

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 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 B. SURVEY RECIPIENT SCREENING SCRIPT (4 minutes)

Hello, my name is [INTERVIEWER NAME] and I am calling from Battelle regarding the Maternity Practices in Infant Nutrition and Care, or mPINC, survey, a 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. Once data collection and analysis are complete, CDC sends an individualized Hospital Report to every participating hospital summarizing their survey results and a comparison of their results to the nation, region, and to other hospitals of similar size, showing specific changes they can make to support breastfeeding mothers. Hospitals can use this information to improve care practices and policies to better support their maternity patients.

This is [HOSPITAL NAME] located at [ADDRESS], correct?

Did your hospital have any births between January 1 and December 31, 2021 or any registered maternity (Ob/Gyn) beds as of January 1, 2021?

IF NO, I'm sorry, but our survey focuses on maternity care. Thank you for your time.

IF YES, PROCEED.

Could you please confirm that I am talking with the Mother-Baby Unit or the Labor and Delivery Unit?

IF NO, I am trying to contact the [INSERT] Unit, could you please transfer me to that unit? If transferred, start at beginning of the survey recipient screening script.

Public reporting burden of this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30329, ATTN: PRA (0920-0743). Do not send the completed form to this address.

IF YES, PROCEED.

We would like to send an email with an invitation and a link to the mPINC survey to your hospital [*if the hospital has multiple locations, specify this location*] and I am hoping you can help me identify the best person to complete the survey. For this survey, we need the name and contact information for the mother-baby nurse manager or the nurse manager of the labor and delivery unit. Could you please provide me with that information? *Record information for contacts.*

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

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

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

If connected to a different contact: Hello, my name is [INTERVIEWER NAME] and I am calling from Battelle regarding the Maternity Practices in Infant Nutrition and Care, or mPINC, survey, a 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. Once data collection and analysis are complete, we send participating hospitals an individualized report with a summary of their survey results and a comparison of their results to the nation, the region, and to other hospitals of similar size, showing specific changes the hospital can make to support breastfeeding mothers. Hospitals can use this information to improve care practices and policies to better support their maternity patients.

This is [HOSPITAL NAME] located at [ADDRESS], correct?

(Once facility verified): Is this [ESTABLISHED CONTACT]? You were identified as the best person to complete the mPINC survey, which asks questions about infant feeding practices and policies, for your facility.

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

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

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

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

IF NO, leave blank and go to the next question

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

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

Conclude the interview by saying:

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