

Form Approved  
OMB #0920-0743  
EXP. DATE: XX/XX/20XX

# **CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)**

**2013  
Facility 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  
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 facilities 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 facilities 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 and may be shared with state health departments for the development of public health programs. Your participation in the study is completely voluntary. Data collection will be managed by Battelle, Center for Analytics and Public Health, 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:** Jaime Liesmann Dohack, M.S., R.D. , 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: FACILITY PRACTICES

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

Yes → Is breastfeeding covered as part of the class content in the prenatal/childbirth preparation class?

Yes

No

Does your facility offer a separate prenatal breastfeeding class?

Yes

No

No

Not sure

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

Few  
(0%–9%)

Some  
(10%–49%)

Many  
(50%–89%)

Most  
(90%+)

Not Sure

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

Rarely  
(0%–9%)

Sometimes  
(10%–49%)

Often  
(50%–89%)

Almost always  
(90%+)

Not Sure

### 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  
(0%–9%)

Sometimes  
(10%–49%)

Often  
(50%–89%)

Almost always  
(90%+)

Not Sure

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  
(0%–9%)

Some  
(10%–49%)

Many  
(50%–89%)

Most  
(90%+)

Not Sure

- 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?

No \_\_\_\_\_ minutes

No

- A9. Are cesarean births performed at your facility?

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 (0%–9%)	Sometimes (10%–49%)	Often (50%–89%)	Almost Always (90%+)	Not Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 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 (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Few (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 (0%–9%)	Sometimes (10%–49%)	Often (50%–89%)	Almost always (90%+)	Not Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 facility stay?

Few (0%–9%) <input type="checkbox"/>	Some (10%–49%) <input type="checkbox"/>	Many (50%–89%) <input type="checkbox"/>	Most (90%+) <input type="checkbox"/>	Not Sure <input type="checkbox"/>
--	---	---	--	--------------------------------------

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

- Yes → Facility 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 facility 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	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>
Glucose water	<input type="checkbox"/>	<input type="checkbox"/>

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<br>(0%–9%)           | Some<br>(10%–49%)        | Many<br>(50%–89%)        | Most<br>(90%+)           | Not Sure                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A25. Does your facility receive free infant formula?

- Yes
- No
- Not sure

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

- Yes
- No

**For All Births:**

A27. What is the typical length of stay at your facility 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 Facility 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<br>(0%–9%)           | Some<br>(10%–49%)        | Many<br>(50%–89%)        | Most<br>(90%+)           | Not Sure                 | Not<br>Applicable<br>(All couplets<br>room-in at night) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                |

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

	Few (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not Sure
Pediatric rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heel stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant photos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant's bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother out of room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Facility Stays:**

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

- Yes
- No

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

- a. Postpartum telephone call by facility staff
- b. Telephone number for patient to call
- c. Postpartum follow-up visit at facility after discharge
- d. Home follow-up visit after discharge
- e. Referral to facility-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 facility?

- Healthy newborn → **Skip to Question B1**
- Special care (Level 2)
- Intensive care (Level 3 NICU)
- Intensive care (Level 4 Regional NICU)

**For special care or intensive care (Level 2, 3, or 4):**

A35. Approximately what percentage of infants in the special care or intensive care unit are routinely receiving the following (since infants may receive more than one type feeding, percentages will not necessarily sum to 100%)

Mother's own breast milk \_\_\_\_\_ %  
Banked donor milk \_\_\_\_\_ %  
Formula \_\_\_\_\_ %

A36. Does your special care or intensive care unit use human milk fortifier (HMF)?

- Yes →
  - Human-milk based fortifier
  - Formula-based fortifier
- No

**Please continue →**

**SECTION B: TRAINING, PERSONNEL, AND POLICY**

B1. On average, how many hours do nurses/birth attendants 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 facility, residents, interns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Nurse Midwives, advance practice nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

At least once a year	Less than once a year	Not Assessed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Few (0%–9%)	Some (10%–49%)	Many (50%–89%)	Most (90%+)	Not Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

None	<1 hour	1-2 hours	3-4 hours	5 or more hours	Not Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 facility, residents, interns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Nurse Midwives, advance practice nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



B7. Which of the following health care providers deliver infants at your facility?  
(check all that apply)

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

B8. Does your facility 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 facility stay?

	Always	Sometimes	Never
Weekday days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekday nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B11. Does your facility have a written policy addressing...

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

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 facility provide any of the following to **facility staff** who are also mothers?

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

B14. How many International Board Certified Lactation Consultants (IBCLC) provide in-patient lactation care at your facility?

\_\_\_\_\_

## SECTION C: FACILITY CHARACTERISTICS

- C1. How many total live births took place in the past calendar or fiscal year at your facility?  
 \_\_\_\_\_ **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 facility does not formally track this information, please provide your best estimate.*)  
 \_\_\_\_\_% **If cesarean births are not performed at your facility, record "0"**
- C3. Approximately what percentage of laboring women in the past calendar or fiscal year were given epidurals at your facility? \_\_\_\_\_%
- 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 facility 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 facility in the past calendar or fiscal year? \_\_\_\_\_%
- C6. When does your facility 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 facility stay → What percentage of women were breastfeeding **during their facility 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 facility in the past calendar or fiscal year?  
 \_\_\_\_\_%
  - Our facility 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 <i>(check all that apply)</i>
Mother-Baby Unit manager/supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Birth Center director	<input type="checkbox"/>	<input type="checkbox"/>
Labor and Delivery unit manager/supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Maternity care services director/manager	<input type="checkbox"/>	<input type="checkbox"/>
Lactation services coordinator	<input type="checkbox"/>	<input type="checkbox"/>
Clinical nurse specialist	<input type="checkbox"/>	<input type="checkbox"/>
Director of obstetrics and gynecology	<input type="checkbox"/>	<input type="checkbox"/>
Director of perinatal care	<input type="checkbox"/>	<input type="checkbox"/>
Director of pediatrics	<input type="checkbox"/>	<input type="checkbox"/>
Medical Director	<input type="checkbox"/>	<input type="checkbox"/>
NICU nurse manager	<input type="checkbox"/>	<input type="checkbox"/>
Staff physician	<input type="checkbox"/>	<input type="checkbox"/>
Staff midwife	<input type="checkbox"/>	<input type="checkbox"/>
Staff nurse	<input type="checkbox"/>	<input type="checkbox"/>
Database manager/coordinator	<input type="checkbox"/>	<input type="checkbox"/>
Lactation consultant/specialist	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

---

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)  
Battelle Center for Analytics and Public Health  
5712 Oakland Avenue  
St. Louis, MO 63110**