

# Maternity Practices in Infant Nutrition and Care In Virginia —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 Virginia. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in Virginia 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 Virginia Facilities

### Strengths



#### Availability of Prenatal Breastfeeding Instruction

All facilities (100%) in Virginia 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 96% of facilities in Virginia 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 30% of facilities in Virginia 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 13% of facilities in Virginia 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 14% of facilities in Virginia 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.



#### Provision of Hospital Discharge Planning Support

Only 14% of facilities in Virginia 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.

# Virginia 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** 80% of the 61 eligible facilities in Virginia responded to the 2009 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in March 2011.

**Virginia's Composite Quality Practice Score\*** **63**  
(out of 100)

**Virginia's Composite Rank†** **31**  
(out of 52)

mPINC Dimension of Care	VA Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of VA Facilities with Ideal Response	VA Item Rank†
<b>Labor and Delivery Care</b>	<b>64</b>	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	54	11
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	28	29
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	57	19
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	33	37
		Routine procedures are performed skin-to-skin	21	22
<b>Feeding of Breastfed Infants</b>	<b>80</b>	Initial feeding is breast milk (vaginal births)	75	29
		Initial feeding is breast milk (cesarean births)	64	25
		Supplemental feedings to breastfeeding infants are rare	30	12
		Water and glucose water are not used	76	26
<b>Breastfeeding Assistance</b>	<b>80</b>	Infant feeding decision is documented in the patient chart	98	-
		Staff provide breastfeeding advice & instructions to patients	96	-
		Staff teach breastfeeding cues to patients	86	17
		Staff teach patients not to limit suckling time	38	34
		Staff directly observe & assess breastfeeding	86	18
		Staff use a standard feeding assessment tool	57	30
<b>Contact Between Mother and Infant</b>	<b>63</b>	Staff rarely provide pacifiers to breastfeeding infants	27	27
		Mother-infant pairs are not separated for postpartum transition	42	38
		Mother-infant pairs room-in at night	63	35
		Mother-infant pairs are not separated during the hospital stay	14	45
		Infant procedures, assessment, and care are in the patient room	2	22
<b>Facility Discharge Care</b>	<b>33</b>	Non-rooming-in infants are brought to mothers at night for feeding	79	31
		Staff provide appropriate discharge planning (referrals & other multi-modal support)	14	40
<b>Staff Training</b>	<b>52</b>	Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	25	30
		New staff receive appropriate breastfeeding education	7	26
		Current staff receive appropriate breastfeeding education	5	46
		Staff received breastfeeding education in the past year	58	8
<b>Structural &amp; Organizational Aspects of Care Delivery</b>	<b>71</b>	Assessment of staff competency in breastfeeding management & support is at least annual	49	25
		Breastfeeding policy includes all 10 model policy elements	13	22
		Breastfeeding policy is effectively communicated	80	16
		Facility documents infant feeding rates in patient population	63	30
		Facility provides breastfeeding support to employees	69	20
		Facility does not receive infant formula free of charge	10	23
		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 Virginia.

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

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

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