Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30341-3724

DATE

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

Dear «FirstName» «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 maternity care facilities in all States and Territories, we want to emphasize the importance of having every facility that provides maternity care complete the survey. We are asking you to complete the paper 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 maternity care facilities in the United States and Territories. All facilities in the United States and Territories we identify as providing maternity care are being asked to participate in the survey. We are using the American Hospital Association's Annual Survey and the American Association of Birth Centers to identify these facilities. Once data collection and analysis are complete, we will send you 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, anonymous results from all facilities will be summarized overall and for each state.

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>
       Address: <address>
                           <city, state, zip>

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

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 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 **www.mpincsurvey.com**. 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 Jaime Liesmann Dohack, M.S., R.D., Task Leader, Battelle, toll free at 1-866-826-4176. If you have any questions regarding your rights as a study subject, please contact Margaret Pennybaker, 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 M. Grummer-Strawn

Laurence Grummer-Strawn, PhD
Chief, Nutrition Branch
Division of Nutrition, Physical Activity, and Obesity
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention