



Centers for Disease Control  
and Prevention (CDC)  
Atlanta GA 30333

October 26, 2016

«cRecipient»  
«FacName»  
«FacStreet»  
«FacCity», «FacST» «FacZIP»

Dear «cRecipient» :

Thank you for participating in the Centers for Disease Control and Prevention’s (CDC) 2015 survey of Maternity Practices in Infant Nutrition and Care (mPINC). As one of 2,582 facilities that responded to the mPINC survey, representing 82% of facilities in the United States and territories that provide maternity services, «FacName»'s participation demonstrates commitment to continuous quality improvement.

Enclosed is your facility’s mPINC Benchmark Report. CDC provides this customized report to key leadership personnel at each participating facility. Your report summarizes the scientific rationale behind your facility’s mPINC score, highlights strengths and quality improvement opportunities identified through your survey responses, and illustrates how practices and policies at your facility compare with others of similar size, across «statername», and nationwide. The mPINC Total Score\* for «FacName» was «Total\_score» out of 100. Across «statername», the average score was «ST\_Score», and the national average mPINC score was 79.

CDC has created an animation about how to use your mPINC Benchmark Report which includes CDC Director, Dr. Tom Frieden’s perspective on the impact that evidence-based maternity care practices have on the health and well-being of mothers and babies. To view the animation on YouTube, enter <http://bit.ly/2bgA14F> into your web-browser or scan the QR code located at the bottom of this page. Please share your thoughts and recommendations on the animation by clicking “Likes” or “Dislikes” and adding comments. The mPINC animation can also be viewed from CDC’s mPINC web-site, [www.CDC.gov/mpinc](http://www.CDC.gov/mpinc).

We hope you will find your Benchmark Report useful in your ongoing efforts to make systemic changes to optimally support the mothers and babies in your care. Thank you again for your dedication to quality improvement in this critically important area of health care delivery. Please contact us at [mpinc@cdc.gov](mailto:mpinc@cdc.gov) with any questions you may have.

Sincerely

Ruth Petersen, MD, MPH  
Director  
Division of Nutrition, Physical Activity, and Obesity  
National Center for Chronic Disease Prevention and Health  
Promotion

cc: «aAdminNAME»«aComma» «aAdminTitle»  
«bRespFirst» «bRespLastName»«bComma» «bRespTitle»  
«dRecipient»  
«eRecipient»  
«fRecipient»



\*Details about the mPINC survey methodology, scoring, rationale, and history are at [www.cdc.gov/mpinc](http://www.cdc.gov/mpinc).



2015 Survey Results

# Benchmark Report

«FacName»

«FacStreet»

«FacCity», «FacST» «FacZip»

Facility ID: «FacID»

# Summary Information

«FacName»'s  
**Total Score:**

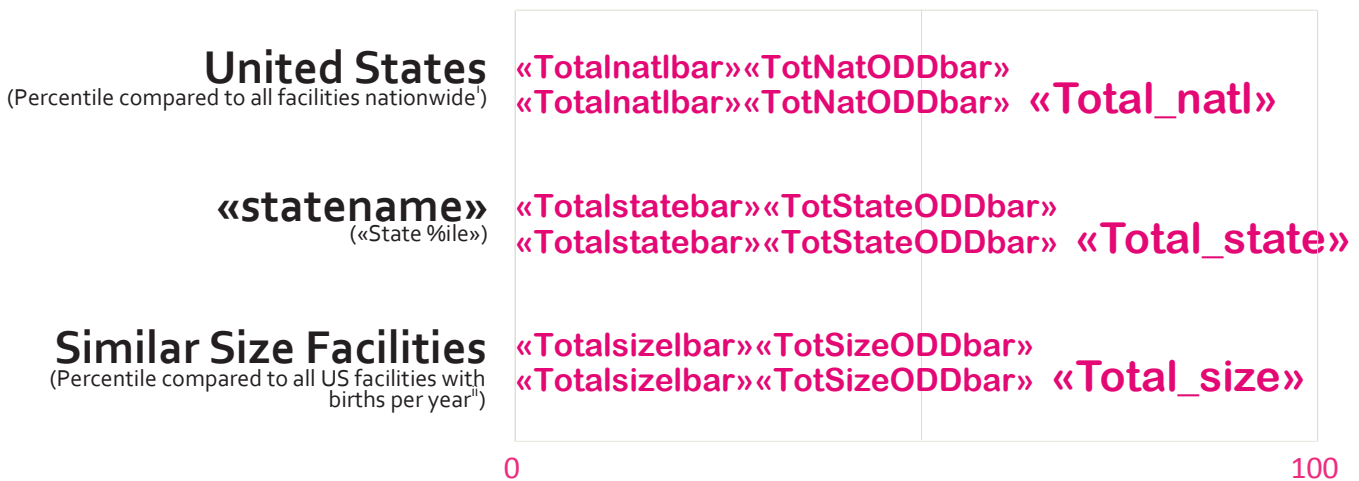


## What is the mPINC Survey?

The Maternity Practices in Infant Nutrition and Care (mPINC) Survey is a national survey of infant feeding practices in maternity care settings. Every two years, all U.S. hospitals that provide maternity services and free-standing birth centers are invited to participate.

Battelle has conducted this survey for the Centers for Disease Control and Prevention (CDC) since 2007.

## «FacName»'s Total Score Percentiles<sup>i</sup>



«FacName» reported «Numbirths» births in the past year; it is in the size category of «Births\_range» births per year.

<sup>i</sup> 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.

<sup>ii</sup> 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 is in this report?

«FacName»'s results from the 2015 mPINC survey.

## What do these results mean?

**Total Score** is an overall quality score that ranges from 0 to 100. It averages the Care Dimension Subscores on 7 aspects of care.

**Care Dimension Subscores**<sup>iii</sup> are calculated for labor and delivery care; postpartum feeding of breastfed infants, breastfeeding assistance, and contact between mother and infant; discharge care; staff training; and structural/organizational aspects of care delivery at your facility.

**Percentiles** are calculated to compare your practices to all other facilities across the US, in «statename», and in your size category nationwide.

## Who participates in mPINC?

All facilities that provide intrapartum care in the United States and Territories are invited to participate in the mPINC survey.

The people most knowledgeable about the care processes and policies involved in feeding healthy infants at each facility complete the survey on behalf of their facility.

The 2015 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,<sup>1-3</sup> results in better breastfeeding outcomes.<sup>4-8</sup> 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.

<sup>iii</sup> Care Dimension Subscores are calculated as a simple average of the individual item scores within each domain. Subscores are not calculated when less than half of items in that domain received a score.

## Best Practices in Infant Feeding Care

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

### I. Labor and delivery care

Upon delivery,<sup>iv</sup> 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 standards for supportive patient education and assessment.

#### c. Contact between mother and infant

The infant is enabled by staff 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, and 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 and policies are implemented for staffing, care process, and communication expectations; policies are supportive of breastfeeding employees; and are free from financial conflict of interest.

<sup>iv</sup> 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.

Subscore Percentiles compare your facility's subscore to:

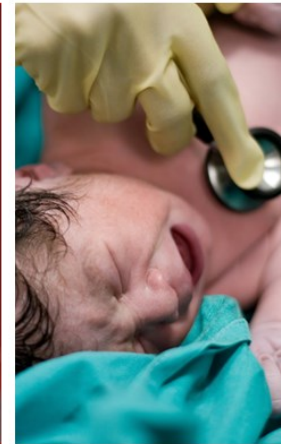
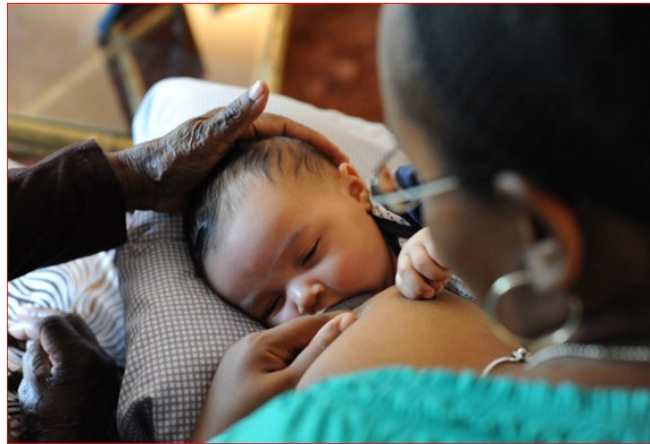
United States «LDnatlbar» «LDnatODDbar» «LabDel\_natl»  
 «statename» «LDstatebar» «LDstateODDbar» «LabDel\_state»  
 Similar Size Facilities «LDsizebar» «LDsizeODDbar» «LabDel\_size»

0 100

## I. Labor and Delivery Care

Subscore: «La»

| Measure                                   | Rationale  | Explanation  | Ideal Response | Your Response | Your Score |
|---|--|--|----------------|---------------|------------|
| Initial skin-to-skin contact              | Skin-to-skin contact improves infant ability to establish breastfeeding. <sup>9</sup>  | 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           | «a05response» | «a05score» |
|   |  | 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           | «a11response» | «a11score» |
| Initial breastfeeding opportunity         | Early initiation of breastfeeding increases overall breastfeeding duration and reduces a mother's risk of delayed onset of milk production. <sup>10</sup>  | This measure reports what percent of patients have the opportunity to breastfeed within 1 hour of uncomplicated vaginal birth.                               | ≥90            | «a06response» | «a06score» |
|   |  | This measure reports what percent of patients have the opportunity to breastfeed within 2 hours of uncomplicated Cesarean birth.                             | ≥90            | «a12response» | «a12score» |
| Routine procedures performed skin-to-skin | Performing routine newborn procedures and assessments skin-to-skin increases infant stability, is safe for mother and infant, <sup>11</sup> and improves breastfeeding outcomes by reducing unnecessary separation of mother and infant. <sup>12</sup> | This measure reports how often patients have routine infant procedures performed while mother and infant are skin-to-skin.                                   | Almost always  | «a04response» | «a04score» |



## II. Postpartum Care— a. Feeding of Breastfed Infants

Subscore: «Fe»

Subscore Percentiles compare your facility's subscore to:

United States «Feednatlbar» «FeednatODDbar» «FeedBF\_natl»  
 «statename» «Feedstatebar» «FeedstateODDbar» «FeedBF\_state»  
 Similar Size Facilities «Feedsizebar» «FeedsizeODDbar» «FeedBF\_size»

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. <sup>13,14</sup>  | This measure reports what percent of breastfeeding infants receive breast milk as their first feeding after uncomplicated vaginal birth.  | ≥90            | «a07response» | «a07score» |
|                                      |   | This measure reports what percent of breastfeeding infants receive breast milk as their first feeding after uncomplicated Cesarean birth. | ≥90            | «a13response» | «a13score» |
| Supplementary feedings               | The AAP and ACOG <i>Guidelines for Perinatal Care</i> <sup>5</sup> and Academy for Breastfeeding Medicine guidelines for supplementing feedings in healthy <sup>16</sup> and hypoglycemic <sup>17</sup> 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            | «a20response» | «a20score» |
|                                      |   | This measure reports whether breastfeeding infants receive glucose water and/or water.  | No             | «a21response» | «a21score» |

II. Postpartum Care—  
b. Breastfeeding Assistance

Subscore: «BF»



Subscore Percentiles compare your facility's subscore to:



| 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. <sup>18</sup>  | This measure reports how often infant feeding decisions are documented in medical records.   | Almost always  | «a03response» | «a03score» |
| 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. <sup>19</sup> Patient education is important in order to establish breastfeeding. <sup>20,21</sup> | This measure reports how many patients who are breastfeeding, or intend to breastfeed, are provided advice and instructions about breastfeeding. | Most           | «a15response» | «a15score» |
|  | Effective breastfeeding relies on feeding in direct response to specific infant cues rather than scheduled frequency or duration of feedings. <sup>22</sup>  | This measure reports how many patients are taught to recognize and respond to infants' cues instead of feeding on a set schedule.                | Most           | «a16response» | «a16score» |
|  |  | This measure reports how often breastfeeding patients receive instructions to limit suckling at the breast to a specific length of time.         | Rarely         | «a17response» | «a17score» |
| 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. <sup>19</sup>   | This measure reports how many patients received a directly observed breastfeeding assessment by facility staff.                                  | Most           | «a18response» | «a18score» |
|  | Standardized breastfeeding assessment tools improve comparability and validity of findings. <sup>23-25</sup>   | This measure reports whether breastfeeding is assessed using a standardized or adapted assessment tool.  | Yes            | «a19response» | «a19score» |
| Pacifier use   | In-hospital pacifier use reduces duration of exclusive breastfeeding. <sup>26</sup>  | This measure reports how many breastfeeding patients are given pacifiers by facility staff.  | Few            | «a24response» | «a24score» |

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

Subscore: «Co»



Subscore Percentiles compare your facility's subscore to:



| 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. <sup>22</sup>        | 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  | «a08response» | «a08score» |
| Patient rooming-in  | Rooming-in of mother-infant pairs increases infants' opportunities to learn to breastfeed <sup>28</sup> without affecting duration or quality of maternal sleep. <sup>29</sup>   | This measure reports how many hours breastfeeding mother-infant pairs are separated at night.  | No separation  | «a28response» | «a28score» |
|   |  | This measure reports what percent of mother-infant pairs room together ≥90 hrs per day.  | ≥90            | «a31response» | «a31score» |
| Instances of mother infant separation                                 | Understanding the reasons mother-infant pairs are separated <sup>30</sup> helps identify opportunities to reduce unnecessary separations. Bringing the infant to the mother to breastfeed reduces chances the infant will receive supplemental feeds. <sup>31,32</sup> | This measure reports the number of reasons that infant patients are removed from mothers' rooms.   | 0              | «a30response» | «a30score» |
|   |  | This measure reports how many patients who are not rooming-in receive the infant from the nursery for breastfeeding at night.  | Most           | «a29response» | «a29score» |

III. Facility Discharge Care

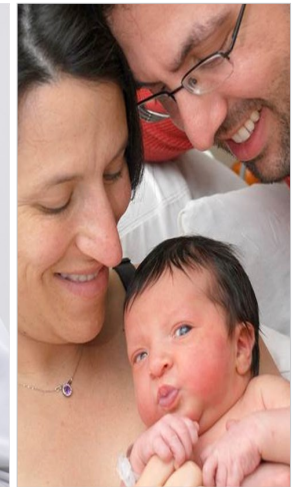
Subscore:



Subscore Percentiles compare your facility's subscore to:

|                         |  |
|-------------------------|--|
| United States           | «Dxnat1bar»«DxnatODDbar» «Dx_nat1»     |
| «statename»             | «Dxstatebar»«DxstateODDbar» «DX_state» |
| Similar Size Facilities | «Dxsizebar»«DxsizeODDbar» «Dx_size»    |
|                         | 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. <sup>33</sup> Ensuring post discharge ambulatory support improves breastfeeding outcomes. <sup>34-35</sup> | This measure reports how many modes of ambulatory breastfeeding support are offered:<br>Physical Contact—Home/hospital visit;<br>Active Reaching Out—Phone call to patient;<br>Referral—Providing information about:<br>Available phone numbers, support groups, lactation consultant/specialist, WIC, outpatient clinics. | All 3 modes    | «a33resp onse» | «a33s core» |
| Distribution of "discharge packs" containing infant formula | The AAP and ACOG recommend against distributing infant formula "discharge packs" <sup>15,36</sup> because it reduces exclusive breastfeeding rates and implies health care professional endorsement of specific commercial items. <sup>37-39</sup>  | This measure reports whether breastfeeding patients are given "discharge packs" containing product marketing infant formula samples.   | No             | «a32resp onse» | «a32s core» |



IV. Staff Training

Subscore:



Subscore Percentiles compare your facility's subscore to:

|                         |   |
|-------------------------|---|
| United States           | «Trainnat1bar»«TrainstateODDbar» «Train_nat1»   |
| «statename»             | «Trainstatebar»«TrainstateODDbar» «Train_state» |
| Similar Size Facilities | «Trainsizebar»«TrainsizeODDbar» «Train_size»    |
|                         | 0 100   |

| Measure                  | Rationale  | Explanation  | Ideal Response       | Your Response  | Your Score  |
|--------------------------|--|--|----------------------|----------------|-------------|
| Preparation of new staff |  | This measure reports how many hours of breastfeeding education new nurses and other birth attendants* receive.                         | ≥18                  | «b01resp onse» | «b01s core» |
| Continuing education     | Staff training ensures standard capacity to provide evidence-based care, learn about new information, and maintain patient support skills. <sup>39-42</sup> Staff training improves patient breastfeeding outcomes facility-wide. <sup>43,44</sup> | This measure reports how many hours of breastfeeding education current nurses and other birth attendants* receive.                     | ≥5                   | «b05resp onse» | «b05s core» |
|                          |  | This measure reports how many nurses and other birth attendants* received any breastfeeding education in the past year.                | Most                 | «b04resp onse» | «b04s core» |
| Competency assessment    | Like other critical nursing competencies, regular assessment of competency in breastfeeding management and support improves delivery of care. <sup>45-47</sup>   | This measure reports how often nurses and other birth attendants* are assessed for competency in breastfeeding management and support. | At least once a year | «b03resp onse» | «b03s core» |

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

Subscore Percentiles compare your facility's subscore to:

|                         |               |
|-------------------------|---------------|
| United States           | «Structnatl»  |
| «statername»            | «Structstate» |
| Similar Size Facilities | «Structsize»  |
| 0                       | 100           |

## V. Structural & Organizational Aspects of Care Delivery

Subscore: «Str



| Measure                                 | Rationale   | Explanation  | Ideal Response                | Your Response | Your Score |
|---|---|--|-------------------------------|---------------|------------|
| Breastfeeding policy                    | The AAP recommends inclusion of specific elements in facility breastfeeding policies. <sup>15</sup> The Academy of Breastfeeding Medicine's clinical protocol lists components of a model breastfeeding policy. <sup>16</sup>   | This measure reports the number of model breastfeeding policy elements in your facility's breastfeeding policy.  | 10                            | «b11response» | «b11score» |
| Communication of breastfeeding policy   | Effective intra-professional communication increases the likelihood that a facility's breastfeeding policy will be implemented appropriately. <sup>48,49</sup>  | This measure reports the modes used to inform staff about breastfeeding policies:<br>In person—In-service training, new staff orientation, new staff training, staff meeting;<br>Printed/online materials—Policy posted, newsletter.   | Both modes                    | «b12response» | «b12score» |
| 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. <sup>50</sup>   | This measure reports your facility's policy for documentation of patient infant feeding plans and practices.   | Any point during or post-stay | «c06response» | «c06score» |
| Employee breastfeeding support          | The AWHONN recommends medical facilities support all lactating employees by providing appropriate time and facilities to express and store milk during the work day. <sup>51</sup> The US Breastfeeding Committee recommends specific workplace supports. <sup>52</sup> | This measure reports how many supports are provided to lactating staff:<br>Critical supports—Room to express milk, electric breast pump for staff use, permission to express milk on breaks;<br>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                    | «b13response» | «b13score» |
| Facility receipt of free infant formula | The ADA guidelines for mandatory elements of infant formula HACCP plans <sup>53</sup> apply to purchased and free infant formula. The IOM recognizes the inherent conflict of interest this kind of financial support introduces. <sup>54</sup>                         | This measure reports whether your facility receives infant formula free of charge from manufacturers.  | No                            | «a25response» | «a25score» |
| Prenatal breastfeeding instruction      | Patient education about breastfeeding improves breastfeeding rates. <sup>20</sup>   | This measure reports whether breastfeeding is a component of prenatal patient education opportunities.   | Yes                           | «a01response» | «a01score» |
| Coordination of lactation care          | A designated Lactation Coordinator demonstrates consideration of lactation support as an essential and necessary function of intrapartum care. <sup>55</sup>  | This measure reports whether your facility has a designated person who oversees lactation care within the facility.  | Yes                           | «b08response» | «b08score» |

### How can you use this report?

This report was sent to the key leadership personnel who determine the clinical care processes, policies, and staffing expectations at «FacName».

Consider using this report to bring personnel together to examine problematic subscores, choose and launch improvement activities, and celebrate successes.

### Example opportunities to improve infant nutrition care:

- Reduce delays in first contact and breastfeeding opportunities.
- Eliminate unnecessary supplementation.
- Improve patient education and assistance.
- Eliminate unnecessary separations between mothers and infants.
- Ensure compliance with AAP clinical practice recommendations.
- Facilitate staff training on breastfeeding management and support.
- Improve your facility's policies related to breastfeeding.



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