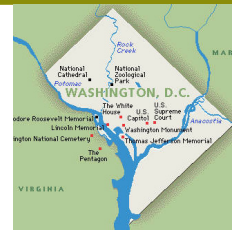


# Maternity Practices in Infant Nutrition and Care in District of Columbia —2011 mPINC Survey



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

More information is at [www.cdc.gov/mpinc](http://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,<sup>1</sup> and provides optimal infant nutrition. *Healthy People 2020*<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup>

## Breastfeeding Support in District of Columbia Facilities

### Strengths

	<b>Provision of Breastfeeding Advice and Counseling</b> Staff at all (100%) facilities in the District of Columbia 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.
	<b>Availability of Prenatal Breastfeeding Instruction</b> All facilities (100%) in the District of Columbia 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

	<b>Appropriate Use of Breastfeeding Supplements</b> Only 20% of facilities in the District of Columbia 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.
	<b>Inclusion of Model Breastfeeding Policy Elements</b> Only 20% of facilities in the District of Columbia 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.
	<b>Initiation of Mother and Infant Skin-to-Skin Care</b> Only 60% of facilities in the District of Columbia 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.
	<b>Adequate Assessment of Staff Competency</b> Only 60% of facilities in the District of Columbia 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.



# District of Columbia 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** 63% of the 8 eligible facilities in District of Columbia responded to the 2011 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in October 2012.

**District of Columbia's Composite Quality Practice Score\***

**79**

(out of 100)

**District of Columbia's Composite Rank†**

**6**

(out of 53)

mPINC Dimension of Care	DC Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of DC Facilities with Ideal Response	DC Item Rank†
<b>Labor and Delivery Care</b>	<b>62</b>	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	60	21
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	25	48
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	60	21
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	50	24
		Routine procedures are performed skin-to-skin	40	13
<b>Feeding of Breastfed Infants</b>	<b>84</b>	Initial feeding is breast milk (vaginal births)	60	49
		Initial feeding is breast milk (cesarean births)	50	48
		Supplemental feedings to breastfeeding infants are rare	20	31
		Water and glucose water are not used	100	---
<b>Breastfeeding Assistance</b>	<b>85</b>	Infant feeding decision is documented in the patient chart	100	---
		Staff provide breastfeeding advice & instructions to patients	100	---
		Staff teach breastfeeding cues to patients	100	---
		Staff teach patients not to limit suckling time	60	14
		Staff directly observe & assess breastfeeding	100	---
		Staff use a standard feeding assessment tool	60	39
<b>Contact Between Mother and Infant</b>	<b>74</b>	Mother-infant pairs are not separated for postpartum transition	60	29
		Mother-infant pairs room-in at night	80	19
		Mother-infant pairs are not separated during the hospital stay	60	12
		Infant procedures, assessment, and care are in the patient room	0	36
		Non-rooming-in infants are brought to mothers at night for feeding	75	43
<b>Facility Discharge Care</b>	<b>80</b>	Staff provide appropriate discharge planning (referrals & other multi-modal support)	40	8
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	100	---
<b>Staff Training</b>	<b>75</b>	New staff receive appropriate breastfeeding education	25	6
		Current staff receive appropriate breastfeeding education	50	1
		Staff received breastfeeding education in the past year	80	3
		Assessment of staff competency in breastfeeding management & support is at least annual	60	18
<b>Structural &amp; Organizational Aspects of Care Delivery</b>	<b>89</b>	Breastfeeding policy includes all 10 model policy elements	20	20
		Breastfeeding policy is effectively communicated	80	22
		Facility documents infant feeding rates in patient population	100	---
		Facility provides breastfeeding support to employees	80	14
		Facility does not receive infant formula free of charge	40	4
		Breastfeeding is included in prenatal patient education	100	---
Facility has a designated staff member responsible for coordination of lactation care	100	---		

\* 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 District of Columbia.

Many opportunities exist to protect, promote, and support breastfeeding mothers and infants in District of Columbia.

### Potential opportunities:

- Examine District of Columbia regulations for maternity facilities and evaluate their evidence base.
- Sponsor a District of Columbia-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 District of Columbia to be trained in providing care that supports mothers to breastfeed.
- Establish links among maternity facilities and community breastfeeding support networks in District of Columbia.
- Implement evidence-based practices in medical care settings across District of Columbia that support mothers' efforts to breastfeed.
- Integrate maternity care into related hospital-wide Quality Improvement efforts across District of Columbia.
- Promote utilization of the Joint Commission's Perinatal Care Core Measure Set including exclusive breast milk feeding at hospital discharge in District of Columbia 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](http://www.cdc.gov/mpinc)

#### For more information:

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