

Maternity Practices in Infant Nutrition and Care In Maine —2009 mPINC Survey



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This report provides data from the 2009 mPINC survey for Maine. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in Maine in order to more successfully meet national quality of care standards for perinatal care.

Breastfeeding is a National Priority



Breastfeeding is associated with decreased risk for infant morbidity and mortality as well as maternal morbidity,¹ and provides optimal infant nutrition. *Healthy People 2020*² establishes breastfeeding initiation, continuation, and exclusivity as national priorities.

Changes in Maternity Care Practices Improve Breastfeeding Rates




Maternity practices in hospitals and birth centers can influence breastfeeding behaviors during a period critical to successful establishment of lactation.³ Abundant literature, including a Cochrane review, document that institutional changes in maternity care practices to make them more supportive of breastfeeding increase initiation and continuation of breastfeeding.⁴

Breastfeeding Support in Maine Facilities

Strengths

	Availability of Prenatal Breastfeeding Instruction All facilities (100%) in Maine include breastfeeding education as a routine element of their prenatal classes.	Prenatal education about breastfeeding is important because it provides mothers with a better understanding of the benefits and requirements of breastfeeding, resulting in improved breastfeeding rates.
	Documentation of Mothers' Feeding Decisions Staff at all (100%) facilities in Maine consistently ask about and record mothers' infant feeding decisions.	Standard documentation of infant feeding decisions is important to adequately support maternal choice.

Needed Improvements

	Appropriate Use of Breastfeeding Supplements Only 36% of facilities in Maine adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.	The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care recommend against routine supplementation because supplementation with formula and/or water makes infants more likely to receive formula at home and stop breastfeeding prematurely.
	Inclusion of Model Breastfeeding Policy Elements Only 32% of facilities in Maine have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).	The ABM model breastfeeding policy elements are the result of extensive research on best practices to improve breastfeeding outcomes. Facility policies determine the nature of care that is available to patients. Facilities with comprehensive policies consistently have the highest rates of exclusive breastfeeding, regardless of patient population characteristics such as ethnicity, income, and payer status.
	Use of Combined Mother/Baby Postpartum Care Only 28% of facilities in Maine report that most healthy full-term infants remain with their mothers for at least 23 hours per day throughout the hospital stay.	Mother-infant contact during the hospital stay helps establish breastfeeding and maintain infant weight, temperature, and health. Rooming-in increases breastfeeding learning opportunities and duration and quality of maternal sleep, and reduces supplemental feeds.
	Adequate Assessment of Staff Competency Only 60% of facilities in Maine annually assess staff competency for basic breastfeeding management and support.	Implementing comprehensive assessment of staff training and skills for basic breastfeeding management and support establishes the foundation for quality infant feeding care. Adequate training and skills assessment are critical to ensure that mothers and infants receive care that is consistent, evidence-based, and appropriate.

Every two years, CDC administers the national Maternity Practices in Infant Nutrition and Care (mPINC) survey to all hospitals and birth centers in the U.S. that provide maternity care.

Data from this survey can be used to establish evidence-based, breastfeeding-supportive maternity practices as standards of care in hospitals and birth centers across the US. Improved care will help meet *Healthy People 2020* breastfeeding objectives and will help improve maternal and child health nationwide.



Maine Summary —2009 mPINC Survey

Survey Method At each facility, the person who is the most knowledgeable about the facility's maternity practices related to healthy newborn feeding and care completes the CDC mPINC survey.

Response Rate 87% of the 30 eligible facilities in Maine responded to the 2009 mPINC Survey.
Rate Each participating facility received its facility-specific mPINC benchmarking report in March 2011.

Maine's Composite Quality Practice Score* **79**
 (out of 100)

Maine's Composite Rank[†] **3**
 (out of 52)

mPINC Dimension of Care	ME Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of ME Facilities with Ideal Response	ME Item Rank [†]
Labor and Delivery Care	80	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	69	6
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	56	4
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	65	10
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	64	5
		Routine procedures are performed skin-to-skin	42	7
Feeding of Breastfed Infants	86	Initial feeding is breast milk (vaginal births)	85	13
		Initial feeding is breast milk (cesarean births)	84	5
		Supplemental feedings to breastfeeding infants are rare	36	6
		Water and glucose water are not used	88	3
Breastfeeding Assistance	89	Infant feeding decision is documented in the patient chart	100	-
		Staff provide breastfeeding advice & instructions to patients	96	-
		Staff teach breastfeeding cues to patients	92	-
		Staff teach patients not to limit suckling time	77	2
		Staff directly observe & assess breastfeeding	96	-
		Staff use a standard feeding assessment tool	56	35
Contact Between Mother and Infant	79	Staff rarely provide pacifiers to breastfeeding infants	62	3
		Mother-infant pairs are not separated for postpartum transition	77	10
		Mother-infant pairs room-in at night	88	9
		Mother-infant pairs are not separated during the hospital stay	28	29
		Infant procedures, assessment, and care are in the patient room	4	15
Facility Discharge Care	70	Non-rooming-in infants are brought to mothers at night for feeding	91	-
		Staff provide appropriate discharge planning (referrals & other multi-modal support)	54	2
Staff Training	64	Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	62	8
		New staff receive appropriate breastfeeding education	24	3
		Current staff receive appropriate breastfeeding education	42	2
		Staff received breastfeeding education in the past year	64	7
Structural & Organizational Aspects of Care Delivery	82	Assessment of staff competency in breastfeeding management & support is at least annual	60	12
		Breastfeeding policy includes all 10 model policy elements	32	5
		Breastfeeding policy is effectively communicated	92	-
		Facility documents infant feeding rates in patient population	96	-
		Facility provides breastfeeding support to employees	88	2
		Facility does not receive infant formula free of charge	23	9
		Breastfeeding is included in prenatal patient education	100	-
		Facility has a designated staff member responsible for coordination of lactation care	85	9

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

[†] Ranks range from 1 to 52, with 1 being the highest rank. In case of a tie, both are given the same rank.

- State ranks are not shown for survey questions with 90% or more facilities reporting ideal responses.

References

- Ip S, Chung M, Raman G, et al. Breastfeeding and maternal and infant health outcomes in developed countries. Rockville, MD: US Dept of Health and Human Services, Agency for Healthcare Research and Quality; 2007.
- US Dept of Health and Human Services. Healthy People 2020 Summary of Objectives: Maternal, Infant, and Child Health. Available at <http://www.healthypeople.gov/2020/topics/objectives/2020/pdfs/MaternalChildHealth.pdf>
- DiGirolamo AM, Grummer-Strawn LM, Fein S. Effect of maternity care practices on breastfeeding. *Pediatrics* 2008;122, Supp 2:S43-9.
- Fairbank L, O'Meara S, Renfrew MJ, Woolridge M, Snowden AJ, Lister-Sharp D. A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. *Health Technology Assessment* 2000;4:1-171.

Improvement is Needed in Maternity Care Practices and Policies in Maine.

Many opportunities exist to protect, promote, and support breastfeeding mothers and infants in Maine.

Take action on this critical need—consider the following:

- Examine Maine regulations for maternity facilities and evaluate their evidence base; revise if necessary.
- Sponsor a Maine-wide summit of key decision-making staff at maternity facilities to highlight the importance of evidence-based practices for breastfeeding.
- Pay for hospital staff across Maine to participate in 18-hour training courses in breastfeeding.
- Establish links among maternity facilities and community breastfeeding support networks in Maine.
- Identify and implement programs within hospital settings—choose one widespread practice and adjust it to be evidence-based and supportive of breastfeeding.
- Integrate maternity care into related hospital-wide Quality Improvement efforts across Maine.
- Promote Maine-wide utilization of the Joint Commission's Perinatal Care Core Measure Set including exclusive breastfeeding at discharge in hospital data collection.

Questions about the mPINC survey?

Information about the mPINC survey, benchmark reports, scoring methods, and complete references are available at: www.cdc.gov/impinc

For more information:

Division of Nutrition, Physical Activity, and Obesity
 Centers for Disease Control and Prevention
 Atlanta, GA USA

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