

42 specific comments conveyed the commenter's perception that the mPINC survey is uniquely valuable.

- mPINC data:
 - allows institutions to benchmark their current practices and indicators, and compare themselves to other institutions regionally and nationally
 - allows public health quality improvement initiatives to develop specific targets
 - allows us to target these areas for improvement through our collective efforts and resources
 - are imperative in sustaining improved birthing hospital breastfeeding support practices and in encouraging hospitals to increase their efforts
 - gives real numbers to demonstrate to administration that adding this support would be financial benefit for the hospital
 - has allowed CDC to identify, document, and share information related to incremental changes in practices and care processes over time at the hospital, state, and national levels
 - has been invaluable in providing direction (programming, funding, staffing) to our Breastfeeding Awareness and Support Program
 - has provided assessments of the realms in which Oregon hospitals needed improvement
 - have been invaluable for creating the political will at the state and local level to continue support for improving maternity practices
 - help hospitals to see how they are doing compared to others
 - help public health professionals, such as myself, to better understand the trends and issues
 - is helping hospitals create and support more breastfeeding supportive environments
 - is invaluable
 - provides ability to benchmark maternity practices and share best practices across the nation, and over time
 - provides concrete information to create achievable goals for changing policy, habits and culture
 - provides timely feedback regarding areas in need of improvement which helps to tailor technical assistance from State Programs
- the mPINC survey:
 - has been a force for good in making changes
 - has been enormously valuable to Oregon public health professionals
 - has had a big impact and should be continued
 - has been very valuable in helping to motivate needed changes in maternity care
 - is a very valuable tool
 - is an excellent tool for gauge hospital care for mothers and infants
 - is an important tool for facilities to utilize in improving maternity practices
 - reinforces that maternity practices and policies are key to breastfeeding [rates]
 - serves as a valuable tool to help hospitals self assess whether they are 'on target'
- being able to rate our own practices and facilities compared to others in our own state has made a real difference
- continuation of this program is one way to address barriers to breastfeeding in the health care setting
- facilities are willing to complete the survey
- facilities do not see this burden as troublesome
- I feel that we've received real value for the money expended - true change, coming from increased knowledge and self-evaluation. It doesn't get much better than that.
- if mPINC are done frequently that gives [hospital administrators] the numbers and cost savings
- individual hospital reports provide valuable information
- [it is] helpful to be able to support efforts to improve breastfeeding and maternity care practices with federal data from the CDC
- knowing that the tool is comparable across survey years assists with trend analysis
- many Kansas hospitals are just now planning how to improve their mPINC scores
- important to collect data on breastfeeding practices in hospitals providing maternity services
- mPINC reports are just beginning to make a difference - more and more hospitals are seeking Baby Friendly status
- New Hampshire has greatly appreciated the value of the mPINC survey
- state reports have been a fabulous gift
- surveys planned for 2013 and 2015 will further quality improvement efforts by providing a consistent source of data to measure change
- the very way that the data has been collected until now has made it so valuable...I hope there will not be any major changes
- trend data is important.

29 specific comments described how the mPINC data have been useful.

- California Department of Public Health has developed useful regional data for hospitals using the mPINC data
- I have incorporated the data in the classes that I teach for nursing and medical students and professionals
- I have used the mPINC data to demonstrate to my colleagues and to hospital administrators how practices in our state are suboptimal
- Kansas Breastfeeding Coalition utilizes mPINC data results to assist health care initiatives across the state develop programs to
- Kansas High 5 for Mom and Baby Hospital Program was created using data from Kansas' mPINC scores
- local breastfeeding professionals and coalitions use the mPINC results to work individually with their local hospitals
- many states have developed 5- or 10-step best practice programs to help birthing hospitals improve mPINC scores
- Pennsylvania Department of Health has utilized the mPINC surveys since its first issuance for the purposes of information sharing,
- state reports and facility reports have been instrumental in allowing our coalition to determine the gaps in maternity care practices
- Vermont has recently used the 2007 mPINC data to implement a quality improvement project in all but 2 birthing hospitals [in the appendix B-2
- we were able to track our progress and celebrate successes
- my institution has made [>10 concrete positive changes] based on mPINC data and identified 6 concrete areas for improvement
- mPINC data:
 - has a high degree of practical utility in the functions of the agency
 - has helped to change thinking and direct resources into breastfeeding promotion in my institution
 - has propelled our hospital to improve our breastfeeding care and begin the process of becoming Baby-Friendly designated
 - have been very useful and effective in California communities, and nationally, by providing hospitals and birthing centers with important information pertinent to improving maternity practices
 - is helping our facility re-evaluate how we deliver support
 - helped our Administrative team compare our practices with other hospitals
 - has confirmed our suspicions about areas of practice that we long believed to be weak, helped us to realize we are not quite as bad as expected in other areas and overall is helping us more effectively target our efforts and limited funds
 - influenced participating hospitals to strive to improve their individual hospital score and to work collaboratively to share successes, supporting other hospitals to also improve
 - is very useful in a variety of ways to help, or advocate for, California's over 260 perinatal hospitals improve their maternity practices
 - is a good tool to help hospitals
 - provides hospitals in all states with useful maternity practice data that empowers hospital staff and local health professionals and advocates to work on quality of care improvement for breastfeeding
- continuing the mPINC survey will reinforce this value...and report changes in a way that provides meaningful trend and change-over-time analysis
- hospitals use this survey as a measure of their progress toward meeting their breastfeeding support goals
- mPINC report provides valuable cumulative state data to state breastfeeding coordinators and state coalitions offering a way to track improvements over several years
- multi-year data is very important to implementing state and national improvements in maternity care
- particularly helpful in assessing the extent to which hospitals have been dispensing infant formula at discharge to mothers who were still breastfeeding
- useful to know when the CDC will make the data available.

23 specific comments indicated a request to continue the mPINC survey and/or to maintain the existing survey structure.

- Please:
 - allow CDC to continue the mPINC survey
 - continue the mPINC survey of hospitals
 - continue this tool for all of us working with our families to increase the health of our nation
- I am writing:
 - in support of continuing the mPINC survey
 - on behalf of the DC Breastfeeding Coalition (DCBFC), to strongly urge the reinstatement of the CDC mPINC survey
 - to express my support for continuing the mPINC survey
 - to recommend that the CDC's mPINC survey be continued
- I recommend funding this survey implementation for 2013 and 2015
- I support the continuation of the mPINC survey every 2 years to track national progress
- I truly hope this survey is continued
- I wish to express enthusiastic support for the mPINC survey
- I would like the survey to be left alone
- I would like to advocate for the continuation of the mPINC survey

- Kansas Breastfeeding Coalition strongly supports the continuation of the mPINC survey
- US Breastfeeding Committee strongly urges the renewal of the CDC mPINC survey
- On behalf of the California WIC Association and the 84 local California WIC agencies, we are writing in strong support of the renewal of the CDC mPINC surveys
- changing the survey would make comparisons between years difficult
- it will be a waste of taxpayer money and a wasted opportunity to promote the health of mothers and babies if the survey is not continued
- Appendix B-2
- mPINC survey fits in exactly with the framework of the Affordable Care Act
- strongly encourage the CDC to repeat the mPINC survey
- thank you for instituting this valuable benchmark
- we look forward to the 2013 mPINC
- you all did a great job at the beginning, let it be.

16 specific comments described the mPINC data as necessary.

- mPINC data:
 - has filled a knowledge gap and provides invaluable data by which to measure key dimensions of maternity care in hospitals
 - is the only tool utilized nationally to provide data on the evidence-based practices of hospitals
 - is only instrument focused on breastfeeding in maternity care facilities that is conducted and utilized in Pennsylvania
- breastfeeding in the hospital needs to be monitored!
- continuation of the mPINC survey is extremely important to the endeavors of Kentucky
- continuation of this data will be essential to evaluating our change process and how we compare to other facilities
- despite widespread recommendations to breastfeed, there are still many barriers in our culture
- difficult to continue to seek support from our institutions in for which we work, without having protocols, processes and practices initiated by such great data results demonstrating necessity
- discontinuation of the mPINC would undermine the success of these programs
- it is essential that [the mPINC survey] continue
- most institutions would never receive this information otherwise
- our hospitals need information like that provided in the mPINC surveys
- this project is of utmost importance to mothers, infants, maternal-child health programs and hospitals
- we need this survey to continue in 2013 and 2015 to give us a consistent measure of our success
- with more pressure on maternity facilities [from the Joint Commission] to report breastfeeding outcomes as a measure of quality, the ability to continue benchmarking maternity practices and share best practices across the nation remains more important than
- without [mPINC survey data] I have minimal ability to impact change.

11 specific comments illustrated how data from the mPINC survey are motivating improvements.

- mPINC data:
 - can be used to help hospitals improve their services
 - has been a motivating influence for the improvement of breast-feeding related maternity care practices
 - has been essential in convincing hospitals and health care providers of their essential role in supporting a woman's decision to breastfeed
 - has had a profound impact on hospital leadership and staff
 - has helped to spur change in local hospital practice
 - is a unique tool and an important report to spur local hospitals, consumers, regulators, health care professional associations and legislators to demand evidence-based, cost-effective, and humane care to mothers and babies
 - provides a benchmark for individual hospitals to compare their practices at the state and national level. I can personally attest to the use of the mPINC survey to spear head changes in practice at my institution
 - were a great help to me in getting my administrator's attention to address changes we needed to make
- comparing performance between hospitals is a POWERFUL motivator for hospital administrations to support necessary clinical
- it was not until the data was being gathered and published that I observed, as a Public Health Nurse, IBCLC and breastfeeding trainer, an interest on the part of the hospital administration in changing hospital policies and practices
- stopping this data gathering at this point would, in my opinion, decrease the pressure for change at just the wrong moment - when so many are CONSIDERING and starting to make change.

4 specific comments describe the mPINC survey and data as credible.

- I have a great deal of confidence in [CDC's] ability to estimate accurately
- mPINC efforts glean unbiased information
- [mPINC] elevates the importance of breastfeeding as a public health initiative that hospitals need to pay attention to
- mPINC survey is well designed and the CDC has done an excellent job of distributing the 2007, 2009, and 2011 data.

3 specific comments connect participation in the mPINC survey with the Baby-Friendly Hospital Initiative.

- [my institution] is now...well on our way to becoming a Baby Friendly Designated Hospital.
- Please know that the mPINC data was a valuable tool in helping us to [pursue BFHI designation]
- results were instrumental in helping us achieve the Baby-Friendly Designation in 2012

2 specific comments express confidence in the mPINC data as accurate.

- estimates of the burden of the completion of the survey are accurate
- we note that several points that we raised in comments on earlier surveys were addressed in this version, and appreciate CDC's attempts to make the survey more robust

19 specific comments offer suggestions to expand the current survey methodology

- I would like to see:
 - a listing of the composite scores by NH hospital
 - a listing of the NH hospitals that participated in the survey
 - including how many full-time equivalent (FTE) positions that require an IBCLC certification are employed by the hospital
 - NH compared to the US, national percentage for each strength or improvement, reference for each of the rationales
 - shorter turnaround time would make it easier to use the data
 - stronger language encouraging the facility to share their mPINC report back to [front-line nursing and lactation] staff strengthens the internal value of the data and analysis
 - stronger language in the survey preparatory calls and cover letters urging direct input from front-line nursing and lactation staff, including development of internal breastfeeding QI/QA committees, may help to assure/improve reliability and validity of responses
- a maternity care EHR developed/disseminated by CDC/DHHS should consider inclusion of such fields to set [a] standard as well as to give hospitals with smaller censuses an easy-to-use, off-the-shelf product
- additional encouragement at the level of the surveyors [to utilize reports] would be welcome
- administrators receive the tool and do not enlist the direct assistance of IBCLC staff in the collection and reporting of data for the survey
- encourage increased outreach to hospitals as part of an effort to improve participation
- hospital partners recommend requiring the survey to be completed by a team that includes an IBCLC
- individuals completing the survey should be encouraged to solicit the input of others in the hospital
- knowing which staff/s types completed the survey would also be helpful
- more specific measurements should be included in the answers
- only suggestion for improvement is that hospital-specific data be released to state health departments and other qualified health
- recommend disclosure [to local and state health departments] of individual hospital names and data (rather than aggregate data)
- recommend that survey results be sent to multiple staff members in the hospital
- title of the survey should be changed to include breastfeeding

3 specific comments express concerns, both of which CDC is working on addressing.

- I feel that the survey is too subjective and could be swayed to make it appear the facility is doing better or worse than it actually is
- it is not clear that the most informed and appropriate staff are the ones actually completing the CDC mPINC survey
- hospitals have voiced some confusion as to who is completing the survey and who receives the results

6 specific comments (received from a single commenter) advise to stop the survey

- I do not support fat cat bureaucrats in washington dc taking this survey on breastfeeding
- shut down this project
- the project has no need for being done at all. All of the clinics, hospitals and mothers themselves know about [breastfeeding]
- there seems to be a lot of crap projects that nobody in America wants or needs being funded. This is one of them.
- this is completely unnecessary
- we do not need this survey at all. It is highly unnecessary and completely wasteful.