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Dear CDC Desk Officer,

I am writing to express my strong support for the reinstatement and continued administration of the CDC's Maternity Practices in Infant Nutrition and Care (mPINC) survey.

mPINC serves a unique and essential role in the nation's maternal and infant health data infrastructure. Unlike surveys that capture individual outcomes or experiences after discharge, mPINC measures institutional maternity care practices, including staff training, clinical routines, and hospital policies, that directly shape breastfeeding initiation, early feeding experiences, and equity in care. The birth hospitalization is a critical window, and without mPINC, these practices would remain largely invisible and unaccountable.

Over the past two decades, breastfeeding advocacy and maternal-child health policy have increasingly recognized that outcomes are shaped by systems, not just individual behavior. mPINC was created in response to this recognition, providing a structured, comparable way to assess whether and how hospitals are implementing evidence-based, breastfeeding-supportive care. The individualized, confidential feedback reports provided to participating hospitals are particularly valuable for quality improvement and have been widely used by facilities, health systems, and public health partners to guide practice change.

mPINC also complements other federal data systems, including the Pregnancy Risk Assessment Monitoring System (PRAMS). While PRAMS captures the lived experiences of birthing women after discharge, mPINC documents the care environments in which breastfeeding begins. Together, these systems allow policymakers, researchers, and advocates to understand not only what outcomes families experience, but why those outcomes occur.

The reinstatement of mPINC is especially important given ongoing disparities in breastfeeding outcomes and access to supportive maternity care. Continued, consistent data collection is necessary to monitor progress, identify gaps, and inform evidence-based policy and practice at the hospital, state, and national levels.

I urge the Office of Management and Budget to approve the reinstatement and three-year authorization of mPINC. The survey's practical utility, modest burden, and demonstrated value to hospitals and public health systems make it an essential tool for improving maternity care and supporting the health of families.

Thank you for the opportunity to comment and for your consideration.

Sincerely,

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