



**What is the mPINC Survey?** The Maternity Practices in Infant Nutrition and Care (mPINC) Survey is a national survey from the Centers for Disease Control and Prevention (CDC) that assesses infant feeding care processes, policies, and staffing expectations in maternity care settings.

**What is in this report?** This report summarizes results from all Arkansas facilities that participated in the 2013 mPINC Survey and identifies opportunities to improve mother-baby care at hospitals and birth centers and related health outcomes throughout Arkansas.

**Who participates in the mPINC survey?** All hospitals with maternity services and all free-standing birth centers in the United States are invited to participate in CDC's mPINC survey every two years.

Arkansas' mPINC Score:

62

In Arkansas, 72% of 39 eligible facilities participated in CDC's 2013 mPINC Survey.

### Arkansas Highlights: Strengths



**Documentation of Mothers' Feeding Decisions**  
Staff at 96% of facilities in Arkansas consistently ask about and record mothers' infant feeding decisions.

Standard documentation of infant feeding decisions is important to adequately support maternal choice.



**Provision of Breastfeeding Advice and Counseling**  
Staff at 75% of facilities in Arkansas 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.

### Arkansas Highlights: Opportunities for Improvement



**Appropriate Use of Breastfeeding Supplements**  
Only 23% of facilities in Arkansas 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 4% of facilities in Arkansas 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.



**Initiation of Mother and Infant Skin-to-Skin Care**  
Only 54% of facilities in Arkansas 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.



**Provision of Hospital Discharge Planning Support**  
Only 21% of facilities in Arkansas 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.



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.

There are many opportunities to protect, promote, and support breastfeeding in Arkansas. Opportunities such as those listed below can help Arkansas bring ideal maternity care practices to all Arkansas hospitals.

### Change opportunities:

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

## Arkansas' 2013 Survey Results

62

Arkansas' State mPINC Score (out of 100)\*

Arkansas' State mPINC Rank (out of 53)<sup>†</sup>

51

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of AR Facilities with Ideal Response	Item Rank <sup>†</sup>
Labor and Delivery Care	60	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	54	47
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	29	49
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	54	41
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	46	47
		Routine procedures are performed skin-to-skin	21	48
Feeding of Breastfed Infants	73	Initial feeding is breast milk (vaginal births)	63	50
		Initial feeding is breast milk (cesarean births)	57	48
		Supplemental feedings to breastfeeding infants are rare	23	30
Breast-feeding Assistance	74	Water and glucose water are not used	72	49
		Infant feeding decision is documented in the patient chart	96	---
		Staff provide breastfeeding advice & instructions to patients	75	52
		Staff teach breastfeeding cues to patients	75	51
		Staff teach patients not to limit suckling time	15	53
		Staff directly observe & assess breastfeeding	64	52
Contact Between Mother and Infant	66	Staff use a standard feeding assessment tool	46	47
		Staff rarely provide pacifiers to breastfeeding infants	42	33
		Mother-infant pairs are not separated for postpartum transition	48	49
		Mother-infant pairs room-in at night	75	46
		Mother-infant pairs are not separated during the hospital stay	30	36
Facility Discharge Care	53	Infant procedures, assessment, and care are in the patient room	0	45
		Non-rooming-in infants are brought to mothers at night for feeding	92	---
Staff Training	52	Staff provide appropriate discharge planning (referrals & other multi-modal support)	21	39
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	64	34
		New staff receive appropriate breastfeeding education	4	49
		Current staff receive appropriate breastfeeding education	13	45
Structural & Organizational Aspects of Care Delivery	58	Staff received breastfeeding education in the past year	39	48
		Assessment of staff competency in breastfeeding management & support is at least annual	54	35
		Breastfeeding policy includes all 10 model policy elements	4	53
		Breastfeeding policy is effectively communicated	71	41
		Facility documents infant feeding rates in patient population	57	50
		Facility provides breastfeeding support to employees	59	44
		Facility does not receive infant formula free of charge	4	50
Breastfeeding is included in prenatal patient education	71	52		
Facility has a designated staff member responsible for coordination of lactation care	57	46		

### Questions about the mPINC survey?

Information about the mPINC survey, results, reports, scoring, and history is at: [www.cdc.gov/mpinc](http://www.cdc.gov/mpinc)

#### For more information:

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

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\* 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 "Total Score" is made up of subscores for practices in each of 7 dimensions of care.

† Ranks range from 1 to 53, 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

- <sup>1</sup> 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.
- <sup>2</sup> 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>
- <sup>3</sup> DiGirolamo AM, Grummer-Strawn LM, Fein S. Effect of maternity care practices on breastfeeding. *Pediatrics* 2008;122, Supp 2:S43-9.
- <sup>4</sup> 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.