mPINC 2026 Screenshots - English

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mPINC Survey Introduction

AAA
English

mPINC Survey Introduction

Hospital Name: _____

Form Approved

OMB #0920-0743

EXP. DATE: MM/DD/YYYY

CDC mPINC™ HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2026

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About the mPINC survey:

The Centers for Disease Control and Prevention (CDC) invites you to participate in a national survey of infant feeding practices at hospitals in the United States and Territories that provided maternity care in the past year. Your participation helps to provide a more complete picture of maternity care practices in the United States and Territories. If your hospital provided maternity care at multiple locations, only report data for the specific physical location listed in your email invitation.

Your participation in the survey is completely voluntary.

Prior to submitting the survey, you will have the opportunity to provide your business contact information and business contact information for others at your hospital to receive an electronic copy of your hospital's results. Providing contact information is voluntary.

How long will this survey take to complete?

The survey will take about 30 minutes to complete.

How will this information be used?

The purpose of this survey is to learn about specific maternity care practices that affect how babies are fed at hospitals in the United States and Territories. After data collection is complete and data analysis has ended, your hospital will receive a private individualized report containing a summary of survey results. Data from all participating hospitals will be used to generate state, regional, and national reports. Information from this survey will assist CDC with program planning.

Are our survey responses kept private?

CDC will keep the information that you provide private and secure to the extent permitted by law.

Upon request, data with hospital identifiers (i.e., hospital name and address) may be shared under a data use agreement with applicable state, tribal, local, and territorial health departments for the development of public health programs. Data without hospital identifiers may be released under data use agreements for additional approved purposes such as answering research questions.

Your business contact information is collected to provide your hospital's survey answers and private individualized report, as well as to invite your participation in future mPINC surveys or other related opportunities. Your name, hospital name, and any other personal identifiers will not be included in either oral or written presentation of survey results. Responses will only be reported in summary form (≥5 hospitals) so individual responses cannot be identified. Business contact information (i.e., name and email address) will not be shared with health departments or other data requesters.

Survey Instructions:

Thank you for participating in this survey. You have been identified as the survey recipient for your hospital, which means that you have been given a unique link to submit the 2026 mPINC survey for your hospital. No single person may be best able to answer all the survey questions, so we encourage the person completing the survey to share this survey link and obtain input from other key personnel, as needed.

We are asking you to fill out the survey with data from the 2025 calendar year (January 1, 2025 - December 31, 2025) or your hospital's fiscal year 2025. Unless otherwise specified, questions on the survey are asking about healthy newborns who are discharged to home (i.e., not transferred or admitted to the Special Care Nursery (SCN) or Neonatal Intensive Care Unit (NICU)).

This survey contains 6 core sections and an additional section for hospitals with an SCN or NICU. Each section should be completed by the most knowledgeable and appropriate staff. An email has been sent to _____ with unique links to each section of the 2026 mPINC survey. You may wish to distribute these links to the staff member who is the most knowledgeable and appropriate to complete the section of the survey. For example, the Mother-Baby Unit supervisor may be better able to answer one section, while the Lactation Services coordinator or NICU nurse manager may be better able to complete another section. See the list below for a list of people who may be helpful with completing different sections of the survey.

Titles of staff who may be appropriate to fill out sections of the survey include:

- Mother-Baby Unit Manager/Supervisor
- Labor and Delivery Unit Manager/Supervisor
- Lactation Services Coordinator / Lactation Specialist
- NICU Nurse Manager
- Staff Nurse
- Database Manager/Coordinator
- Maternal and Child Health Physician Leaders

Some questions ask you to enter exact percentages; however, if your hospital does not formally track this information, please provide your best estimate.

Click here to download a blank copy of the survey. This version should only be used as a worksheet to record responses prior to entering and submitting them online. No paper copies of the survey will be accepted.

You may wish to work on this survey over a period of time, particularly if it will be completed by multiple staff. Your responses will only be saved after you have clicked **Save and Return Later** or **Complete Section** at the bottom of the page. If you cannot complete the survey all at one time, click **Save and Return Later**. To protect the privacy of your hospital's information, please use only official hospital email addresses. Note that if you and another person at your hospital are simultaneously responding to the same section of the survey, the last person to save the section will overwrite the responses of the other person. For this reason, we recommend clearly delineating who will respond to each section(s). You may return and edit each section until you affirm that you are finished at the end of the survey and click **Submit**.

Survey Tips:

- Move between sections of the survey by clicking the Survey Queue at the upper right of the page and clicking **Begin survey** on the section of your choosing.
- After completing a section, move to the next one by clicking **Complete Section**.
- Do not click on your browser's back or forward button while taking the survey.

What to do if you have questions:

If you have any questions about the survey, please contact **mpinc@cdc.gov**.

What to do when you have completed the survey:

When you are ready to submit, please affirm that you are finished in Section H and click **Submit**. You will be directed to a screen thanking you for your submission. This action will send the survey to a secure database. Once you have submitted the survey, you will not be able to return to it. **It is important to remember to click Submit at the end of the last survey section to complete the submission process and ensure you receive a hospital report.**

Once you have submitted the survey, you will be sent a copy of your responses to the email address you provide. Once data analysis has ended, your hospital will receive a private individualized report containing a summary of survey results.

Thank you for your contribution!

Begin Survey

Save & Return Later

SECTION A: HOSPITAL DATA

SECTION A: HOSPITAL DATA

Survey Queue

A A A

English

Hospital name: _____

This section is about deliveries and general hospital information.

A1: What type of facility is your hospital? (select 1 option only)

- ○ government (public, non-military) hospital
- ○ non-profit, private hospital
- ○ for profit, private hospital
- ○ military hospital

reset

A3: Is your hospital currently designated as "Baby-Friendly" by the Baby-Friendly Hospital Initiative (BFHI)?

- ○ Yes
- ○ No

reset

A5: Do women who deliver at your hospital have the opportunity to receive prenatal breastfeeding education (in either group or individual settings) provided by your hospital and/or a hospital-affiliated clinic or service?

- ○ Yes
- ○ No
- ○ Not Sure

reset

A5_0: Does the prenatal breastfeeding education provided by your hospital and/or a hospital-affiliated clinic or service...?

	Yes	No	Not sure
describe the health benefits of breastfeeding for women and their infants as compared with the outcomes experienced by those using infant formula	○	○	○ reset
use electronic medical record prompts to improve the consistency of the support and education provided	○	○	○ reset
integrate lactation consultants and clinicians skilled in breastfeeding into prenatal care	○	○	○ reset

Complete the following item using data from the past calendar or fiscal year:

A6: **Total live births:**

Total number of live births includes vaginal and Cesarean (C-Section) deliveries. For multiples, count each newborn as a separate live birth.

A8_0a: What percent of all newborns receive vitamin K prophylaxis?

	Enter %	Select one
Intramuscular administration of vitamin K	%	○ Actual ○ Estimate reset
Oral administration of vitamin K	%	○ Actual ○ Estimate reset
No vitamin K administered	%	○ Actual ○ Estimate reset
Total sums to 100%	%	

Vitamin K prophylaxis: Per the American Academy of Pediatrics (AAP), vitamin K should be administered to all newborn infants weighing >1500 g as a single, intramuscular dose of 1 mg within 6 hours of birth. Preterm infants weighing ≤1500 g should receive a vitamin K dose of 0.3 mg/kg to 0.5 mg/kg as a single, intramuscular dose.
Oral administration: Per the AAP, parents who refuse IM vitamin K prophylaxis and request an oral dosing regimen should be aware of the increased risks of late-onset Vitamin K Deficiency Bleeding.

A8_0b: If parents/caregivers refuse vitamin K prophylaxis, how often do staff **counsel** them about the risks of Vitamin K Deficiency Bleeding?

○ No parents/ caregivers have refused ○ Rarely or never ○ Sometimes ○ Often ○ Almost always

reset

Counsel: Because Vitamin K Deficiency Bleeding remains a relatively rare occurrence, most families are unaware of the serious consequences of the disease and must be counseled on the risk of refusal. The American Academy of Pediatrics (AAP) has a Vitamin K Information Sheet that may be useful to providers in their discussions with families.

A9: Throughout their hospital stay, what percent of healthy newborns are fed the following?

	Enter %	Select one
ONLY breast milk	%	○ Actual ○ Estimate reset
Breast milk AND any formula, water, or glucose water	%	○ Actual ○ Estimate reset
No breast milk	%	○ Actual ○ Estimate reset
Total sums to 100%		

ONLY breast milk:

- no water or formula at any time during hospitalization
- no glucose water or sucrose solution except for during painful procedures
- can include donor human milk

	Yes	No, available in hospital but not provided in Level I	No, not available at our hospital
A10: Did your hospital provide **pasteurized donor human milk** to newborns in Level I care (not in a special care nursery or neonatal intensive care unit)?	○	○	○

reset

Pasteurized donor human milk: breast milk that was donated to a milk bank. This refers to base milk regardless of fortifier; this does not include mother's own milk, even that which is fortified with a human milk-based fortifier.

Although most of the survey is about early postpartum care practices for healthy mother-baby dyads, the following items address a special population of newborns.

A11_0a: In the past year, has your hospital cared for ANY newborns diagnosed with **Neonatal Abstinence Syndrome (NAS)** sometimes referred to as Neonatal Opioid Withdrawal Syndrome (NOWS)? Check one.

- ○ No, we did not have any newborns born in our hospital who were diagnosed with NAS/NOWS
- ○ No, all newborns with NAS/NOWS born in our hospital were transferred to another facility
- ○ Yes

reset

Neonatal Abstinence Syndrome (NAS): A newborn with confirmed or suspected in utero exposure to opioids, benzodiazepines, or barbiturates. Please see the "CSTE Neonatal Abstinence Syndrome Standardized Case Definition."

A11_0b: In the past year, our hospital cared for approximately the following number of newborns diagnosed with **NAS**/NOWS

○ 1-25 ○ 26-50 ○ 51-100 ○ 101-200 ○ >200

reset

Neonatal Abstinence Syndrome (NAS): A newborn with confirmed or suspected in utero exposure to opioids, benzodiazepines, or barbiturates. Please see the "CSTE Neonatal Abstinence Syndrome Standardized Case Definition."

A11: How many newborns diagnosed with **NAS**/NOWS. . .?

	Few (0-19%)	Some (20-49%)	Many (50-79%)	Most (80% +)	Not Applicable (no NICU/**PICU** at our hospital)
are breastfed or provided with expressed mother's own milk, if not **contraindicated**	○	○	○	○	○
are fed **as often and as long** as the newborn wants, **without restrictions**	○	○	○	○	○
are **rooming-in**	○	○	○	○	○
are cared for in your hospital's Intensive Care Unit (NICU or **PICU**)	○	○	○	○	○
practice **skin-to-skin contact** or **Kangaroo Care** outside of the immediate postpartum period	○	○	○	○	○

reset

Contraindicated: See Academy of Breastfeeding Medicine protocols (e.g., Protocol #21)

As often and as long: Also known as 'cue-based' or 'on-demand' feeding.

Without restrictions: Without setting a schedule for how long or how much baby should be fed and/or the amount of time that should pass between feeds.

Rooming-in is a practice where mother and newborn are in close proximity.

PICU: Pediatric intensive care unit

Skin-to-skin contact: The naked newborn is placed directly on the mother's bare chest or abdomen (with or without a diaper).

Kangaroo Care refers to skin-to-skin care where a newborn, often premature, is placed prone directly on the mother's, father's, or other's bare chest or abdomen. The caregiver is then wrapped in a blanket or other cloth to secure the newborn against his or her chest.

A12: Are the following included in a written policy/protocol about management of NAS/NOWS at your hospital?

	Yes	No	
Verbal screening for maternal substance use (e.g., asking in the medical history)	○	○	reset
Neonatal toxicology screening for maternal substance use (e.g., urine, meconium, blood, hair)	○	○	reset
Maternal toxicology screening for maternal substance use (e.g., urine, blood, hair)	○	○	reset
Use of a standardized assessment to evaluate NAS/NOWS (e.g., Eat, Sleep, Console (ESC), modified Finnegan's)	○	○	reset
Breastfeeding or provision of expressed mother's own milk as a recommended nonpharmacological treatment of NAS/NOWS, if not **contraindicated**	○	○	reset

Rooming-in as a recommended nonpharmacological treatment of NAS/NOWS	○	○
		reset
Skin-to-skin contact or **Kangaroo Care** outside of the immediate postpartum period as a recommended nonpharmacological treatment of NAS/NOWS	○	○
		reset
Pharmacologic treatment of NAS/NOWS	○	○
		reset

Contraindicated: See Academy of Breastfeeding Medicine protocols (e.g., Protocol #21)
Rooming-in is a practice where mother and newborn are in close proximity.
Skin-to-skin contact: The naked newborn is placed directly on the mother's bare chest or abdomen (with or without a diaper).
Kangaroo Care refers to skin-to-skin care where a newborn, often premature, is placed prone directly on the mother's, father's, or other's bare chest or abdomen. The caregiver is then wrapped in a blanket or other cloth to secure the newborn against his or her chest.

A13: Which NAS/NOWS scoring/assessment system does your hospital primarily use? Check one.

- ○ Finnegan's
- ○ Modified Finnegan's
- ○ Neonatal Withdrawal Inventory (NWI)
- ○ Eat, Sleep, Console (ESC) Approach
- ○ ESC NOWS Care Tool
- ○ None
- ○ Other:
- ○ Unknown (not specified)

reset

SECTION B: SPECIAL CARE NURSERY (SCN) AND / OR NEONATAL INTENSIVE CARE UNIT (NICU)

SECTION B: SPECIAL CARE NURSERY (SCN) AND / OR NEONATAL INTENSIVE CARE UNIT (NICU)

Survey Queue

A A A

English

Hospital name: _____

This section is about practices in your hospital's SCN and / or NICU. The primary contact should consult with an SCN or NICU colleague before answering these questions.

B1: What is the highest **level of neonatal care** care provided at your hospital?

The remaining questions in Section B only apply if your hospital has Level II-Level IV neonatal care.

- ○ Level I: Care for low-risk newborns, which can include a wellborn nursery
- ○ Level II: Special care nursery
- ○ Level III: Neonatal Intensive Care Unit
- ○ Level IV: Regional Neonatal Intensive Care Unit

reset

Level of neonatal care: classification of neonatal care as defined by the American Academy of Pediatrics (AAP). Please see AAP's policy statement, "Levels of Neonatal Care."

SECTION B:

B2: How many mothers with infants in your hospital's SCN or NICU . . .?

	Few (0-19%)	Some (20-49%)	Many (50-79%)	Most (80% +)
are advised to provide human milk as a component of their infant's medical care	○	○	○	○
are advised to breastfeed or express their milk 8 or more times every 24 hours to establish and maintain their milk supply	○	○	○	○
have access to their infants whenever they want	○	○	○	○

reset

B2_0: How many breastfeeding mothers with infants in your hospital's SCN or NICU . . .?

	Few (0-19%)	Some (20-49%)	Many (50-79%)	Most (80% +)
are provided guidance and support with expressing their milk **within the first 6 hours** after birth	○	○	○	○
are shown techniques or are given written instruction for using breast pump equipment	○	○	○	○
are shown techniques or are given written instruction for cleaning breast pump equipment	○	○	○	○

reset

Within the first 6 hours, but preferably within 1-2 hours after birth and completion of initial skin-to-skin contact-if safe and medically feasible.

B3: Among SCN/NICU infants eligible for **Kangaroo Care**, how many practice Kangaroo Care?

○ Not offered at our hospital ○ Few (0-19%) ○ Some (20-49%) ○ Many (50-79%) ○ Most (80% +)

reset

Kangaroo Care refers to skin-to-skin care where an infant, often premature, is placed prone directly on the mother's, father's, or other's bare chest or abdomen. The caregiver is then wrapped in a blanket or other cloth to secure the infant against his or her chest.

B4: What percent of infants are receiving their mother's own breast milk at any time in the SCN/NICU?

○ Few (0-19%) ○ Some (20-49%) ○ Many (50-79%) ○ Most (80% +)

reset

B5: Did your hospital provide any **pasteurized donor human milk** to infants while they were cared for in your hospital's SCN/NICU?

	Yes	No, available but not provided	No, not available at our hospital
Infants < 1500 grams at birth	○	○	○
			reset
Infants ≥1500 grams at birth	○	○	○
			reset

Pasteurized donor human milk: breast milk that was donated to a milk bank. This refers to base milk regardless of fortifier; this does not include mother's own milk, even that which is fortified with a human milk-based fortifier.

B5_0: What barriers exist in providing **pasteurized donor human milk**, when **medically indicated**, to infants whose birth weight is < 1500 grams and are cared for in your hospital's SCN/NICU?

1.
2.
3.

○ There are no barriers.

reset

Pasteurized donor human milk: breast milk that was donated to a milk bank. This refers to base milk regardless of fortifier; this does not include mother's own milk, even that which is fortified with a human milk-based fortifier.
Medically indicated: when mother's own milk is not available, insufficiently available, or contraindicated.

SECTION B:

SECTION C: CARE PRACTICES

SECTION C: CARE PRACTICES

Survey Queue

A A A

English

Hospital Name: _____

A7: Does your hospital perform deliveries by Cesarean section?

- ○ Yes
- ○ No

reset

Complete the following items using data from the past calendar or fiscal year:

A7a: Total live births delivered by Cesarean section:

Total number of live birth Cesarean (C-Section) deliveries that were performed at your hospital, including in the perinatal services area, an operating room, or any other location within the hospital.

This section is about early postpartum care practices for all healthy mother-baby dyads, **REGARDLESS OF FEEDING METHOD**. More information/supporting evidence is available here.

C2: After Cesarean-delivery, how many newborns remain in uninterrupted **skin-to-skin contact** with their mothers as soon as the mother is responsive and alert after birth?

	Few (0-19%)	Some (20-49%)	Many (50-79%)	Most (80% +)
if breastfeeding, until the first breastfeeding is completed	○	○	○	○
if not breastfeeding, for at least one hour	○	○	○	○

reset

reset

Skin-to-skin contact: The naked newborn is placed directly on the mother's bare chest or abdomen (with or without a diaper).

SECTION C:

C1: After vaginal delivery, how many newborns remain in uninterrupted **skin-to-skin contact** with their mothers beginning immediately after birth . . .?

	Few (0-19%)	Some (20-49%)	Many (50-79%)	Most (80% +)
if breastfeeding, until the first breastfeeding is completed	○	○	○	○
if not breastfeeding, for at least one hour	○	○	○	○

reset

reset

Skin-to-skin contact: The naked newborn is placed directly on the mother's bare chest or abdomen (with or without a diaper).

C3: How many vaginally-delivered newborns are separated from their mothers **before** starting **rooming-in**?

○ Few (0-19%) ○ Some (20-49%) ○ Many (50-79%) ○ Most (80% +) ○ Rooming-in is not an option at our hospital

reset

Before: Prior to or during transfer from Labor / Delivery care to Postpartum / Nursery care.
Rooming-in is a practice where mother and newborn are in close proximity.

C4: What percent of newborns stay in the room with their mothers for 24 hours per day (not including those separated for medical reasons)?

Enter %	**Select one**
%	○ Actual ○ Estimate reset

C5: How many newborns receive continuous **observed monitoring** throughout the first two hours immediately following birth?

○ Few (0-19%) ○ Some (20-49%) ○ Many (50-79%) ○ Most (80% +)

reset

Observed monitoring includes for positioning, color, and breathing.

C6: Where are newborns usually located during each of the following situations? *Click one location per situation. For situations addressed in multiple locations in your hospital, choose the most frequently used location.*

	Mother's Room	Nursery, procedure room, or newborn observation unit	
Pediatric exams/rounds	○	○	reset
Hearing screening	○	○	reset
Pulse oximetry screening (congenital heart defect screening)	○	○	reset
Routine labs/blood draws/injections	○	○	reset
Newborn bath	○	○	reset

C7: Does your hospital have a protocol that requires frequent observations of **high-risk** mother-infant dyads by nurses to ensure safety of the infant while they are together?

○ Yes ○ No

reset

Examples of high-risk include: low Apgar scores, late preterm, infants who required resuscitation, difficult delivery, or medications given to the mother that may make her drowsy or sedated or affect the newborn.

SECTION D: FEEDING PRACTICES

SECTION D: FEEDING PRACTICES

Survey Queue

A A A

English

Hospital name: _____

This section is about infant feeding practices for healthy **BREASTFED** newborns.

D3: What percent of healthy, **term** breastfed newborns are fed any of the following?

	Enter %	Select one
Infant formula		○ Actual ○ Estimate reset
Water or glucose water *Do not include the use of glucose water for painful procedures - e.g. circumcision - in your response.*		○ Actual ○ Estimate reset
Not expected to sum to 100%		

Term: 37 0/7 to 41 6/7 weeks gestation

SECTION D:

D4_a: Among healthy breastfed newborns who are supplemented with formula during the hospital stay, what percent are **medically indicated**?

	Enter %	Select one
Medically indicated		○ Actual ○ Estimate reset
Not medically indicated		
Percentages should add to 100%.		

Medically indicated: see Table 1 of ABM Clinical Protocol #3: Supplementary Feeding in the Healthy Term Breastfed Neonate for possible indications for supplementation.

Not medically indicated includes patient/parent requests for formula.

D5: Does your hospital perform routine blood glucose monitoring of **full-term** healthy newborns who are NOT at risk for hypoglycemia?

○ Yes
○ No

reset

Full-term: 39 0/7 to 40 6/7 weeks gestation

SECTION E: EDUCATION AND SUPPORT OF MOTHERS

SECTION E: EDUCATION AND SUPPORT OF MOTHERS

Survey Queue

AAA

English

Hospital name: _____

This section is about information taught to mothers and caregivers about feeding and caring for their newborn and support provided to mothers by staff.

E1: To prevent newborn adverse events (e.g., infant falls, accidental suffocation) associated with maternal sleep in the hospital, how many mothers are shown by staff how to place their newborn on a separate, **safe sleep** surface or with another caregiver when the mother becomes sleepy/drowsy?

- ○ Few (0-19%)
- ○ Some (20-49%)
- ○ Many (50-79%)
- ○ Most (80% +)

reset

Safe sleep: infants are placed on their backs on a firm, flat, non-inclined sleep surface to reduce the risk of suffocation or wedging/entrapment and will prevent infant falls.

E2: How many breastfeeding mothers are taught or shown how to . . .?

	Few (0-19%)	Some (20-49%)	Many (50-79%)	Most (80% +)	
recognize and respond to their newborn's **feeding cues**	○	○	○	○	reset
position and latch their newborn for breastfeeding	○	○	○	○	reset
assess effective breastfeeding by observing their newborn's latch and the presence of audible swallowing	○	○	○	○	reset
assess effective breastfeeding by observing their newborn's elimination patterns (i.e., urine and stool output and stool character)	○	○	○	○	reset
breastfeed **as often and as long** as their newborn wants, **without restrictions**	○	○	○	○	reset
hand express their breast milk	○	○	○	○	reset
understand the **use and risks of artificial nipples and pacifiers**, including delaying pacifier use until breastfeeding is well-established	○	○	○	○	reset

Feeding cues: Signs the baby is ready to feed, including increased alertness, flexion of the extremities, mouth and tongue movements, cooing sounds, rooting, bringing fist toward the mouth, or sucking on fingers / hand.
As often and as long: Also known as 'cue-based' or 'on-demand' feeding.
Without restrictions: Without setting a schedule for how long baby should be at the breast and/or the amount of time that should pass between feeds.
Use and risks of artificial nipples and pacifiers: hygiene, oral formation, and recognition of feeding cues.

E3: When breastfeeding mothers request infant formula, how often do staff counsel them about the possible consequences to the health of their infant and the success of breastfeeding?

○ Rarely (0-19%) ○ Sometimes (20-49%) ○ Often (50-79%) ○ Almost always (80% +)

reset

E4: Among mothers whose newborns are fed *any* formula, how many are taught . . .?

	Few (0-19%)	Some (20-49%)	Many (50-79%)	Most (80% +)
appropriate **formula feeding techniques**	○	○	○	○
				reset
how to **safely prepare and feed** formula	○	○	○	○
				reset

Formula feeding techniques: Feeding in response to hunger cues and holding the baby closely during the feed, allowing for eye-to-eye contact.

Safely prepare and feed: Instructions for mixing, handling, and storing infant formula.

E5: Do your discharge criteria for breastfeeding newborns **require**. . .?

	Yes	No	
direct observation of at least one effective feeding at the breast within the 8 hours prior to discharge	○	○	reset
scheduling of the first follow-up visit with a health care provider	○	○	reset

E6: What discharge support does your hospital routinely provide to breastfeeding mothers?

	Yes	No	
In-person follow-up visits/appointments for lactation support	○	○	reset
Personalized phone calls to mothers to ask about breastfeeding (not automated calls)	○	○	reset
Formalized, coordinated referrals to lactation support providers in the community when additional support or follow-up is needed	○	○	reset
Virtual breastfeeding support consultations (e.g. telehealth consults)	○	○	reset

In-person follow-up visits: Breastfeeding assessments, support, and weight checks at a post-discharge home, hospital, clinic, or office visit; breastfeeding-specific support group in a hospital wellness center.
Formalized, coordinated referrals: Scheduling an appointment on the mother's behalf with a lactation support provider, WIC peer counselor, or home visiting program; providing a referral for insurance coverage; providing access to lactation support via interactive smartphone app or other online/remote support; writing a prescription for lactation support.

SECTION E:

SECTION F: STAFFING

SECTION F: STAFFING

Survey Queue

A A A

English

Hospital name: _____

This section is about maternity-care staff and providers who work in your maternity-care unit, as well as staff and provider responsibilities and training.

F3: How often are nurses **formally assessed** for clinical competency in breastfeeding support and lactation management?

- ○ At least every 2 years
- ○ Less frequently than every 2 years
- ○ Not required

reset

Formally assessed: Systematic evaluation of staff's hands-on ability to support breastfeeding mothers, and may include demonstration of competency at an annual skills lab or observation by a lactation specialist.

F4: Are nurses required to demonstrate competency in the following skills?

	Yes	No	
Placement and monitoring of the newborn in **skin-to-skin contact** with the mother immediately following birth	○	○	reset
Assisting with effective newborn positioning and latch for breastfeeding	○	○	reset
Assessment of milk transfer during breastfeeding	○	○	reset
Assessment of maternal pain related to breastfeeding	○	○	reset
Teaching hand expression of breast milk	○	○	reset
Teaching safe formula preparation and feeding	○	○	reset
Counseling the parents/caregivers on **safe sleep** practices for their newborn while **rooming in** at the hospital	○	○	reset
Counseling the mother on the importance of exclusive breastfeeding	○	○	reset

Skin-to-skin contact: The naked newborn is placed directly on the mother's bare chest or abdomen (with or without a diaper).
Safe sleep: infants are placed on their backs on a firm, flat, non-inclined sleep surface to reduce the risk of suffocation or wedging/entrapment and prevent infant falls.
Rooming-in: a practice where mother and newborn are in close proximity.

F7: How often does your hospital require that maternity staff and providers complete **continuing education or in-service training** on breastfeeding support and lactation management?

	At least every 2 years	Less frequently than every 2 years	Not required	We don't have this type of provider
Staff Nurses (e.g., Registered Nurses)	○	○	○	○ reset
Physicians (e.g. Obstetricians, Pediatricians, Family Practice Physicians)	○	○	○	○ reset
Nurse Practitioners / Advance Practice Registered Nurses	○	○	○	○ reset
Certified Nurse Midwives	○	○	○	○ reset
Medical Residents	○	○	○	○ reset

Continuing education or in-service training: Participation in educational and training activities that improve the care that is provided to mothers and infants.

SECTION G: POLICIES AND PROCEDURES

SECTION G: POLICIES AND PROCEDURES

Survey Queue

A A A

English

Hospital name: _____

This section is about hospital policies and procedures.

G1: Does your hospital...?

	Yes	No	
record (keep track of) **exclusive breastfeeding** throughout the entire hospitalization	○	○	reset
have an ongoing monitoring and data-management system that is used for quality improvement related to practices that support breastfeeding	○	○	reset

Exclusive breastfeeding is defined as ONLY breast milk:
- no water or formula at any time during hospitalization
- no glucose water or sucrose solution except for during painful procedures
- can include donor human milk

G2: Which of the following are included in a written policy (or policies) at your hospital?

	Yes	No	
Policy requiring documentation of medical justification and/or informed parental consent for giving **non breast milk feedings** to breastfed newborns	○	○	reset
Policy requiring formal assessment of staff's clinical competency in breastfeeding support	○	○	
Policy requiring formal, in-service, breastfeeding-related staff training	○	○	reset
Policy requiring documentation of prenatal breastfeeding education	○	○	reset
Policy requiring staff to teach mothers breastfeeding techniques, including how to manage common difficulties	○	○	reset
Policy requiring staff to show mothers how to express breast milk	○	○	reset
Policy requiring placement of newborns in **skin-to-skin contact** with their mother at birth or soon thereafter	○	○	reset

Policy requiring purchase of infant formula and related breast milk substitutes by the hospital at fair market value	○	○	reset
Policy requiring staff to provide mothers with resources for breastfeeding support after discharge	○	○	reset
Policy requiring staff to teach parents/caregivers about strategies for **safe sleep** while **rooming-in** at the hospital	○	○	reset
Policy requiring the option for mothers to room-in with their newborns	○	○	reset
Policy requiring staff to teach parents/caregivers to breastfeed **as often and as long** as their newborn wants, **without restrictions**	○	○	reset

Policy requiring staff to counsel parents/caregivers on the use and risks of feeding bottles, nipples, and pacifiers, including delaying pacifier use until breastfeeding is well-established	○	○	reset
Policy requiring staff to **counsel** parents/caregivers on the risks of Vitamin K Deficiency Bleeding for families who decline the intramuscular vitamin K prophylaxis	○	○	reset
Policy prohibiting distribution of marketing/education materials, samples, or gift packs by the facility that include or promote breast milk substitutes (infant formula), infant feeding supplies, or infant formula coupons	○	○	reset

Non breast milk feedings: formula, water, glucose water.
Skin-to-skin contact: The naked newborn is placed directly on the mother's bare chest or abdomen (with or without a diaper).
Safe sleep: infants are placed on their backs on a firm, flat, non-inclined sleep surface to reduce the risk of suffocation or wedging/entrapment and will prevent infant falls.
Rooming-in: Rooming-in is a practice where mother and newborn are in close proximity.
As often and as long: Also known as 'cue-based' or 'on-demand' feeding.
Without restrictions: Without setting a schedule for how long baby should be at the breast and/or the amount of time that should pass between feeds
Counsel: Because Vitamin K Deficiency Bleeding remains a relatively rare occurrence, most families are unaware of the serious consequences of the disease and must be counseled on the risk of refusal. The American Academy of Pediatrics (AAP) has a Vitamin K Information Sheet that may be useful to providers in their discussions with families.

G3: How many health care providers who have any contact with pregnant women, mothers, and/or newborns have been oriented on the hospital's infant feeding policies?

- ○ Our hospital does not have written policies related to infant feeding practices.
- ○ Few (0-19%)
- ○ Some (20-49%)
- ○ Many (50-79%)
- ○ Most (80% +)

reset

G4: How does your hospital acquire each of the following:

	HOSPITAL PURCHASES at **fair market price.**	HOSPITAL RECEIVES below **fair market price** or free of charge
Infant formula	○	○
Bottles, nipples, pacifiers	○	○

reset

reset

Fair market price: Consistent with hospital-wide vendor policy.

G5: Does your hospital give mothers any of the following items free of charge, as gifts or free samples (not including items prescribed as part of medical care)?

	Yes	No	
Infant formula (including formula discharge packs)	○	○	reset
Feeding bottles, bottle nipples, nipple shields, or pacifiers	○	○	reset
Coupons, discounts, or educational materials from companies that make or sell infant formulas or feeding products.	○	○	reset

G6: How does your hospital certify compliance with Centers for Medicaid & Medicare Services (CMS) health and safety standards? Check one.

- ○ Accreditation by a national accreditation organization: Accreditation Commission for Health Care (ACHC)
- ○ Accreditation by a national accreditation organization: Center for Improvement in Healthcare Quality (CIHQ)
- ○ Accreditation by a national accreditation organization: Det Norske Veritas Healthcare (DNV Healthcare)
- ○ Accreditation by a national accreditation organization: The Joint Commission (TJC)
- ○ Certification by a State Survey Agency
- ○ Not applicable (not approved as a CMS Provider)
- ○ Don't know

reset

SECTION H: CONTACT INFORMATION

SECTION H: EXIT / COMPLETION

Survey Queue

A A A

English

Hospital Name: _____

H1: Select the positions or titles of the people who have participated in completing this survey, including your own. *Click all that apply*.

- [ ] Mother-Baby Unit Manager / Supervisor
- [ ] Labor and Delivery Unit Manager / Supervisor
- [ ] Maternity Care Services Director / Manager
- [ ] Lactation Services Coordinator
- [ ] Lactation Care Provider (i.e., IBCLC, CLC, CBC)
- [ ] Clinical Nurse Specialist
- [ ] Director of Obstetrics and Gynecology
- [ ] Director of Perinatal Care
- [ ] Director of Pediatrics
- [ ] Medical Director
- [ ] NICU Nurse Manager
- [ ] Staff physician
- [ ] Staff midwife
- [ ] Staff nurse
- [ ] Database Manager / Coordinator
- [ ] Other:
- [ ] I prefer not to answer

H2: Business contact information for mPINC reports

We would like to email you a copy of your hospital's survey answers and, once data analysis has ended, a private individualized hospital report containing a summary of survey results. Please enter the name, hospital position, and official hospital email address of up to three people at your hospital so that we may email these items to you. To protect the privacy of your hospital's information, please do not provide personal email addresses (e.g., Yahoo, Gmail, Hotmail). Business contact information is collected to provide your hospital's survey answers and individualized report, as well as to invite your participation in future surveys.

Survey Recipient Name	Position	Email
		Required
		Optional
		Optional

H3: Comments

Expand