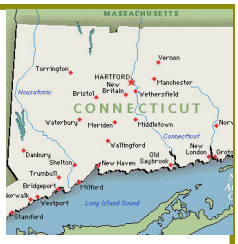
Maternity Practices in Infant Nutrition and Care in Connecticut —2011 mPINC Survey

This report provides data from the 2011 mPINC survey for Connecticut. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in Connecticut in order to more successfully meet national quality of care standards for perinatal care.



More information is at www.cdc.gov/mpinc

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 Connecticut Facilities

Strengths

Availability of Prenatal Breastfeeding Instruction All facilities (100%) in Connecticut 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 Connecticut 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 22% of facilities in Connecticut 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 35% of facilities in Connecticut 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 25% of facilities in Connecticut 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.
Provision of Hospital Discharge Planning Support Only 25% of facilities in Connecticut provide hospital discharge care including a phone call to the patient's home, opportunity for follow-up visit, and referral to community breastfeeding support.	The American Academy of Pediatrics (AAP) clinical practice guidelines recommend examination of the newborn by a qualified health care professional within 48 hours of hospital discharge in order to assess breastfeeding. Ensuring post discharge ambulatory support improves breastfeeding outcomes.

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.

National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, and Obesity

Connecticut Summary —2011 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 89% of the 27 eligible facilities in Connecticut responded to the 2011 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in October 2012.

Connecticut's Composite Quality Practice Score* **76** (out of 100)

Connecticut's Composite Rank† **12** (out of 53)

mPINC Dimension of Care	CT Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of CT Facilities with Ideal Response	CT Item Rank†
Labor and Delivery Care	72	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	70	9
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	50	15
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	50	34
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	50	24
		Routine procedures are performed skin-to-skin	33	18
Feeding of Breastfed Infants	90	Initial feeding is breast milk (vaginal births)	88	8
		Initial feeding is breast milk (cesarean births)	73	20
		Supplemental feedings to breastfeeding infants are rare	22	27
		Water and glucose water are not used	96	---
Breastfeeding Assistance	86	Infant feeding decision is documented in the patient chart	100	---
		Staff provide breastfeeding advice & instructions to patients	88	36
		Staff teach breastfeeding cues to patients	88	17
		Staff teach patients not to limit suckling time	71	4
		Staff directly observe & assess breastfeeding	92	---
		Staff use a standard feeding assessment tool	63	34
		Staff rarely provide pacifiers to breastfeeding infants	54	9
Contact Between Mother and Infant	72	Mother-infant pairs are not separated for postpartum transition	70	16
		Mother-infant pairs room-in at night	58	50
		Mother-infant pairs are not separated during the hospital stay	25	37
		Infant procedures, assessment, and care are in the patient room	13	5
		Non-rooming-in infants are brought to mothers at night for feeding	70	48
Facility Discharge Care	58	Staff provide appropriate discharge planning (referrals & other multi-modal support)	25	30
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	63	15
Staff Training	74	New staff receive appropriate breastfeeding education	39	3
		Current staff receive appropriate breastfeeding education	39	3
		Staff received breastfeeding education in the past year	67	6
		Assessment of staff competency in breastfeeding management & support is at least annual	67	9
Structural & Organizational Aspects of Care Delivery	82	Breastfeeding policy includes all 10 model policy elements	35	8
		Breastfeeding policy is effectively communicated	79	26
		Facility documents infant feeding rates in patient population	79	13
		Facility provides breastfeeding support to employees	96	---
		Facility does not receive infant formula free of charge	33	6
		Breastfeeding is included in prenatal patient education	100	---
		Facility has a designated staff member responsible for coordination of lactation care	88	7

* Quality Practice scores range from 0 to 100 for each question, dimenstion 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.

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

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

Potential opportunities:

- ☑ Examine Connecticut regulations for maternity facilities and evaluate their evidence base.
- ☑ Sponsor a Connecticut-wide summit of key decision-making staff at maternity facilities to highlight the importance of evidence-based practices for breastfeeding.
- ☑ Encourage and support hospital staff across Connecticut to be trained in providing care that supports mothers to breastfeed.
- ☑ Establish links among maternity facilities and community breastfeeding support networks in Connecticut.
- ☑ Implement evidence-based practices in medical care settings across Connecticut that support mothers' efforts to breastfeed.
- ☑ Integrate maternity care into related hospital-wide Quality Improvement efforts across Connecticut.
- ☑ Promote utilization of the Joint Commission's Perinatal Care Core Measure Set including exclusive breast milk feeding at hospital discharge in Connecticut hospital data collection systems.

Questions about the mPINC survey?

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

For more information:
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References

[1] 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.

[2] 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/topicsobjectives2020/pdfs/MaternalChildHealth.pdf

[3] DiGirolamo AM, Grummer-Strawn LM, Fein S. Effect of maternity care practices on breastfeeding. Pediatrics 2008;122, Supp 2:S43-9.

[4] 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.