

# Maternity Practices in Infant Nutrition and Care In Arkansas —2009 mPINC Survey



More information is at [www.cdc.gov/mpinc](http://www.cdc.gov/mpinc)

This report provides data from the 2009 mPINC survey for Arkansas. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in Arkansas 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,<sup>1</sup> and provides optimal infant nutrition. *Healthy People 2020*<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup>

## Breastfeeding Support in Arkansas Facilities

### Strengths

	<b>Documentation of Mothers' Feeding Decisions</b> Staff at all (100%) facilities in Arkansas consistently ask about and record mothers' infant feeding decisions.	Standard documentation of infant feeding decisions is important to adequately support maternal choice.
	<b>Provision of Breastfeeding Advice and Counseling</b> Staff at 82% of facilities in Arkansas 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

	<b>Appropriate Use of Breastfeeding Supplements</b> Only 14% of facilities in Arkansas 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.
	<b>Inclusion of Model Breastfeeding Policy Elements</b> Only 9% of facilities in Arkansas 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.
	<b>Initiation of Mother and Infant Skin-to-Skin Care</b> Only 21% of facilities in Arkansas initiate skin-to-skin care for at least 30 minutes upon delivery of the newborn.	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.
	<b>Provision of Hospital Discharge Planning Support</b> Only 13% of facilities in Arkansas 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.

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.



# Arkansas Summary —2009 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** 86% of the 44 eligible facilities in Arkansas responded to the 2009 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in March 2011.

**Arkansas's Composite Quality Practice Score\*** **52**  
(out of 100)

**Arkansas's Composite Rank†** **51**  
(out of 52)

mPINC Dimension of Care	AR Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of AR Facilities with Ideal Response	AR Item Rank†
<b>Labor and Delivery Care</b>	<b>44</b>	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	21	49
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	14	50
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	27	52
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	30	43
		Routine procedures are performed skin-to-skin	8	43
<b>Feeding of Breastfed Infants</b>	<b>69</b>	Initial feeding is breast milk (vaginal births)	63	44
		Initial feeding is breast milk (cesarean births)	56	39
		Supplemental feedings to breastfeeding infants are rare	14	38
		Water and glucose water are not used	60	43
<b>Breastfeeding Assistance</b>	<b>71</b>	Infant feeding decision is documented in the patient chart	100	-
		Staff provide breastfeeding advice & instructions to patients	82	42
		Staff teach breastfeeding cues to patients	79	36
		Staff teach patients not to limit suckling time	19	49
		Staff directly observe & assess breastfeeding	76	40
		Staff use a standard feeding assessment tool	37	45
<b>Contact Between Mother and Infant</b>	<b>62</b>	Staff rarely provide pacifiers to breastfeeding infants	16	44
		Mother-infant pairs are not separated for postpartum transition	36	43
		Mother-infant pairs room-in at night	71	24
		Mother-infant pairs are not separated during the hospital stay	27	32
		Infant procedures, assessment, and care are in the patient room	0	33
<b>Facility Discharge Care</b>	<b>28</b>	Non-rooming-in infants are brought to mothers at night for feeding	87	16
		Staff provide appropriate discharge planning (referrals & other multi-modal support)	13	45
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	24	32
<b>Staff Training</b>	<b>30</b>	New staff receive appropriate breastfeeding education	3	43
		Current staff receive appropriate breastfeeding education	0	49
		Staff received breastfeeding education in the past year	8	52
		Assessment of staff competency in breastfeeding management & support is at least annual	35	42
<b>Structural &amp; Organizational Aspects of Care Delivery</b>	<b>59</b>	Breastfeeding is included in prenatal patient education	76	50
		Facility has a designated staff member responsible for coordination of lactation care	50	49
		Breastfeeding policy includes all 10 model policy elements	9	35
		Breastfeeding policy is effectively communicated	82	9
		Facility documents infant feeding rates in patient population	55	44
		Facility provides breastfeeding support to employees	45	45
Facility does not receive infant formula free of charge	3	38		

\* 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 Arkansas.

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

### Take action on this critical need—consider the following:

- Examine Arkansas regulations for maternity facilities and evaluate their evidence base; revise if necessary.
- Sponsor an Arkansas-wide summit of key decision-making staff at maternity facilities to highlight the importance of evidence-based practices for breastfeeding.
- Pay for hospital staff across Arkansas to participate in 18-hour training courses in breastfeeding.
- Establish links among maternity facilities and community breastfeeding support networks in Arkansas.
- Identify and implement programs within hospital settings—choose one widespread practice and adjust it to be evidence-based and supportive of breastfeeding.
- Integrate maternity care into related hospital-wide Quality Improvement efforts across Arkansas.
- Promote Arkansas-wide utilization of the Joint Commission's Perinatal Care Core Measure Set including exclusive breastfeeding at discharge in hospital data collection.

### Questions about the mPINC survey?

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

#### For more information:

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

April 2011