

## Screening Part A

### Screening telephone call script to identify the appropriate survey contact person at eligible facilities

*The majority of hospitals will be contacted via email using the business contact information collected during the previous survey cycle's administration. A screening call will be made to hospitals that meet at least one of the following criteria:*

- Hospitals without an email address (most likely because they did not participate in the previous survey)*
- Hospitals with business contact information that is no longer valid*

*Callers will obtain the name and business contact information of an individual who is 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. The screening should take 3 minutes to complete.*

Qualified Level	Definition	Instructions
1	Contact not identified	SKIP TO INTRO
2	Possible contact identified	IF REACH VOICEMAIL, SKIP TO POS_CONTACT_VM; OTHERWISE, SKIP TO INTRO_2
3	Contact identified/information collected	

#### INTRO

[READ IF NECCESARY (E.G. NOT TRANSFERRED DIRECTLY FROM REMINDER CALL): Hello, my name is [INTERVIEWER NAME] and I am calling from Abt Global on behalf of the Centers for Disease Control and Prevention 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?

- |               |                                |
|---------------|--------------------------------|
| 1. YES        | SKIP TO LOGIC AFTER NEW_NAME_2 |
| 2. NO         | SKIP TO PREVIOUS_NAME          |
| 3. DON'T KNOW | SKIP TO PREVIOUS_NAME          |
| 4. REFUSED    | SKIP TO CLOSING_1              |

#### PREVIOUS\_NAME:

OK, no problem. Can you tell me if you were ever called [HOSPITAL\_NAME]?

- |               |                           |
|---------------|---------------------------|
| 1. YES        | <i>SKIP TO NEW_NAME</i>   |
| 2. NO         | <i>SKIP TO NEW_NAME_2</i> |
| 3. DON'T KNOW | <i>SKIP TO NEW_NAME_2</i> |
| 4. REFUSED    | <i>SKIP TO CLOSING_1</i>  |

### **NEW\_NAME**

Can you tell me what the new name is?

Hospital new name: [NEW\_HOSPITAL\_NAME]

1. DON'T KNOW
2. REFUSED

*IF [NEW\_HOSPITAL\_NAME] <> "" OR DON'T KNOW/REFUSED THEN SKIP TO LOGIC AFTER NEW\_NAME\_2 ELSE SKIP TO CLOSING\_1*

### **NEW\_NAME\_2**

Thank you for this information. Can you please provide me with your hospital's name and address?

Hospital name: [DIFFERENT\_HOSPITAL\_NAME]

Address: [DIFFERENT\_HOSPITAL\_ADDRESS] Street [DIFFERENT\_ADDRESS\_1]

Apt [DIFFERENT\_ADDRESS\_2]

City [DIFFERENT\_CITY]

State [DIFFERENT\_STATE]

Zip Code [DIFFERENT\_ZIP\_CODE]

1. DON'T KNOW
2. REFUSED

*SKIP TO CLOSING\_1*

*IF NAME IS AVAILABLE FOR THE MAIN POINT OF CONTACT, GO TO NEXT QUESTION; OTHERWISE, GO TO LACTATION\_SERVICES*

### **ASK\_NAME**

Could you please connect me with [POS\_CONTACT\_FIRSTNAME]  
[POS\_CONTACT\_LASTNAME]?

- |               |   |
|---------------|---|
| 1. YES        | <i>SKIP TO CONTACT_MANAGER</i>                                    |
| 2. NO         | <i>CYCLE TO NEXT POSSIBLE CONTACT; SKIP TO LACTATION_SERVICES</i> |
| 3. DON'T KNOW | <i>SKIP TO LACTATION_SERVICES</i>                                 |
| 4. REFUSED    | <i>SKIP TO CLOSING_1</i>  |

5. CONTACT NO LONGER WORKING AT HOSPITAL *CYCLE TO NEXT  
POSSIBLE CONTACT; SKIP TO LACTATION\_SERVICES; SET QUALIFIED LEVEL=1*

### **LACTATION\_SERVICES**

Could you please connect me with the lactation services coordinator, if your hospital has one?

- |  |                                    |
|--|------------------------------------|
| 1. YES                                   | <i>SKIP TO CONTACT_MANAGER</i>     |
| 2. NO/HOSPITAL DOESN'T HAVE ONE          | <i>SKIP TO MOTHER-BABY_MANAGER</i> |
| 3. HOSPITAL DOESN'T OFFER MATERNITY CARE | <i>SKIP TO CLOSING_2</i>           |
| 4. DON'T KNOW                            | <i>SKIP TO MOTHER-BABY_MANAGER</i> |
| 5. REFUSED                               | <i>SKIP TO CLOSING_1</i>           |

### **MOTHER-BABY\_MANAGER**

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

- |  |                                |
|--|--------------------------------|
| 1. YES                                   | <i>SKIP TO CONTACT_MANAGER</i> |
| 2. NO                                    | <i>SKIP TO NURSE_MANAGER</i>   |
| 3. HOSPITAL DOESN'T OFFER MATERNITY CARE | <i>SKIP TO CLOSING_2</i>       |
| 4. DON'T KNOW                            | <i>SKIP TO NURSE_MANAGER</i>   |
| 5. REFUSED                               | <i>SKIP TO CLOSING_1</i>       |

### **NURSE\_MANAGER**

Can you please connect me with the nurse manager for the labor and delivery unit?

- |  |                                |
|--|--------------------------------|
| 1. YES                                   | <i>SKIP TO CONTACT_MANAGER</i> |
| 2. NO                                    | <i>SKIP TO OTHER_MANAGER</i>   |
| 3. HOSPITAL DOESN'T OFFER MATERNITY CARE | <i>SKIP TO CLOSING_2</i>       |
| 4. DON'T KNOW                            | <i>SKIP TO OTHER_MANAGER</i>   |
| 5. REFUSED                               | <i>SKIP TO CLOSING_1</i>       |

### **OTHER\_MANAGER**

Can you please connect me with someone who could answer questions about the care of mothers and babies delivered at your hospital?

- |  |                                |
|--|--------------------------------|
| 1. YES                                   | <i>SKIP TO CONTACT_MANAGER</i> |
| 2. NO                                    | <i>SKIP TO CLOSING_1</i>       |
| 3. HOSPITAL DOESN'T OFFER MATERNITY CARE | <i>SKIP TO CLOSING_2</i>       |
| 4. DON'T KNOW                            | <i>SKIP TO CLOSING_1</i>       |
| 5. REFUSED                               | <i>SKIP TO CLOSING_1</i>       |

### **CONTACT\_MANAGER**

Thank you! Can you please give me their name, phone number, and email address so going forward I can contact them directly?

1. YES *SKIP TO POS\_CONTACT*
2. NO *SKIP TO INTRO\_2*
3. DON'T KNOW *SKIP TO INTRO\_2*
4. REFUSED *SKIP TO CLOSING\_1*

### **POS\_CONTACT**

INTERVIEWER: COLLECT CONTACT'S NAME, PHONE NUMBER, EMAIL ADDRESS, AND ADDRESS. IF UNABLE TO COLLECT EMAIL, CODE ABLE TO COLLECT EMAIL? = "NO".

First name: [POS\_CONTACT\_FIRSTNAME]  
Last name: [POS\_CONTACT\_LASTNAME]  
Phone number: [POS\_CONTACT\_NUMBER]  
Email: [EMAIL]  
Street [ADDRESS\_1]  
Apt [ADDRESS\_2]  
City [CITY]  
State [STATE]  
Zip Code [ZIP\_CODE]

ABLE TO COLLECT EMAIL?

1. YES
2. NO

*SET PHONE NUMBER TO [POS\_CONTACT\_NUMBER]*

*IF ABLE TO COLLECT EMAIL? = 1 SET QUALIFIED LEVEL = 3 (CONTACT IDENTIFIED/INFORMATION COLLECTED) AND SKIP TO CLOSING\_EMAIL*

*IF ABLE TO COLLECT EMAIL? = 2 (POSSIBLE CONTACT IDENTIFIED) SET QUALIFIED LEVEL = 2 AND SKIP TO TRANSFER\_1*

### **TRANSFER\_1**

Thank you for providing me with [POS\_CONTACT\_FIRSTNAME] [POS\_CONTACT\_LASTNAME]'s contact information. Can you please transfer me to [POS\_CONTACT\_FIRSTNAME] [POS\_CONTACT\_LASTNAME]?

1. YES *SKIP TO INTRO\_2; SET RESULT TO "forward"*
2. NO *SKIP TO CLOSING\_1; SET RESULT TO "forward"*

### **INTRO\_2**

Hello [POS\_CONTACT\_FIRSTNAME] [POS\_CONTACT\_LASTNAME], my name is [INTERVIEWER NAME] and I am calling from Abt Global on behalf of the Centers for Disease Control and Prevention regarding the Maternity Practices in Infant Nutrition and Care, or mPINC, survey, a survey funded by the 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.

You were identified as a knowledgeable 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 you with an invitation and a link to the survey, which can then be completed securely online. Can you please give me your email address?

INTERVIEWER: COLLECT CONTACT'S NAME, PHONE NUMBER, AND EMAIL ADDRESS. IF UNABLE TO COLLECT EMAIL CODE ABLE TO COLLECT EMAIL? = "NO".

First name: [CONTACT\_FIRSTNAME]  
Last name: [CONTACT\_LASTNAME]  
Phone number: [CONTACT\_NUMBER]  
Email: [CONTACT\_EMAIL]

ABLE TO COLLECT EMAIL ADDRESS ?

1. YES *SKIP TO CLOSING\_EMAIL*
2. NO *SKIP TO CLOSING\_1; SET QUALIFIED LEVEL = 1; SET PHONE NUMBER BACK TO SWITCHBOARD NUMBER; CYCLE TO NEXT POSSIBLE CONTACT*

## **CLOSING\_1**

Thank you for your time. Goodbye.

*SET RESULT = "try\_again"*

*SET STATUS = "in\_call\_process"*

INTERVIEWER NOTE: PLEASE COMPLETE A STUDY ACTION FORM (SAF)

## **CLOSING\_2**

I'm sorry, but our survey focuses on maternity care. To learn more about CDC's work, visit [cdc.gov/breastfeeding-data](http://cdc.gov/breastfeeding-data). Thank you for your time. Goodbye.

*SET STATUS = "ineligible\_phone"*  
*SET RESULT = "ineligible"*

### **CLOSING\_EMAIL**

IF ABLE TO COLLECT EMAIL= 1: Thank you for providing me with [POS\_CONTACT\_FIRSTNAME] [POS\_CONTACT\_LASTNAME]'s contact information. An email invitation to the mPINC 2026 survey has been sent to [EMAIL]. To ensure that [POS\_CONTACT\_FIRSTNAME] [POS\_CONTACT\_LASTNAME] receives all future mPINC survey emails, please have them add [CDCmPINC@abtsurvey.com](mailto:CDCmPINC@abtsurvey.com) and [mPINC@cdc.gov](mailto:mPINC@cdc.gov) as secure contacts.

IF ABLE TO COLLECT EMAIL 2= 1: Thank you for providing me your contact information. To ensure that you receive all future emails regarding the mPINC study, please add the study email [mPINC@cdc.gov](mailto:mPINC@cdc.gov) as a secure contact. If you do not see the email invitation to the survey in your inbox shortly, please also check your spam/junk folders.

That is all the information I need at the moment. Thank you very much for your time and assistance. If you have any questions regarding the study, please call our study hotline at [PHONE NUMBER]. Goodbye.

*SEND EMAIL\_INVITATION*  
*SET RESULT TO "eligible"*  
*SET STATUS TO "eligible\_phone"*

### **POS\_CONTACT\_VM**

*VOICEMAIL WILL BE LEFT ON THE FIRST, THIRD AND FIFTH ATTEMPTS*

*IF [POS\_CONTACT\_FIRSTNAME] [POS\_CONTACT\_LASTNAME] <> ""*

(Hello, I am calling for [POS\_CONTACT\_FIRSTNAME] [POS\_CONTACT\_LASTNAME]. We are trying to contact you regarding the Maternity Practices in Infant Nutrition and Care, or mPINC, survey, sponsored by the Centers for Disease Control and Prevention.

You were identified as a knowledgeable person who could complete the mPINC survey. We would like to send you an e-mail with an invitation and a link to the survey, which can then be completed securely online. Please give us a call at our toll-free number [PHONE NUMBER] or email [mPINC@cdc.gov](mailto:mPINC@cdc.gov) and refer to Hospital ID [XXXXXX]. Thank you.)

*IF [POS\_CONTACT\_FIRSTNAME] [POS\_CONTACT\_LASTNAME] = ""*

(Hello. We are trying to contact your hospital regarding the Maternity Practices in Infant Nutrition and Care, or mPINC, survey, sponsored by the Centers for Disease Control and Prevention.

We would like to send an e-mail with an invitation and a link to the survey, which can then be completed securely online. Please give us a call at our toll-free number [PHONE NUMBER] or email [mPINC@cdc.gov](mailto:mPINC@cdc.gov) and refer to Hospital ID [XXXXXX]. Thank you.)

### CONTACT ATTEMPTS

Call attempt	Possible contact attempt (POS_CONTACT_ATTEMPT)	Instructions/notes
1-5	POS_CONTACT_ATTEMPT= 1	Call attempts to identify first contact; hospital has not refused and has not provided email
6-10	POS_CONTACT_ATTEMPT=2	Call attempts to identify second contact; hospital has not refused and has not provided email
11-15	POS_CONTACT_ATTEMPT=3	Call attempts to identify third contact; hospital has not refused and has not provided email. Record is deactivated; result set to “max_calls_reached”; hospital status set to “max calls”

### CALL RESULT CODES

Call result	Description
“refused”	Hospital refused
“try_again”	Qualified level=1 (contact not identified) and hospital has not refused
“forward”	Qualified level=2 (possible contact identified) and hospital has not refused
“email_sent”	Qualified level=3 (contact identified/information collected) and hospital has not refused
“max_calls_reached”	Call attempt=15 and hospital has not refused and not provided email

### HOSPITAL STATUS CODES

Status	Description
“refused”	Hospital has refused
“in_email_process”	Email invitation sent
“in call process”	Call_attempt<15 and hospital has not refused and not provided email
“max_calls”	Max calls reached

Public reporting burden of this collection of information is estimated to average 3 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.