

**CDC Response to Public Comments and Recommendations on
Federal Register Notice [60day-09-0743]
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This report summarizes the characteristics and content of comments and recommendations that CDC received and responded to after publishing the 60 Day Federal Register Notice (FRN) of the proposed data collection, *Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories*.

Between February 3, and March 25, 2009, CDC received 84 comments and recommendations to the 60 Day Federal Register Notice. Public comments expressed support for the proposed data collection, sought further information about the methodology, or provided suggestions as to how to expand or enhance the information collection.

CDC received comments on behalf of 51 different organizations and 33 individuals across the United States. Comments addressed a wide range of aspects of the survey, including the act of completing the survey, the utility of receiving individualized results, the impact on hospital administrators and other stakeholders, and suggested additions or enhancements for future surveys. Organizations that commented included local hospitals and clinics, universities, manufacturers, and local, state, national, and international advocacy organizations, as well as state and local public health agencies. Individual commenters included physicians, midwives, nurses, dietitians, health educators, physical therapists, lactation consultants, epidemiologists, peer counselors, and mothers.

Each comment was logged, reviewed, and analyzed prior to receiving a response from CDC. The comment log also allowed for synthesis of the content and recommendations in each comment, identification of trends, similarities, and relevant commenter characteristics, and follow-up monitoring. Each commenter received an email response from CDC expressing gratitude for their input. In addition, CDC consulted subject matter experts for technical assistance in providing more specific follow-up when necessary.

As a group, the comments to this FRN provided a rich understanding of the impact of this particular proposed data collection. These comments demonstrated that people across the United States are deeply aware of the public health importance of quality intrapartum clinical care and recognize the inextricable relationship between maternity practices and infant nutrition and care. Individually, these comments illustrated the wealth of compassionate and experienced clinical and public health experts across the United States who support mothers and babies and improve health outcomes nationwide. In particular, CDC was truly inspired by the perceptive insight of actual respondents to the 2007 mPINC survey, as well as the wide range of individuals whose lives and work are touched by CDC's administration, analysis, and dissemination of findings of the mPINC survey.

The volume of comments received in response to this Federal Register Notice is unprecedented and represents a vast breadth of viewpoints. Despite the wide range of perspectives, the consistent theme throughout the comments is an urgent recommendation that CDC repeat the mPINC survey.

Demographic Characteristics

Comments and recommendations were received from clinical health organizations, public health agencies, health advocacy groups, universities, manufacturers, and individuals. The majority of commenters (87%) identified either their organization or individual affiliation by background, professional training, or field of work.

Three quarters of those who provided affiliation information indicated multiple types of professional preparation. CDC analyzed the comments from these individuals and determined a primary professional affiliation for each, based on the nature and scope of their comments.

Figure 1 illustrates the distribution of comments received to the FRN by organization.

Black bars represent entities that directly participate in the mPINC survey.

Hospital systems – Determine care practices across all hospitals within the system, are able to effect system-wide change using mPINC data, are one of the primary audiences for facility-level data.

Hospitals – mPINC survey unit of analysis, one of the primary audiences for facility-level data.

2007 mPINC Survey Respondents – Staff members who complete the mPINC survey on behalf of their facility, responses to the survey are a reflection of usual practice facility-wide. Respondents provide particular insight into the feasibility, utility, and impact of providing the information and receiving facility-specific results.

Grey bars are used for all other commenters.

Figure 1: Distribution of Commenters to 60 Day FRN

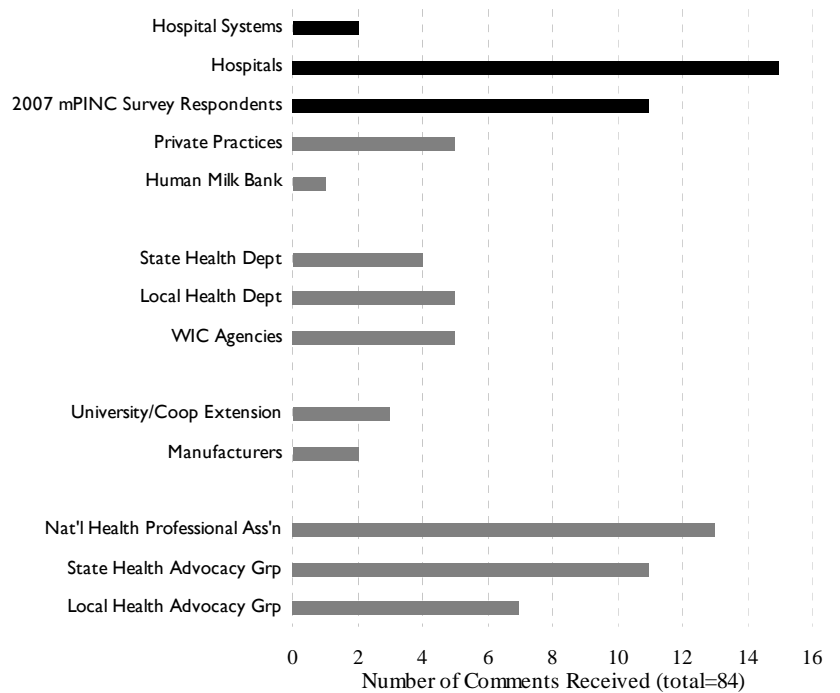


Figure 2 shows the distribution of comments received to the 60 Day Federal Register Notice by primary professional affiliation.

Figure 2: Distribution of Commenters' Affiliations

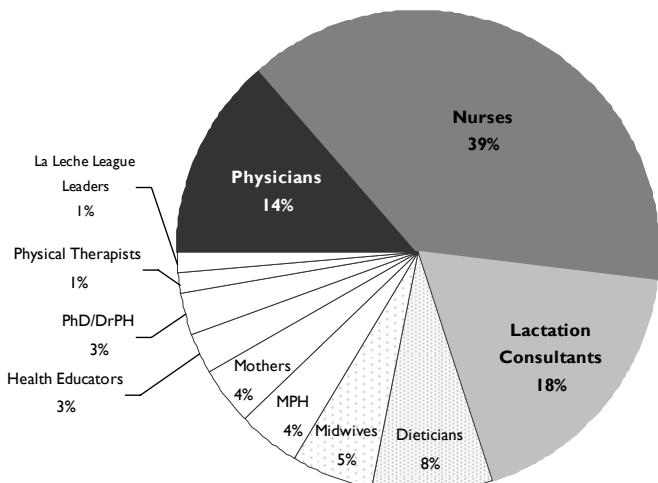
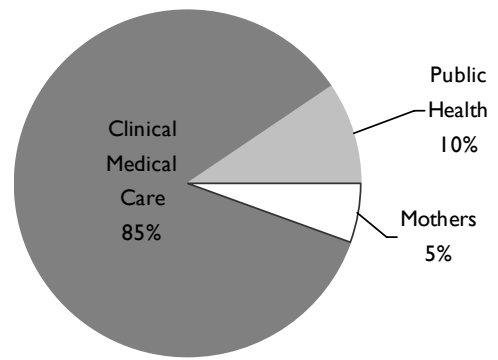


Figure 3 illustrates that 100% of identifiable comments came from the Health Sector. Fully 85% were clinically trained medical professionals.

Figure 3: Health Sectors Represented



Organization Characteristics

62% of comments and recommendations received were submitted on behalf of specific organizations.

All organizational comments were either positive or neutral toward the proposed data collection.

- 98% commented on the need to improve maternity practices, the importance of data to improve care, or urged renewal of the mPINC survey.
- 2% sought further information or detail about the proposed data collection.

“It is [our] hope that CDC will repeat the mPINC survey in 2009.

This survey provides invaluable information about real practices affecting breastfeeding in hospitals across the country.”

Pennsylvania Hospital

“Please consider continuing to collect data regarding breastfeeding support in hospitals.

At our facility we found this data important for supporting programs, identifying where we need to do better, and how we compare.”

Battle Creek Health System

“Our organization works in partnership with public and private organizations training hundreds of health professionals annually.

The [2007] mPINC survey generated a great deal of interest in monitoring and improving practices among our trainees. We hope that CDC will continue this landmark study to generate more impetus for change throughout US hospitals.”

Healthy Children Project

“On behalf of the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)...I strongly urge that the [mPINC] survey be continued in 2009 and beyond.

AWHONN is a national membership organization representing 23,000 nurses and it is our mission to promote the health of women and newborns”

Association of Women’s Health, Obstetric and Neonatal Nurses

Table 1: Organizational Comments and Recommendations, by Category

12 Hospitals & Clinics

Battle Creek Health System – Michigan
Brattleboro Memorial Hospital – Vermont
Family Birthplace Memorial Hospital – Florida
Mill River Pediatrics – Rhode Island
Miller Children’s Hospital – California
North Suburban Medical Center – Colorado
Orange Regional Medical Center – New York
Pennsylvania Hospital – Pennsylvania
Piedmont Medical Center – South Carolina
St. Joseph Mercy Hospital – Michigan
St. Mary’s Health Center – Missouri
Three Rivers Community Hospital – Washington

5 State Public Health Agencies

California Department of Public Health
Hawai’i Department of Health WIC Services
New Jersey Department of Health and Senior Services
Oregon Public Health Division Office of Family Health
South Carolina Department of Health

4 Local Public Health Agencies

City of Long Beach Nutrition Services Division, WIC Program – California
Tuolumne County Health Department WIC Program – California
Lexington-Fayette County Health Department – Kentucky
Haskell County Health Department – Oklahoma

2 Universities

University of California San Diego School of Medicine
University of Nevada Cooperative Extension

13 National & International Organizations

Association of State and Territorial Public Health Nutrition Directors (ASTPHND)
Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN)
Baby-Friendly USA
Breastfeeding Coalition of the Uniformed Services
Bright Future Lactation Resource Centre
Coalition for the Improvement of Maternity Services
International Formula Council
Healthy Children Project
Lamaze International
Medela, Incorporated
National Alliance for Breastfeeding Advocacy
United States Breastfeeding Committee
Wellstart International

11 State Organizations

California WIC Association
District of Columbia Breastfeeding Coalition
Florida Breastfeeding Coalition
Illinois State Breastfeeding Task Force
North Carolina Breastfeeding Coalition
New Hampshire Breastfeeding Task Force
New York Statewide Breastfeeding Coalition
South Carolina Breastfeeding Coalition
Tennessee Lactation Coalition
Texas Breastfeeding Coalition
Utah Breastfeeding Coalition

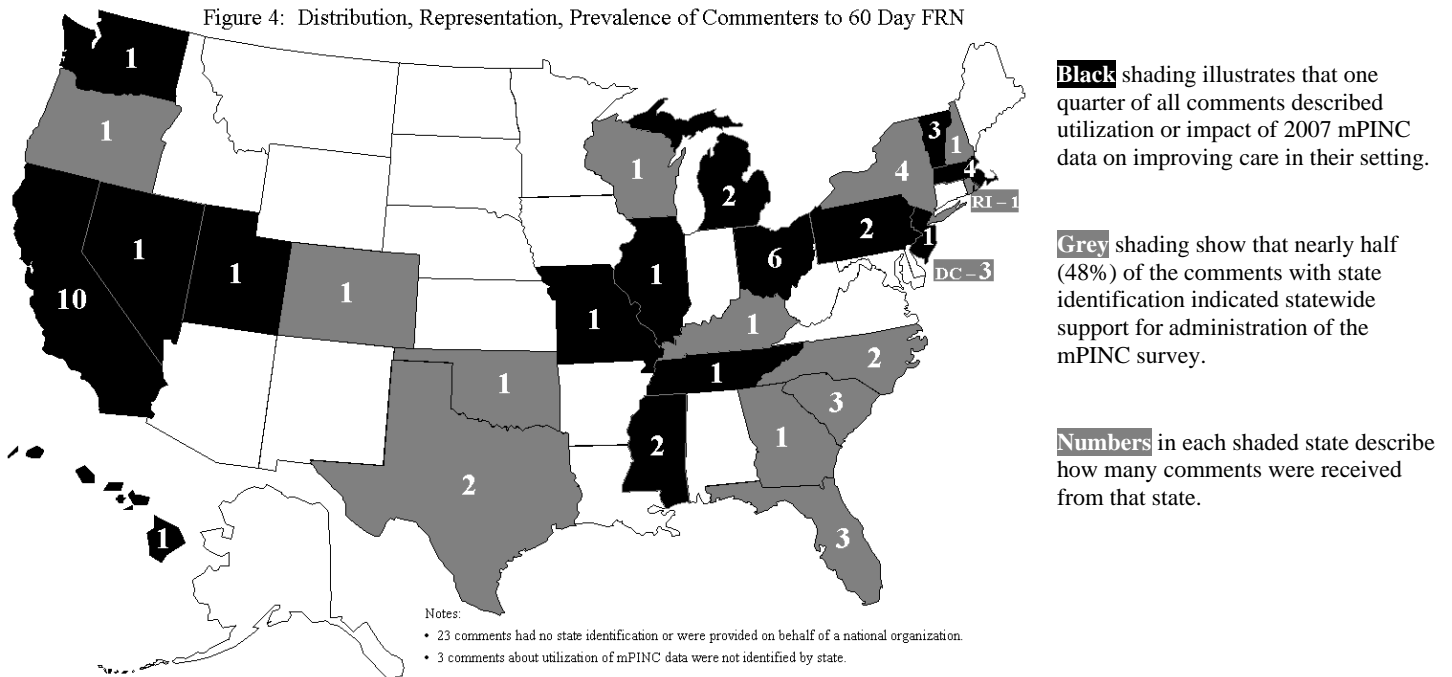
4 Local Organizations

Breastfeeding Task Force of Greater Los Angeles – California
Greater Miami Valley Breastfeeding Coalition – Ohio
Inland Empire Breastfeeding Coalition – California
Tri County Breastfeeding Connection – Ohio

Geographic Characteristics – National Representation

Nearly three-fourths (73%) of commenters identified the state in which they resided. In 45% of all state-identified comments, CDC received multiple supportive comments from a given state.

Figure 4 illustrates that comments with identifiable state locations represented 29 of the US states.

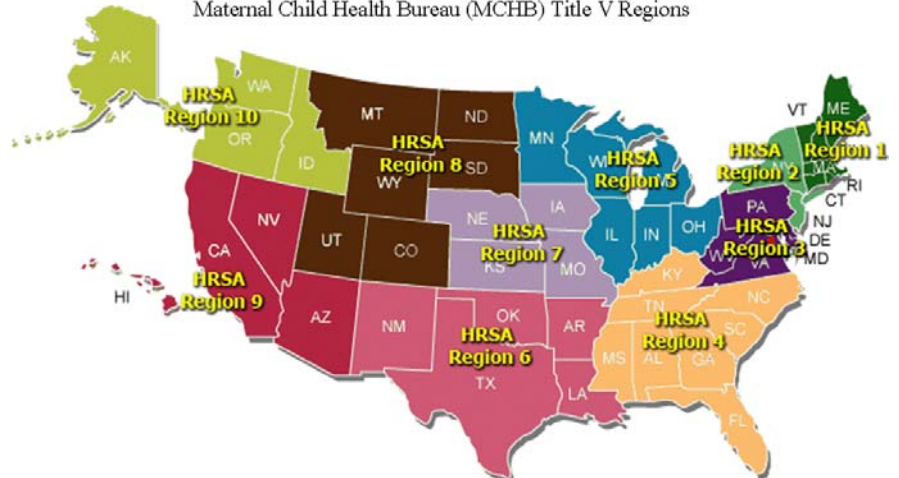


Each State Health Department receives funding through the Federal Title V Maternal Child Health Block Grant. Regional collaboration is a fundamental aspect of this funding mechanism. Additionally, breastfeeding promotion and support is a core element of the Title V program.

Figure 5 illustrates the 10 HRSA MCHB Title V regions.

This map illustrates that the states from which comments were received fully represent all 10 HRSA MCHB Title V regions.

Figure 5: Health Resources and Services Administration (HRSA) Maternal Child Health Bureau (MCHB) Title V Regions



Geographic Characteristics – State Comments

Comments with state identification were 18% more likely to come from states with low breastfeeding rates (below the national mean for breastfeeding initiationⁱ) than from states with higher rates.

Figure 6 illustrates the distribution of comments across states in quintiles of breastfeeding rates and state 2007 mPINC scores.

Comments were received from 60% of the states whose breastfeeding initiation rates fall in the 4th and 5th quintiles, indicating breastfeeding rates lower than the national average.

3 comments were received from states where less than half of all new mothers are supported to begin breastfeeding.

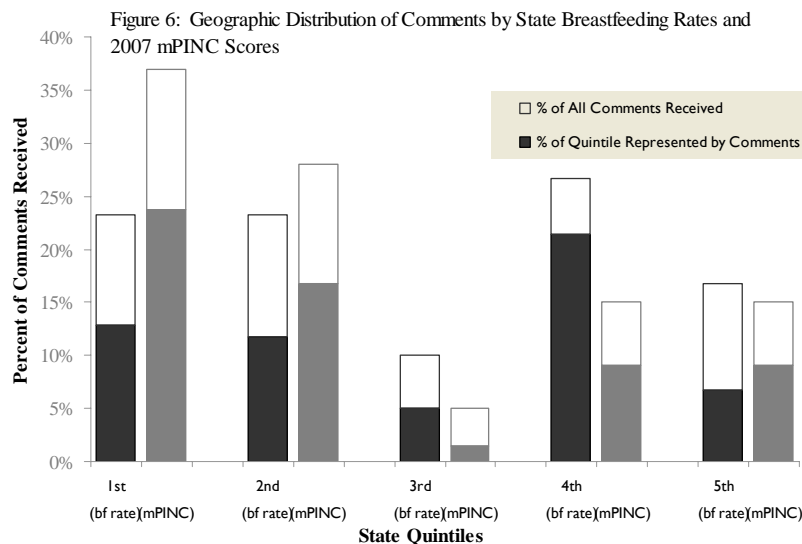


Table 2: Number of Comments, Breastfeeding Initiation Ranks, and 2007 mPINC Ranks, by State*

State	Number of FRN Comments	State Breastfeeding Rank (out of 51)	State 2007 mPINC Rank (out of 25**)
California	9	7	8
Ohio	6	43	10
New York	4	20	10
Massachusetts	4	15	4
South Carolina	3	40	20
District of Columbia	3	33	3
Florida	3	32	9
Vermont	3	17	1
Mississippi	2	49	24
North Carolina	2	41	16
Michigan	2	35	13
Pennsylvania	2	31	16
Texas	2	16	19
Kentucky	1	50	20
Tennessee	1	47	20
Missouri	1	39	14
Wisconsin	1	38	8
Oklahoma	1	36	20
Rhode Island	1	30	2
Illinois	1	29	17
Georgia	1	27	21
New Jersey	1	23	17
New Hampshire	1	22	1
Nevada	1	14	20
Colorado	1	9	11
Hawai'i	1	5	15
Oregon	1	3	5
Washington	1	2	6
Utah	1	1	16

* States and values in **bold** represent states with breastfeeding initiation rates lower than the national average.

**Several states' mean mPINC scores were tied, states with identical mean mPINC scores are ranked equivalent.

“The [mPINC] survey results have facilitated our work encouraging hospitals to improve their support for women who want to breastfeed.”

Oregon Public Health Division Office of Family Health

“Nevada has such a low score, [with the results from the 2007 mPINC survey] we were able to stimulate interest in improving our status.

I wholeheartedly support the proposed data collection strategies for the 2009 mPINC survey.”

University of Nevada Cooperative Extension

“The mPINC survey has led many institutions to question their current maternity practices (which are not evidence-based).

Renewing the mPINC survey may encourage other institutions to seek [Baby-Friendly] certification.”

Illinois State Breastfeeding Task Force

“The [state] Steering Committee is very anxious to complete the [2009] survey so that they can report the increased number of patients who have access to the correct care practices to support breastfeeding.

We need the mPINC repeat data to validate our research.”

University of Utah Hospital & Utah Breastfeeding Coalition

ⁱ CDC 2005 National Immunization Survey www.cdc.gov/breastfeeding/data/NIS_data/index.htm

Specific Commenter Group – Survey Respondents

At each intrapartum care facility, an individual staff member completes the mPINC survey on behalf of the facility in which she or he works. The respondent is selected through a specific process to identify “the person most knowledgeable about infant feeding” at the facility.

Since the mPINC survey measures practices at the facility level, no personal identifier exists on the survey instrument itself. This component of the survey demonstrates CDC’s respect for the individuals who assist by completing the survey, reiterates that the mPINC survey gathers information about the *facility* and not the *individual* who reports on the facility’s behalf, and increases respondents’ ability to complete the survey instrument completely honestly.

Maintaining respondent anonymity is critically important to the mPINC survey. CDC’s concern and respect for the individuals involved precludes publishing each comment in its original form. If needed, CDC can provide to OMB directly the original comments. Representative comments are provided here to illustrate the scope of comments and retain the commenters’ trust as well as the essence of the comments and recommendations they provided.

“CDC fulfilled their obligation to protect the 2007 respondents – which is greatly appreciated as respondents could have been identified if CDC did not maintain confidentiality as well as they did.”

Survey Respondent

“I participated in the survey and found it easy to complete.

I would be willing to do it every year if needed!”

Survey Respondent

“Now that administrators see that many things the mothers have requested actually impact health results by impacting breastfeeding success, the hospital is putting greater value on our efforts to create a breastfeeding supportive environment.”

Survey Respondent

“Until now, the administrators didn’t know a breastfeeding supportive environment really mattered on a public health level.”

Survey Respondent

“Administrators where I work who are not usually highly concerned with breastfeeding per se were very interested to know how our institution’s mPINC results compared to several neighboring birth facilities who proudly reported their results to the local press.”

Survey Respondent

*“Thank you for doing all you can to continue this very important [survey]!
And keep sending the results to the administration.”*

Survey Respondent

“It is clear to me from my 16 years of work in one of the largest maternity hospitals in the country that we as a nation will only reach goals for breastfeeding when evidence-based hospital practices are implemented and monitored to assure policy compliance by all maternity caregivers.”

Survey Respondent

Themes from Survey Respondents:

1. Participating in the mPINC survey was:
 - Straightforward, easy, not an undue burden;
 - Helpful as an internal opportunity to assess practices in a way that was safe;
 - Motivating for supervisors, management, and others outside of intrapartum care; and
 - Galvanizing for their ongoing quality improvement efforts.
2. The mPINC survey supports and substantiates ongoing efforts of clinical hospital staff to improve how they care for and support mothers in their facility.
3. In order to ensure accuracy of the data reported, the survey must be completed by the person most knowledgeable about infant feeding and lactation services in the facility.
4. There are many possible enhancements or expansions that could be done with the mPINC survey, as many more aspects of infant nutrition and care beyond the scope of the current project also need to be assessed and monitored at the facility level.
5. Hospital staff are eager to participate in this data collection effort and appreciate CDC’s support of their work.

“Please continue this relatively simple survey that has, in just one pass, put some basic care practices that can profoundly affect breastfeeding success on the radar of key healthcare administrators.”

Survey Respondent

CDC Responses to Comments

The overwhelming majority of commenters wrote to express support or gratitude to CDC for conducting the 2007 mPINC survey and urge its renewal. After careful review of each individual comment, CDC determined that 5 of the 84 comments (6%) required more specific follow-up beyond that which was sent to all commenters.

Table 3: Detailed Responses to FRN Comments

Name Organization	(Comment Number) Comment or Request	CDC Response
R. R. International Formula Council	(2) Requests copy of report on results of 2007 survey being provided to OMB and confirmation that methodology and survey for 2009 are identical to 2007.	Sent email providing MMWR report of results of 2007 survey, confirming identical methodology and survey, and arranging for copy of results report to be sent concurrent with provision to OMB.
C. B. Outagamie County Public Health	(16) Requests copy of data collection instruments and plans. <i>Asks: "are there opportunities to report influence of formula advertising, including when the mother received diaper bags with formula during her pregnancy or after delivery?"</i> Comments that formula marketing strategies are pervasive across all but 77 hospitals in the US and strategies provide financial disincentive to consistent support for breastfeeding. Comments: <i>"The main barrier I see is conflicting recommendations mothers receive from all health care providers. Even when providers are supportive of breastfeeding, the formula advertisements they allow to be given to their patients at their office or in the hospitals gives a conflicting message to new mothers. Also there are many instances during the hospital stay that hospital staff members negatively impact breastfeeding, most of the time not realizing the long-term effects of their actions."</i>	Sent email providing copies of hospital and birth center data collection instruments and MMWR report of results of 2007 survey. Identified survey items and findings related to distribution of formula advertising and promotional materials to patients and explained survey methodology limitation to intrapartum care facilities, which precludes asking about distribution of these materials to women prior to their intrapartum hospital stay.
R. Y.	(17) Requests copy of data collection instruments and plans. Comments: <i>"I believe this survey is vital to identifying how well hospitals are providing education and support re: breastfeeding. A role of the CDC is to identify and establish protocols for prevention and control of disease processes. So many chronic disorders are influenced by the absence of breastfeeding. It is clear that women in the United States need greater support and education to successfully breastfeed. Hospitals can use the results of the survey to make recommendations for policy changes that will protect, support, and promote breastfeeding."</i> Suggests: <i>"1/2 hour for survey administration is probably sufficient, as are estimates for the screening calls. Utilizing a web-based survey tool is a wonderful alternative to a mailed survey. It is good that you have already developed this methodology."</i>	Sent email providing copies of hospital and birth center data collection instruments, MMWR report of results of 2007 survey, and OMB Supporting Statement B. Confirmed identical methodology and survey to 2007 mPINC survey.
B. W.-C.	(19) Comments: <i>"I remain concerned about the lack of access to care faced by breastfeeding women after hospital discharge. Inconsistent, incorrect, or inadequate breastfeeding advice negatively impacts breastfeeding duration rates. It is the working poor and middle class women who often find that there is no help for them once they go home."</i> Comments: <i>"Too little goes into educating physicians to actively and accurately manage breastfeeding. Too little support exists for public policy regarding breastfeeding. In Texas, we've lobbied for the past 15 years for bills to remove barriers to breastfeeding. We've had aides tell us the formula reps are always right on our heels, attempting to paint breastfeeding advocates as "fanatics.""</i> Requests: <i>"The CDC plays an important role. Please do more to further specific clinical training regarding breastfeeding management. Please push physicians to hire LCs for their offices."</i>	Sent email providing MMWR report of results of 2007 survey and sample facility Benchmark Report. Identified survey items and findings related to each of the concerns raised and explained survey methodology limitation to intrapartum care facilities, which precludes asking about utilization of IBCLCs in private physician outpatient office settings.
R. C. Orange Regional Medical Center, Middletown, NY	(20) Asks: <i>"Who did the survey go to?"</i> Provides specific suggestions for the 2009 mPINC survey: <i>"Make it mandatory that all hospitals HAVE to fill out the survey. Have the survey go to the IBCLC who is practicing there. If there is no IBCLC, that is a problem and you know then how well the breastfeeding education is going. If need be the manager has to sign off on the completed form so management is involved. Ask the question if there is an IBCLC working at the facility and if so, how many hours is she working and what is the breastfeeding rate in relation to the birth rate. Make the information public with names of facilities."</i> Comments: <i>"Until some of these steps are in place you will not get an accurate count of breastfeeding mothers and the type of service our facilities are giving. If this is to be a "real survey" then it has to be counted as such!"</i>	Sent email providing copies of telephone screening instrument, hospital data collection instrument, MMWR report of results of 2007 survey and sample facility Benchmark Report. Explained CDC's lack of authority to mandate survey participation. Identified indicators of success of current methodology despite lack of a mandate. Described mPINC survey design and telephone screener protocol as a valid method to identify appropriate survey respondent within each facility. Identified survey items and findings related to each of the concerns raised. Explained mPINC methodology decision to refrain from publicizing facility identity information. Confirmed identical methodology and survey to 2007 mPINC survey.