Form Pending Approval OMB #: 0920-0743 Exp. Date: MM/DD/YYYY

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

A screening call will be made to all hospitals in the United States with at least one birth, or reporting in the American Hospital Association Annual Survey that they had at least one registered maternity bed. Callers will (1) confirm that the hospital is eligible for inclusion in the survey, and (2) obtain the name and business contact information of the individual who is most knowledgeable about infant feeding practices at the hospital (contact person). The call will be administered as a computer-assisted telephone interview. As a result, data entry will be performed as part of the interview process and the skip-logic will be electronic.

## PART A. SWITCHBOARD SCRIPT (1 minute):

Hello, my name is [INTERVIEWER NAME] and I am calling from Battelle regarding the Maternity Practices in Infant Nutrition and Care, or mPINC, survey, a survey funded by the Centers for Disease Control and Prevention (CDC). The mPINC survey includes questions about infant nutrition, such as breastfeeding, use of formula by healthy newborns, and feeding routines. Can I verify that I have reached [HOSPITAL NAME] located at [ADDRESS], correct?

IF YES, PROCEED.

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

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

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

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

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

Public reporting burden of this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30329, ATTN: PRA (0920-0743). Do not send the completed form to this address.

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

IF YES, PROCEED to Screening Call Script Part B.

IF NO- Ok, no problem. Thank you for your time. Good bye.

Provide this information to the call center supervisor.