

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



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This report provides data from the 2009 mPINC survey for Pennsylvania. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in Pennsylvania 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 Pennsylvania Facilities

Strengths



Provision of Breastfeeding Advice and Counseling

Staff at 95% of facilities in Pennsylvania provide breastfeeding advice and instructions to patients who are breastfeeding, or intend to breastfeed.

The American Academy of Pediatrics (AAP) recommends pediatricians provide patients with complete, current information on the benefits and methods of breastfeeding to ensure that the feeding decision is a fully informed one. Patient education is important in order to establish breastfeeding.



Availability of Prenatal Breastfeeding Instruction

Most facilities (96%) in Pennsylvania 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.

Needed Improvements



Appropriate Use of Breastfeeding Supplements

Only 21% of facilities in Pennsylvania 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 15% of facilities in Pennsylvania 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.



Protection of Patients from Formula Marketing

Only 16% of facilities in Pennsylvania adhere to clinical and public health recommendations against distributing formula company discharge packs.

Distribution of discharge packs contributes to premature breastfeeding discontinuation. The ACOG, AAP, American Public Health Association (APHA), and the federal Government Accountability Office (GAO) all identify this practice as inappropriate in medical environments and recommend against it.



Initiation of Mother and Infant Skin-to-Skin Care

Only 29% of facilities in Pennsylvania initiate skin-to-skin care for at least 30 minutes upon delivery of the newborn.

Upon delivery, the newborn should be placed skin-to-skin with the mother and allowed uninterrupted time to initiate and establish breastfeeding in order to improve infant health outcomes and reduce the risk of impairment of the neonatal immune system from unnecessary non-breast milk feeds.

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.



Pennsylvania 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 83% of the 105 eligible facilities in Pennsylvania responded to the 2009 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in March 2011.

Pennsylvania's Composite Quality Practice Score* **64**
(out of 100)

Pennsylvania's Composite Rank† **24**
(out of 52)

mPINC Dimension of Care	PA Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of PA Facilities with Ideal Response	PA Item Rank†
Labor and Delivery Care	57	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	29	44
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	22	46
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	56	21
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	32	38
		Routine procedures are performed skin-to-skin	18	28
Feeding of Breastfed Infants	83	Initial feeding is breast milk (vaginal births)	85	13
		Initial feeding is breast milk (cesarean births)	70	18
		Supplemental feedings to breastfeeding infants are rare	21	22
		Water and glucose water are not used	82	16
Breastfeeding Assistance	83	Infant feeding decision is documented in the patient chart	97	-
		Staff provide breastfeeding advice & instructions to patients	95	-
		Staff teach breastfeeding cues to patients	83	24
		Staff teach patients not to limit suckling time	42	25
		Staff directly observe & assess breastfeeding	86	18
		Staff use a standard feeding assessment tool	65	21
Contact Between Mother and Infant	61	Staff rarely provide pacifiers to breastfeeding infants	20	37
		Mother-infant pairs are not separated for postpartum transition	46	33
		Mother-infant pairs room-in at night	48	47
		Mother-infant pairs are not separated during the hospital stay	15	43
		Infant procedures, assessment, and care are in the patient room	2	22
Facility Discharge Care	39	Non-rooming-in infants are brought to mothers at night for feeding	73	43
		Staff provide appropriate discharge planning (referrals & other multi-modal support)	37	11
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	16	45
Staff Training	56	New staff receive appropriate breastfeeding education	10	13
		Current staff receive appropriate breastfeeding education	13	26
		Staff received breastfeeding education in the past year	54	12
		Assessment of staff competency in breastfeeding management & support is at least annual	52	22
Structural & Organizational Aspects of Care Delivery	71	Breastfeeding policy includes all 10 model policy elements	15	17
		Breastfeeding policy is effectively communicated	84	6
		Facility documents infant feeding rates in patient population	66	26
		Facility provides breastfeeding support to employees	73	11
		Facility does not receive infant formula free of charge	6	32
		Breastfeeding is included in prenatal patient education	96	-
		Facility has a designated staff member responsible for coordination of lactation care	79	16

* 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 Pennsylvania.

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

Take action on this critical need—consider the following:

- Examine Pennsylvania regulations for maternity facilities and evaluate their evidence base; revise if necessary.
- Sponsor a Pennsylvania-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 Pennsylvania to participate in 18-hour training courses in breastfeeding.
- Establish links among maternity facilities and community breastfeeding support networks in Pennsylvania.
- 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 Pennsylvania.
- Promote Pennsylvania-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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