

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



More information is at www.cdc.gov/mpinc

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

Strengths



Availability of Prenatal Breastfeeding Instruction
Most facilities (90%) in New Mexico 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 75% of facilities in New Mexico 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 25% of facilities in New Mexico 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 6% of facilities in New Mexico 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.



Provision of Hospital Discharge Planning Support
Only 10% of facilities in New Mexico 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.



Initiation of Mother and Infant Skin-to-Skin Care
Only 40% of facilities in New Mexico 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 Mexico 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 67% of the 30 eligible facilities in New Mexico responded to the 2009 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in March 2011.

New Mexico's Composite Quality Practice Score* **64**
(out of 100)

New Mexico's Composite Rank† **24**
(out of 52)

mPINC Dimension of Care	NM Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of NM Facilities with Ideal Response	NM Item Rank†
Labor and Delivery Care	61	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	40	28
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	29	27
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	45	40
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	24	49
		Routine procedures are performed skin-to-skin	30	13
Feeding of Breastfed Infants	78	Initial feeding is breast milk (vaginal births)	80	17
		Initial feeding is breast milk (cesarean births)	47	49
		Supplemental feedings to breastfeeding infants are rare	25	18
		Water and glucose water are not used	75	28
Breastfeeding Assistance	81	Infant feeding decision is documented in the patient chart	90	-
		Staff provide breastfeeding advice & instructions to patients	75	49
		Staff teach breastfeeding cues to patients	80	32
		Staff teach patients not to limit suckling time	40	29
		Staff directly observe & assess breastfeeding	90	-
		Staff use a standard feeding assessment tool	60	26
Contact Between Mother and Infant	83	Staff rarely provide pacifiers to breastfeeding infants	55	7
		Mother-infant pairs are not separated for postpartum transition	50	31
		Mother-infant pairs room-in at night	80	15
		Mother-infant pairs are not separated during the hospital stay	65	5
		Infant procedures, assessment, and care are in the patient room	8	7
Facility Discharge Care	49	Non-rooming-in infants are brought to mothers at night for feeding	100	-
		Staff provide appropriate discharge planning (referrals & other multi-modal support)	10	49
Staff Training	38	Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	50	13
		New staff receive appropriate breastfeeding education	6	32
		Current staff receive appropriate breastfeeding education	0	49
		Staff received breastfeeding education in the past year	30	39
Structural & Organizational Aspects of Care Delivery	59	Assessment of staff competency in breastfeeding management & support is at least annual	50	24
		Breastfeeding policy includes all 10 model policy elements	6	44
		Breastfeeding policy is effectively communicated	60	44
		Facility documents infant feeding rates in patient population	68	20
		Facility provides breastfeeding support to employees	39	50
		Facility does not receive infant formula free of charge	25	8
		Breastfeeding is included in prenatal patient education	90	-
		Facility has a designated staff member responsible for coordination of lactation care	40	52

* 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 Mexico.

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

Take action on this critical need—consider the following:

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