CDC mPINC™ HOSPITAL SURVEY

Maternity Practices in Infant Nutrition and Care

2024

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About the mPINC survey:

The Centers for Disease Control and Prevention (CDC) invites you to participate in a national survey of newborn feeding practices at hospitals in the United States and Territories that provided maternity care in the past year. The survey is being conducted for CDC by Battelle, a national survey and research organization with extensive experience in the collection of health data. Participation of every hospital providing maternity care makes this survey representative of all maternity care hospitals in the United States and Territories. If your hospital provided maternity care at multiple locations, <u>only</u> report data for the specific physical location listed in your email invitation.

Your participation in the survey is completely voluntary.

Prior to submitting the survey, you will have the opportunity to provide your contact information so that you, the survey recipient, will receive one (1) electronic copy of your hospital's results. Providing your contact information is voluntary. Your contact information will in no way be connected to survey responses or scores.

How long will this survey take to complete?

The survey will take about 30 minutes to complete.

How will this information be used?

The purpose of this survey is to learn about newborn feeding practices at hospitals in the United States and Territories. After data collection is complete, your hospital will receive an individualized report containing a summary of survey results. Data will also be used to generate state-specific reports, regional and national aggregate data tables, and may be used to answer other questions. Data may be released for additional approved purposes and may be shared with state health departments for the development of public health programs. Information from this survey will also assist CDC with program planning.

Are our survey responses kept confidential?

Your responses will be treated in a secure manner and will not be disclosed unless required by law. Your name, hospital name, and any other personal identifiers will not be included in either oral or written presentation of survey results. Responses will only be reported in summary form so individual responses cannot be identified.

Survey Instructions: Please use Google Chrome Browser or Microsoft Edge to complete your survey.

Survey Instructions:

Thank you for participating in this survey. You have been identified as the survey recipient for your hospital, which means that only you have access to the unique link to complete and submit the 2024 mPINC survey for your hospital.

We are asking you to fill out the survey with data from the 2023 calendar year (January 1, 2023 – December 31, 2023) or your hospital's fiscal year 2023. Unless otherwise specified, questions on the survey are asking about healthy newborns who are discharged to home (i.e., not transferred or admitted to the Special Care Nursery (SCN) or Neonatal Intensive Care Unit (NICU)).

This survey contains 6 core sections and an additional section for hospitals with an SCN or NICU. Each section should be completed by the most knowledgeable and appropriate staff. For example, the Mother-Baby Unit supervisor may be better able to answer one section, while the Lactation Services coordinator or NICU nurse manager may be better able to complete another section. See the table below for a list of people who may be helpful with completing different sections of the survey.

Titles of staff who may be appropriate to fill out sections of the survey include:

Mother-Baby Unit Manager / Supervisor
Labor and Delivery Unit Manager / Supervisor
Lactation Services Coordinator / Lactation Specialist
NICU Nurse Manager
Staff nurse
Database Manager / Coordinator
Maternal and Child Health Physician Leaders

Some questions ask you to enter exact percentages; however, if your hospital does not formally track this information, please provide your best estimate.

Click here to download a blank copy of the survey. This version should only be used as a worksheet to record responses prior to entering and submitting them online. No paper copies of the survey will be accepted.

You may wish to work on this survey over a period of time, particularly if it will be completed by multiple staff. You can view all sections and pages in the survey, and you may go back and forth and edit responses as needed. Your responses will only be saved after you have clicked **Next** at the bottom of the page. If you cannot complete the survey all at one time, click **Save**, and return at a later time. When you return, you may continue where you left off. Before submitting you will be able to review the questions and your answers. You will be notified before your final submission if you have missed any items.

Survey Tips:
- Click here to download/print a blank copy of the survey.

- Move between sections of the survey on the **Table of Contents** page by clicking the blue circle to the right of the section and then clicking **Next**.
- To move back and forth between questions within a section use the **Next** and **Previous** buttons.
- Do not click on your browser's back or forward button while taking the survey.
- Throughout the survey there will be pop-ups providing you with definitions and explanations; access these by hovering your mouse over the underlined text.

What to do if you have questions:

If you have any questions about the survey, please call the Battelle Survey Line toll free at 1 (866) 826-4176.

What to do when you have completed the survey:

Once you are finished with the survey, a screen will appear asking, "Are you ready to submit your survey?". You will have the option to review and print your answers for your records by selecting **Review Survey.** When you are ready to submit your survey, there are two ways to submit. The first option is to click **Submit Survey** on the screen asking, "Are you ready to submit your survey?" and then click **Next.** You may also navigate to the Table of Contents and click the bubble next to the "Submit Survey" section that has now appeared at the top of the Table of Contents Page in yellow and click **Next. It is important to remember to click "Next" to complete the submission process and ensure you receive a hospital report.** You will be redirected to a screen thanking you for your submission. This action will send the survey to a secure database. Once you have submitted the survey, you will not be able to return to the survey.

Thank you for your contribution!

SURVEY ITEMS	Hovers, skip patterns, & notes
SECTION A: Hospital Data This section is about deliveries and general hospital information. Mouse over underlined text for a definition or more information.	
A1 What type of facility is your hospital? (select 1 option only) • government (public, non-military) hospital • non-profit, private hospital • for profit, private hospital • military hospital	
A2 Is your hospital a teaching hospital (e.g., medical residents, nursing students)? YES ☐ NO ☐	
A3 Is your hospital currently designated as "Baby-Friendly" by the Baby-Friendly Hospital Initiative (BFHI)? YES ☐ NO ☐	

A5

Do women who deliver at your hospital have the opportunity to receive prenatal breastfeeding education (in either group or individual settings) provided by your hospital and/or a hospital-affiliated clinic or service?

YES	
NO	
Not Sure	

Complete the following items using data from the past calendar or fiscal year:

A5_a
Among women delivering in your hospital, approximately what percent are:
(Round to nearest percentage. Percentages are not required to add to 100%. If information on maternal race is not collected by the hospital or available to report, please leave all rows blank.)

Race	Enter %
American Indian or Alaska Native	____ %
Asian	____ %
Black or African American	____ %
Native Hawaiian or Other Pacific Islander	____ %
White	____ %
Maternal race missing	____ %

A5_b
Among women delivering in your hospital, approximately what percent are:
(Round to nearest percentage. If information on maternal ethnicity is not collected by the hospital or available to report, please leave all rows blank.)

Ethnicity	Enter %
Hispanic or Latino	____ %
Not Hispanic or Latino	____ %
Maternal ethnicity missing	____ %

Complete the following items using data from the past calendar or fiscal year: **A6** [Total live births]: _____	Total number of live births includes vaginal and Cesarean (C-Section) deliveries. For multiple births, count each newborn as a separate live birth.
A7 Does your hospital perform deliveries by Cesarean section? YES / NO	*Those who enter "no" will not see any future cesarean-related items (A7a & C2)*
*This question is only asked of those who report "Yes" for item **A7**. If they select "no" for **A7**, skip to **A8**.* **A7a** [Total live births delivered by Cesarean section]: _____	Total number of live birth Cesarean (C-Section) deliveries that were performed at your hospital, including in the perinatal services area, an operating room, or any other location within the hospital.
A8 How many healthy newborns at your hospital have their umbilical cord clamped more than one minute after birth? FEW (0-19%) SOME (20-49%) MANY (50-79%) MOST (80% +)	

A9

Throughout their hospital stay, what percent of healthy newborns are fed the following?

	Enter %	Select one
[ONLY breast milk]	_____ %	☐ Actual ☐ Estimate
Breast milk AND any formula, water, or glucose water	_____ %	☐ Actual ☐ Estimate
No breast milk	_____ %	☐ Actual ☐ Estimate
Total sums to 100%	100%	

[ONLY breast milk]:
- no water or formula at any time during hospitalization
- no glucose water or sucrose solution except for during painful procedures

If the respondent enters values that do not total to 100%, the screen will say, "Total should equal 100%. Please fix or click next to continue."

A10

Among breastfed newborns who are supplemented, and <u>not</u> in a special care nursery or neonatal intensive care unit, how many receive donor human milk?

Not offered at our hospital	Few (0-19%)	Some (20-49%)	Many (50-79%)	Most (80% +)

Although most of the survey is about early postpartum care practices for <u>healthy</u> mother-baby dyads, the following items address a special population of newborns.

A11_0a

In the past year, has your hospital cared for ANY newborns diagnosed with [Neonatal Abstinence Syndrome (NAS)]? Check one.

No, we did not have any newborns born in our hospital who were diagnosed with NAS (skip to B1)
No, all newborns with NAS born in our hospital were transferred to another facility (skip to B1)
Yes (proceed to A11_Ob)

Neonatal Abstinence Syndrome (NAS): A newborn with confirmed or suspected in utero exposure to opioids, benzodiazepines, or barbiturates. Please see the "CSTE Neonatal Abstinence Syndrome Standardized Case Definition."

A11_0b

In the past year, our hospital cared for approximately the following number of newborns diagnosed with NAS:

1-25	26-50	51-100	101-200	>200

Neonatal Abstinence Syndrome (NAS): A newborn with confirmed or suspected in utero exposure to opioids, benzodiazepines, or barbiturates. Please see the "CSTE Neonatal Abstinence Syndrome Standardized Case Definition."

A11

How many newborns diagnosed with NAS. . .

	FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80% +)	Not Applicable (no NICU/PICU at our hospital)
. . .are breastfed or provided with any expressed human milk, if not contraindicated?					
. . . are provided high-calorie formula or fortified breast milk?					
. . .[are rooming-in]?					
. .are cared for in your hospital's Intensive Care Unit (NICU or PICU)?					

Rooming-in is a practice where mother and newborn are in close proximity.

Skin-to-skin contact: The naked newborn is placed directly on the mother's bare chest or abdomen (with or without a diaper).

Kangaroo Care refers to skin-to-skin care where a newborn, often premature, is placed prone directly on the mother's, father's, or other's bare chest or abdomen. The caregiver is then wrapped in a blanket or other cloth to secure the newborn against his or her chest.

| . . .practice [skin-to-skin contact] or [Kangaroo Care] outside of the immediate postpartum period? | | | | | ▓▓▓ | | |

A12

Are the following included in a <u>written</u> policy/protocol about management of NAS at your hospital?

	Yes	No
Verbal screening for maternal substance use (e.g., asking in the medical history)		
Toxicology screening for maternal substance use (e.g., urine, meconium, hair, cord blood)		
Use of a standardized tool to evaluate NAS (e.g., Modified Neonatal Abstinence Scoring System, modified Finnegan)		
Breastfeeding or provision of expressed human milk recommended as a nonpharmacological treatment of NAS, if not contraindicated		
[Rooming-in] as a recommended nonpharmacological treatment of NAS		
[Skin-to-skin contact] or [Kangaroo Care] outside of the immediate postpartum period as a recommended nonpharmacological treatment of NAS		
Pharmacologic treatment of NAS		

Rooming-in is a practice where mother and newborn are in close proximity.

Kangaroo Care refers to skin-to-skin care where a newborn, often premature, is placed prone directly on the mother's, father's, or other's bare chest or abdomen. The caregiver is then wrapped in a blanket or other cloth to secure the newborn against his or her chest.

Skin-to-skin contact: The naked newborn is placed directly on the mother's bare chest or abdomen (with or without a diaper).

A13. Which NAS scoring/assessment system does your hospital <u>primarily</u> use? Check one

Neonatal Abstinence Scoring System (e.g., modified Finnegan's, MOTHER Neonatal Abstinence Measure)	
Eat, Sleep, Console (ESC)	
Other (e.g., Lipsitz Tool, Neonatal Narcotic Withdrawal Index)	
Unknown (not specified)	
None	

Maternal Opioid Treatment: Human Experimental Research (MOTHER) Neonatal Abstinence Measure

SECTION B: SPECIAL CARE NURSERY (SCN) AND / OR NEONATAL INTENSIVE CARE UNIT (NICU)

This section is about practices in your hospital's SCN and / or NICU. Mouse over underlined text for a definition or more information. The primary contact should consult with an SCN or NICU colleague before answering these questions.

B1

What is the highest level of neonatal care provided at your hospital?

The remaining questions in Section B only apply if your hospital has Level II-Level IV neonatal care.

Level I: Well newborn nursery	
Level II: Special care nursery	
Level III: Neonatal Intensive Care Unit	
Level IV: Regional Neonatal Intensive Care Unit	

*This section is only available to those who have a Level 2-4 SCN or NICU from Item **B1**. If they select Level 1 for B1, skip the remaining items in Section B and go right to Section C.*

If level 1 is selected:

You've selected Level 1. The rest of the questions in this section do not apply. Click **Next** to return to the Table of Contents. If you selected Level 1 by mistake, please click **Previous**, return to the question and correct your answer before clicking Next.

B2

How many mothers with newborns in your hospital's SCN or NICU . . .

	FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80% +)
. . .are advised to provide human milk as a component of their newborn's medical care?				
. . .are advised to breastfeed or express their milk 8 or more times every 24 hours to establish and maintain their milk supply?				
. . .begin expressing and collecting their milk within 1 hour of their newborn's birth (among healthy, stable mothers)?				
. . .are shown techniques or are given written instruction for cleaning breast pump equipment?				

B3

Among SCN/NICU newborns eligible for [Kangaroo Care], how many practice Kangaroo Care?

Not offered at our hospital	Few (0-19%)	Some (20-49%)	Many (50-79%)	Most (80% +)

Kangaroo Care refers to skin-to-skin care where a newborn, often premature, is placed prone directly on the mother's, father's, or other's bare chest or abdomen. The caregiver is then wrapped in a blanket or other cloth to secure the newborn against his or her chest.

13

B4

What percent of infants are receiving their mother's own breast milk at any time in the SCN/NICU?

Few (0-19%)	Some (20-49%)	Many (50-79%)	Most (80% +)

B5

How many infants receive donor human milk at any time while cared for in your hospital's SCN/NICU?

Donor milk not available	Few (0-19%)	Some (20-49%)	Many (50-79%)	Most (80% +)

SECTION C: CARE PRACTICES

This section is about early postpartum care practices for all healthy mother-baby dyads, **REGARDLESS OF FEEDING METHOD**. Mouse over underlined text for a definition or more information.

C1

After vaginal delivery, how many newborns remain in uninterrupted [skin-to-skin contact] with their mothers beginning immediately after birth . . .

skin-to-skin contact: The naked newborn is placed directly on the mother's bare chest or abdomen (with or without a diaper).

	FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80% +)
	○	○	○	○
. . .if breastfeeding, until the first breastfeeding is completed?				
. . .if not breastfeeding, for at least one hour?				

C2

After Cesarean-delivery, how many newborns remain in uninterrupted [skin-to-skin contact] with their mothers as soon as the mother is responsive and alert after birth?

skin-to-skin contact: The naked newborn is placed directly on the mother's bare chest or abdomen (with or without a diaper).

This item is skipped if no cesareans (A7 = no)

	FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80% +)
	○	○	○	○

. . .if breastfeeding, until the first breastfeeding is completed?					
. . .if not breastfeeding, for at least one hour?					

C3 How many <u>vaginally-delivered</u> newborns are separated from their mothers [before] starting [rooming-in]?	Before: Prior to or during transfer from Labor / Delivery care to Postpartum / Nursery care Rooming-in is a practice where mother and newborn are in close proximity.

Few (0-19%)	Some (20-49%)	Many (50-79%)	Most (80% +)	Rooming-in is not an option at our hospital

C4 What percent of newborns stay in the room with their mothers for 24 hours per day (not including those separated for medical reasons)?	

Enter %	Select one
_____%	☐ Actual ☐ Estimate

C5 How many newborns receive continuous [observed monitoring] throughout the first two hours immediately following birth?	Observed monitoring includes for positioning, color, and breathing

FEW (0-19%) ◯	SOME (20-49%) ◯	MANY (50-79%) ◯	MOST (80% +) ◯

C6 Where are newborns usually located during each of the following situations? *Click one location per situation. For situations addressed in multiple locations in your hospital, choose the most frequently-used location.*	

	Mother's Room	Nursery, procedure room, or newborn observation unit	
Pediatric exams/rounds			
Hearing screening			
Pulse oximetry screening (congenital heart defect screening)			
Routine labs/blood draws/injections			
Newborn bath			

C7
Does your hospital have a protocol that requires frequent observations of [high-risk] mother-infant dyads by nurses to ensure safety of the infant while they are together?

YES	
NO	

Examples of high-risk include: low Apgar scores, late preterm, infants who required resuscitation, difficult delivery, or medications given to the mother that may make her drowsy or sedated or affect the newborn.

SECTION D: FEEDING PRACTICES

This section is about infant feeding practices for healthy **BREASTFED** newborns. Mouse over underlined text for a definition or more information.

D1
How many healthy breastfed newborns are given pacifiers by staff?
Do not include the use of pacifiers for painful procedures – e.g., circumcision – in your response.

FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80% +)
⬤	⬤	⬤	⬤

D3

What percent of healthy, term breastfed newborns are fed <u>any</u> of the following?

	Enter %	Select one
Infant formula	_____ %	☐ Actual ☐ Estimate
Water or glucose water *Do <u>not</u> include the use of glucose water for painful procedures – e.g. circumcision – in your response.*	_____ %	☐ Actual ☐ Estimate
Not expected to sum to 100%		

D5

Does your hospital perform <u>routine</u> blood glucose monitoring of full-term healthy newborns who are <u>NOT</u> at risk for hypoglycemia?

YES	
NO	

17

SECTION E: EDUCATION AND SUPPORT OF MOTHERS

This section is about information taught to mothers and caregivers about feeding and caring for their newborn and support provided to mothers by staff. Mouse over underlined text for a definition or more information.

E1

To prevent newborn adverse events (e.g., infant falls, accidental suffocation) associated with maternal sleep in the hospital, how many mothers are shown by staff how to place their newborn on a separate, [safe sleep] surface or with another caregiver when the mother becomes sleepy/drowsy?

Safe sleep: infants are placed on their backs on a firm, flat surface (e.g., bassinet) that is free of any items and will prevent infant falls.

FEW (0-19%) ○
SOME (20-49%) ○
MANY (50-79%) ○
MOST (80% +) ○

E2

How many breastfeeding mothers are taught or shown how to . . .

	FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80% +)
. . .recognize and respond to their newborn's [feeding cues]?				
. . .position and latch their newborn for breastfeeding?				
. . .assess effective breastfeeding by observing their newborn's latch and the presence of audible swallowing?				
. . .assess effective breastfeeding by observing their newborn's elimination patterns (i.e., urine and stool output and stool character)?				
. . .breastfeed [as often and as long] as their newborn wants, [without restrictions]?				
. . .hand express their breast milk?				
. . .understand the [use and risks of artificial nipples and pacifiers]?				

Feeding cues: Signs the baby is ready to feed, including increased alertness, flexion of the extremities, mouth and tongue movements, cooing sounds, rooting, bringing fist toward the mouth, or sucking on fingers / hand.

As often and as long: Also known as 'cue-based' or 'on-demand' feeding.

Without restrictions: Without setting a schedule for how long baby should be at the breast and/or the amount of time that should pass between feeds.

Use and risks of artificial nipples and pacifiers: hygiene, oral formation, and recognition of feeding cues.

E3

When breastfeeding mothers request infant formula, how often do staff counsel them about the possible consequences to the health of their infant and the success of breastfeeding?

RARELY (0-19%)	SOMETIMES (20-49%)	OFTEN (50-79%)	ALMOST ALWAYS (80% +)

19

E4

Among mothers whose newborns are fed *any* formula, how many are taught . . .

	FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80% +)
. . .appropriate [formula feeding techniques]?				
. . .how to [safely prepare and feed] formula?				

Feeding in response to hunger cues and holding the baby closely during the feed, allowing for eye-to-eye contact.

Safely prepare and feed: Instructions for mixing, handling, and storing infant formula.

E5

Do your discharge criteria for breastfeeding newborns **require**. . .

	YES	NO
. . . direct observation of at least one effective feeding at the breast within the 8 hours prior to discharge?		
. . . scheduling of the first follow-up visit with a health care provider?		

E6

What discharge support does your hospital routinely provide to breastfeeding mothers?

	Yes	No
[In-person follow-up visits/appointments for lactation support]		
Personalized phone calls to mothers to ask about breastfeeding (not automated calls)		
[Formalized, coordinated referrals to lactation providers in the community when additional support or follow-up is needed]		
[Breastfeeding information and resources]		
Virtual breastfeeding support consultations (e.g. telehealth consults)		

In-person follow-up visits: Breastfeeding assessments, support, and weight checks at a post-discharge home, hospital, clinic, or office visit; breastfeeding-specific support group in a hospital wellness center.

Formalized, coordinated referrals: Scheduling an appointment on the mother's behalf with a lactation provider, WIC peer counselor, or home visiting program; providing a referral for insurance coverage; providing access to lactation support via interactive smartphone app or

	other online/remote support; writing a prescription for lactation support. Breastfeeding information and resources: Educational booklets/pamphlets, informational smartphone app or other online information, list of community resources, breastfeeding assessment sheet/feeding log, warm-lines.

SECTION F: STAFFING

This section is about maternity-care staff and providers who work in your maternity-care unit, as well as staff and provider responsibilities and training. Mouse over underlined text for a definition or more information.

F3 How often are nurses [formally assessed] for clinical competency in breastfeeding support and lactation management? <table><tr><td>At least every 2 years</td><td></td></tr><tr><td>Less frequently than every 2 years</td><td></td></tr><tr><td>Not required</td><td></td></tr></table>	Systematic evaluation of staff's hands-on ability to support breastfeeding mothers, and may include demonstration of competency at an annual skills lab or observation by a lactation specialist.
F4 Are nurses required to demonstrate competency in the following skills?	Skin-to-skin contact: The naked newborn is placed directly on the mother's bare chest or abdomen (with or without a diaper). Safe sleep: infants are placed on their backs on a firm, flat surface (e.g., bassinet) that is free of any items and will prevent infant falls.

	Yes	No
Placement and monitoring of the newborn in [skin-to-skin contact] with the mother immediately following birth		
Assisting with effective newborn positioning and latch for breastfeeding		
Assessment of milk transfer during breastfeeding		
Assessment of maternal pain related to breastfeeding		
Teaching hand expression of breast milk		
Teaching safe formula preparation and feeding		
Counseling the parents/caregivers on [safe sleep] practices for their newborn during the hospital stay		
Counseling the mother on the importance of exclusive breastfeeding		

F7

How often does your hospital require that maternity staff and providers complete [continuing education or in-service training] on breastfeeding support and lactation management?

Participation in educational and training activities that improve the care that is provided to mothers and infants.

	Staff Nurses (e.g., Registered Nurses)	Physicians*	Nurse Practitioners / Advance Practice Registered Nurses	Certified Nurse Midwives	Medical Residents

At least every 2 years					
Less frequently than every 2 years					
Not required					
We don't have this type of provider					

*Physicians: Obstetricians, Pediatricians, Family Practice Physicians

SECTION G: POLICIES AND PROCEDURES

This section is about hospital policies and procedures. Mouse over underlined text for a definition or more information.

G1

Does your hospital…

Human milk is the only food provided and includes expressed human milk from the mother or from a donor milk bank. Medicines, minerals, and vitamins may also be given, but no formula, water, or other preparations.

	YES	NO
…record (keep track of) [exclusive breastfeeding] throughout the entire hospitalization?		
…have an ongoing monitoring and data-management system that is used for quality improvement related to practices that support breastfeeding?		

G2

Which of the following are included in a <u>written policy</u> (or policies) at your hospital?

		Yes	No
Policy requiring…	documentation of medical justification and/or informed parental consent for giving [non breast milk feedings] to breastfed newborns		
	formal assessment of staff's clinical competency in breastfeeding support		
	formal, in-service, breastfeeding-related staff training		
	documentation of prenatal breastfeeding education		
	staff to teach mothers breastfeeding techniques, including how to manage common difficulties		
	staff to show mothers how to express breast milk		
	placement of newborns in [skin-to-skin contact] with their mother at birth or soon thereafter		
	purchase of infant formula and related breast milk substitutes by the hospital at fair market value		
	staff to provide mothers with resources for breastfeeding support after discharge		
	staff to teach mothers about strategies for [safe sleep] while [rooming-in] at the hospital		
	the option for mothers to room-in with their newborns		
	staff to teach mothers to breastfeed [as often and as long] as their newborn wants, [without restrictions]		

		staff to counsel mothers on the use and risks of feeding bottles, nipples, and pacifiers		
	Policy prohibiting…	distribution of marketing/education materials, samples, or gift packs by the facility that include or promote breast milk substitutes (infant formula), infant feeding supplies, or infant formula coupons		

Non breast milk feedings: formula, water, glucose water
Safe sleep: infants are placed on their backs on a firm, flat surface that is free of any items and will prevent infant falls.
Rooming-in is a practice where mother and newborn are in close proximity.
As often and as long: Also known as 'cue-based' or 'on-demand' feeding.
Without restrictions: Without setting a schedule for how long baby should be at the breast and/or the amount of time that should pass between feeds.

G3
How many health care providers who have any contact with pregnant women, mothers, and/or newborns have been oriented on the hospital's infant feeding policies?

Our hospital does not have written policies related to infant feeding practices.	Few (0-19%)	Some (20-49%)	Many (50-79%)	Most (80% +)

G4
How does your hospital acquire each of the following:

Consistent with hospital-wide vendor policy

	HOSPITAL PURCHASES at [fair market price]	HOSPITAL RECEIVES free of charge
Infant formula		
Bottles, nipples, pacifiers		

G5

Does your hospital give mothers any of the following items free of charge, <u>as gifts or free samples</u> (not including items prescribed as part of medical care)?

	Yes	No
Infant formula (including formula discharge packs)		
Feeding bottles, bottle nipples, nipple shields, or pacifiers		
Coupons, discounts, or educational materials from companies that make or sell infant formulas or feeding products.		

G6

How does your hospital certify compliance with Centers for Medicaid & Medicare Services (CMS) health and safety standards? Check one.

ACCREDITATION by a national accreditation organization	American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP)	
	Center for Improvement in Healthcare Quality (CIHQ)	
	Det Norske Veritas Healthcare (DNV Healthcare)	
	The Joint Commission (TJC)	
CERTIFICATION by a State Survey Agency		
NOT APPLICABLE (not approved as a CMS Provider)		
DON'T KNOW		

SECTION H: EXIT / COMPLETION

H1

Select the positions or titles of the people who have participated in completing this survey, including your own. *Click all that apply.*

Mother-Baby Unit Manager / Supervisor	
Labor and Delivery Unit Manager / Supervisor	
Maternity Care Services Director / Manager	
Lactation Services Coordinator	
Lactation Care Provider (i.e., IBCLC, CLC, CBC)	
Clinical Nurse Specialist	
Director of Obstetrics and Gynecology	
Director of Perinatal Care	
Director of Pediatrics	
Medical Director	
NICU Nurse Manager	
Staff physician	
Staff midwife	
Staff nurse	
Database Manager / Coordinator	
Other	
I prefer not to answer	

H2
Contact information for mPINC reports

We will email a copy of your hospital's results. To protect the confidentiality of your hospital's scores, we cannot send electronic copies of the Hospital Report to personal email addresses (e.g., Yahoo, Gmail, Hotmail). Please enter your name, position, and official hospital email address so that we may email your hospital's results. Providing your contact information is voluntary; your contact information will be used to electronically provide your hospital's results and inform you of mPINC survey related opportunities. You, the survey recipient, will receive one (1) electronic copy of your hospital's results. Your contact information will in no way be connected to survey responses or scores.

Survey Recipient Name	Position	Email

H3
Comments

Free text

Thank you for your time!