

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



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

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 Montana Facilities

Strengths



Availability of Prenatal Breastfeeding Instruction

Most facilities (93%) in Montana 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.



Provision of Breastfeeding Advice and Counseling

Staff at 89% of facilities in Montana 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 39% of facilities in Montana 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 Montana 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.



Adequate Assessment of Staff Competency

Only 32% of facilities in Montana 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.



Protection of Patients from Formula Marketing

Only 32% of facilities in Montana 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.



Montana 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 88% of the 32 eligible facilities in Montana responded to the 2011 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in October 2012.

Montana's Composite Quality Practice Score* **69**
(out of 100)

Montana's Composite Rank† **26**
(out of 53)

mPINC Dimension of Care	MT Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of MT Facilities with Ideal Response	MT Item Rank†
Labor and Delivery Care	75	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	64	17
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	57	11
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	50	34
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	52	23
		Routine procedures are performed skin-to-skin	41	12
Feeding of Breastfed Infants	86	Initial feeding is breast milk (vaginal births)	89	7
		Initial feeding is breast milk (cesarean births)	78	13
		Supplemental feedings to breastfeeding infants are rare	39	9
		Water and glucose water are not used	77	37
Breastfeeding Assistance	81	Infant feeding decision is documented in the patient chart	96	---
		Staff provide breastfeeding advice & instructions to patients	89	31
		Staff teach breastfeeding cues to patients	82	33
		Staff teach patients not to limit suckling time	33	45
		Staff directly observe & assess breastfeeding	85	29
		Staff use a standard feeding assessment tool	52	45
		Staff rarely provide pacifiers to breastfeeding infants	52	13
Contact Between Mother and Infant	83	Mother-infant pairs are not separated for postpartum transition	75	13
		Mother-infant pairs room-in at night	88	12
		Mother-infant pairs are not separated during the hospital stay	62	11
		Infant procedures, assessment, and care are in the patient room	17	3
		Non-rooming-in infants are brought to mothers at night for feeding	94	---
Facility Discharge Care	46	Staff provide appropriate discharge planning (referrals & other multi-modal support)	29	27
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	32	36
Staff Training	47	New staff receive appropriate breastfeeding education	21	9
		Current staff receive appropriate breastfeeding education	31	8
		Staff received breastfeeding education in the past year	42	37
		Assessment of staff competency in breastfeeding management & support is at least annual	32	50
Structural & Organizational Aspects of Care Delivery	64	Breastfeeding policy includes all 10 model policy elements	8	49
		Breastfeeding policy is effectively communicated	56	49
		Facility documents infant feeding rates in patient population	61	43
		Facility provides breastfeeding support to employees	44	52
		Facility does not receive infant formula free of charge	19	18
		Breastfeeding is included in prenatal patient education	93	---
		Facility has a designated staff member responsible for coordination of lactation care	61	40

* 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 Montana.

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

Potential opportunities:

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