

Maternity Practices in Infant Nutrition and Care in New York —2011 mPINC Survey

This report provides data from the 2011 mPINC survey for New York. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in New York 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 New York Facilities

Strengths

	<p>Documentation of Mothers' Feeding Decisions Staff at all (100%) facilities in New York consistently ask about and record mothers' infant feeding decisions.</p>	<p>Standard documentation of infant feeding decisions is important to adequately support maternal choice.</p>
	<p>Provision of Breastfeeding Advice and Counseling Staff at 94% of facilities in New York provide breastfeeding advice and instructions to patients who are breastfeeding, or intend to breastfeed.</p>	<p>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.</p>

Needed Improvements

	<p>Appropriate Use of Breastfeeding Supplements Only 23% of facilities in New York adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.</p>	<p>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.</p>
	<p>Inclusion of Model Breastfeeding Policy Elements Only 38% of facilities in New York have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).</p>	<p>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.</p>
	<p>Use of Combined Mother/Baby Postpartum Care Only 20% of facilities in New York report that most healthy full-term infants remain with their mothers for at least 23 hours per day throughout the hospital stay.</p>	<p>Mother-infant contact during the hospital stay helps establish breastfeeding and maintain infant weight, temperature, and health. Rooming-in increases breastfeeding learning opportunities and duration and quality of maternal sleep, and reduces supplemental feeds.</p>
	<p>Initiation of Mother and Infant Skin-to-Skin Care Only 56% of facilities in New York initiate skin-to-skin care for at least 30 minutes upon delivery of the newborn.</p>	<p>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.</p>

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.



New York 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 131 eligible facilities in New York responded to the 2011 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in October 2012.

New York's Composite Quality Practice Score* **73**
(out of 100)

New York's Composite Rank† **16**
(out of 53)

mPINC Dimension of Care	NY Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of NY Facilities with Ideal Response	NY Item Rank†
Labor and Delivery Care	69	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	56	23
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	34	36
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	52	30
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	45	33
		Routine procedures are performed skin-to-skin	27	25
Feeding of Breastfed Infants	80	Initial feeding is breast milk (vaginal births)	72	34
		Initial feeding is breast milk (cesarean births)	63	33
		Supplemental feedings to breastfeeding infants are rare	23	26
		Water and glucose water are not used	87	17
Breastfeeding Assistance	87	Infant feeding decision is documented in the patient chart	100	---
		Staff provide breastfeeding advice & instructions to patients	94	---
		Staff teach breastfeeding cues to patients	94	---
		Staff teach patients not to limit suckling time	62	12
		Staff directly observe & assess breastfeeding	87	22
		Staff use a standard feeding assessment tool	64	32
		Staff rarely provide pacifiers to breastfeeding infants	54	9
Contact Between Mother and Infant	64	Mother-infant pairs are not separated for postpartum transition	38	48
		Mother-infant pairs room-in at night	72	36
		Mother-infant pairs are not separated during the hospital stay	20	42
		Infant procedures, assessment, and care are in the patient room	3	21
		Non-rooming-in infants are brought to mothers at night for feeding	68	51
Facility Discharge Care	64	Staff provide appropriate discharge planning (referrals & other multi-modal support)	35	12
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	71	9
Staff Training	68	New staff receive appropriate breastfeeding education	23	8
		Current staff receive appropriate breastfeeding education	30	9
		Staff received breastfeeding education in the past year	55	16
		Assessment of staff competency in breastfeeding management & support is at least annual	68	8
Structural & Organizational Aspects of Care Delivery	79	Breastfeeding policy includes all 10 model policy elements	38	6
		Breastfeeding policy is effectively communicated	83	12
		Facility documents infant feeding rates in patient population	90	---
		Facility provides breastfeeding support to employees	83	8
		Facility does not receive infant formula free of charge	12	27
		Breastfeeding is included in prenatal patient education	95	---
		Facility has a designated staff member responsible for coordination of lactation care	84	9

* 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 New York.

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

Potential opportunities:

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