

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

This report provides data from the 2009 mPINC survey for Idaho. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in Idaho 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 Idaho Facilities

Strengths

	<p>Availability of Prenatal Breastfeeding Instruction All facilities (100%) in Idaho include breastfeeding education as a routine element of their prenatal classes.</p>	<p>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.</p>
	<p>Documentation of Mothers' Feeding Decisions Staff at 97% of facilities in Idaho 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>

Needed Improvements

	<p>Appropriate Use of Breastfeeding Supplements Only 35% of facilities in Idaho 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 10% of facilities in Idaho 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>Protection of Patients from Formula Marketing Only 17% of facilities in Idaho adhere to clinical and public health recommendations against distributing formula company discharge packs.</p>	<p>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.</p>
	<p>Adequate Assessment of Staff Competency Only 47% of facilities in Idaho annually assess staff competency for basic breastfeeding management and support.</p>	<p>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.</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.



Idaho 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 88% of the 34 eligible facilities in Idaho responded to the 2009 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in March 2011.

Idaho's Composite Quality Practice Score* **68**
(out of 100)

Idaho's Composite Rank† **15**
(out of 52)

mPINC Dimension of Care	ID Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of ID Facilities with Ideal Response	ID Item Rank†
Labor and Delivery Care	71	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	50	16
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	39	17
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	73	5
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	57	12
		Routine procedures are performed skin-to-skin	27	16
Feeding of Breastfed Infants	82	Initial feeding is breast milk (vaginal births)	77	23
		Initial feeding is breast milk (cesarean births)	79	9
		Supplemental feedings to breastfeeding infants are rare	35	9
		Water and glucose water are not used	71	31
Breastfeeding Assistance	81	Infant feeding decision is documented in the patient chart	97	-
		Staff provide breastfeeding advice & instructions to patients	77	48
		Staff teach breastfeeding cues to patients	80	32
		Staff teach patients not to limit suckling time	39	32
		Staff directly observe & assess breastfeeding	80	30
		Staff use a standard feeding assessment tool	67	16
		Staff rarely provide pacifiers to breastfeeding infants	38	20
Contact Between Mother and Infant	85	Mother-infant pairs are not separated for postpartum transition	73	13
		Mother-infant pairs room-in at night	86	10
		Mother-infant pairs are not separated during the hospital stay	60	8
		Infant procedures, assessment, and care are in the patient room	0	33
		Non-rooming-in infants are brought to mothers at night for feeding	80	29
Facility Discharge Care	35	Staff provide appropriate discharge planning (referrals & other multi-modal support)	27	24
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	17	42
Staff Training	49	New staff receive appropriate breastfeeding education	10	13
		Current staff receive appropriate breastfeeding education	17	15
		Staff received breastfeeding education in the past year	27	42
		Assessment of staff competency in breastfeeding management & support is at least annual	47	27
Structural & Organizational Aspects of Care Delivery	70	Breastfeeding policy includes all 10 model policy elements	10	32
		Breastfeeding policy is effectively communicated	83	7
		Facility documents infant feeding rates in patient population	73	13
		Facility provides breastfeeding support to employees	43	47
		Facility does not receive infant formula free of charge	7	25
		Breastfeeding is included in prenatal patient education	100	-
		Facility has a designated staff member responsible for coordination of lactation care	80	13

* 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 Idaho.

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

Take action on this critical need—consider the following:

- Examine Idaho regulations for maternity facilities and evaluate their evidence base; revise if necessary.
- Sponsor an Idaho-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 Idaho to participate in 18-hour training courses in breastfeeding.
- Establish links among maternity facilities and community breastfeeding support networks in Idaho.
- 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 Idaho.
- Promote Idaho-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/impinc

For more information:

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

April 2011