Form Approved

OMB #0920-0743  
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CDC National Survey of Maternity Practices in Infant Nutrition and Care

(mPINC)

**Hospital Survey**

*Conducted for*

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity

Maternal and Child Nutrition Branch

Atlanta, GA

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 (0920-0743). Do not send the completed form to this address.

**CDC National Survey of**

**Maternity Practices in Infant Nutrition and Care**

**(mPINC)**

**What is this survey about:** The Centers for Disease Control and Prevention (CDC) is inviting you to participate in a national survey of infant feeding practices at hospitals and birth centers in the United States and Territories that provided maternity care in the past year. The survey is being conducted for CDC by the Battelle Centers for Public Health Research and Evaluation. We need the response of every facility providing maternity care to make this study representative of all maternity care facilities in the United States and Territories. If your facility provides maternity care at multiple locations, please only report data for the specific location listed on the cover letter.

**How long will the survey take to**

**complete:** On average, the survey will take about 30 minutes to complete.

**How will this information be used:** The purpose of this study is to find out about infant feeding practices at hospitals and birth centers in the United States and Territories. Information obtained from this survey will assist CDC with program planning. After data collection is complete, your facility will receive an individualized report containing a summary of survey results. Your name, facility name and other personal identifiers will not be shared with any other facility.

Your responses will be treated in a secure manner and will not be disclosed unless required by law. Your name, facility name, and any other personal identifiers will not be included in either oral or written presentation of study results. Responses will be reported only in summary form so individual responses cannot be identified. Data may be released for additional approved research purposes. Your participation in the study is completely voluntary. Data collection will be managed by Battelle, Centers for Public Health Research and Evaluation, a national survey and research organization with extensive experience in collection of health data.

**Who do I call if I have questions**

**about how to complete the survey:** Jennifer Cohen, Ph.D., MPH, Task Leader, Battelle, toll-free at

1-866-826-4176

**Who do I call if I have questions**

**regarding my rights as a study**

**participant:**  Chairperson of Battelle IRB

1-877-810-9530 x 500

**Thank you very much for taking the time to complete this survey**

|  |
| --- |
| Section A: Hospital Practices |

A1. Are prenatal classes offered at your hospital, either by hospital staff or contracted personnel?

|  |  |
| --- | --- |
| Yes 🡪 | Is breastfeeding covered as part of the class content in the prenatal/childbirth preparation class?  Yes  No |
|  | Does your hospital offer a separate prenatal breastfeeding class?  Yes  No |
| No |  |
| Not sure |  |

A2. Approximately how many women (pregnant or postpartum) are asked by hospital staff about their newborn feeding plans?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Few | Some | Many | Most | Not Sure |
| (0%–9%) | (10%–49%) | (50%–89%) | (90%+) |  |
|  |  |  |  |  |

A3. How often is the mother’s infant feeding decision recorded on a hospital record? *(either hers or her infant’s hospital record)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rarely | Sometimes | Often | Almost always | Not Sure |
| (0%–9%) | (10%–49%) | (50%–89%) | (90%+) |  |
|  |  |  |  |  |

**For Uncomplicated Vaginal Births:**

A4. Are routine newborn procedures (*e.g. newborn assessment including Apgar and cord clamping, identification including foot printing*) after uncomplicated **vaginal** births done while the mother is holding the **healthy full-term** infant skin-to-skin?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rarely | Sometimes | Often | Almost always | Not Sure |
| (0%–9%) | (10%–49%) | (50%–89%) | (90%+) |  |
|  |  |  |  |  |
|  |  |  |  |  |

A5. Approximately, how many mothers are encouraged to hold their **healthy full-term** infants skin-to-skin for at least 30 minutes within an hour of birth for uncomplicated **vaginal** births?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Few | Some | Many | Most | Not Sure |
| (0%–9%) | (10%–49%) | (50%–89%) | (90%+) |  |
|  |  |  |  |  |

A6. Approximately what percentage of **healthy full-term** **breastfed** infants are put to the breast for the first time during the specified period after delivery for uncomplicated **vaginal** births?

Within 1 hour after delivery \_\_\_\_%

More than 1 hour - 2 hours after delivery \_\_\_\_%

More than 2 hours - 4 hours after delivery \_\_\_\_%

More than 4 hours after delivery \_\_\_\_%

Total 100%

A7. Approximately what percentage of **healthy full-term** **breastfed** infants are given the following as a first feeding after uncomplicated **vaginal** births?

Breast milk \_\_\_\_%

Water \_\_\_\_%

Glucose water \_\_\_\_%

Infant formula \_\_\_\_%

Total 100%

A8. Following uncomplicated **vaginal** births, are **healthy full-term breastfed infants** routinely taken to the nursery or other separate area for transition (e.g. processing as a pediatrics patient, vital signs, first bath)?

|  |  |
| --- | --- |
| Yes 🡪 | On average, how long is the infant in this transition period?  \_\_\_\_\_\_\_\_ **minutes** |
| No |  |
|  |  |

A9. Are cesarean births performed at your hospital?

|  |
| --- |
| Yes |
| No ** Skip to Question A15** |

**For Uncomplicated Cesarean Births:**

A10. Are routine newborn procedures (*e.g. newborn assessment including Apgar, and cord clamping, identification including foot printing*) after uncomplicated **cesarean** births done while the mother is holding the **healthy full-term** infant skin-to-skin?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rarely | Sometimes | Often | Almost Always | Not Sure |
| (0%–9%) | (10%–49%) | (50%–89%) | (90%+) |  |
|  |  |  |  |  |

A11. Approximately how many mothers are encouraged to hold their **healthy full-term** infants skin-to-skin for at least 30 minutes within **two hours** after delivery for uncomplicated **cesarean** births?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Few | Some | Many | Most | Not Sure |
| (0%–9%) | (10%–49%) | (50%–89%) | (90%+) |  |
|  |  |  |  |  |

A12. Approximately what percentage of **healthy full-term** **breastfed** infants are put to the breast for the first time during the specified period after delivery for uncomplicated **cesarean** births?

Within 2 hours after delivery \_\_\_\_%

More than 2 hours – 4 hours after delivery \_\_\_\_%

More than 4 hours after delivery \_\_\_\_%

Total 100%

A13. Approximately what percentage of **healthy full-term** **breastfed** infants are given the following as a first feeding after uncomplicated **cesarean** births?

Breast milk \_\_\_\_%

Water \_\_\_\_%

Glucose water \_\_\_\_%

Infant formula \_\_\_\_%

Total 100%

A14. Following uncomplicated **cesarean** births, are **healthy full-term breastfed infants** routinely taken to the nursery or other separate area for transition (e.g. processing as a pediatrics patient, vital signs, first bath)?

|  |  |
| --- | --- |
| Yes 🡪 | On average, how long is the infant in this transition period?  \_\_\_\_\_\_\_\_ **minutes** |
| No |  |

**For All Births:**

A15. Of mothers who are breastfeeding, or intend to breastfeed, approximately how many do you teach breastfeeding techniques (e.g. comfortable positioning, holding infant, how to express milk, assessing the effectiveness of breastfeeding)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Few | Some | Many | Most | Not Sure |
| (0%–9%) | (10%–49%) | (50%–89%) | (90%+) |  |
|  |  |  |  |  |

A16. Approximately how many mothers are taught to recognize and respond to first signs of baby’s hunger?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Few | Some | Many | Most | Not Sure |
| (0%–9%) | (10%–49%) | (50%–89%) | (90%+) |  |
|  |  |  |  |  |

A17. How often do maternity care staff advise breastfeeding women to limit the length of suckling at each feeding (e.g. nurse for 5, 10, or 15 minutes on each breast)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rarely | Sometimes | Often | Almost always | Not Sure |
| (0%–9%) | (10%–49%) | (50%–89%) | (90%+) |  |
|  |  |  |  |  |

A18. Of mothers who are breastfeeding, approximately how many mother-baby couples are directly observed and assessed by staff for breastfeeding effectiveness during the maternity care hospital stay?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Few | Some | Many | Most | Not Sure |
| (0%–9%) | (10%–49%) | (50%–89%) | (90%+) |  |
|  |  |  |  |  |

A19. Do staff at your hospital use a tool to assess breastfeeding effectiveness?

|  |  |
| --- | --- |
| Yes 🡪 | Hospital uses either a validated tool such as LATCH or IBFAT or a tool independently developed for use by maternity care staff. |
| No |  |

A20. Approximately what percentage of **healthy full-term** **breastfed** infants are supplemented with something other than breast milk? (*If your hospital does not formally track this information, please provide your best estimate.*)

\_\_\_\_% **If healthy full-term breastfed infants are never supplemented,**

**record “0” and 🡪 Skip to Question A24**

**For Supplemented Healthy Full-Term Breastfed Infants:**

A21. Are **healthy full-term** **breastfed** infants who are supplemented ever given the following types of supplementary feedings?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Infant Formula |  |  |
| Water |  |  |
| Glucose water |  |  |

A22. Of the **healthy full-term** **breastfed** infants who are supplemented with **infant formula,** what percentage are supplemented for the following reasons?

Doctor’s orders \_\_\_\_%

Nurse’s recommendation \_\_\_\_%

Mother’s choice \_\_\_\_%

Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_%

Total 100%

A23. Of the **healthy full-term** **breastfed** infants who are supplemented with **water or glucose water,** what percentage are supplemented for the following reasons?

Doctor’s orders \_\_\_\_%

Nurse’s recommendation \_\_\_\_%

Mother’s choice \_\_\_\_%

Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_%

Total 100%

**For All Healthy Full-term Breastfed Infants:**

A24. Approximately how many **healthy full-term** **breastfed** infants are given pacifiers by maternity care staff? *Please do not include the use of pacifiers for medical procedures (e.g., circumcision) in your response.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Few | Some | Many | Most | Not Sure |
| (0%–9%) | (10%–49%) | (50%–89%) | (90%+) |  |
|  |  |  |  |  |

A25. Does your hospital receive free infant formula?

|  |
| --- |
| Yes |
| No |
| Not sure |

A26. Does your hospital have a well-baby nursery?

|  |
| --- |
| Yes |
| No |

**For All Births:**

A27. What is the typical length of stay at your hospital for the mother and infant following an uncomplicated vaginal birth?

|  |
| --- |
| 4 hours or less 🡪 **Skip to Question A32** |
| 5 – 12 hours 🡪 **Skip to Question A32** |
| 13 – 24 hours 🡪 **Skip to Question A32** |
| 25 – 48 hours |
| More than 48 hours |

**For Hospital Stays Longer Than 24 Hours:**

A28. Are **healthy full-term** **breastfed** infants routinely taken from the mother’s room at night?

|  |  |
| --- | --- |
| Yes🡪 | On average, how many hours is baby away from mother at night?  \_\_\_\_\_\_ **minutes *OR*** \_\_\_\_\_\_ **hours** |
| No |  |

A29. Among mother-infant couplets that do not room-in at night, approximately how many **healthy full-term** **breastfed** infants are brought to their mothers at night for feedings?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Few  (0%–9%) | Some  (10%–49%) | Many  (50%–89%) | Most  (90%+) | Not Sure | Not Applicable  (All couplets  room-in at night) |
|  |  |  |  |  |  |

A30. Approximately how many **healthy full-term** **breastfed** infants are taken from the mother’s room for:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Few | Some | Many | Most | Not Sure |
|  | (0%–9%) | (10%–49%) | (50%–89%) | (90%+) |  |
| Pediatric rounds |  |  |  |  |  |
| Change of shift |  |  |  |  |  |
| Visiting hours |  |  |  |  |  |
| Hearing test |  |  |  |  |  |
| Heel stick |  |  |  |  |  |
| Infant photos |  |  |  |  |  |
| Infant’s bath |  |  |  |  |  |
| Mother bathing |  |  |  |  |  |
| Mother out of room |  |  |  |  |  |

A31. Approximately what percentage of **healthy full-term** infants, regardless of feeding method, remain with their mothers for at least the following number of hours per day?

8 or fewer hours per day \_\_\_\_%

9–15 hours per day \_\_\_\_%

16–23 hours per day \_\_\_\_%

more than 23 hours per day \_\_\_\_%

Total 100%

**For All Hospital Stays:**

A32. Are discharge packs/bags containing infant formula samples given to breastfeeding mothers?

|  |
| --- |
| Yes |
| No |

A33. What support does your hospital routinely (most of the time) offer to breastfeeding mothers at discharge? (*check all that apply*)

|  |  |
| --- | --- |
| a. Postpartum telephone call by hospital staff |  |
| b. Telephone number for patient to call |  |
| c. Postpartum follow-up visit at hospital after discharge |  |
| d. Home follow-up visit after discharge |  |
| e. Referral to hospital-based breastfeeding support group |  |
| f. Referral to other breastfeeding support groups |  |
| g. Referral to lactation consultant/specialist |  |
| h. Referral to WIC (for those eligible) |  |
| i. Referral to an outpatient lactation clinic |  |
| j. List of resources for breastfeeding help |  |
| k. Breastfeeding assessment sheet |  |
| l. Other *(please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

A34. What is the highest level of neonatal care provided at your hospital?

Healthy newborn 🡪 **Skip to Question B1**

Special care (Level 1 or Level 2 NICU)

Intensive care (Level 3 NICU)

**For Level 1, 2 or 3 NICU:**

A35. Is banked donor milk ever used in your NICU?

Yes

No

A36. Among NICU infants receiving milk feedings, approximately how many are routinely provided human milk?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Few | Some | Many | Most | Not Sure |
| (0%–9%) | (10%–49%) | (50%–89%) | (90%+) |  |
|  |  |  |  |  |

**Please continue** 🡪

|  |
| --- |
| Section B: Training, Personnel, and Policy |

B1. On average, how many hours do nurses spend in breastfeeding education **as new employees**?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| None | <1 hour | 1-3 hours | 4–7 hours | 8–17 hours | 18 or more hours | Not Sure |
|  |  |  |  |  |  |  |

B2. On average, how many hours do each of the following types of maternity care staff spend in breastfeeding education **as new employees**?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | None | < 1 hour | 1-2 hours | 3 or more hours | Not Sure | Not Applicable |
| Physicians employed by the hospital, residents, interns |  |  |  |  |  |  |
| Certified Nurse Midwives, advance practice nurses |  |  |  |  |  |  |

B3. How often are nurses assessed for level of competency in breastfeeding management and support?

|  |  |  |
| --- | --- | --- |
| At least  once a year | Less than once a year | Not Assessed |
|  |  |  |

B4. How many nurses received breastfeeding education **in the past year**?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Few | Some | Many | Most | Not Sure |
| (0%–9%) | (10%–49%) | (50%–89%) | (90%+) |  |
|  |  |  |  |  |

B5. On average, how many hours did nurses spend in breastfeeding education **in the past year**?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| None | <1 hour | 1-2 hours | 3–4 hours | 5 or more hours | Not Sure |
|  |  |  |  |  |  |

B6. On average, how many hours did each of the following types of maternity care staff spend in breastfeeding education **in the past year**?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | None | < 1 hour | 1-2 hours | 3 or more hours | Not Sure | Not Applicable |
| Physicians employed by the hospital, residents, interns |  |  |  |  |  |  |
| Certified Nurse Midwives, advance practice nurses |  |  |  |  |  |  |

B7. Which of the following health care providers deliver infants at your hospital?

(*check all that apply*)

|  |  |
| --- | --- |
| Obstetrician/Gynecologists |  |
| Family Practice Physicians |  |
| Certified Nurse Midwives |  |

B8. Does your hospital employ a designated lactation coordinator (a person who is trained in breastfeeding physiology and management and is responsible for ensuring the implementation of a breastfeeding program)?

|  |  |
| --- | --- |
| Yes 🡪 | What are his/her credentials? *(check all that apply)*  Registered Nurse (RN)  International Board Certified Lactation Consultant (IBCLC)  Registered Dietician (RD)  Certified Nurse Midwife (CNM)  Other Lactation consultant/specialist  Other *(please specify)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| No |  |

B9. How many full time equivalents (FTEs) are dedicated exclusively to in-patient lactation care?

**\_\_\_\_\_\_\_\_\_\_\_FTEs** (*If less than 1 FTE, please record as a decimal.*

*For example, 40 hours per week = 1 FTE,*

*20 hours per week = .5 FTEs,*

*and 10 hours per week = .25 FTEs*.)

B10. How often is a lactation specialist available to provide hands-on breastfeeding support to mothers during their hospital stay?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Always | Sometimes | Never |
| Weekday days |  |  |  |
| Weekday nights |  |  |  |
| Weekend days |  |  |  |
| Weekend nights |  |  |  |

B11. Does your hospital have a written policy addressing…

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Not  Sure |
| a. formal in-service training programs for hospital staff |  |  |  |
| b. prenatal classes informing mothers about breastfeeding |  |  |  |
| c. asking about mothers’ feeding plans |  |  |  |
| d. initiating breastfeeding within 60 minutes after uncomplicated vaginal birth |  |  |  |
| e. initiating breastfeeding after recovery for births by uncomplicated cesarean section |  |  |  |
| f. showing mothers how to express breast milk and maintain lactation should they be separated from their infants |  |  |  |
| g. giving breastfed infants food or drink other than breast milk |  |  |  |
| h. 24-hour/day rooming-in |  |  |  |
| i. breastfeeding on-demand and duration and frequency of individual feedings |  |  |  |
| j. use of pacifiers by breastfed infants |  |  |  |
| k. referral of mothers with breastfeeding problems to appropriate resources (e.g. lactation consultant/specialist, community support group, medical provider, WIC Program) |  |  |  |
| l. referral of mothers to appropriate community breastfeeding resources upon discharge |  |  |  |

B12. How are staff informed about these policies? (*check all that apply*)

|  |  |
| --- | --- |
| a. In-service training |  |
| b. Policy is posted (paper, intranet, policy and procedures binder) |  |
| c. Newsletter |  |
| d. New staff orientation |  |
| e. New staff training |  |
| f. Staff meeting |  |
| g. Word of mouth |  |
| h. Other *(please specify )* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

B13. Does your hospital provide any of the following to **hospital staff** who are also mothers?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| a. A designated room to express milk |  |  |
| b. On-site child care for dependents of hospital staff |  |  |
| c. Electric breast pump for hospital staff use |  |  |
| d. Permission to use existing work breaks to express milk |  |  |
| e. Breastfeeding support group for hospital staff |  |  |
| f. Lactation consultant/specialist available for consult |  |  |
| g. Paid maternity leave (other than accrued vacation or sick leave) |  |  |

|  |
| --- |
| Section C: Hospital Characteristics |

C1. How many total live births took place in the past calendar or fiscal year at your hospital?

\_\_\_\_\_\_\_\_ **live births**

C2.Approximately what percentage of live births in the past calendar or fiscal year were by cesarean section (*total cesarean sections*)? (*If your hospital does not formally track this information, please provide your best estimate.*)

**\_\_\_\_\_\_\_% If cesarean births are not performed at your hospital, record “0”**

C3. Approximately what percentage of laboring women in the past calendar or fiscal year were given epidurals at your hospital? \_\_\_\_\_%

C4. Approximately what percentage of patients received pharmacological agents (*e.g. oxytocin, prostaglandins, misoprostol, mifepristone, relaxin*) to initiate or speed up labor onset at your hospital in the past calendar or fiscal year? \_\_\_\_\_%

C5. Approximately what percentage of patients received mechanical or surgical approaches (*e.g. amniotomy, stripping or sweeping membranes, balloon or Foley catheter dilation*) to initiate or speed up labor onset at your hospital in the past calendar or fiscal year? \_\_\_\_\_%

C6. When does your hospital record (keep track of) the number of mothers breastfeeding?

(*answer all that apply*)

|  |  |
| --- | --- |
| At admission🡪 | What percentage of women intended to breastfeed  **at admission** in the past calendar or fiscal year?  \_\_\_\_\_% |
| At some point during the hospital stay 🡪 | What percentage of women were breastfeeding **during their hospital stay** in the past calendar or fiscal year?  \_\_\_\_\_% |
| At discharge 🡪 | What percentage of women were breastfeeding  **at discharge** in the past calendar or fiscal year?  \_\_\_\_\_% |
| Beyond discharge🡪 | What percentage of women continued breastfeeding **after discharge** from the hospital in the past calendar or fiscal year?  \_\_\_\_\_% |
| Our hospital does not record the number of mothers breastfeeding | |
| Not sure |  |

C7. Please select the positions or titles of the people who have worked on responding to this questionnaire.

|  |  |  |
| --- | --- | --- |
|  | Your Position | Other people contributing information to survey (*check all that apply*) |
| Mother-Baby Unit manager/supervisor |  |  |
| Birth Center director |  |  |
| Labor and Delivery unit manager/supervisor |  |  |
| Maternity care services director/manager |  |  |
| Lactation services coordinator |  |  |
| 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 (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| No other person worked on responding to this questionnaire |  |  |

**Thank you very much for your participation in this survey.**

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return by mail to:

**CDC National Survey of Maternity Practices in**

**Infant Nutrition and Care (mPINC)**

**1100 Dexter Avenue North, Suite 400**

**Seattle, WA 98109-3598**