



Assessment & Monitoring of Breastfeeding-Related Maternity Care Practices in Intrapartum Care Facilities in the United States and Territories

Submitted on behalf of HealthConnect One
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HealthConnect One (HC One) would like to thank you for the opportunity to comment on the mPINC survey. HC One strongly supports the continued administration of the Maternity Practices in Infant Nutrition and Care (mPINC) survey without reduction, redaction, or delay. The mPINC survey remains one of the most critical national tools for assessing hospital-based maternity care practices that influence breastfeeding initiation, duration, and equity across the United States and Territories.

As a national leader in advancing equitable, community-based, peer-to-peer support for pregnancy, birth, breastfeeding, and early parenting. Our vision is to see every baby, mother, and family thrive in a healthy community. We work to achieve this vision through an equity-focused approach supporting the first 1000 days for birthing families. Our work towards strengthening community-based perinatal and lactation systems, relies on mPINC data to understand how institutional practices shape early infant feeding experiences. Evidence-based maternity care practices are directly associated with improved maternal and infant health outcomes, and the mPINC survey provides essential visibility into whether hospitals are implementing those evidence-based practices consistently and equitably. Without comprehensive, standardized data on maternity care practices, it becomes impossible to assess impact, identify gaps, or address inequities in first food experiences for families. Families, advocates, public health professionals, and policymakers depend on mPINC findings to understand how hospitals support or improve breastfeeding and lactation, particularly for Black, Brown, Indigenous, and historically underserved communities who already face disproportionate barriers to breastfeeding support.

The mPINC survey is distributed to all hospitals with maternity, labor, and delivery services and produces both facility-level feedback reports and a national compilation of findings. These reports are heavily used by breastfeeding and maternal health advocates across the country to support quality improvement efforts, guide accountability conversations, and inform policy and systems change. Hospitals themselves use mPINC benchmarks to assess their performance relative to peers and to develop quality improvement projects. Data tracking and surveillance tools like mPINC are foundational to advancing health equity, reducing infant mortality and improving health outcomes for babies and mothers. If we do not know what hospitals and institutions are currently practicing, we cannot measure progress, identify disparities, or evaluate whether interventions are working. The loss or weakening of mPINC would represent a significant step backward in the national effort to improve maternity care quality, reduce inequities in infant feeding outcomes, and reduce infant mortality and morbidity.



HC One urges the Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services to fully reinstate and continue the mPINC survey as a robust, comprehensive surveillance and quality improvement tool. Maintaining mPINC affirms a commitment to evidence-based practice, transparency, and accountability in maternity care, and to the health and wellbeing of birthing families nationwide.

We appreciate the opportunity to submit this comment and strongly encourage continued federal investment in data systems that protect, promote, and support breastfeeding.

