DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

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

DATE

NAME
TITLE
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

Dear NAME:

The Centers for Disease Control and Prevention (CDC) recently conducted the first national assessment of Maternity Practices in Infant Nutrition and Care, known as the mPINC Survey. We thank you for participating in the survey; your involvement was vital to its success.

Your hospital's participation in this national initiative reflects your commitment to continuous quality improvement. Your hospital was one of 2,672 birth facilities that responded to the survey, comprising 82% of all hospitals and birth centers nationwide that provide maternity services. Detailed information about the survey, including scoring, rationale, and an article describing state and national results, can be found at www.cdc.gov/mpinc .

The enclosed Benchmark Report provides a summary of breastfeeding-related maternity care practices and policies within your hospital, compared with other hospitals and birth centers across the country. In addition to highlighting practices and policies on which your hospital scored well, the Benchmark Report also indicates your hospital's opportunities for quality improvement.

There are many strategies to improve maternity care practices and policies (visit our website at www.cdc.gov/breastfeeding for more information). This Benchmark Report is one tool you can use to identify specific practices and policies in your hospital that can be changed to be fully supportive of breastfeeding.

Thank you again for your dedication to quality improvement in this critically important area of health care delivery. If you have any questions, please feel free to contact us at mpinc@cdc.gov for assistance.

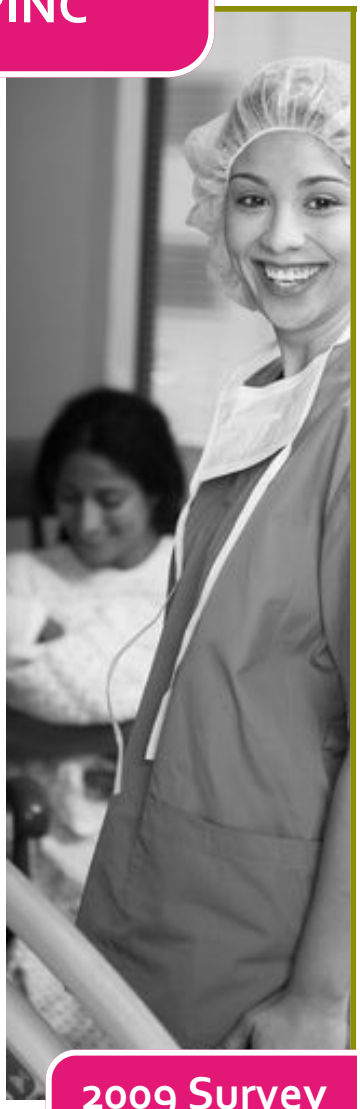
Sincerely,

Laurence M. Grummer-Strawn, MPA, MA, 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

Enclosure
cc: Hospital Administrator/Chief Executive Officer
Director of Hospital Quality Improvement
Obstetrics Medical Director
Pediatrics Medical Director
Nurse Manager for Mother Baby Services
Survey Respondent

Maternity Practices in Infant Nutrition and Care—mPINC



Quality Practice Measures

Benchmark Report

2009 Survey

Fake Medical Center

123 Street Road
Any City, ST 99999

Facility ID: H99999

National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, and Obesity

Summary Information

Fake Medical Center's Composite Quality Practice Score: 71

What is the mPINC Survey?

The Maternity Practices in Infant Nutrition and Care (mPINC) Survey is a national survey of infant feeding practices that provide maternity care services.

The Battelle Centers for Public Health Research and Evaluation first conducted this survey for the Centers for Disease Control and Prevention between August and December 2007, and again between August and December 2009.

Fake Medical Center's Composite Quality Practice Score Percentiles[i]

Fake Medical Center reported 1100 births in the past year; it is in the size category of 1000-1999 births per year.

[i] Your facility's percentile is the point below which the indicated percent of scores fall in each group. For example, if your National percentile is 50, then you are performing better than half of all facilities nationwide. If your State percentile is 66 or 67, you are performing better than about two-thirds of the facilities in your state. If your Similar Size percentile is 99, you are performing better than almost all other facilities nationwide with a similar number of births per year.

[ii] Facility size estimates are based on annual birth census as reported by the mPINC survey respondent and/or the American Hospital Association (when respondent did not provide data).

What's in this report?

Fake Medical Center's results from the 2009 CDC mPINC Survey—CDC provides this resource to help you improve outcomes by providing the best evidence-based care to your patients.

- **Summary Information—**Examine your Composite Quality Practice Score.[iii] Scores range from 0 to 100; your score compares to all other facilities: across the US; in your state; and in your size category nationwide.[ii]
- **Care Dimension Information—**Learn about your subscores[iv] and percentiles in: labor and delivery care; postpartum feeding of breastfed infants, breastfeeding assistance, and contact between mother and infant; staff training; and structural and organizational aspects of care delivery. Accompanied with each score are explanations of how and why CDC chose to measure these particular practices.

Who responded to the mPINC Survey?

All facilities that provide intrapartum care in the United States and Territories received the mPINC survey.

At each facility, surveys were completed by the person most knowledgeable about the care processes and policies involved in feeding healthy infants.

The survey response rate was 82%.

Maternity Care Practices and Infant Feeding

A group of specific interventions has been identified that, when implemented together as a consistent system of care,[1-3] results in better breastfeeding outcomes.[4-8] Inpatient and ambulatory intrapartum care strategies describe how infant feeding care is delivered across the perinatal period. These strategies are designed to reduce the incidence of events and experiences that undermine mothers' breastfeeding intentions and decisions.

The key components of this care system were identified using the best available science and evidence. Like other clinical care models, this evidence spans a wide range, from results of randomized trials to expert opinion, producing a set of connected best practices that make up a facility's infant feeding care system.

Components of infant feeding care best practices

The following key clinical care processes, policies, and staffing expectations are appropriate for care of all perinatal patients, unless medically contraindicated:

I. **Labor and delivery care**—Upon delivery,[v] the newborn is placed skin-to-skin with the mother, allowing uninterrupted time for breastfeeding.

II. **Postpartum care:**

a. **Feeding of breastfed infants—**The breastfeeding infant is only offered pacifiers and supplements (infant formula, water, and glucose water) when medically indicated;

b. **Breastfeeding assistance—**Assistance is offered to the breastfeeding mother and infant using consistent standards for supportive patient education and assessment;

c. **Contact between mother and infant**—The infant is enabled to stay with the mother 24 hours per day, without unnecessary separation or restrictions.

III. **Facility discharge care**—The breastfeeding mother and infant are assured ambulatory breastfeeding care; patient discharge gifts contain no infant formula marketing samples.

IV. **Staff training—**All staff with primary responsibility for care of the breastfeeding mother and infant receive appropriate breastfeeding skills training and assessment.

V. **Structural and organizational aspects of care delivery—**Best practices policies are implemented for staffing, care process, and communication expectations in perinatal patient education and care settings; are supportive of breastfeeding employees; and are free from financial conflict of interest.

[iii] The Composite Quality Practice Score is a simple average of subscores from each care dimension.
[iv] The care dimension subscore is the calculated simple average of scored items within each dimension.
[v] Immediate skin-to-skin contact and breastfeeding opportunities are possible and beneficial in both vaginal and Cesarean deliveries. These practices should be initiated within one hour of vaginal birth and within two hours of Cesarean birth.

I. Labor and Delivery Care

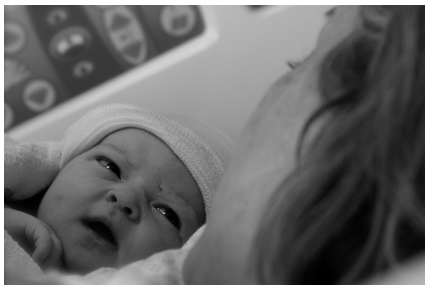
Subscore: **68**

Subscore Percentiles:

United States	54
Kansas	78
Similar Size Facilities	58

0 — 100

Measure	Rationale	Explanation	Ideal Response	Your Response	Your Score
Initial skin-to-skin contact	Skin-to-skin contact improves infant ability to establish breastfeeding.[9]	This measure reports how many patients experience mother-infant skin-to-skin contact for at least 30 minutes within 1 hour of uncomplicated vaginal birth.	Most	Many	70
		This measure reports how many patients experience mother-infant skin-to-skin contact for at least 30 minutes within 2 hours of uncomplicated Cesarean birth.	Most	Many	70
Initial breastfeeding opportunity	Early initiation of breastfeeding increases overall breastfeeding duration and reduces a mother's risk of delayed onset of milk production.[10]	This measure reports what percent of patients have the opportunity to breastfeed within 1 hour of uncomplicated vaginal birth.	≥90	85	70
		This measure reports what percent of patients have the opportunity to breastfeed within 2 hours of uncomplicated Cesarean birth.	≥90	95	100
Routine procedures performed skin-to-skin	Performing routine newborn procedures and assessments skin-to-skin increases infant stability, is safe for mother and infant,[11] and improves breastfeeding outcomes by reducing unnecessary separation of mother and infant.[12]	This measure reports how often patients have routine infant procedures performed while mother and infant are skin-to-skin.	Almost always	Sometimes	30

II. Postpartum Care—a. Feeding of Breastfed Infants

Subscore: **75**

Subscore Percentiles:

United States	36
Kansas	46
Similar Size Facilities	30

0 — 100

Measure	Rationale	Explanation	Ideal Response	Your Response	Your Score
Initial feeding received after birth	Neonatal immune system development depends on transfer of specific antibodies through colostrum and is impaired by prior introduction of non-breast milk feeds.[13,14]	This measure reports what percent of breastfeeding infants receive breast milk as their first feeding after uncomplicated vaginal birth.	≥90	95	100
		This measure reports what percent of breastfeeding infants receive breast milk as their first feeding after uncomplicated Cesarean birth.	≥90	95	100
Supplementary feedings	The AAP and ACOG *Guidelines for Perinatal Care*[15] and Academy for Breastfeeding Medicine guidelines for supplementing feedings in healthy[16] and hypoglycemic[17] neonates all recommend against routine supplementation with formula, glucose water, or water.	This measure reports what percent of breastfeeding infants receive non-breast milk feedings.	<10	5	100
		This measure reports whether breastfeeding infants receive glucose water and/or water.	No	Yes	0

II. Postpartum Care— b. Breastfeeding Assistance

Subscore: **96**

Subscore Percentiles:

United States	84
Kansas	91
Similar Size Facilities	82

0 — 100

Measure	Rationale	Explanation	Ideal Response	Your Response	Your Score
Documentation of feeding decision	Standard documentation of infant feeding decisions is important in order to adequately support maternal choice.[18]	This measure reports how often infant feeding decisions are documented in medical records.	Almost always	Almost always	100
Breastfeeding advice and counseling	The AAP recommends pediatricians provide parents with complete, current information on the benefits and methods of breastfeeding to ensure that the feeding decision is a fully informed one.[19] Patient education is important in order to establish breastfeeding.[20,21]	This measure reports how many patients who are breastfeeding, or intend to breastfeed, are provided advice and instructions about breastfeeding.	Most	Most	100
	Effective breastfeeding relies on feeding in direct response to specific infant cues rather than scheduled frequency or duration of feedings.[22]	This measures reports how many patients are taught to recognize and respond to infants' cues instead of feeding on a set schedule.	Most	Most	100
		This measure reports how often breastfeeding patients receive instructions to limit suckling at the breast to a specific length of time.	Rarely	Rarely	100
Assessment and observation of breastfeeding sessions	The AAP recommends formal evaluation of breastfeeding performance by trained observers during the first 24-48 hours of life.[19]	This measure reports how many patients received a directly observed breastfeeding assessment by facility staff.	Most	Most	100
	Standardized breastfeeding assessment tools improve comparability and validity of findings.[23-25]	This measure reports whether breastfeeding is assessed using a standardized or adapted assessment tool.	Yes	Yes	100
Pacifier use	In-hospital pacifier use reduces duration of exclusive breastfeeding.[26]	This measure reports how many breastfeeding patients are given pacifiers by facility staff.	Few	Some	70

II. Postpartum Care— c. Contact Between Mother and Infant

Subscore: **40**

Subscore Percentiles:

United States	6
Kansas	18
Similar Size Facilities	18

0 — 100

Measure	Rationale	Explanation	Ideal Response	Your Response	Your Score
Separation of mother and newborn during transition to receiving units	Separation during transition to postpartum care is unnecessary for stable patients. Mother-infant contact is important during this time to establish breastfeeding, maintain infant weight, and improve regulation of infants' neurologic states.[22]	This measure reports how many minutes mother-infant pairs are separated after uncomplicated vaginal births during the transition from labor and delivery care to their receiving patient care units.	No separation	75	30
Patient rooming-in	Rooming-in of mother-infant pairs increases infants' opportunities to learn to breastfeed[28] and increases duration and quality of maternal sleep.[29]	This measure reports how many hours breastfeeding mother-infant pairs are separated at night.	No separation	No response	---
		This measure reports what percent of mother-infant pairs room together ≥23 hrs per day.	≥90	5	0
Instances of mother infant separation	Understanding the reasons mother-infant pairs are separated[30] helps identify opportunities to reduce unnecessary separations. Bringing the infant to the mother to breastfeed reduces chances the infant will receive supplemental feeds.[31,32]	This measure reports the number of reasons that infant patients are removed from mothers' rooms.	0	6	30
		This measure reports how many patients who are not rooming-in receive the infant from the nursery for breastfeeding at night.	Most	Most	100

III. Facility Discharge Care

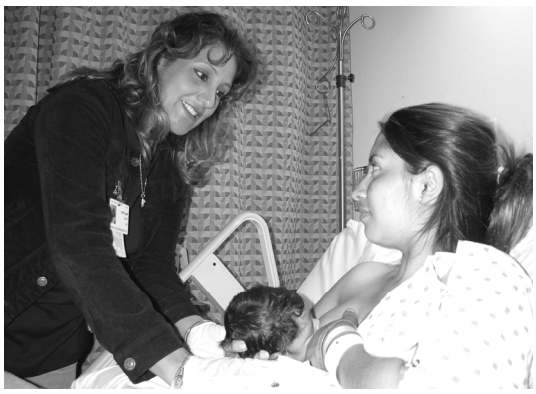
Subscore: **100**

Subscore Percentiles:

United States	**93**
Kansas	**96**
Similar Size Facilities	**95**

0 — 100

Measure	Rationale	Explanation	Ideal Response	Your Response	Your Score
Assurance of ambulatory breastfeeding support	The AAP clinical practice guidelines recommend examination of all infants by a qualified health care professional within 48 hours of hospital discharge to assess breastfeeding.[33] Ensuring post discharge ambulatory support improves breastfeeding outcomes.[34-35]	This measure reports how many modes of ambulatory breastfeeding support are offered: Physical Contact—Home/hospital visit; Active Reaching Out—Phone call to patient; Referral—Providing information about: Available phone numbers, support groups, lactation consultant/specialist, WIC, outpatient clinics.	All 3 modes	All 3 modes	**100**
Distribution of "discharge packs" containing infant formula	The AAP and ACOG recommend against distributing infant formula "discharge packs"[14,36] because it reduces exclusive breastfeeding rates and implies health care professional endorsement of specific commercial items.[37-39]	This measure reports whether breastfeeding patients are given "discharge packs" containing product marketing infant formula samples.	No	No	**100**



IV. Staff Training

Subscore: **56**

Subscore Percentiles:

United States	**50**
Kansas	**48**
Similar Size Facilities	**40**

0 — 100

Measure	Rationale	Explanation	Ideal Response	Your Response	Your Score
Preparation of new staff	Staff training ensures standard capacity to provide evidence-based care, learn about new information, and maintain patient support skills.[39-42] Standard 18 hour staff training improves patient breastfeeding outcomes facility-wide.[43,44]	This measure reports how many hours of breastfeeding education new nurses and other birth attendants* receive.	≥18	1 to 3	**25**
Continuing Education		This measure reports how many hours of breastfeeding education current nurses and other birth attendants* receive.	≥5	1 to 2	**50**
		This measure reports how many nurses and other birth attendants* received any breastfeeding education in the past year.	Most	Most	**100**
Supplementary feedings	Like other critical nursing competencies, regular assessment of competency in breastfeeding management and support improves delivery of care.[45-47]	This measure reports how often nurses and other birth attendants* are assessed for competency in breastfeeding management and support.	At least once a year	Less than once a year	**50**

* In free-standing birth centers, these questions were asked among "birth attendants" to accommodate the range of attendants to births in these facilities.

V. Structural & Organizational Aspects of Care Delivery

Subscore: **62**

Subscore Percentiles:

United States	**30**
Kansas	**34**
Similar Size Facilities	**14**

0 — 100

Measure	Rationale	Explanation	Ideal Response	Your Response	Your Score
Breastfeeding policy	The AAP recommends inclusion of specific elements in facility breastfeeding policies.[14] The Academy of Breastfeeding Medicine's clinical protocol lists components of a model breastfeeding policy.[16]	This measure reports the number of model breastfeeding policy elements in your facility's breastfeeding policy.	10	7	**70**
Communication of breastfeeding policy	Effective intra-professional communication increases the likelihood that a facility's breastfeeding policy will be implemented appropriately.[48,49]	This measure reports the modes used to inform staff about breastfeeding policies: In person—In-service training, new staff orientation, new staff training, staff meeting; Printed/online materials—Policy posted, newsletter.	Both modes	Both modes	**100**
Infant feeding documentation policy	Standardized documentation of patient decisions allows for valid internal assessment, monitoring and improvement of quality of care, and improves staff collaboration and support of patients' decisions.[50]	This measures reports your facility's policy for documentation of patient infant feeding plans and practices.	Any point during or post-stay	At admission only	**25**
Employee breastfeeding support	The AMA and AWHONN recommend medical facilities support all lactating employees by providing appropriate time and facilities to express and store milk during the work day.[51,52] The US Breastfeeding Committee recommends specific workplace supports.[53]	This measure reports how many supports are provided to lactating staff: Critical supports—Room to express milk, electric breast pump for staff use, permission to express milk on breaks; Additional supports—On-site child care, breastfeeding support group for staff, access to lactation consultant/ specialist, paid maternity leave other than accrued leave.	3 critical	1 critical,1 additional	**40**
Facility receipt of free infant formula	The ADA guidelines for mandatory elements of infant formula HACCP plans[54] apply to purchased and free infant formula. The AMA recognizes the inherent conflict of interest this kind of financial support introduces.[55,56]	This measure reports whether your facility receives infant formula free of charge from manufacturers.	No	Yes	**0**
Prenatal breastfeeding instruction	Patient education about breastfeeding improves breastfeeding rates.[20]	This measure reports whether breastfeeding is a component of prenatal patient education opportunities.	Yes	Yes	**100**
Coordination of lactation care	A designated Lactation Coordinator demonstrates consideration of lactation support as an essential and necessary function of intrapartum care.[57]	This measure reports whether your facility has a designated person who oversees lactation care within the facility.	Yes	Yes	**100**

Next Steps

Examine the care dimension that was the most problematic at Fake Medical Center compared to others in Kansas or across the country, and choose one care process or policy to begin improving.

Example Improvement Opportunities

I. Labor and delivery care—**Reduce delays in first contact and breastfeeding opportunities.**

II. Postpartum care:
   a. Feeding of breastfed infants—**Eliminate unnecessary supplementation;**
   b. Breastfeeding assistance—**Improve patient education and assistance; and**
   c. Contact between mother and infant—**Eliminate unnecessary separations between mothers and infants.**

III. Facility discharge care—**Ensure compliance with AAP clinical practice recommendations.**

IV. Staff training—**Facilitate staff training on breastfeeding management and support.**

V. Structural and organizational aspects of care delivery—**Improve your facility's policies related to breastfeeding.**

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www.cdc.gov/mpinc

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National Center for Chronic Disease Prevention and Health Promotion
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