education	91%
Facility has a designated staff member who coordinates lactation care	73%

* 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. Vermont 2015 Report, CDC Survey of Maternity Practices in Infant Nutrition and Care. Atlanta, GA. September 2016.