

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

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

Strengths

	Availability of Prenatal Breastfeeding Instruction All facilities (100%) in New Hampshire 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.
	Documentation of Mothers' Feeding Decisions Staff at all (100%) facilities in New Hampshire consistently ask about and record mothers' infant feeding decisions.	Standard documentation of infant feeding decisions is important to adequately support maternal choice.

Needed Improvements

	Appropriate Use of Breastfeeding Supplements Only 48% of facilities in New Hampshire 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 33% of facilities in New Hampshire 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.
	Use of Combined Mother/Baby Postpartum Care Only 38% of facilities in New Hampshire report that most healthy full-term infants remain with their mothers for at least 23 hours per day throughout the hospital stay.	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.
	Initiation of Mother and Infant Skin-to-Skin Care Only 52% of facilities in New Hampshire 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.

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 Hampshire 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 91% of the 23 eligible facilities in New Hampshire responded to the 2009 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in March 2011.

New Hampshire's Composite Quality Practice Score* **81**

(out of 100)

New Hampshire's Composite Rank† **1**

(out of 52)

mPINC Dimension of Care	NH Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of NH Facilities with Ideal Response	NH Item Rank†
Labor and Delivery Care	84	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	52	14
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	42	14
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	81	1
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	79	1
		Routine procedures are performed skin-to-skin	43	6
Feeding of Breastfed Infants	92	Initial feeding is breast milk (vaginal births)	95	-
		Initial feeding is breast milk (cesarean births)	95	-
		Supplemental feedings to breastfeeding infants are rare	48	4
		Water and glucose water are not used	90	-
Breastfeeding Assistance	90	Infant feeding decision is documented in the patient chart	100	-
		Staff provide breastfeeding advice & instructions to patients	95	-
		Staff teach breastfeeding cues to patients	95	-
		Staff teach patients not to limit suckling time	70	4
		Staff directly observe & assess breastfeeding	100	-
		Staff use a standard feeding assessment tool	62	23
Contact Between Mother and Infant	79	Staff rarely provide pacifiers to breastfeeding infants	67	2
		Mother-infant pairs are not separated for postpartum transition	95	-
		Mother-infant pairs room-in at night	76	18
		Mother-infant pairs are not separated during the hospital stay	38	20
		Infant procedures, assessment, and care are in the patient room	5	11
Facility Discharge Care	80	Non-rooming-in infants are brought to mothers at night for feeding	89	14
		Staff provide appropriate discharge planning (referrals & other multi-modal support)	62	1
Staff Training	67	Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	81	3
		New staff receive appropriate breastfeeding education	25	2
		Current staff receive appropriate breastfeeding education	37	3
		Staff received breastfeeding education in the past year	55	11
Structural & Organizational Aspects of Care Delivery	78	Assessment of staff competency in breastfeeding management & support is at least annual	67	7
		Breastfeeding policy includes all 10 model policy elements	33	4
		Breastfeeding policy is effectively communicated	67	36
		Facility documents infant feeding rates in patient population	71	18
		Facility provides breastfeeding support to employees	76	8
		Facility does not receive infant formula free of charge	29	4
		Breastfeeding is included in prenatal patient education	100	-
Facility has a designated staff member responsible for coordination of lactation care	91	-		

* 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 Hampshire.

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

Take action on this critical need—consider the following:

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

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