

Privacy Impact Assessment Form

v 1.47.4

Status

Form Number

Form Date

Question

Answer

1 OPDIV:

2 PIA Unique Identifier:

2a Name:

3 The subject of this PIA is which of the following?

- General Support System (GSS)
 Major Application
 Minor Application (stand-alone)
 Minor Application (child)
 Electronic Information Collection
 Unknown

3a Identify the Enterprise Performance Lifecycle Phase of the system.

3b Is this a FISMA-Reportable system?

- Yes
 No

4 Does the system include a Website or online application available to and for the use of the general public?

- Yes
 No

5 Identify the operator.

- Agency
 Contractor

6 Point of Contact (POC):

POC Title POC Name POC Organization POC Email POC Phone

7 Is this a new or existing system?

- New
 Existing

8 Does the system have Security Authorization (SA)?

- Yes
 No

8b Planned Date of Security Authorization

 Not Applicable

11 Describe the purpose of the system.

Hospital routines can help or hinder new mothers and babies while they're learning to breastfeed. CDC's Maternity Practices

12 Describe the type of information the system will collect, maintain (store), or share. (Subsequent questions will identify if this information is PII and ask about the specific data elements.)

mPINC maintains information gathered from survey responses about specific hospitals providing intrapartum care and how these policies and practices influence breastfeeding. The information collected is facility-level data and not individual level data. Much of the information collected from the survey and maintained by the system is in the form of responses to multiple-choice items about hospital practices and policies, with the remaining information consisting of fill-in-the blank items in which survey respondents report how often certain activities or patient types occur at their facility.

The information collected by the survey and subsequently maintained by the system can be best described as hospital level data rather than individual level data. It includes facility size; number of annual births; and other hospital/birth center characteristics such as type of facility and level of neonatal care provided; number of full time breastfeeding experts devoted exclusively to providing breastfeeding support; prevalence of maternity practices such as the percent of newborns in uninterrupted skin to skin contact with their mother immediately after birth; percent of newborns that stay in the room with their mothers for at least 23 hours per day, and how and what healthy newborns are fed; the nature of prenatal breastfeeding education and discharge support that the hospital makes available to mothers; amount and type of training that staff and health care providers have, and how often staff and health care providers receive training; and the prevalence of specific hospital policies that have been identified as influential for breastfeeding and maternal and infant health, e.g., if hospitals have written policies that require staff to teach mothers how to express breast milk and strategies for safe sleep while rooming in/at the hospital. No individual names are included on the survey itself; the only identifier for the survey responses is an assigned Facility ID that relates to that hospital and not to any one individual.

Hospitals and birth centers are sent a pre-assigned user ID and password to be used to access the survey. These credentials do not identify the individual staff member who responds, but rather links to the facility. The passwords and user ids are stored temporarily, until the survey is completed.

Individuals (non direct contractors) performing data entry survey responses) are identified and authenticated via their Active Directory (UserName/Password). Active Directory is a separate system with its own PIA.

13 Provide an overview of the system and describe the information it will collect, maintain (store), or share, either permanently or temporarily.

mPINC is used to manage survey data gathered from hospitals and free-standing birth centers in the United States and Territories. The data is about specific hospital practices and policies in maternity care that affect how well patients are able to begin and continue breastfeeding. The survey is sent to every hospital and free-standing birth center in the United States and Territories that routinely provide maternity care services, on average, every two years. At each facility, a single health care professional is designated by the facility's administration to complete the survey on behalf of his or her hospital/birth center, and describes the usual activities undertaken by staff that relate to a set of specific organizational practices and policies. Because the health care professional is responding on behalf of the facility where they work, no individual names are included the survey itself; the only identifier for the survey responses is an assigned Facility ID that relates to that facility and not to any individual (or groups of individuals). Much of the information processed from this survey is in the form of responses to multiple-choice items about hospital practices and policies, with the remaining information consisting of fill-in-the blank items in which respondents report how often certain activities or patient types occur at their facility. The information collected by the survey and subsequently maintained by the system can be best described hospital level data rather than individual level data.

For the mPINC web surveys each hospital and birth center is assigned a unique username and password that the staff member completing the survey uses to access the survey. This staff member is determined by the hospital administration. The usernames and passwords are temporarily stored in the system until the survey is completed.

Non-direct contractors using the system to input the survey data are identified and authorized by the project director. These individuals authenticate to the system through their Active Directory. Active Directory is a separate system with its own PIA.

CDC uses information from the mPINC survey to identify, document, and share information related to incremental changes in practices and care processes over time at the hospital, state, and national levels. Through data sharing agreements, data may also be used by researchers to better understand the relationships between hospital characteristics, maternity-care practices, state level factors, and breastfeeding initiation and continuation rates.

14 Does the system collect, maintain, use or share PII? Yes No

General Comments

OPDIV Senior Official
for Privacy Signature