Maternity Practices in Infant Nutrition and Care in Puerto Rico —2009 mPINC Survey

This report provides data from the 2009 mPINC survey for Puerto Rico. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in Puerto Rico 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, and provides optimal infant nutrition. Healthy People 2020 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. 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.

Breastfeeding Support in Puerto Rico Facilities

Strengths

Provision of Breastfeeding Advice and Counseling
Staff at 86% of facilities in Puerto Rico provide breastfeeding advice and instructions to patients who are breastfeeding, or intend to breastfeed.

Documentation of Mothers' Feeding Decisions
Staff at 92% of facilities in Puerto Rico consistently ask about and record mothers' infant feeding decisions.

Needed Improvements

Appropriate Use of Breastfeeding Supplements
Only 14% of facilities in Puerto Rico adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.

Inclusion of Model Breastfeeding Policy Elements
Only 15% of facilities in Puerto Rico have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).

Provision of Hospital Discharge Planning Support
No facilities (0%) in Puerto Rico provide hospital discharge care including a phone call to the patient's home, opportunity for follow-up visit, and referral to community breastfeeding support.

Initiation of Mother and Infant Skin-to-Skin Care
Only 33% of facilities in Puerto Rico initiate skin-to-skin care for at least 30 minutes upon delivery of the newborn.

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.

Standard documentation of infant feeding decisions is important to adequately support maternal choice.

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.

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.

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.

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.
**Puerto Rico 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
50% of the 30 eligible facilities in Puerto Rico responded to the 2009 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in March 2011.

<table>
<thead>
<tr>
<th>Puerto Rico’s Composite Quality Practice Score</th>
<th>Puerto Rico’s Composite Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>58 (out of 100)</td>
<td>44 (out of 52)</td>
</tr>
</tbody>
</table>

### Structural & Organizational Aspects of Care Delivery
- **mPINC Dimension of Care**: 56
- **PR Quality Practice Subscore**: 63
- **Ideal Response to mPINC Survey Question**: 15
- **Percent of PR Facilities with Ideal Response**: 17
- **PR Item Rank**: 9

<table>
<thead>
<tr>
<th>PR Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>breastfeeding policy includes all so model policy elements</td>
</tr>
<tr>
<td>breastfeeding policy is effectively communicated</td>
</tr>
<tr>
<td>facility documents infant feeding rates in patient population</td>
</tr>
<tr>
<td>facility provides breastfeeding support to employees</td>
</tr>
<tr>
<td>facility does not receive infant formula free of charge</td>
</tr>
<tr>
<td>breastfeeding is included in prenatal patient education</td>
</tr>
<tr>
<td>facility has a designated staff member responsible for coordination of lactation care</td>
</tr>
</tbody>
</table>

### Improvement is Needed in Maternity Care Practices and Policies in Puerto Rico.

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

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

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

---

*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**