

Changes in maternity care improve breastfeeding outcomes.

CDC's mPINC Reports have what you need to understand and improve care across Maryland:

- 2015 survey scores and ranks
- Action ideas to improve outcomes
- Trends across all mPINC surveys:

New! — **TOTAL SCORES** averaging all hospitals' scores

- **POLICIES** for staff training and infant feeding care
- **PRACTICES** in supplementing breastfed infants
- **PROTOCOLS** for support after discharge to home

What is mPINC?

mPINC is CDC's national survey of maternity practices in infant nutrition and care.

What does mPINC measure?

Survey questions measure infant feeding care practices, policies, and staffing expectations in place at hospitals that provide maternity services.

Who is included in mPINC surveys?

Every other year, CDC invites all maternity hospitals* nationwide to participate in mPINC. In 2015, **89%** of eligible Maryland hospitals took part. (n=31)

* In states with free-standing birth centers, this includes hospitals and birth centers.

Compare **TOTAL SCORES** from 2007 through 2015:

61

2007 survey

68

2009 survey

70

2011 survey

76

2013 survey

82

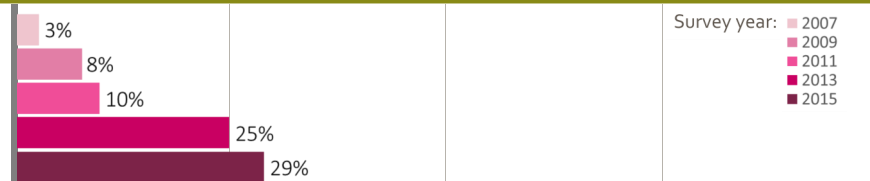
2015 survey

Examine **IDEAL RESPONSES TO SELECTED ITEMS** in Maryland hospitals for 2007–2015:

Percentage of Maryland hospitals with ideal responses (2007–2015 surveys)

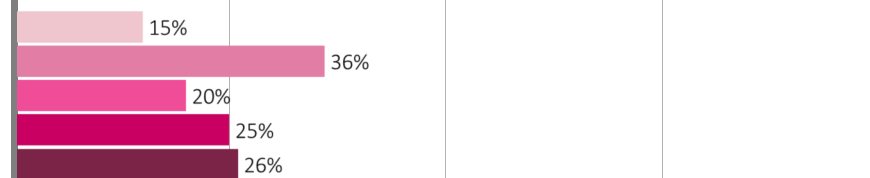
Complete Hospital Policies:

Hospital breastfeeding policy includes all 10 model policy elements. (in *Structural & Organizational Aspects of Care Delivery*)



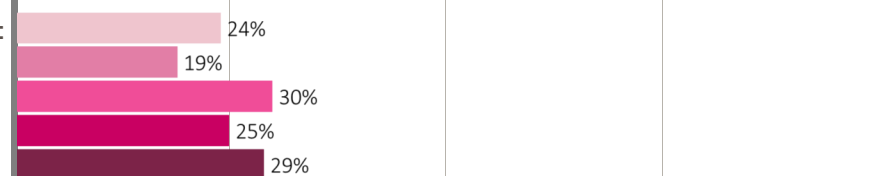
Appropriate Feeding Practices:

Supplemental feedings to breastfeeding infants are rare. (in *Feeding of Breastfed Infants*)



Adequate Discharge Protocols:

Hospital provides appropriate discharge planning (referrals & other multi-modal support). (in *Hospital Discharge Care*)



Make mPINC work for you.

Use your mPINC data to bring together partners, identify gaps, celebrate achievements, and prioritize next steps.

Total **SCORE*** **82**
(out of 100)

Overall **RANK**** **13th**
(out of 53)

USE THESE RESULTS.

Action ideas:

Use your mPINC summary data to:

→ **Help** hospitals meet Joint Commission Perinatal Care Core Measure breastfeeding requirements.

→ **Ensure** hospital staff across Maryland are trained in infant feeding care.

→ **Celebrate** the 3 Baby-Friendly hospitals in Maryland and show how to use mPINC to work toward Baby-Friendly designation.

Learn how mPINC works.

See questionnaires, past survey results, and read about mPINC.

→ Go to www.cdc.gov/mpinc or

→ Scan this code:



mPINC Care Dimensions

Ideal response to each care dimension item

Percentage of hospitals with ideal response **Care Dimension SUBSCORES**

mPINC Care Dimensions		Percentage of hospitals with ideal response	Care Dimension SUBSCORES
Labor and Delivery Care			86
Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)		77%	
Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)		72%	
Initial breastfeeding opportunity is w/in 1 hour (vaginal births)		71%	
Initial breastfeeding opportunity is w/in 2 hours (cesarean births)		66%	
Routine procedures are performed skin-to-skin		36%	
Feeding of Breastfed Infants			86
Initial feeding is breast milk (vaginal births)		77%	
Initial feeding is breast milk (cesarean births)		69%	
Supplemental feedings to breastfeeding infants are rare†		26%	
Water and glucose water are not used		97%	
Breastfeeding Assistance			90
Infant feeding decision is documented in the patient chart		97%	
Staff provide breastfeeding advice & instructions to patients		94%	
Staff teach breastfeeding cues to patients		87%	
Staff teach patients not to limit suckling time		67%	
Staff directly observe & assess breastfeeding		87%	
Staff use a standard feeding assessment tool		81%	
Staff rarely provide pacifiers to breastfeeding infants		69%	
Contact Between Mother and Infant			86
Mother-infant pairs are not separated for postpartum transition		81%	
Mother-infant pairs room-in at night		87%	
Mother-infant pairs are not separated during the hospital stay		67%	
Infant procedures, assessment, & care are in the patient room		17%	
Non-rooming-in infants are brought to mothers at night for feeding		96%	
Hospital Discharge Care			74
Staff provide appropriate discharge planning† (referrals & other multi-modal support)		29%	
Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients		97%	
Staff Training			71
New staff receive appropriate breastfeeding education		29%	
Current staff receive appropriate breastfeeding education		33%	
Staff received breastfeeding education in the past year		79%	
Competency assessment in bf management & support is at least annual		68%	
Structural & Organizational Aspects of Care Delivery			84
Breastfeeding policy includes all 10 model policy elements†		29%	
Breastfeeding policy is effectively communicated		93%	
Facility documents infant feeding rates in patient population		84%	
Facility provides breastfeeding support to employees		90%	
Facility does not receive infant formula free of charge		52%	
Breastfeeding is included in prenatal patient education		93%	
Facility has a designated staff member who coordinates lactation care		87%	

* Scores range from 0 to 100 for each item, dimension of care, facility, and state. The highest, best possible score for each is 100. Each facility and state's "Total Score" is made up of subscores for practices in each of 7 dimensions of care.

**Ranks range from 1 to 53; 1 is the highest rank. In case of a tie, both are given the same rank.

† Key items highlighted on page 1.

Suggested Citation:

Centers for Disease Control and Prevention. Maryland 2015 Report, CDC Survey of Maternity Practices in Infant Nutrition and Care. Atlanta, GA. September 2016.