mPINC

CDC Survey of
Maternity Practices in Infant Nutrition and Care

2013 Survey

District of Columbia Results

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 District of Columbia 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 District of

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.

District of Columbia's mPINC Score: 80

In the District of Columbia, 75% of 8 eligible facilities participated in CDC's 2013 mPINC Survey.

District of Columbia Highlights: Strengths

Provision of Breastfeeding Advice and Counseling Staff at all (100%) District of Columbia facilities 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 All (100%) of District of Columbia facilities 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.

District of Columbia Highlights: Opportunities for Improvement

Appropriate Use of Breastfeeding Supplements Only 20% of District of Columbia facilities 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 33% of District of Columbia facilities 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 33% of District of Columbia facilities 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 without affecting duration and quality of maternal sleep, and reduces supplemental feeds.
Initiation of Mother and Infant Skin-to-Skin Care Only 83% of District of Columbia facilities 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.

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

Breastfeeding **is a public health priority.**

mPINC

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.

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

Change opportunities:

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

Questions about the mPINC survey?
Information about the mPINC survey, results, reports, scoring, and history is at: 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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District of Columbia's 2013 Survey

80 District of Columbia's State mPINC **Score** (out of 100)*

District of Columbia's State mPINC **Rank** (out of 53)† **12**

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of DC Facilities with Ideal Response	Item Rank†
Labor and Delivery Care	82	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	83	12
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	40	47
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	83	3
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	20	51
		Routine procedures are performed skin-to-skin	33	39
Feeding of Breastfed Infants	80	Initial feeding is breast milk (vaginal births)	67	47
		Initial feeding is breast milk (cesarean births)	60	44
		Supplemental feedings to breastfeeding infants are rare	20	39
		Water and glucose water are not used	100	---
Breast-feeding Assistance	79	Infant feeding decision is documented in the patient chart	83	53
		Staff provide breastfeeding advice & instructions to patients	100	---
		Staff teach breastfeeding cues to patients	100	---
		Staff teach patients not to limit suckling time	17	51
		Staff directly observe & assess breastfeeding	83	37
		Staff use a standard feeding assessment tool	50	46
		Staff rarely provide pacifiers to breastfeeding infants	60	10
Contact Between Mother and Infant	76	Mother-infant pairs are not separated for postpartum transition	50	47
		Mother-infant pairs room-in at night	100	---
		Mother-infant pairs are not separated during the hospital stay	33	31
		Infant procedures, assessment, and care are in the patient room	20	9
		Non-rooming-in infants are brought to mothers at night for feeding	80	48
Facility Discharge Care	86	Staff provide appropriate discharge planning (referrals & other multi-modal support)	83	1
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	83	12
Staff Training	77	New staff receive appropriate breastfeeding education	20	20
		Current staff receive appropriate breastfeeding education	50	3
		Staff received breastfeeding education in the past year	50	38
		Assessment of staff competency in breastfeeding management & support is at least annual	83	1
Structural & Organizational Aspects of Care Delivery	79	Breastfeeding policy includes all 10 model policy elements	33	13
		Breastfeeding policy is effectively communicated	50	52
		Facility documents infant feeding rates in patient population	83	17
		Facility provides breastfeeding support to employees	100	---
		Facility does not receive infant formula free of charge	33	16
		Breastfeeding is included in prenatal patient education	100	---
		Facility has a designated staff member responsible for coordination of lactation care	83	7

* 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

[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.