

Maternity Practices in Infant Nutrition and Care in Georgia —2011 mPINC Survey

This report provides data from the 2011 mPINC survey for Georgia. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in Georgia in order to more successfully meet national quality of care standards for perinatal care.



More information is at www.cdc.gov/mpinc

Breastfeeding is a National Priority

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

Maternity practices in hospitals and birth centers can influence breastfeeding behaviors during a period critical to successful establishment of lactation.³ Abundant literature, including a Cochrane review, document that institutional changes in maternity care practices to make them more supportive of breastfeeding increase initiation and continuation of breastfeeding.⁴

Breastfeeding Support in Georgia Facilities

Strengths

	Documentation of Mothers' Feeding Decisions Staff at 99% of facilities in Georgia 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 91% of facilities in Georgia 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.

Needed Improvements

	Appropriate Use of Breastfeeding Supplements Only 11% of facilities in Georgia 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 16% of facilities in Georgia 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.
	Provision of Hospital Discharge Planning Support Only 14% of facilities in Georgia provide hospital discharge care including a phone call to the patient's home, opportunity for follow-up visit, and referral to community breastfeeding support.	The American Academy of Pediatrics (AAP) clinical practice guidelines recommend examination of the newborn by a qualified health care professional within 48 hours of hospital discharge in order to assess breastfeeding. Ensuring post discharge ambulatory support improves breastfeeding outcomes.
	Protection of Patients from Formula Marketing Only 33% of facilities in Georgia adhere to clinical and public health recommendations against distributing formula company discharge packs.	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.

Every two years, CDC administers the national Maternity Practices in Infant Nutrition and Care (mPINC) survey to all hospitals and birth centers in the U.S. that provide maternity care.

Data from this survey can be used to establish evidence-based, breastfeeding-supportive maternity practices as standards of care in hospitals and birth centers across the US. Improved care will help meet *Healthy People 2020* breastfeeding objectives and will help improve maternal and child health nationwide.



Georgia Summary —2011 mPINC Survey

Survey Method At each facility, the person who is the most knowledgeable about the facility's maternity practices related to healthy newborn feeding and care completes the CDC mPINC survey.

Response Rate 83% of the 90 eligible facilities in Georgia responded to the 2011 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in October 2012.

Georgia's Composite Quality Practice Score* **65**
(out of 100)

Georgia's Composite Rank† **40**
(out of 53)

mPINC Dimension of Care	GA Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of GA Facilities with Ideal Response	GA Item Rank†
Labor and Delivery Care	64	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	51	29
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	35	35
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	49	42
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	49	28
		Routine procedures are performed skin-to-skin	8	52
Feeding of Breastfed Infants	79	Initial feeding is breast milk (vaginal births)	66	43
		Initial feeding is breast milk (cesarean births)	61	37
		Supplemental feedings to breastfeeding infants are rare	11	47
		Water and glucose water are not used	83	28
Breastfeeding Assistance	82	Infant feeding decision is documented in the patient chart	99	---
		Staff provide breastfeeding advice & instructions to patients	91	---
		Staff teach breastfeeding cues to patients	77	42
		Staff teach patients not to limit suckling time	42	32
		Staff directly observe & assess breastfeeding	88	20
		Staff use a standard feeding assessment tool	73	20
		Staff rarely provide pacifiers to breastfeeding infants	22	47
Contact Between Mother and Infant	71	Mother-infant pairs are not separated for postpartum transition	49	36
		Mother-infant pairs room-in at night	76	26
		Mother-infant pairs are not separated during the hospital stay	37	22
		Infant procedures, assessment, and care are in the patient room	3	21
		Non-rooming-in infants are brought to mothers at night for feeding	93	---
Facility Discharge Care	36	Staff provide appropriate discharge planning (referrals & other multi-modal support)	14	48
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	33	35
Staff Training	54	New staff receive appropriate breastfeeding education	1	50
		Current staff receive appropriate breastfeeding education	12	38
		Staff received breastfeeding education in the past year	46	32
		Assessment of staff competency in breastfeeding management & support is at least annual	59	20
Structural & Organizational Aspects of Care Delivery	69	Breastfeeding policy includes all 10 model policy elements	16	28
		Breastfeeding policy is effectively communicated	81	18
		Facility documents infant feeding rates in patient population	71	23
		Facility provides breastfeeding support to employees	62	37
		Facility does not receive infant formula free of charge	4	45
		Breastfeeding is included in prenatal patient education	93	---
		Facility has a designated staff member responsible for coordination of lactation care	73	21

* 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 "Composite Quality Practice Score" is made up of subscores for practices in each of 7 dimensions of care.

† Ranks range from 1 to 52, 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

- 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.
- 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>
- DiGirolamo AM, Grummer-Strawn LM, Fein S. Effect of maternity care practices on breastfeeding. Pediatrics 2008;122, Supp 2:S43-9.
- 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.

Improvement is Needed in Maternity Care Practices and Policies in Georgia.

Many opportunities exist to protect, promote, and support breastfeeding mothers and infants in Georgia.

Potential opportunities:

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

Questions about the mPINC survey?

Information about the mPINC survey, benchmark reports, scoring methods, and complete references are available at: www.cdc.gov/mpinc

For more information:
Division of Nutrition, Physical Activity, and Obesity
Centers for Disease Control and Prevention
Atlanta, GA USA

February 2013