

## Screening Telephone Call to Identify the Appropriate Survey Contact Person at Eligible Facilities

Public reporting burden of this collection of information is estimated to vary between 1 and 5 minutes with an average of 5 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 30329, ATTN: PRA (0920-0743). Do not send the completed form to this address.

*A screening call will be made to all hospitals in the United States with at least one birth, or reporting in the American Hospital Association Annual Survey that they had at least one registered maternity bed. Callers will (1) confirm that the hospital is eligible for inclusion in the study, (2) determine whether or not the hospital has satellite locations that had registered maternity beds, and (3) obtain the name and address of two individuals who are most knowledgeable about infant feeding practices at the hospital and/or satellite facility. The call will be administered as a computer-assisted telephone interview. As a result, data entry will be performed as part of the interview process and the skip-logic will be electronic.*

### **SWITCHBOARD SCRIPT (1 minute):**

Hello, my name is [INTERVIEWER NAME] and I am calling from Battelle regarding the Maternity Practices in Infant Nutrition and Care, or mPINC, survey, a study funded by the Centers for Disease Control and Prevention (CDC). Can I verify that I have reached [FACILITY NAME] located at [ADDRESS], correct?

IF YES, PROCEED.

IF NO- Ok, no problem. Can you tell me if you were ever called [FACILITY NAME]? Can you tell me when your name changed and what the new name is (Date/Year)?

*Once you collect the information, if operator confirms that facility used to be called [FACILITY NAME], proceed to next question.*

*If the operator indicates that they were never called by the alternative name, collect the facility's name and address from the operator and thank them for their time. Provide this information to the call center supervisor.*

Could you please connect me with the mother-baby nurse manager?

*If no mother-baby nurse manager*, “Can you please connect me with the nurse manager for the labor and delivery unit?”

*If no nurse manager in L&D or no L&D*, “Can you please connect me with someone who could answer questions about the care of mothers and babies delivered at your hospital?”

## **SURVEY RESPONDENT SCREENING SCRIPT (4 minutes)**

Hello, my name is [INTERVIEWER NAME] and I am calling from Battelle regarding the Maternity Practices in Infant Nutrition and Care, or mPINC, survey, a study funded by the Centers for Disease Control and Prevention (CDC). This is [FACILITY NAME] located at [ADDRESS], correct?

Did your hospital have any births between January 1 and December 31, 2017 or any registered maternity (Ob/Gyn) beds as of January 1, 2017?

IF NO, I'm sorry, but our study is focusing on maternity care. Thank you for your time.

IF YES, PROCEED.

We will be e-mailing a survey to your facility [*if the facility has multiple locations, specify this location*] and I am hoping you can help me identify the best person to complete the survey. For this survey, we need the name and contact information for the mother-baby nurse manager and the nurse manager of the labor and delivery unit. Could you please provide me with that information? *Record information for contacts.*

*If no mother-baby nurse manager and no nurse manager of the labor and delivery unit:*

The survey includes questions about infant nutrition, such as breastfeeding, use of formula by healthy newborns, and feeding routines, and is best completed by the person most knowledgeable about these types of activities at your hospital. This may be yourself, or another person at the hospital. Could you please tell me the name, title, and contact information of the best person to complete the mPINC survey for your facility? (*Record name, title, e-mail address, and phone number if provided.*)

*If only 1 contact collected at this point, ask the following to get a second contact:*

Could you please provide me with contact information for a second individual who would be able to answer these types of questions?

*[Examples if needed (display on screen): Lactation Coordinator/Consultant, person in charge of Women's Services (e.g., Clinical Director of Women's Services or Vice President of Women's Services), Director of Nursing or Chief Nursing Officer, Pediatrics and/or OB Medical Director, Quality Improvement Officer, Performance Improvement Coordinator, Safety and Quality Coordinator of the OB Department, or Chief Medical Officer.]*

*After recording information for the two contacts, thank the person for their time and ask to be connected to the first contact (if it is not the person you are on the phone with already).*

*If connected to a different contact:* Hello, my name is [INTERVIEWER NAME] and I am calling from Battelle regarding the Maternity Practices in Infant Nutrition and Care,

or mPINC, survey, a study funded by the Centers for Disease Control and Prevention (CDC). This is [FACILITY NAME] located at [ADDRESS], correct?

*(Once facility verified): Is this [ESTABLISHED CONTACT]? You were/[ESTABLISHED CONTACT was] identified as the best person to complete the mPINC survey for your facility.*

To make completing the survey as easy as possible, we will be sending an e-mail directly to [ESTABLISHED CONTACT/YOU] with a link to the survey, which can then be completed securely online. What is the best business e-mail address for us to use to reach [ESTABLISHED CONTACT/YOU]? *(E-mail provided must be business e-mail connected with the hospital in some way. For example, they cannot provide their personal gmail account.)*

*If the person says they don't know or don't have the email address for the survey point person ask:*

Do you have access to a directory of email addresses for the staff at your facility?

IF YES, Could you please look up the email address for [IDENTIFIED RESPONDENT] in this directory for me now? *Please record the email address of that person identified.*

IF NO, leave blank and go to the next question

In case we are unable to reach [IDENTIFIED RESPONDENT] by email, could you please also provide the Federal Express address and telephone number for [IDENTIFIED RESPONDENT] as a backup? *Be sure that the address includes the name of the facility. Please record the FedEx address and phone provided.*

I have one more question about mailing addresses. Is the regular mailing address for Dr./Mr./Ms. [IDENTIFIED RESPONDENT]/you the same as [IDENTIFIED RESPONDENT]'s/your Federal Express address? If not, what is [IDENTIFIED RESPONDENT]'s/your mailing address? *Record the address provided.*

Does the facility have any other locations that provide maternity care?

IF YES, Could you please provide a 1) contact, 2) telephone number, 3) Facility Name, and 4) Address for each of the locations? *(If respondent does not have this information, collect what you can about the facility and then conduct tracing to see if you can identify the remaining contact information after the call is over.)*

*Conclude the interview by saying:*

That is all the information I need at the moment. Thank you very much for your time and assistance. You have been very helpful. Good-bye.

*Repeat screener with all satellite locations identified.*