



## Maternity Practices in Infant Nutrition and Care

2018

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.

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#### About this survey:

The Centers for Disease Control and Prevention (CDC) invites you to participate in a national survey of newborn feeding practices at hospitals in the United States and Territories that provided maternity care in the past year. The survey is being conducted for CDC by Battelle Health & Analytics, a national survey and research organization with extensive experience in the collection of health data. Participation of every hospital providing maternity care makes this survey representative of all maternity care hospitals in the United States and Territories. If your hospital provided maternity care at multiple locations, only report data for the specific physical location listed in your email invitation.

Your participation in the survey is completely voluntary. We will mail a hard copy of your hospital's results to four (4) leadership positions at your hospital. These positions are the Director of Hospital Quality Improvement, Obstetrics Medical Director, Pediatrics Medical Director, and the Nurse Manager for Mother Baby Services.

Prior to submitting the survey, you will have the opportunity to provide your contact information so that you, the survey recipient, will receive one (1) electronic copy of your hospital's results. Providing your contact information is voluntary; results will be mailed to your hospital if you do not provide an email address. Your contact information will in no way be connected to survey responses or scores.

#### How long will this survey take to complete?

The survey will take about 30 minutes to complete.

#### How will this information be used?

The purpose of this survey is to learn about newborn feeding practices at hospitals in the United States and Territories. After data collection is complete, your hospital will receive an individualized report containing a summary of survey results. Data will also be used to generate state-specific reports, national aggregate data tables, and may be used to answer other questions. Data may be released for additional approved purposes and may be shared with state health departments for the development of public health programs. Information from this survey will also assist CDC with program planning.

#### Are our survey responses kept confidential?

Your responses will be treated in a secure manner and will not be disclosed unless required by law. Your name, hospital name, and any other personal identifiers will not be included in either oral or written presentation of survey results. Responses will only be reported in summary form so individual responses cannot be identified.

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**Survey Instructions:**

Thank you for participating in this survey. You have been identified as the survey recipient for your hospital, which means that only you have access to the unique link to complete and submit the 2018 mPINC survey for your hospital.

We are asking you to fill out the survey with data from the most recent calendar year (January 1, 2017 – December 31, 2017) or your hospital's fiscal year. Unless otherwise specified, questions on the survey are asking about healthy newborns who are discharged to home (i.e., not transferred or admitted to the Special Care Nursery (SCN) or Neonatal Intensive Care Unit (NICU)).

This survey contains 6 core sections and an additional section for hospitals with an SCN or NICU. Each section should be completed by the most knowledgeable and appropriate staff. For example, the Mother-Baby Unit supervisor may be better able to answer one section, while the Lactation Services coordinator or NICU nurse manager may be better able to complete another section. See the table below for a list of people who may be helpful with completing different sections of the survey.

**Titles of staff who may be appropriate to fill out sections of the survey include:**

Mother-Baby Unit Manager / Supervisor
Labor and Delivery Unit Manager / Supervisor
Lactation Services Coordinator/ Lactation Specialist
NICU Nurse Manager
Staff nurse
Database Manager / Coordinator
Maternal and Child Health Physician Leaders

Some questions ask you to enter exact percentages; however, if your hospital does not formally track this information, please provide your best estimate.

Click [here](#) to download a blank copy of the survey. This version should only be used as a worksheet to record responses prior to entering and submitting them online. No paper copies of the survey will be accepted.

You may wish to work on this survey over a period of time, particularly if it will be completed by multiple staff. You can view all sections and pages in the survey and you may go back and forth and edit responses as needed. Your responses will only be saved after you have clicked **Next** at the bottom of the page. If you cannot complete the survey all at one time, click **Save**, and return at a later time. When you return, you may continue where you left off. Before submitting you will be able to review the questions and your answers. You will be notified before your final submission if you have missed any items.

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### Survey Tips:

- Click [here](#) to download/print the survey.
- Move between sections of the survey on the **Table of Contents** page by clicking to the right of the section and then clicking **Next**.
- To move back and forth between questions within a section use the **Next** and **Previous** buttons.
- Do not click on your browser's back or forward button while taking the survey.
- Throughout the survey there will be pop-ups providing you with definitions and explanations; access these by hovering your mouse over the underlined text.

### What to do if you have questions:

If you have any questions about the survey, please call the Battelle Survey Line toll free at 1 (866) 826-4176. If you have any questions about your rights as a research participant, please contact the Human Protections Administrator of the Battelle Institutional Review Board toll free at 1 (877) 810-9530 ext. 500.

### What to do when you have completed the survey:

When you get to the end of the survey, you can review your answers. When you are satisfied with your answers, return to the table of contents and click **Complete Survey**. This action will send the survey to a secure database. Once you have submitted the survey, you will not be able to return to the survey. You will have the opportunity to download a completed copy of the survey for your records after it is submitted. Please note that you must select **Complete Survey** to complete the survey process and receive a Benchmark Report for your hospital. Surveys that are not submitted are considered incomplete and will not be eligible to receive a hospital Benchmark Report.

**Thank you for your contribution!**

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Please select the section that you want to fill:

	<input type="radio"/>
<b>INSTRUCTIONS</b>	<input type="radio"/>
<b>SECTION A: HOSPITAL DATA</b> 12 questions	<input type="radio"/>
<b>SECTION B: SPECIAL CARE NURSERY (SCN) AND / OR NEONATAL INTENSIVE CARE UNIT (NICU)</b> 5 questions	<input type="radio"/>
<b>SECTION C: CARE PRACTICES</b> 7 questions	<input type="radio"/>
<b>SECTION D: FEEDING PRACTICES</b> 5 questions	<input type="radio"/>
<b>SECTION E: EDUCATION AND SUPPORT OF MOTHERS</b> 7 questions	<input type="radio"/>
<b>SECTION F: STAFFING</b> 6 questions	<input type="radio"/>
<b>SECTION G: POLICIES AND PROCEDURES</b> 5 questions	<input type="radio"/>
<b>SECTION H: EXIT / COMPLETION</b> 2 questions	<input type="radio"/>
	<input type="radio"/>

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**SECTION A: HOSPITAL DATA**

This section is about deliveries and general hospital information. Mouse over underlined text for a definition or more information.

A1: What type of facility is your hospital? (select 1 option only)

Select an answer...

- government hospital
- non-profit hospital
- private hospital
- military hospital

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**SECTION A: HOSPITAL DATA**

This section is about deliveries and general hospital information. Mouse over underlined text for a definition or more information.

A2: Is your hospital a teaching hospital (e.g., medical residents, nursing students)?

Yes  
 No

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**SECTION A: HOSPITAL DATA**

This section is about deliveries and general hospital information. Mouse over underlined text for a definition or more information.

**A3:** Is your hospital currently designated as "Baby-Friendly" by the Baby-Friendly Hospital Initiative (BFHI)?

- Yes
- No

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**SECTION A: HOSPITAL DATA**

This section is about deliveries and general hospital information. Mouse over underlined text for a definition or more information.

**A4:** Are any of the following employment benefits offered to hospital staff (as hospital policy)?

	Yes	No
A private place, other than a bathroom, to express or feed breast milk	<input type="radio"/>	<input type="radio"/>
On-site access to an electric breast pump	<input type="radio"/>	<input type="radio"/>
<u>Reasonable break time</u> to express or feed breast milk	<input type="radio"/>	<input type="radio"/>
Flexible work hours / scheduling of shifts to express or feed breast milk	<input type="radio"/>	<input type="radio"/>
On-site child care	<input type="radio"/>	<input type="radio"/>
Paid maternity leave (other than accrued sick or personal leave)	<input type="radio"/>	<input type="radio"/>
Paid paternity leave (other than accrued sick or personal leave)	<input type="radio"/>	<input type="radio"/>
In-person support from a lactation care provider (e.g., IBCLC, CLC, CBC)	<input type="radio"/>	<input type="radio"/>

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On-site access to an electric breast pump

Reasonable break time

Adequate time to travel to the designated lactation area, express milk or breastfeed, clean up, and return to their work area

Flexible work hours / scheduling of shifts to express or feed breast milk

On-site child care

Paid maternity leave (other than accrued sick or personal leave)





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## SECTION A: HOSPITAL DATA

This section is about deliveries and general hospital information. Mouse over underlined text for a definition or more information.

**A5:** Do women who deliver at your hospital have the opportunity to receive prenatal breastfeeding education (in either group or individual settings) provided by your hospital and/or a hospital-affiliated clinic or service?

- Yes
- No
- Not sure

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Complete the following items using data from the past calendar or fiscal year:



A6: [Total live births:](#)

Total number of live births includes vaginal and Cesarean (C-Section) deliveries. For multiple births, count each newborn as a separate live birth.

A7: [Total live births delivered by Cesarean section:](#)

If cesarean births are not performed at your hospital, record "0"

Click on the link for a definition or more information.

Complete the following items using data from the past calendar or fiscal year:

A6: [Total live births:](#)

A7: [Total live births delivered by Cesarean section:](#)

If cesarean births are not performed at your hospital, record "0"

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[Total live births delivered by Cesarean section:](#)  
If cesarean births are not performed at your hospital, record "0"

Total number of live birth Cesarean (C-Section) deliveries that were performed at your hospital, including in the perinatal services area, an operating room, or any other location within the hospital.

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**SECTION A: HOSPITAL DATA**

This section is about deliveries and general hospital information. Mouse over underlined text for a definition or more information.

**A8:** How many healthy newborns at your hospital have their umbilical cord clamped more than one minute after birth?

FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80% +)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**SECTION A: HOSPITAL DATA**

This section is about deliveries and general hospital information. Mouse over underlined text for a definition or more information.

A9: Throughout their hospital stay, what percent of healthy newborns are fed the following?

	Enter %	Select one	
		Actual	Estimate
<u>ONLY breast milk</u>	<input type="text"/> %	<input type="radio"/>	<input type="radio"/>
Breast milk AND any formula, water, or glucose water	<input type="text"/> %	<input type="radio"/>	<input type="radio"/>
No breast milk	<input type="text"/> %	<input type="radio"/>	<input type="radio"/>
<b>Total sums to 100%:</b>	<input type="text" value="0"/> %		

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ONLY breast milk

Breast milk AND a

No breast milk

- no water or formula at any time during hospitalization
- no glucose water or sucrose solution except for during painful procedures

%

%

**SECTION A: HOSPITAL DATA**

This section is about deliveries and general hospital information. Mouse over underlined text for a definition or more information.

**A10:** Among breastfed newborns who are supplemented, and not in a special care nursery or neonatal intensive care unit, how many receive donor human milk?

<b>Not offered at our hospital</b>	<b>FEW</b> (0-19%)	<b>SOME</b> (20-49%)	<b>MANY</b> (50-79%)	<b>MOST</b> (80% +)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## SECTION A: HOSPITAL DATA

This section is about deliveries and general hospital information. Mouse over underlined text for a definition or more information.

Although most of the survey is about early postpartum care practices for healthy mother-baby dyads, the following 2 items address a special population of newborns.

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**SECTION A: HOSPITAL DATA**

This section is about deliveries and general hospital information. Mouse over underlined text for a definition or more information.

**A11: How many newborns diagnosed with Neonatal Abstinence Syndrome (NAS) ...**

	<b>FEW</b> (0-19%)	<b>SOME</b> (20-49%)	<b>MANY</b> (50-79%)	<b>MOST</b> (80%+)	<b>Not Applicable</b>
... are breastfed or provided with expressed human milk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... are <u>rooming-in</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... practice <u>skin-to-skin</u> or <u>Kangaroo Care</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... are cared for in your specialty unit (Special Care Nursery, Neonatal Intensive Care Unit, Regional Neonatal Intensive Care Unit)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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... or [Kangaroo Care](#)?

your specialty unit (Spe

... an milk?

... sive Care Un

... Nurse

Kangaroo Care refers to skin-to-skin care where a newborn, often premature, is placed prone directly on the mother's, father's, or other's bare chest or abdomen. The caregiver is then wrapped in a blanket or other cloth to secure the newborn against his or her chest.

**SECTION A: HOSPITAL DATA**

This section is about deliveries and general hospital information. Mouse over underlined text for a definition or more information.

**A12:** Are the following included in a written policy about management of Neonatal Abstinence Syndrome (NAS) at your hospital?

	Yes	No
Verbal screening for maternal substance use (e.g., asking in the medical history)	<input type="radio"/>	<input type="radio"/>
Toxicology screening for maternal substance use (e.g., urine, meconium, hair, cord blood)	<input type="radio"/>	<input type="radio"/>
Use of a standardized tool to evaluate NAS symptoms (e.g., Modified Neonatal Abstinence Scoring System, Finnegan Score)	<input type="radio"/>	<input type="radio"/>
Promotion of breastfeeding or provision of expressed human milk as a nonpharmacological treatment of NAS	<input type="radio"/>	<input type="radio"/>
Promotion of <u>rooming-in</u> as a nonpharmacological treatment of NAS	<input type="radio"/>	<input type="radio"/>
Promotion of <u>skin-to-skin</u> contact or <u>Kangaroo Care</u> as a nonpharmacological treatment of NAS	<input type="radio"/>	<input type="radio"/>
Pharmacologic treatment of NAS	<input type="radio"/>	<input type="radio"/>

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...human milk as a nonpharmacological treatment of NAS

...pharmacological treatment of NAS

...contact or [Kangaroo Care](#) as a nonpharmacological treatment of NAS

...of NAS

Kangaroo Care refers to skin-to-skin care where a newborn, often premature, is placed prone directly on the mother's, father's, or other's bare chest or abdomen. The caregiver is then wrapped in a blanket or other cloth to secure the newborn against his or her chest.

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**SECTION B: SPECIAL CARE NURSERY (SCN) AND / OR NEONATAL INTENSIVE CARE UNIT (NICU)**

This section is about practices in your hospital's SCN and / or NICU. Mouse over underlined text for a definition or more information. The primary contact should consult with an SCN or NICU colleague before answering these questions.

**B1:** What is the highest level of neonatal care provided at your hospital? Click for: [Definitions, Capabilities, and Provider Types: Neonatal Levels of Care](#).

The remaining questions in Section B only apply if your hospital has Level II-Level IV neonatal care.

- Level I: Well newborn nursery
- Level II: Special care nursery
- Level III: Neonatal Intensive Care Unit
- Level IV: Regional Neonatal Intensive Care Unit

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**B1:** What is the highest level of neonatal care provided at your hospital? Click for: [Definitions, Capabilities, and Provider Types: Neonatal Levels of Care.](#)

The remaining questions in Section B only apply if your hospital has Level II-Level IV neonatal care.

### Definitions, Capabilities, and Provider Types: Neonatal Levels of Care

Level of Care	Capabilities	Provider Types <sup>1</sup>
<b>Level I</b> Well newborn nursery	<ul style="list-style-type: none"> <li>• Provide neonatal resuscitation at every delivery</li> <li>• Evaluate and provide postnatal care to stable term newborn infants</li> <li>• Stabilize and provide care for infants born 35–37 wk gestation who remain physiologically stable</li> <li>• Stabilize newborn infants who are ill and those born at &lt;35 wk gestation until transfer to a higher level of care</li> </ul>	Pediatricians, family physicians, nurse practitioners, and other advanced practice registered nurses
<b>Level II</b> Special care nursery	<p>Level I capabilities plus:</p> <ul style="list-style-type: none"> <li>• Provide care for infants born <math>\geq 32</math> wk gestation and weighing <math>\geq 1500</math> g who have physiologic immaturity or who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis</li> <li>• Provide care for infants convalescing after intensive care</li> <li>• Provide mechanical ventilation for brief duration (&lt;24 h) or continuous positive airway pressure or both</li> <li>• Stabilize infants born before 32 wk gestation and weighing less than 1500 g until transfer to a neonatal intensive care facility</li> </ul>	Level I health care providers plus: Pediatric hospitalists, neonatologist, and neonatal nurse practitioners.
<b>Level III</b> NICU	<p>Level II capabilities plus:</p> <ul style="list-style-type: none"> <li>• Provide sustained life support</li> <li>• Provide comprehensive care for infants born &lt;32 wks gestation and weighing &lt;1500 g and infants born at all gestational ages and birth weights with critical illness</li> <li>• Provide prompt and readily available access to a full range of pediatric medical subspecialists, pediatric surgical specialists, pediatric anesthesiologists, and pediatric ophthalmologists</li> <li>• Provide a full range of respiratory support that may include conventional and/or high-frequency ventilation and inhaled nitric oxide</li> <li>• Perform advanced imaging, with interpretation on an urgent basis, including computed tomography, MRI, and echocardiography</li> </ul>	Level II health care providers plus: Pediatric medical subspecialists, <i>pediatric anesthesiologists</i> , pediatric surgeons, and pediatric ophthalmologists. <sup>2</sup>
<b>Level IV</b> Regional NICU	<p>Level III capabilities plus:</p> <ul style="list-style-type: none"> <li>• Located within an institution with the capability to provide surgical repair of complex congenital or acquired conditions</li> <li>• Maintain a full range of pediatric medical subspecialists, pediatric surgical subspecialists, and pediatric anesthesiologists at the site</li> <li>• Facilitate transport and provide outreach education</li> </ul>	Level III health care providers plus: Pediatric surgical subspecialists

Source: America Academy of Pediatrics (2012). Levels of Neonatal Care. [Policy Statement]. *Pediatrics*, 130, 587-597.

<sup>1</sup> Includes all providers with relevant experience, training, and demonstrated competence.

<sup>2</sup> At the site or at a closely related institution by prearranged consultative agreement.

**SECTION B: SPECIAL CARE NURSERY (SCN) AND / OR NEONATAL INTENSIVE CARE UNIT (NICU)**

This section is about practices in your hospital's SCN and / or NICU. Mouse over underlined text for a definition or more information. The primary contact should consult with an SCN or NICU colleague before answering these questions.

**B2:** How many mothers with newborns in your hospital's SCN or NICU . . .

	<b>FEW</b> <small>(0-18%)</small>	<b>SOME</b> <small>(20-49%)</small>	<b>MANY</b> <small>(50-79%)</small>	<b>MOST</b> <small>(80% +)</small>
...are advised to provide human milk as a component of their newborn's medical care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...are advised to breastfeed or express their milk 8 or more times every 24 hours to establish and maintain their milk supply?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...begin expressing and collecting their milk within 1 hour of their newborns' births (among healthy, stable mothers)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...are shown techniques for cleaning breast pump equipment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...receive written instructions for cleaning breast pump equipment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...receive written instructions for safe storage and transport of expressed milk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**SECTION B: SPECIAL CARE NURSERY (SCN) AND / OR NEONATAL INTENSIVE CARE UNIT (NICU)**

This section is about practices in your hospital's SCN and / or NICU. Mouse over underlined text for a definition or more information. The primary contact should consult with an SCN or NICU colleague before answering these questions.

**B3:** Among SCN/NICU newborns eligible for [Kangaroo Care](#), how many practice Kangaroo Care?

Not offered at our hospital	FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80% +)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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[Kangaroo Care](#), how many practice Kangaroo

Kangaroo Care refers to skin-to-skin care where a newborn, often premature, is placed prone directly on the mother's, father's, or other's bare chest or abdomen. The caregiver is then wrapped in a blanket or other cloth to secure the newborn against his or her chest.

FEW  
(0-19%)

SOME  
(20-49%)





**SECTION B: SPECIAL CARE NURSERY (SCN) AND / OR NEONATAL INTENSIVE CARE UNIT (NICU)**

This section is about practices in your hospital's SCN and / or NICU. Mouse over underlined text for a definition or more information. The primary contact should consult with an SCN or NICU colleague before answering these questions.

**B4:** At discharge from **your** SCN/NICU, what percent of infants are receiving the following [enteral feedings](#)?

Answer this question based on the enteral feedings received during the 24 hour period prior to discharge, transfer, or death. **Do not consider [parenteral](#) feedings when answering this item.**

For example, for infants discharged on [IV TPN](#) as well as human milk, the correct response would be "Human Milk Only" since human milk was the only enteral feeding.

	Enter %	Select one	
		Actual	Estimate
Human milk only	<input type="text"/> %	<input type="radio"/>	<input type="radio"/>
Formula only	<input type="text"/> %	<input type="radio"/>	<input type="radio"/>
Human milk in combination with either fortifier or formula	<input type="text"/> %	<input type="radio"/>	<input type="radio"/>
No enteral feedings (e.g., infants discharged receiving <a href="#">IV TPN</a> alone without any enteral feedings)	<input type="text"/> %	<input type="radio"/>	<input type="radio"/>
Total sums to 100%:	<input type="text" value="0"/> %		

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either fortifier or formula

receiving [IV TPN](#) (s)

Intravenous Total Parenteral Nutrition

Total sums to 100%:

**SECTION B: SPECIAL CARE NURSERY (SCN) AND / OR NEONATAL INTENSIVE CARE UNIT (NICU)**

This section is about practices in your hospital's SCN and / or NICU. Mouse over underlined text for a definition or more information. The primary contact should consult with an SCN or NICU colleague before answering these questions.

**B5:** How many infants receive donor human milk at any time while cared for in your hospital's SCN/NICU?

	<b>Not available</b>	<b>FEW</b> <small>(0-19%)</small>	<b>SOME</b> <small>(20-49%)</small>	<b>MANY</b> <small>(50-79%)</small>	<b>MOST</b> <small>(80% +)</small>
Infants < 1500 grams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infants ≥ 1500 grams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**SECTION C: CARE PRACTICES**

This section is about early postpartum care practices for all healthy mother-baby dyads. **REGARDLESS OF FEEDING METHOD**. Mouse over underlined text for a definition or more information.

**C1:** After vaginal delivery, how many newborns remain in uninterrupted skin-to-skin contact with their mothers beginning immediately after birth . . .

	FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80%+)
. . .if breastfeeding, until the first breastfeeding is completed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
. . .if not breastfeeding, for at least one hour?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**METHOD**. Mouse over underlined text for a definition or more information.

in uninterrupted skin-to-skin contact with

**FEW**  
(0-19%)

**SOME**  
(20-49%)

**M**  
(50-79%)

The naked newborn is placed prone directly on the mother's bare chest or abdomen, with or without a cap/blanket.



**SECTION C: CARE PRACTICES**

This section is about early postpartum care practices for all healthy mother-baby dyads, REGARDLESS OF FEEDING METHOD. Mouse over underlined text for a definition or more information.

**C2:** After Cesarean-delivery, how many newborns remain in uninterrupted skin-to-skin contact with their mothers as soon as the mother is responsive and alert after birth?

	FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80%+)
...if breastfeeding, until the first breastfeeding is completed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...if not breastfeeding, for at least one hour?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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...interrupted skin-to-skin contact  
...at after birth?

FEW  
(0-19%)

SOME  
(20-49%)

MANY  
(50-79%)

The naked newborn is placed prone directly on the mother's bare chest or abdomen, with or without a cap/blanket.



**SECTION C: CARE PRACTICES**

This section is about early postpartum care practices for all healthy mother-baby dyads, REGARDLESS OF FEEDING METHOD. Mouse over underlined text for a definition or more information.

**C3:** How many vaginally-delivered newborns are separated from their mothers before starting rooming-in?

				Rooming-in is not an option at our hospital
<b>FEW</b> (0-19%)	<b>SOME</b> (20-49%)	<b>MANY</b> (50-79%)	<b>MOST</b> (80% +)	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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...their mothers before starting

Prior to or during transfer from Labor / Delivery care to Postpartum / Nursery care

Rooming-in is

**C3:** How many vaginally-delivered newborns are separated from their mothers before starting rooming-in?

Rooming-in is a practice where mother and newborn are in close proximity.

<b>FEW</b> (0-19%)	<b>SOME</b> (20-49%)	<b>MANY</b> (50-79%)	<b>MOST</b> (80% +)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rooming-in is not an option at

**SECTION C: CARE PRACTICES**

This section is about early postpartum care practices for all healthy mother-baby dyads, REGARDLESS OF FEEDING METHOD. Mouse over underlined text for a definition or more information.

**C4:** What percent of newborns stay in the room with their mothers for at least 23 hours per day (not including those separated for medical reasons)?

<input type="text"/>	Enter %	Select one	
<input type="text"/>	<input type="text"/>	Actual	Estimate
<input type="text"/>	<input type="text"/> %	<input type="radio"/>	<input type="radio"/>

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**SECTION C: CARE PRACTICES**

This section is about early postpartum care practices for all healthy mother-baby dyads, **REGARDLESS OF FEEDING METHOD**. Mouse over underlined text for a definition or more information.

**C5:** How many newborns receive continuous observed monitoring throughout the first two hours immediately following birth?

<b>FEW</b> (0-19%)	<b>SOME</b> (20-49%)	<b>MANY</b> (50-79%)	<b>MOST</b> (80% →)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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observed monitoring throughout the first two hours

Observed monitoring includes for positioning, color, and breathing

<b>SOME</b> (20-49%)	<b>MANY</b> (50-79%)	<b>MOST</b> (80% →)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SECTION C: CARE PRACTICES**

This section is about early postpartum care practices for all healthy mother-baby dyads, **REGARDLESS OF FEEDING METHOD**. Mouse over underlined text for a definition or more information.

**C6:** Where are newborns usually located during each of the following situations? *Click one location per situation. For situations addressed in multiple locations in your hospital, choose the most frequently-used location.*

	Mother's Room	Nursery, procedure room, or newborn observation unit
Pediatric exams/rounds	<input type="radio"/>	<input type="radio"/>
Hearing screening	<input type="radio"/>	<input type="radio"/>
Phototherapy	<input type="radio"/>	<input type="radio"/>
Pulse oximetry screening (congenital heart defect screening)	<input type="radio"/>	<input type="radio"/>
Routine labs/blood draws/injections	<input type="radio"/>	<input type="radio"/>
Newborn bath	<input type="radio"/>	<input type="radio"/>

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**SECTION C: CARE PRACTICES**

This section is about early postpartum care practices for all healthy mother-baby dyads, REGARDLESS OF FEEDING METHOD. Mouse over underlined text for a definition or more information.

**C7:** Does your hospital have a protocol that requires frequent observations of high-risk mother-infant dyads by nurses to ensure safety of the infant while they are together?

- Yes
- No

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ns of high-risk mother-  
together?

Examples of high-risk include: low Apgar scores, late preterm, infants who required resuscitation, difficult delivery, or medications given to the mother that may make her drowsy or sedated or affect the newborn.

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**SECTION D: FEEDING PRACTICES**

This section is about infant feeding practices for healthy BREASTFED newborns. Mouse over underlined text for a definition or more information.

**D1:** How many healthy breastfed newborns are given pacifiers by staff?  
Do not include the use of pacifiers for painful procedures – e.g., circumcision – in your response.

FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80%+)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**SECTION D: FEEDING PRACTICES**

This section is about infant feeding practices for healthy BREASTFED newborns. Mouse over underlined text for a definition or more information.

**D2:** How many healthy breastfed newborns are ever fed any breast milk, infant formula, glucose water, or water from a traditional bottle and nipple?

FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80%+)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**SECTION D: FEEDING PRACTICES**

This section is about infant feeding practices for healthy BREASTFED newborns. Mouse over underlined text for a definition or more information.

**D3:** What percent of healthy, term breastfed newborns are fed any of the following?

	Enter %	Select one	
		Actual	Estimate
Infant formula	<input type="text"/> %	<input type="radio"/>	<input type="radio"/>
Water or glucose water <i>Do <u>not</u> include the use of glucose water for painful procedures – e.g. circumcision – in your response.</i>	<input type="text"/> %	<input type="radio"/>	<input type="radio"/>
Any supplemental feedings (infant formula, water, or glucose water) as part of standing orders	<input type="text"/> %	<input type="radio"/>	<input type="radio"/>
<i>Not expected to sum to 100%</i>			

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**SECTION D: FEEDING PRACTICES**

This section is about infant feeding practices for healthy BREASTFED newborns. Mouse over underlined text for a definition or more information.

**D4:** What are the 3 most common situations that lead to recommendations or requests for formula for healthy breastfed newborns during the hospital stay? (Free text)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

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**SECTION D: FEEDING PRACTICES**

This section is about infant feeding practices for healthy BREASTFED newborns. Mouse over underlined text for a definition or more information.

**D5:** Does your hospital perform routine blood glucose monitoring of full-term healthy newborns who are NOT at risk for hypoglycemia?

- Yes
- No

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**SECTION E: EDUCATION AND SUPPORT OF MOTHERS**

This section is about information taught to mothers and caregivers about feeding and caring for their newborn and support provided to mothers by staff. Mouse over underlined text for a definition or more information.

**E1:** How many mothers and support persons are taught strategies for safe sleep with their newborn at the hospital (regardless of feeding method)?

FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80%+)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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... strategies for safe sleep with their newborn at the hospital (regardless of feeding method)?

**MANY**  
(50-79%)

**MOST**  
(80%+)

Infants are placed on their backs on a firm, flat surface that is free of any items.

**SECTION E: EDUCATION AND SUPPORT OF MOTHERS**

This section is about information taught to mothers and caregivers about feeding and caring for their newborn and support provided to mothers by staff. Mouse over underlined text for a definition or more information.

**E2:** How many breastfeeding mothers are taught or shown how to . . .

	<b>FEW</b> (0-19%)	<b>SOME</b> (20-49%)	<b>MANY</b> (50-79%)	<b>MOST</b> (80%+)
... recognize and respond to their newborn's <u>feeding cues</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... position and latch their newborn for breastfeeding?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... assess effective breastfeeding by observing their newborn's latch and the presence of audible swallowing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... assess effective breastfeeding by observing their newborn's elimination patterns (i.e., urine and stool output and stool character)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... breastfeed <u>as often and as long</u> as their newborn wants, <u>without restrictions</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... hand express their breast milk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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...ve breastfeed...  
...s elimination patterns (i.e., urine and stool output and stool character)?

feed...  
wants, without restrictions

Without setting a schedule for how long baby should be at the breast and/or the amount of time that should pass between feeds.

**SECTION E: EDUCATION AND SUPPORT OF MOTHERS**

This section is about information taught to mothers and caregivers about feeding and caring for their newborn and support provided to mothers by staff. Mouse over underlined text for a definition or more information.

**E3:** When breastfeeding mothers request infant formula, how often do staff counsel them about the possible consequences to the health of their infant and the success of breastfeeding?

<b>RARELY</b> <i>(0-19%)</i>	<b>SOMETIMES</b> <i>(20-49%)</i>	<b>OFTEN</b> <i>(50-79%)</i>	<b>ALMOST ALWAYS</b> <i>(80% +)</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Maternity Practices in Infant Nutrition and Care

2018

### SECTION E: EDUCATION AND SUPPORT OF MOTHERS

This section is about information taught to mothers and caregivers about feeding and caring for their newborn and support provided to mothers by staff. Mouse over underlined text for a definition or more information.

**E4:** Among mothers whose newborns are fed *any* formula, how many are taught . . .

	<b>FEW</b> <small>(0-19%)</small>	<b>SOME</b> <small>(20-49%)</small>	<b>MANY</b> <small>(50-79%)</small>	<b>MOST</b> <small>(80% +)</small>
. . .appropriate <a href="#">formula feeding techniques?</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
. . .how to safely prepare and feed formula?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**SECTION E: EDUCATION AND SUPPORT OF MOTHERS**

This section is about information taught to mothers and caregivers about feeding and caring for their newborn and support provided to mothers by staff. Mouse over underlined text for a definition or more information.

**E5:** Do your discharge criteria for breastfeeding newborns **require** . . .

	Yes	No
. . .direct observation of effective positioning, latch, and milk transfer?	<input type="radio"/>	<input type="radio"/>
. . .direct observation of at least one effective feeding at the breast within the 8 hours prior to discharge?	<input type="radio"/>	<input type="radio"/>
. . .scheduling of the first follow-up visit with a health care provider?	<input type="radio"/>	<input type="radio"/>

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**SECTION E: EDUCATION AND SUPPORT OF MOTHERS**

This section is about information taught to mothers and caregivers about feeding and caring for their newborn and support provided to mothers by staff. Mouse over underlined text for a definition or more information.

**E6:** What discharge support does your hospital routinely provide to breastfeeding mothers?

	Yes	No
<a href="#">In-person follow-up visits/appointments for lactation support</a>	<input type="radio"/>	<input type="radio"/>
Personalized phone calls to mothers to ask about breastfeeding (not automated calls)	<input type="radio"/>	<input type="radio"/>
<a href="#">Formalized, coordinated referrals to lactation providers in the community when additional support or follow-up is needed</a>	<input type="radio"/>	<input type="radio"/>
<a href="#">Breastfeeding information and resources</a>	<input type="radio"/>	<input type="radio"/>

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[Formalized, coordinated referrals to lactation providers in the community when additional support or follow-up is needed](#)

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Educational booklets/pamphlets, informational smartphone app or other online information, list of community resources, breastfeeding assessment sheet/feeding log, warm-lines

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Support via smartphone app or other online/remote support; writing a prescription for lactation support

**SECTION E: EDUCATION AND SUPPORT OF MOTHERS**

This section is about information taught to mothers and caregivers about feeding and caring for their newborn and support provided to mothers by staff. Mouse over underlined text for a definition or more information.

E7: Does your hospital collaborate with WIC in any of the following ways?

	Yes	No
Our hospital has enabled WIC staff/peer counselors to provide bedside breastfeeding support	<input type="radio"/>	<input type="radio"/>
Our hospital staff help schedule WIC appointments	<input type="radio"/>	<input type="radio"/>
Our hospital routinely communicates WIC client birth information to WIC	<input type="radio"/>	<input type="radio"/>
WIC and our hospital have a <u>written agreement</u> to promote breastfeeding through outreach or collaboration	<input type="radio"/>	<input type="radio"/>
Other <input type="text"/>	<input type="radio"/>	<input type="radio"/>

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collaborate with WIC in any of the following ways?

The Special Supplemental Nutrition Program for Women, Infants, and Children

No

bedside breastfeeding support

communicates WIC client birth information to WIC

have a written agreement to

Such as a memorandum of understanding (MOU)

outreach or collaboration

**SECTION F: STAFFING**

This section is about maternity-care staff and providers who work in your maternity-care unit, as well as staff and provider responsibilities and training. Mouse over underlined text for a definition or more information.

F1: How many nurses have met the following requirements?

	FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80%+)
Minimum 15 hours of <u>didactic breastfeeding education</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimum 5 hours <u>competency-based clinical training</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80%+)
<u>didactic breastfeeding education</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>competency-based clinical training</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Training and mentorship necessary to attain competence in managing and supporting breastfeeding.

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**SECTION F: STAFFING**

This section is about maternity-care staff and providers who work in your maternity-care unit, as well as staff and provider responsibilities and training. Mouse over underlined text for a definition or more information.

F2: How often does your hospital require that nurses complete [continuing education](#) on breastfeeding support and lactation management?

- At least once per year
- Less than once per year
- Not required

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**SECTION F: STAFFING**

This section is about maternity-care staff and providers who work in your maternity-care unit, as well as staff and provider responsibilities and training. Mouse over underlined text for a definition or more information.

**F3:** How often are nurses formally assessed for clinical competency in breastfeeding support and lactation management?

- At least once per year
- Less than once per year
- Not required

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**SECTION F: STAFFING**

This section is about maternity-care staff and providers who work in your maternity-care unit, as well as staff and provider responsibilities and training. Mouse over underlined text for a definition or more information.

F4: Are nurses required to demonstrate competency in the following skills?

	Yes	No
Placement and monitoring of the newborn <u>skin-to-skin</u> with the mother immediately following birth	<input type="radio"/>	<input type="radio"/>
Assisting with effective newborn positioning and latch for breastfeeding	<input type="radio"/>	<input type="radio"/>
Assessment of milk transfer during breastfeeding	<input type="radio"/>	<input type="radio"/>
Assessment of maternal pain related to breastfeeding	<input type="radio"/>	<input type="radio"/>
Teaching hand expression of breast milk	<input type="radio"/>	<input type="radio"/>
Teaching safe formula preparation and feeding	<input type="radio"/>	<input type="radio"/>
Counseling the parents/caregivers on <u>safe sleep practices</u> for their newborn during the hospital stay	<input type="radio"/>	<input type="radio"/>
Counseling the mother on the importance of exclusive breastfeeding for 6 months	<input type="radio"/>	<input type="radio"/>

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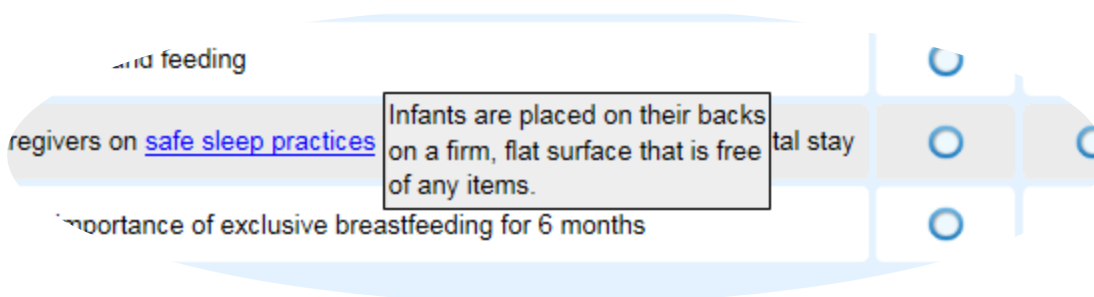
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**SECTION F: STAFFING**

This section is about maternity-care staff and providers who work in your maternity-care unit, as well as staff and provider responsibilities and training. Mouse over underlined text for a definition or more information.

F5: How many of the following health care providers who care for breastfeeding mothers and newborns complete a minimum of 3 hours of [breastfeeding management education](#)?

	Not Applicable (none on staff)	FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80%+)
Obstetricians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatricians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Practice Physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certified Nurse Midwives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse Practitioners / Advance Practice Registered Nurses <i>Not including RNs</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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...ers who care for breastfeeding mothers and  
...or [breastfeeding management education](#)?

Not Applicable (none on staff)	FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80%+)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Educational activities that give health care providers an understanding and knowledge of the benefits of exclusive breastfeeding, physiology of lactation, how their field of practice impacts lactation, and how to find out about safe medications for use during lactation.

**SECTION F: STAFFING**

This section is about maternity-care staff and providers who work in your maternity-care unit, as well as staff and provider responsibilities and training. Mouse over underlined text for a definition or more information.

**F6:** How many full time equivalents (FTEs) are International Board Certified Lactation Consultants (IBCLCs) 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.)

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**SECTION G: POLICIES AND PROCEDURES**

This section is about hospital policies and procedures. Mouse over underlined text for a definition or more information.

**G1:** Does your hospital record (keep track of) exclusive breastfeeding throughout the entire hospitalization?

- Yes
- No

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... information.

...ack of) exclusive breastfeeding throughout the entire

- Yes
- No

Human milk is the only food provided and includes expressed human milk from the mother or from a donor milk bank. Medicines, minerals, and vitamins may also be given, but no formula, water, or other preparations.

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**SECTION G: POLICIES AND PROCEDURES**

This section is about hospital policies and procedures. Mouse over underlined text for a definition or more information.

G2: Which of the following are included in a written policy (or policies) at your hospital?

	Yes	No
<b>POLICY REQUIRING...</b>		
documentation of medical justification or informed parental consent for giving <u>non breast milk feedings</u> to breastfed newborns	<input type="radio"/>	<input type="radio"/>
formal assessment of staff's clinical competency in breastfeeding support	<input type="radio"/>	<input type="radio"/>
formal, in-service, breastfeeding-related staff training	<input type="radio"/>	<input type="radio"/>
documentation of prenatal breastfeeding education	<input type="radio"/>	<input type="radio"/>
staff to teach mothers breastfeeding techniques, including how to manage common difficulties	<input type="radio"/>	<input type="radio"/>
staff to show mothers how to express breast milk	<input type="radio"/>	<input type="radio"/>
placement of newborns skin-to-skin with their mother at birth or soon thereafter	<input type="radio"/>	<input type="radio"/>
purchase of infant formula and related breast milk substitutes by the hospital at fair market value	<input type="radio"/>	<input type="radio"/>
staff to provide mothers with resources for breastfeeding support after discharge	<input type="radio"/>	<input type="radio"/>
staff to teach mothers about strategies for <u>safe sleep</u> while <u>rooming-in</u> at the hospital	<input type="radio"/>	<input type="radio"/>
the option for mothers to room-in with their newborns	<input type="radio"/>	<input type="radio"/>
<b>POLICY PROHIBITING...</b>		
distribution of marketing/education materials, samples, or gift packs by the facility that include or promote breast milk substitutes (infant formula), infant feeding supplies, or infant formula coupons	<input type="radio"/>	<input type="radio"/>

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**POLICY REQUIRING...**

Formula, water, glucose water

for giving [non breast milk feedings](#) to breastfed newborns

giving [non breast milk feedings](#) to breastfed newborns

breastfeeding support after discharge

practices for [breastfeeding](#) after discharge

the [rooming-in](#)

Rooming-in is a practice where mother and newborn are in close proximity.

hours a day



**SECTION G: POLICIES AND PROCEDURES**

This section is about hospital policies and procedures. Mouse over underlined text for a definition or more information.

**G3:** How many health care providers who have any contact with pregnant women, mothers, and/or newborns have been oriented on the hospital's infant feeding policies?

Our hospital does not have official infant feeding practice policies.				
	<b>FEW</b> (0-18%)	<b>SOME</b> (20-48%)	<b>MANY</b> (50-78%)	<b>MOST</b> (80% +)
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**SECTION G: POLICIES AND PROCEDURES**

This section is about hospital policies and procedures. Mouse over underlined text for a definition or more information.

**G4:** How does your hospital acquire each of the following?:

	HOSPITAL PURCHASES at <u>fair market price</u>	HOSPITAL RECEIVES free of charge	UNKNOWN or unsure
Infant formula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bottles, nipples, pacifiers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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HOSPITAL PURCHASES at fair market price

HOSPITAL RECEIVES

Consistent with hospital-wide vendor policy



**SECTION G: POLICIES AND PROCEDURES**

This section is about hospital policies and procedures. Mouse over underlined text for a definition or more information.

**G5:** Does your hospital give mothers any of the following items free of charge, as gifts or free samples (not including items prescribed as part of medical care)?

	Yes	No
Infant formula (including formula discharge packs)	<input type="radio"/>	<input type="radio"/>
Feeding bottles, bottle nipples, nipple shields, or pacifiers	<input type="radio"/>	<input type="radio"/>
Coupons, discounts, or educational materials from companies that make or sell infant formulas or feeding products	<input type="radio"/>	<input type="radio"/>

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**SECTION H: EXIT / COMPLETION**

**H1:** Select the positions or titles of the people who have participated in completing this survey, including your own. *Click all that apply.*

- Mother-Baby Unit Manager / Supervisor
- Labor and Delivery Unit Manager / Supervisor
- Maternity Care Services Director / Manager
- Lactation Services Coordinator
- Lactation Care Provider (i.e., IBCLC, CLC, CBC)
- Clinical Nurse Specialist
- Director of Obstetrics and Gynecology
- Director of Perinatal Care
- Director of Pediatrics
- Medical Director
- NICU Nurse Manager
- Staff physician
- Staff midwife
- Staff nurse
- Database Manager / Coordinator
- Other, specify
- I prefer not to answer

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## SECTION H: EXIT / COMPLETION

### H2: Contact information for mPINC reports

We will mail a hard copy of your hospital's results to four (4) leadership positions at your hospital. These positions are the Director of Hospital Quality Improvement, Obstetrics Medical Director, Pediatrics Medical Director, and the Nurse Manager for Mother Baby Services.

- In addition, we would like to email a copy of your hospital's results. To protect the confidentiality of your hospital's scores, we cannot send electronic copies of the benchmark report to personal email addresses (e.g., Yahoo, Gmail, Hotmail). Please enter your name, position, and official hospital email address so that we may email your hospital's results. You, the survey recipient, will receive one (1) electronic copy of your hospital's results. Your contact information will in no way be connected to survey responses or scores.

Survey Recipient Name:	<input type="text"/>
Position:	<input type="text"/>
Email:	<input type="text"/>

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Please select the section that you want to fill:

	<input type="radio"/>
<b>INSTRUCTIONS</b>	<input type="radio"/>
<b>SECTION A: HOSPITAL DATA</b> 12 questions - Complete	<input type="radio"/>
<b>SECTION B: SPECIAL CARE NURSERY (SCN) AND / OR NEONATAL INTENSIVE CARE UNIT (NICU)</b> 5 questions - Complete	<input type="radio"/>
<b>SECTION C: CARE PRACTICES</b> 7 questions - Complete	<input type="radio"/>
<b>SECTION D: FEEDING PRACTICES</b> 5 questions - Complete	<input type="radio"/>
<b>SECTION E: EDUCATION AND SUPPORT OF MOTHERS</b> 7 questions - Complete	<input type="radio"/>
<b>SECTION F: STAFFING</b> 6 questions - Complete	<input type="radio"/>
<b>SECTION G: POLICIES AND PROCEDURES</b> 5 questions - Complete	<input type="radio"/>
<b>SECTION H: EXIT / COMPLETION</b> 2 questions - Complete	<input type="radio"/>
<b>SURVEY COMPLETE</b>	<input checked="" type="radio"/>

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Thank you for completing the mPINC 2018 survey. Would you like to review your answers before you submit the survey?

- Review Responses selected
- Submit survey as complete *(you will not be able to return to complete additional questions)*

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**SECTION H: EXIT / COMPLETION**

**Thank you for your time! Please click submit to complete the survey.**

**Submit**



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Maternity Practices in Infant Nutrition and Care

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Welcome to the website for the Maternity Practices in Infant Nutrition and Care (mPINC) 2018 survey!

Please enter the ID and password provided in your invitation e-mail below to access the web survey.

User ID:

Password:

Submit

