

Reminder telephone script

INTRO

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. The mPINC survey includes questions about infant nutrition, such as breastfeeding, use of formula by healthy newborns, and feeding routines. May I please speak with [POS_CONTACT_FIRSTNAME] [POS_CONTACT_LASTNAME]?

1. YES *SKIP TO CONTACT_INTRO*
2. NO *SKIP TO OTHER_INTRO*
3. DK/REF *SKIP TO OTHER_INTRO*
4. VOICEMAIL REACHED *SKIP TO VOICEMAIL; ONLY LEAVE MESSAGE ON THIRD UNSUCCESSFUL ATTEMPT*
5. CONTACT NO LONGER WORKS HERE *SKIP TO INTRO (SCREENER CALL); CYCLE TO NEXT POSSIBLE CONTACT*

OTHER_INTRO

We sent [POS_CONTACT_FIRSTNAME] [POS_CONTACT_LASTNAME] a survey link [IF CONTACT_EMAIL<>1: several weeks ago] and are following up because we have not received [POS_CONTACT_FIRSTNAME]'s completed CDC's 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 [POS_CONTACT_FIRSTNAME] received our survey link?

1. YES *SKIP TO RECEIVE_YES*
2. NO *SKIP TO RECEIVE_NO*
3. DK *SKIP TO RECEIVE_NO*

RECEIVE_YES

Do you know if [POS_CONTACT_FIRSTNAME] has had a chance to complete the survey?

1. YES
2. NO

SKIP TO REMIND_YES

REMIND_YES

Could you please remind [POS_CONTACT_FIRSTNAME] about the survey and ask them to follow the link 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.

SKIP TO THANK_YOU

CONTACT_INTRO

My name is [INTERVIEWER NAME]. I am calling from Abt Global on behalf of the Centers for Disease Control and Prevention (CDC). We sent you a link to the survey [IF CONTACT_EMAIL<>1: several weeks ago] and are following up because we have not received your completed 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

[If needed: 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?

- | | |
|-------------------------|---------------------------|
| 1. YES | <i>SKIP TO COMPLETE</i> |
| 2. NO | <i>SKIP TO RECEIVE_NO</i> |
| 3. LOST THE SURVEY LINK | <i>SKIP TO RECEIVE_NO</i> |
| 4. DK | <i>SKIP TO RECEIVE_NO</i> |

COMPLETE

Have you had a chance to fill out the survey?

- | | |
|--------|-----------------------------|
| 1. YES | <i>SKIP TO COMPLETE_YES</i> |
| 2. NO | <i>SKIP TO COMPLETE_NO</i> |

COMPLETE_YES

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 go back into the survey and ensure that you've clicked **Submit**, that would be very helpful. Once you have submitted the survey, you will be sent an email with your survey responses.

SKIP TO THANK_YOU

COMPLETE_NO

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.

Please note, if you do not submit your survey responses, your hospital's information will not be included in the mPINC analysis and your hospital will not receive a hospital-specific report.

SKIP TO THANK_YOU

RECEIVE_NO

IF OTHER_INTRO=2 OR 3: We'd be happy to send a reminder e-mail with instructions for how [POS_CONTACT_FIRSTNAME] can complete the web survey.

IF CONTACT_INTRO >1: We'd be happy to send a reminder e-mail with instructions for how you can complete the web survey.

CONTINUE TO CONTACT_EMAIL

CONTACT_EMAIL

IF OTHER_INTRO=2 OR 3: To make completing the survey as easy as possible, we will send an email directly to [POS_CONTACT_FIRSTNAME] [POS_CONTACT_LASTNAME] with a link to the survey, which can then be completed securely online. Could you please provide the best email address for [POS_CONTACT_FIRSTNAME] [POS_CONTACT_LASTNAME]?

IF CONTACT_INTRO>1: To make completing the survey as easy as possible, we will send an email directly to you with a link to the survey, which can then be completed securely online. Could you please provide me with your email address?

- | | |
|--------|----------------------|
| 1. YES | <i>SKIP TO EMAIL</i> |
| 2. NO | |
| 3. DK | |

IF CONTACT_INTRO>1 AND CONTACT_EMAIL>1, SKIP TO THANK YOU; NEXT CALL ATTEMPT SHOULD BE SCREENER CALL; CYCLE TO NEXT POSSIBLE CONTACT
IF OTHER_INTRO=2 OR 3 AND CONTACT_EMAIL>1, SKIP TO DK_EMAIL

DK_EMAIL

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

- | | |
|--------|------------------------------|
| 1. YES | <i>SKIP TO LOOK_UP_EMAIL</i> |
| 2. NO | <i>SKIP TO THANK_YOU</i> |

LOOK_UP_EMAIL

Could you please look up the email address for [POS_CONTACT_FIRSTNAME] [POS_CONTACT_LASTNAME] in this directory for me now?

- | | |
|--------|--------------------------|
| 1. YES | <i>SKIP TO EMAIL</i> |
| 2. NO | <i>SKIP TO THANK_YOU</i> |

EMAIL

Email address: _____

A link to the survey has been sent to the email address you provided.

IF CONTACT_INTRO>1: To ensure that you receive all future emails regarding the mPINC survey, please add the survey email 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. If you have any questions regarding the survey or would like the survey invitation sent again, please call our study hotline at [XXX-XXX-XXXX]. Please complete the survey as soon as possible.

INTERVIEWERS: IF EMAIL WAS SENT PLEASE SET CALLBACK FOR 7 DAYS

SKIP TO THANK YOU
SEND REMINDER_EMAIL

THANK_YOU

IF OTHER_INTRO<>NULL: Thank you for your assistance. Goodbye.
IF CONTACT_INTRO<>NULL: Thank you. Goodbye.

VOICEMAIL

VOICEMAIL WILL BE LEFT ON THE FIRST, THIRD AND FIFTH ATTEMPTS THAT ARE UNSUCCESSFUL IN REACHING A LIVE PERSON (PREFERABLY THE CONTACT PERSON). LEAVE A VOICEMAIL MESSAGE ON THE CONTACT PERSON'S VOICE MAIL AND CODE THE REMINDER CALL COMPLETE.

[IF YOU REACH THE VOICE MAIL OF THE CONTACT PERSON]

Hello. My name is [INTERVIEWER NAME]. I am calling from Abt Global on behalf of the Centers for Disease Control and Prevention. We sent you a link to the 2026 CDC 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 web survey will close at 11:59 PM on [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 contact survey staff toll free at [XXX-XXX-XXXX] or email mPINC@cdc.gov and refer to Hospital ID [XXXXXX]. Thank you.
è CODE REMINDER CALL COMPLETE