MISSOURI



Changes in maternity care improve breastfeeding outcomes.

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

- → 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?

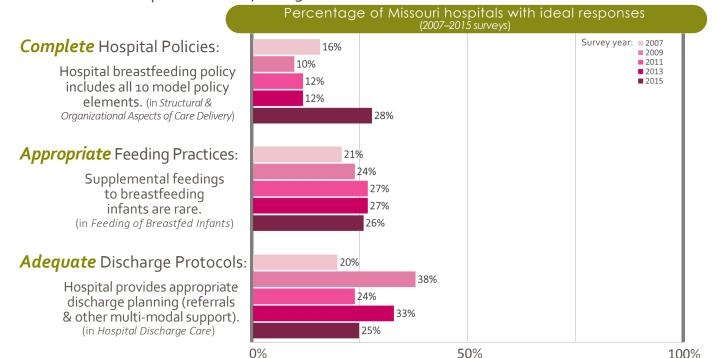
Every other year, CDC invites all maternity hospitals* nationwide to participate in mPINC. In 2015, **79**% of eligible Missouri hospitals took part. (n=53)

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

63	64	66	71	75)
2007 survey	2009 survey	2011 survey	2013 survey	2015 survey

Examine IDEAL RESPONSES TO SELECTED ITEMS

in Missouri hospitals for 2007–2015:



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



Make mPINC work for you.

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



Overall RANK** (out of 53)

38th

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 Missouri are trained in infant feeding care.

→ Celebrate the 4 Baby-Friendly hospitals in Missouri 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:



In the care billiensions	Percentage of nospitals with deal response	Care Dimension SUBSCORES
Labor and Delivery Care		87
Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births) Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean birth Initial breastfeeding opportunity is w/in 1 hour (vaginal births) Initial breastfeeding opportunity is w/in 2 hours (cesarean births) Routine procedures are performed skin-to-skin		07
Feeding of Breastfed Infants		87
Initial feeding is breast milk (vaginal births)	79%	
Initial feeding is breast milk (cesarean births)	77%	
Supplemental feedings to breastfeeding infants are rare [†]	26%	
Water and glucose water are not used	90%	
Breastfeeding Assistance		87
Infant feeding decision is documented in the patient chart	98%	
Staff provide breastfeeding advice & instructions to patients	93%	
Staff teach breastfeeding cues to patients	89%	
Staff teach patients not to limit suckling time	47%	
Staff directly observe & assess breastfeeding	85%	
Staff use a standard feeding assessment tool	76%	
Staff rarely provide pacifiers to breastfeeding infants	51%	
Contact Between Mother and Infan	t	79
Mother-infant pairs are not separated for postpartum transition	83%	
Mother-infant pairs room-in at night	82%	
Mother-intant pairs are not separated during the hospital stay	36%	
Infant procedures, assessment, & care are in the patient room	10%	
Non-rooming-in infants are brought to mothers at night for feeding	92%	
Hospital Discharge Care		57
Staff provide appropriate discharge planning [†] (referrals & other multi-modal support)	25%	
Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	62%	
Staff Training		56
New staff receive appropriate breastfeeding education	25%	
Current staff receive appropriate breastfeeding education	20%	
Staff received breastfeeding education in the past year	49%	
Competency assessment in bf management & support is at least annu	al 49 %	
Structural & Organizational Aspects of Care	e Deliven	y 74
Breastfeeding policy includes all 10 model policy elements [†]	28%	
Breastfeeding policy is effectively communicated	83%	
Facility documents infant feeding rates in patient population	81%	
Facility provides breastfeeding support to employees	81%	
Facility does not receive infant formula free of charge	17%	
Breastfeeding is included in prenatal patient education	90%	
Facility has a designated staff member who coordinates lactation care	75%	

- * 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.