

## mPINC 2022 and 2024 Survey Reminder Telephone Call Script

1. Hello may I please speak with {CONTACT PERSON NAME}?

- YES → go to 3 if you get the R live – if not, schedule for 2<sup>nd</sup> reminder call.

*At second reminder call, if NO, go to voice mail script. ONLY AFTER 3 UNSUCCESSFUL ATTEMPTS TO REACH A LIVE PERSON (PREFERABLY THE CONTACT PERSON) MAY YOU LEAVE A VOICE MAIL MESSAGE ON THE CONTACT PERSONS VOICE MAIL AND CODE THE REMINDER CALL COMPLETE.*

- NO/NOT AVAILABLE → continue with 2

### [IF YOU SPEAK TO A RECEPTIONIST]

2. Hello. My name is {INTERVIEWER NAME}. I am calling on behalf of the Centers for Disease Control and Prevention. We sent {CONTACT PERSON NAME} a survey link several weeks ago and are following up because we have not received {CONTACT PERSON NAME}'s completed CDC's National Survey of Maternity Practices in Infant Nutrition and Care (mPINC) survey. The mPINC survey includes questions about infant nutrition, such as breastfeeding, use of formula by healthy newborns, and feeding routines. All hospitals in the U.S. and territories that routinely provide maternity care are eligible to participate in the survey.

Do you know whether {RECIPIENT NAME} received our survey link?

- YES, RECEIVED SURVEY LINK → Do you know if {CONTACT PERSON NAME} has had a chance to complete the survey?  
YES or NO → Could you please remind {CONTACT PERSON NAME} about the survey and ask him/her to log in and complete the survey online? In order to have an accurate understanding of infant feeding practices at maternity care hospitals in all states and territories, it is important that every hospital that provides maternity care completes and submits the survey → go to 7
- NO, DIDN'T RECEIVE SURVEY LINK → go to 4
- DON'T KNOW → Could you please remind {CONTACT PERSON NAME} about the survey and ask {CONTACT PERSON NAME} to log in and complete the survey online? In order to have an accurate understanding of infant feeding practices at maternity care hospitals in all states and territories, it is important that every hospital that provides maternity care completes and submits the survey. → go to 7

### [IF YOU SPEAK TO A CONTACT PERSON]

3. Hello. My name is {INTERVIEWER NAME}. I am calling on behalf of the Centers for Disease Control and Prevention (CDC). We sent you a link to the survey several weeks ago and are following up because we have not received your completed National Survey of Maternity Practices in Infant Nutrition and Care (mPINC) survey. The mPINC survey includes questions about infant nutrition, such as breastfeeding, use of formula by healthy newborns, and feeding routines All hospitals in the U.S. and territories that routinely provide maternity care are eligible

to participate in the survey. 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.

Did you receive our survey?

- YES, RECEIVED SURVEY LINK → go to 3a
- NO, DIDN'T RECEIVE SURVEY LINK → go to 4
- LOST THE SURVEY LINK → go to 4

3a. Have you had a chance to fill out the survey?

- YES, FILLED OUT SURVEY → Thank you very much for taking the time to complete the survey. Our records do not show a completed survey for your facility. If you can please log back into the survey and ensure that you've clicked "complete survey", that would be very helpful. → go to 7
- NO, HAS NOT YET COMPLETED THE SURVEY → In order to have an accurate understanding of infant feeding practices at maternity care hospitals in all states and territories, it is important that every hospital that provides maternity care completes and returns the survey. Please fill out your survey and return it to us as soon as possible.

**The web survey will close at 11:59 PM on [insert date DD/MM/YYYY].** Please note, if you do not submit your survey responses by the deadline, your hospital's information will not be included in the mPINC analysis and your hospital will not receive a hospital-specific report. → go to 7

Please submit your survey responses as soon as possible in order for your hospital's information to be included in the mPINC analysis and to receive a Hospital Report. → go to 7

**[IF CONTACT PERSON DID NOT RECEIVE THE SURVEY LINK]**4. We'd be happy to send a reminder e-mail or letter with instructions for how {CONTACT PERSON NAME}/{you} can complete the web survey. Let me make sure that I have your FedEx address recorded correctly. **CONFIRM FEDEX ADDRESS AND CONTACT PERSON NAME AND UPDATE ACCORDINGLY MAKE SURE THIS IS NOT A PO BOX.**

CONTACT person First Name \_\_\_\_\_

CONTACT person Last Name \_\_\_\_\_

Hospital Name \_\_\_\_\_

Department (IF APPLICABLE) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

- 4a. To make completing the survey as easy as possible, we will be sending an email directly to [PERSON IDENTIFIED IN QUESTION 4] with a link to the survey, which can then be completed securely online. Could you please provide the best email address for [PERSON IDENTIFIED IN QUESTION 4]?

*If the person says they don't know or don't have the email address for the survey  
CONTACT person ask: Do you have access to a directory of email addresses for the staff at your hospital? [IF YES] Could you please look up the email address for [PERSON IDENTIFIED IN QUESTION 4] in this directory for me now? If they say no, then leave the email address blank and go to the next question.*

Email address: \_\_\_\_\_

5. I have just one more question about mailing addresses. Is the regular mailing address for Dr./Mr./Ms. [PERSON IDENTIFIED IN QUESTION 4] the same as his/her FedEx address?

YES → go to 7

NO → go to 6

6. What is the **mailing** address?

Facility Name \_\_\_\_\_

Department (IF APPLICABLE) \_\_\_\_\_

Mailing/Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

**[FOR ALL]**

7. Thank you {for your assistance}. Good bye → CODE REMINDER COMPLETE

PROGRAMMERS NOTE: "for your assistance" should be read only if speaking to a receptionist
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**[IF YOU REACH THE VOICE MAIL OF THE CONTACT PERSON]**

Hello. My name is {INTERVIEWER NAME}. I am calling on behalf of the Centers for Disease Control and Prevention. We sent you a link to the 2022 CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC) survey several weeks ago and are following up because we have not received your completed survey. The mPINC survey includes questions about infant nutrition, such as breastfeeding, use of formula by healthy newborns, and feeding routines. All hospitals in the U.S. and territories that routinely provide maternity care are eligible to participate in the survey. 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.

The web survey will close at 11:59 PM on [insert date DD/MM/YYYY]. Please submit your survey responses as soon as possible in order for your hospital's information to be included in the mPINC analysis and to receive a Hospital Report.

If you need another copy of the survey invitation e-mail or have any questions, please call Battelle Survey Operations toll free at 1-866-826-4176 or email [CDCampinCsurvey@battelle.org](mailto:CDCampinCsurvey@battelle.org) and refer to Hospital ID [XXXXXX]. Thank You.

➔ CODE REMINDER CALL COMPLETE