

### Maternity Practices in Infant Nutrition and Care

# 2020

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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, <u>only</u> 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.

#### **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. <u>Unless otherwise specified, questions on the survey are asking about healthy newborns who are discharged to home</u> (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 Daby	Unit Manager	/ Supervisor
Morner-Baby	Unit Manager .	/ Subervisor

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 <u>here</u> 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. <u>No paper copies of the survey will be accepted.</u>

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.

#### **Survey Tips:**

- Click <u>here</u> 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!

<b>SURVEY ITEMS</b>			Hovers, skip pat	terns, & notes						
SECTION A: Hospi	tal Data									
This section is about	deliveries and general hospital information. Mouse over underlined	text for a defini	tion or more inforr	nation.						
A1										
What type of facility	is your hospital? (select 1 option only)									
• government	(public, non-military) hospital									
	ivate hospital									
• for profit, pri	•									
<ul> <li>military hosp</li> </ul>	• military hospital									
A2										
Is your hospital a tea	ching hospital (e.g., medical residents, nursing students)?									
	YES									
	NO									
				•						
A3										
Is your hospital curre	ently designated as "Baby-Friendly" by the Baby-Friendly Hospital Init	iative								
(BFHI)?										
				1						
	YES									
	NO									

Frequently asked questions

A4		Reasonable break time: adequate time to		
Are any of the followi	ng employment benefits offered to hospital staff (as hospital policy)?	travel to the designated lactation area,		
				or breastfeed, clean up, and
		return Yes	to the	ir work area
	A private place, other than a bathroom, to express or feed breast milk			
	On-site access to an electric breast pump			
	[Reasonable break time] to express or feed breast milk			
	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)			
	Paid paternity leave (other than accrued sick or personal leave)			
	In-person support from a lactation care provider (e.g., IBCLC, CLC, CBC)			
A5				
	er at your hospital have the opportunity to receive prenatal breastfeeding			
	roup or individual settings) provided by your hospital and/or a hospital-affiliated			
clinic or service?				
	YES			
	NO			
	Not Sure			
_				

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.
[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.  Those who enter 0 will not see any future cesarean-related items (C2)
How many healthy newborns at your hospital have their umbilical cord clamped more than one minute after birth?  FEW SOME MANY MOST (0-19%) (20-49%) (50-79%) (80% +)	

Α9		[ONI	_Y breast milk]:					
Thr	oughout their hospital stay, wh	•	no water or formula at any time					
r			during hospitalization					
				Enter %	Select one		•	no glucose water or sucrose solution
	[ONLY broast milk]				☐ Actual			except for during painful procedures
	[ONLY breast milk]			%	☐ Estimate			
	Durant well-AND and formula				☐ Actual			
	Breast milk AND any formula	, water, or glucos	e water	%	☐ Estimate			
					☐ Actual			
	No breast milk			%	☐ Estimate			
ı			Į.					
A10	)							
Am	ong breastfed newborns who a	re supplemented,	and <u>not</u> in a	a special care	nursery or neonata	al		
	ensive care unit, how many rece	= =			•			
	,							
		Mo						
		hospital	) (50-79%)	(80%	+)			
		'						

A11	lowing 2 items address a special popula						(No skip pattern)
	nany newborns diagnosed with [Neonat et been discharged from the hospital)	Neonatal Abstinence Syndrome (NAS): "A newborn with confirmed or suspected in utero exposure to opioids,					
		(0-19%)	SOME (20-49%)	(50-79%)	MOST (80% +)	Not Applicable	benzodiazepines, or barbiturates. Please see the "CSTE Neonatal Abstinence
	are breastfed or provided with expressed human milk?						Syndrome Standardized Case Definition."
	[are rooming-in?]						Rooming-in is a practice where mother and newborn are in close proximity.
	practice [skin-to-skin] or [Kangaroo Care]?						Skin-to-skin: The naked newborn is placed
	are cared for in your hospital's, Neonatal Intensive Care Unit (NICU))?			prone directly on the mother's bare chest or abdomen, with or without a cap/blanket.			
							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.

A12	(no skip pattern)				
Are the following included in a <u>written</u> policy about management of Neonatal Abstinence Syndrome	Rooming-in is a practice where mother and				
(NAS) at your hospital?	newborn are in close proximity.				
	Kangayeo Care refers to skin-to-skin care				
Verbal screening for maternal substance use (e.g., asking in the medical history)	where a newborn, often premature, is				
Toxicology screening for maternal substance use (e.g., urine, meconium, hair, cor	d father's, or other's bare chest or abdomen.				
blood)	The caregiver is then wrapped in a blanket				
Use of a standardized tool to evaluate NAS symptoms (e.g., Modified Neonatal	or other cloth to secure the newborn				
Abstinence Scoring System, Finnegan Score)	against his or her chest.				
Promotion of breastfeeding or provision of expressed human milk as a					
nonpharmacological treatment of NAS	Skin-to-skin contact: The naked newborn is				
Promotion of [rooming-in] as a nonpharmacological treatment of NAS	placed prone directly on the mother's bare				
Promotion of [skin-to-skin contact] or [Kangaroo Care] as a nonpharmacological	chest or abdomen, with or without a				
treatment of NAS	cap/blanket.				
Pharmacologic treatment of NAS					

# 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?

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	

If level 1 is selected, pop up should appear stating, "You've selected Level 1. The rest of the questions in this section do not apply. Click OK to return to the Table of Contents. If you selected Level 1 by mistake, please close the window, return to the question and correct your answer."

This section is only available to those who have a Level 2-4 SCN or NICU from Item **B1.** If they select Level 1 for B1, skip the remaining items in Section B and go right to Section C.

You've selected Level 1. The rest of the questions in this section do not apply. Click **Next** to return to the Table of Contents. If you selected Level 1 by mistake, please click **Previous**, return to the question and correct your answer

B2 How many mothers with newborns	s in your hospital	's SCN or I	NICU					
			FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80% +)		
-	are advised to provide human milk as a component of their newborn's medical care?							
are advised to breastfeed or express their milk 8 or more times every 24 hours to establish and maintain their milk supply?								
begin expressing and collecting their milk within 1 hour of their newborn's birth (among healthy, stable mothers)?								
are shown techniques pump equipment?	are shown techniques for cleaning breast pump equipment?							
receive written instruction pump equipment?	receive written instructions for cleaning breast pump equipment?							
	receive written instructions for safe storage and transport of expressed milk?							
B3 Among SCN/NICU newborns eligible for [Kangaroo Care], how many practice Kangaroo Care?								Kangaroo Care refers to skin-to-skin care where a newborn, often premature, is placed prone directly on the mother's,
	Not offered at our hospital	Few (0-19%	6)	Some (20-49%		Many 50-79%)		father's, or other's bare chest or abdomen.  st The caregiver is then wrapped in a blanket  +)or other cloth to secure the newborn  against his or her chest.
					I			If "Not offered" is selected, B4 is skipped

B4 At discharge from <i>your</i> SCN feedings]?	Enteral: given by any method including breast, bottle, gavage tube, gastrostomy tube, feeding cup, etc.						
Answer this question based discharge, transfer, or deatl example, for infants dischar "Human Milk Only" since hu	Parenteral: given intravenously  IV TPN: Intravenous Total Parenteral Nutrition						
				Enter %	Select on	e	
	Human milk only			%	☐ Actua☐ Estim	I	
	Formula only			%	☐ Actua☐ Estim		
	Human milk in combina fortifier or formula	tion with eithe	er	%	☐ Actual ☐ Estimate		
	No enteral feedings (e.g., infants discharged <u>alone</u> without any ente	• •	TPN]	%	☐ Actual ☐ Estimate		
		Total sums	s to 100%	100%			
<b>B5</b> How many infants receive c	lonor human milk at any ti	ime while care	ed for in you	ur hospital's SC	N/NICU?		
		Some (20-49%)	Many (50-79%)	Most (80% +)			
	Infants < 1500 grams						
	Infants ≥ 1500 grams						

SECTI	ON C: CARE PRACTICES						
This se	ction is about early postpartum care practices for <u>all l</u>	<u>nealthy</u> r	nother-b	aby dya	ds, <b>REGA</b>	RDLESS C	<b>DF FEEDING METHOD</b> . Mouse over
underl	ined text for a definition or more information.						
	aginal delivery, how many newborns remain in uninters beginning immediately after birth	skin-to-skin contact: The naked newborn is placed prone directly on the mother's bare chest or abdomen, with or without a cap/blanket.					
		FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80% +)		
	if breastfeeding, until the first breastfeeding is completed?						
	if not breastfeeding, for at least one hour?						
	esarean-delivery, how many newborns remain in uninothers as soon as the mother is responsive and alert	vith	skin-to-skin contact: The naked newborn is placed prone directly on the mother's bare chest or abdomen, with or without a cap/blanket.				
		FEW (0-19%)	SOME (20-49%)	MANY (50-79%)	MOST (80% +)		This item is skipped if no cesareans (A7 = 0)
	if breastfeeding, until the first breastfeeding is completed?						
	if not breastfeeding, for at least one hour?						

C3							Before: Prior to	or during transfer from		
How many vaginally-	delivered nev	wborns are s	eparated fron	n their moth	ers [before]	starting	Labor / Delivery	care to Postpartum /		
[rooming-in]?							Nursery care			
		Few	Some	Many	Most	Rooming-in is no	t an Rooming-in is a	practice where mother and		
		(0-19%)	(20-49%)	(50-79%)	(80% +)	option at our hos	not an experience where mother and newborn are in close proximity.			
						-				
			1							
C4		_								
What percent of new	=			ners for at lea	ast 23 hours	per day (not				
including those sepa	rated for med	dical reasons	)?							
	Enter %				Select one					
			0/		☐ Actua	al				
			%		☐ Estimate					
					•					
C5							Observed moni	toring includes for		
How many newborns	s receive cont	inuous [obse	erved monitor	ing] through	out the firs	t two hours	positioning, col	or, and breathing		
immediately following	ng birth?									
		FEW SO	ME MANY	MOST						
			49%) (50-79%							
		$\circ$								

Where are newborns usually located during each of the followin situation. For situations addressed in multiple locations in your hused location.	•		requently-		
Pediatric exams/rounds		- Gilli			
Hearing screening					
Phototherapy					
Pulse oximetry screening (congenital heart defect screening)					
Routine labs/blood draws/injections					
Newborn bath					
C7 Does your hospital have a protocol that requires frequent obser dyads by nurses to ensure safety of the infant while they are tog	scores, late preteri resuscitation, diffic	isk include: low Apgar m, infants who required cult delivery, or to the mother that may			
YES					r sedated or affect the
NO				newborn.	
		·			-

SECTION D: FEEDING PRACTICES  This section is about infant feeding practices for <u>healthy BREASTFED newborns</u> . Mouse over underlined text for a definition or more information.							
D1							
How many healthy breastfed newborns are given pacifiers by staff?							
-							
Do <u>not</u> include the use of po	acifiers for painful procedures – e.g., circumcision – in your r	esponse.					
	FEW SOME MANY MOST (0-19%) (20-49%) (50-79%) (80% +)						
D2							
How many healthy breastfe water from a traditional bo	ed newborns are ever fed <u>any</u> breast milk, infant formula, gl ttle and nipple?	ucose water, or					
	FEW SOME MANY MOST (0-19%) (20-49%) (50-79%) (80% +)						
D3							
	erm breastfed newborns are fed any of the following?						
What percent of healthy, to	cim breastica newborns are rea any or the following.						
		Enter %	Select one				
			☐ Actual				
	Infant formula	%	☐ Estimate				
	Water or glucose water						
	Do <u>not</u> include the use of glucose water for painful		Actual				
	procedures – e.g. circumcision – in your response.	%	☐ Estimate				
	Any supplemental feedings (infant formula, water, or	☐ Actual					
	glucose water) as part of standing orders	☐ Estimate					
glucose water) as part of standing orders  Not expected to sum to 100%  Estimate							
L							
D4							
What are the 3 most comm	on situations that lead to recommendations or requests for	r tormula for					

healthy l	breastfed nev	wborns during the hospital stay? (Free text)		
	1			
	2			
	3			
D5				
Does you	ur hospital pe	erform <u>routine</u> blood glucose monitoring of full-term healthy newborns	who are	
NOT at r	isk for hypog	lycemia?		
		YES		
		NO		
				•

SECTION E.	EDITICATION	AND SUPPORT	OF MOTHEDS
SECTION E:	FIJULATION	AINIJ SUPPUR I	OF MICHERS

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**

To prevent newborn adverse events (e.g., infant falls, accidental suffocation) associated with maternal sleep in the hospital, how many mothers are shown by staff how to place their newborn on a separate, [safe sleep] surface or with another caregiver when the mother becomes sleepy/drowsy?

Safe sleep: infants are placed on their backs on a firm, flat surface (e.g., bassinet) that is free of any items and will prevent infant falls

FEW
(0-19%
$\bigcirc$







**E2** 

How many breastfeeding mothers are taught or shown how to . . .

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

Feeding cues: Signs the baby is ready to feed, including increased alertness, flexion of the extremities, mouth and tongue movements, cooing sounds, rooting, bringing fist toward the mouth, or sucking on fingers / hand.

As often and as long: Also known as 'cuebased' or 'on-demand' feeding.

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.

	_	mothers request infant for es to the health of their in					ı about t	he	
	RARELY	SOMETIMES	OFTEN			ALMOST	ALWAY	5	
	(0-19%)	(20-49%)	(50-79%	5)		(80	% +)		
F4									Famoula for discator hadroner For discain
<b>E4</b> Among	mothers who	se newborns are fed <i>any</i> f	ormula, how n	nany ar	e taught	MANY (50-79%)	MOST (80% +)		Formula feeding techniques: Feeding in response to hunger cues and holding the baby closely during the feed, allowing for eye-to-eye contact.
	appropri	ate [formula feeding tech	niques]?	0					Safely prepare and feed: Instructions for mixing, handling, and storing infant formula
	how to [s	safely prepare and feed] <b>f</b>	ormula?						
<b>E5</b> Do you	r discharge crit	teria for breastfeeding ne	wborns <b>requir</b> e	e					
							YES	NO	
		n of effective positioning,	·						
	ect observatio prior to discha	n of at least one effective arge?	feeding at the	breast	within t	ne 8			
scheduling of the first follow-up visit with a health care provider?									
<b>E6</b>									In-person follow-up visits:
What discharge support does your hospital routinely provide to breastfeeding mothers?							Breastfeeding assessments, support, and weight checks at a post-discharge home,		

•		Yes	No			, or office visit;
<ul> <li>[In-person follow-up visi</li> </ul>	ts/appointments for lactation support]				_	-specific support group in a
Personalized phone calls	to mothers to ask about breastfeeding (not automated calls)			hospita	al welln	ess center
• [Formalized, coordinated	referrals to lactation providers in the community when					
additional support or fo	ollow-up is needed]				,	pordinated referrals:
• [Breastfeeding informati	on and resources]				_	appointment on the alf with a lactation provider,
				progra covera suppor other c prescri Breastl Educat inform online resource	m; provinge; proof via informational broading informations, breeding informational informations, breeding informational informational informations, breeding informational	riselor, or home visiting viding a referral for insurance viding access to lactation teractive smartphone app or emote support; writing a per lactation support information and resources: poklets/pamphlets, smartphone app or other ation, list of community eastfeeding assessment log, warm-lines
E7 Does your hospital collaboration	orate with [WIC] in any of the following ways?					ial Supplemental Nutrition Vomen, Infants, and Children
				w <b>Yets</b> e	n a <b>gło</b> e	ment: Such as a
	Our hospital has enabled WIC staff/peer counselors to provibreastfeeding support	de bed	side			of understanding (MOU)
	Our hospital staff help schedule WIC appointments					
	Our hospital routinely communicates WIC client birth inform	nation t	to WIC			
	WIC and our hospital have a [written agreement] to promot					
	through outreach or collaboration					
	Other					
I	<del></del>					

SECTION F: STAFFING Wear sequired This section is about maternity-care staff and providers who work i Not required training. Mouse over underlined text for a definition or more inform	n your materr mation.	ity-care unit	t, as well as	didactic br	rovider responsibilities and reastfeeding education: Lectures, es, classroom, and online
Minimum 15 hours of [didactic breastfeeding education]  Minimum 5 hours [competency-based clinical training]  F2 How often does your hospital require that nurses complete [contin support and lactation management?		SOME (20-49%)	MANY (50-79%)	raining an attain com supporting	cy-based clinical training: and mentorship necessary to petence in managing and breastfeeding.  on in educational and training hat improve the care that is by maternity staff to mothers and

	Yes	No	mPINC 2020
Placement and monitoring of the newborn [skin-to-skin] with the mother immediately following birth			prone directly on the mother's bare chest or abdomen, with or without a
Assisting with effective newborn positioning and latch for breastfeeding			cap/blanket.
Assessment of milk transfer during breastfeeding  Assessment of maternal pain related to breastfeeding			Safe sleep : infants are placed on their
Teaching hand expression of breast milk			backs on a firm, flat surface (e.g., bassinet)
Teaching safe formula preparation and feeding			that is free of any items and will prevent infant falls.
Counseling the parents/caregivers on [safe sleep] practices for their newborn during the hospital stay			IIIIaiit iaiis.
Counseling the mother on the importance of exclusive breastfeeding for 6 months			
Are nurses required to demonstrate competency in the following skills?		•	

F5						Ed	lucational a	ctivities that give health care		
How many of the following health care providers who care for breastfeeding mothers and newborns								providers an understanding and		
complete a minimum of 3 hours of [breastfeeding management education]?								the benefits of exclusive		
								, physiology of lactation, how		
		Not						ractice impacts lactation, nd out about safe		
		Applicable	FEW	SOME	MAN			or use during lactation.		
		(none on	(0-19%)	(20-49%)	(50-79		(80%+)	or use during factation.		
		staff)	,	,	`		, ,			
F6	Obstetricians									
How many full time equiva	en <b>te (fiរីជ្រទ់៤iare</b> s International Board	Certified Lac	ation Consu	Iltants (IBCLC	s)					
dedicated exclusively to in-pa	tie <b>ក្alady ម៉ែង៤៨៤៤</b> ?Physicians									
	Certified Nurse Midwives									
	_ Musse Pratinson Pan 1 FTE, pleas	e record as a	decimal.							
	Advance prate 40 register ove	ek = 1 FTE,								
	Nurses 20 hours per week = .5 F	TEs,								
	Advance practice Registered we Nurses 20 hours per week = .5 F Not including RNs	5 FTEs.)								
	Medical Residents									

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 hospitalization?	record (keep track of) [exclusive breastfeeding] throughout the entire	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					
	YES	also be given, but no formula, water, or					
	NO	other preparations.					

**G2**Which of the following are included in a <u>written policy</u> (or policies) at your hospital?

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

Non breast milk feedings: formula, water, glucose water Safe sleep practices: infants are placed on their backs on a firm, flat surface that is free of any items. Rooming-in is a practice where mother and newborn are in close proximity.

· ·	alth care providers who have <u>any</u> contac e been oriented on the hospital's infant	· ·	omen,	mothe	rs, and/or			
	Our hospital does no have written policie related to infant feed practices	s Few	Som (20-4		Many (50-79%)	Mo (80%		
<b>G4</b> How does you	hospital acquire each of the following:						Consistent policy	with hospit
		HOSPITAL PURCHA at [fair market pri					NKNOWN r unsure	
	Infant formula							
	Bottles, nipples, pacifiers							
= '	pital give mothers any of the following in s prescribed as part of medical care)?	tems free of charg	e, <u>as gi</u>	fts or f	ree samples (n	ot		
			Yes	No				
	Infant formula (including formul	a discharge packs						
	Feeding bottles, bottle nipples, r pacifiers	ing bottles, bottle nipples, nipple shields, or iers						
		ons, discounts, or educational materials from						
	Coupons, discounts, or educatio	ilai illateriais iroii	·	ı				

# 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	

H2								
Contact information for mPINC rep								
We will mail a hard copy of your ho								
positions are the Director of Hospit	positions are the Director of Hospital Quality Improvement, Obstetrics Medical Director, Pediatrics							
Medical Director, and the Nurse Ma	Medical Director, and the Nurse Manager for Mother Baby Services.							
<ul> <li>In addition, we would confidentiality of you benchmark report to your name, position, hospital's results. You hospital's results. You responses or scores.</li> </ul>								
Survey Recipient Name	Position	Email						
Н3								
Comments								
Free text								

Thank you for your time!