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**Received Date :** 02/12/2026 09:15 AM

**Comments Received :**

The Massachusetts Breastfeeding Coalition (MBC) respectfully submits this comment in strong support of the reinstatement and continued administration of the CDC's Maternity Practices in Infant Nutrition and Care (mPINC) survey.

MBC is a statewide coalition of health professionals, educators, advocates, and community organizations working to protect, promote, and support breastfeeding and human milk feeding across Massachusetts. For more than two decades, our members have worked at the intersection of clinical practice, public health, education, and policy, and we view mPINC as an essential component of the nation's maternal and infant health data infrastructure.

mPINC fills a critical gap by measuring institutional maternity care practices, including staff training, clinical routines, and hospital policies, that directly influence breastfeeding initiation, early feeding experiences, and equity in care. The birth hospitalization is a pivotal period for establishing breastfeeding, yet without mPINC, there is no consistent, national mechanism for assessing whether hospitals are implementing evidence-based, breastfeeding-supportive practices. In Massachusetts, mPINC data have been used by hospitals, health systems, public health agencies, and advocates to benchmark performance, identify gaps, and guide quality improvement initiatives. The confidential, hospital-specific feedback reports are particularly valuable, as they allow facilities to assess their own practices in comparison to state and national norms and to make targeted improvements.

mPINC complements, but does not duplicate, other federal maternal and child health surveillance systems, including the Pregnancy Risk Assessment Monitoring System (PRAMS). While PRAMS captures the lived experiences of birthing people after discharge—including breastfeeding duration and barriers—mPINC documents the maternity care environments in which breastfeeding begins. Together, these systems provide a more complete understanding of how institutional practices contribute to outcomes and disparities.

Persistent disparities in breastfeeding outcomes underscore the importance of continued mPINC data collection. By illuminating variation in hospital practices across facilities and regions, mPINC supports equity-focused analysis and accountability. Continued, consistent data collection is necessary to monitor progress over time and to inform evidence-based policy and practice at the hospital, state, and national levels.

The modest reporting burden associated with mPINC is reasonable and justified by the survey's demonstrated utility. As a biennial census of maternity care facilities, mPINC provides high-value information that cannot be obtained through other means and has a clear track record of use in quality improvement and public health planning.

The Massachusetts Breastfeeding Coalition urges the Office of Management and Budget to approve the reinstatement and three-year authorization of the mPINC survey. mPINC remains an indispensable tool for improving maternity care practices, advancing breastfeeding equity, and supporting the health of families nationwide.

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

Sincerely,

Board of Directors,

Massachusetts Breastfeeding Coalition