Form Approved OMB No. 0920-XXXX EXP. DATE: XX/XX/20XX

«FirstName» «LastName» «Credentials» «Company» «Address1» «City», «State» «PostalCode»

February 5, 2021

Dear «Title» «LastName»:

We are following up with you because we have not received your completed CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC). If you have already sent your survey then please disregard this letter and thank you very much for taking the time to complete the survey. In order to have an accurate understanding of infant feeding practices at intrapartum care facilities in all States and Territories, we want to emphasize the importance of having every facility that provides intrapartum care complete the survey. We are asking you to complete the enclosed survey questionnaire or, if you prefer, use the log in information below to complete the survey using a secure web server. Your participation is completely voluntary and it takes approximately 30 minutes to complete the survey.

In case you have misplaced your survey or information about the survey, we are requesting your participation in the CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC). This research study is being conducted by the Centers for Disease Control and Prevention (CDC) to assess infant feeding practices at intrapartum care facilities in the United States and Territories. All facilities in the United States and Territories we identify as providing intrapartum care are being asked to participate in the survey. We are using the American Hospital Association's Annual Survey and the National Association of Childbearing Centers to identify these facilities. After data collection and analysis have been completed, you will receive an individualized report that will enable you to compare your facility with other similar facilities on indicators of infant feeding practices and policies. In addition, results will be summarized overall and for each state health department.

Facility of Interest

If your facility has more than one location that provides maternity care, please complete the questionnaire **only for the location identified below**.

Facility Name:	<facility name=""></facility>
Address:	<address></address>
	<city, state,="" zip=""></city,>

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-XXXX). Do not send the completed form to this address.

If intrapartum care is no longer provided at your facility, please indicate this on the survey cover and return it in the postage paid envelope.

Confidentiality

Your responses will be treated in a confidential manner. Your responses will be kept private to the extent allowed by law. Your name, facility name, and any other personal identifiers will not appear when we present in oral or written presentation of study results. Access to documents and electronic files is restricted to the research staff working on the study.

Web Survey Security

If you wish to complete the web survey, use your internet browser to go to the home page at <u>www.xxxx.org</u>. Only authorized users may complete the survey and your unique username and password are provided below. Every precaution has been made to reduce the risk that unauthorized users could view your answers. The web survey is conducted from a "secure" https (SSL) server using the same type of internet security as is used for handling credit card transactions.

Use this unique username and password below to access the survey.

Your username is: <username> Your password is: <password>

If you have any questions regarding this study please call Diane Manninen, Ph.D., Task Leader, Battelle, at x-xxx-xxxx. If you have any questions regarding your rights as a study subject, please contact Margaret Pennybacker, Chairperson of the Battelle Institutional Review Board, at 1-877-810-9530, ext. 500.

Thank you in advance for your time and participation in this important research endeavor.

Sincerely,

Laurence Grummer-Strawn, PhD Maternal and Child Nutrition Branch Division of Nutrition and Physical Activity National Center for Chronic Disease Prevention and Health Promotion