# mPINC

CDC Survey of
**Maternity Practices in Infant Nutrition and Care**

2013 Survey

# Minnesota Results Report


**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 Minnesota 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 Minnesota.

**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.

**Minnesota's mPINC Score:** 77

In Minnesota, 92% of 95 eligible facilities participated in CDC's 2013 mPINC Survey.

## Minnesota Highlights: Strengths

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| **Availability of Prenatal Breastfeeding Instruction**<br>Most facilities (94%) in Minnesota 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**<br>Staff at 98% of facilities in Minnesota consistently ask about and record mothers' infant feeding decisions. | Standard documentation of infant feeding decisions is important to adequately support maternal choice. |

## Minnesota Highlights: Opportunities for Improvement

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|---|---|
| **Appropriate Use of Breastfeeding Supplements**<br>Only 44% of facilities in Minnesota 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**<br>Only 20% of facilities in Minnesota 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. |
| **Adequate Assessment of Staff Competency**<br>Only 43% of facilities in Minnesota 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. |
| **Initiation of Mother and Infant Skin-to-Skin Care**<br>Only 68% of facilities in Minnesota 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. |

# 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 Minnesota. Opportunities such as those listed below can help Minnesota bring ideal maternity care practices to *all* Minnesota hospitals.

### **Change** opportunities:

- Examine Minnesota regulations for maternity facilities and evaluate their evidence base.
- Sponsor a Minnesota-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 Minnesota to be trained in providing care that supports mothers to breastfeed.
- Establish links among maternity facilities and community breastfeeding support networks in Minnesota.
- Implement evidence-based practices in medical care settings across Minnesota that support mothers' efforts to breastfeed.
- Integrate maternity care into related hospital-wide Quality Improvement efforts across Minnesota.
- Promote utilization of the Joint Commission's Perinatal Care Core Measure Set including exclusive breast milk feeding at hospital discharge in Minnesota 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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## **Minnesota's** 2013 Survey Results

**77** Minnesota's State mPINC **Score** (out of 100)*

Minnesota's State mPINC **Rank** (out of 53)† **21**

| mPINC Care Dimension | Care Dimension Subscore* | Ideal Response to mPINC Survey Question | Percent of MN Facilities with Ideal Response | Item Rank† |
|---|---|---|---|---|
| Labor and Delivery Care | 83 | Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births) | 68 | 34 |
| | | Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births) | 70 | 13 |
| | | Initial breastfeeding opportunity is w/in 1 hour (vaginal births) | 68 | 23 |
| | | Initial breastfeeding opportunity is w/in 2 hours (cesarean births) | 69 | 16 |
| | | Routine procedures are performed skin-to-skin | 46 | 19 |
| Feeding of Breastfed Infants | 86 | Initial feeding is breast milk (vaginal births) | 82 | 25 |
| | | Initial feeding is breast milk (cesarean births) | 82 | 14 |
| | | Supplemental feedings to breastfeeding infants are rare | 44 | 9 |
| | | Water and glucose water are not used | 80 | 41 |
| Breast-feeding Assistance | 88 | Infant feeding decision is documented in the patient chart | 98 | --- |
| | | Staff provide breastfeeding advice & instructions to patients | 90 | --- |
| | | Staff teach breastfeeding cues to patients | 79 | 43 |
| | | Staff teach patients not to limit suckling time | 59 | 22 |
| | | Staff directly observe & assess breastfeeding | 84 | 35 |
| | | Staff use a standard feeding assessment tool | 83 | 6 |
| | | Staff rarely provide pacifiers to breastfeeding infants | 51 | 21 |
| Contact Between Mother and Infant | 80 | Mother-infant pairs are not separated for postpartum transition | 87 | 14 |
| | | Mother-infant pairs room-in at night | 86 | 27 |
| | | Mother-infant pairs are not separated during the hospital stay | 39 | 25 |
| | | Infant procedures, assessment, and care are in the patient room | 5 | 32 |
| | | Non-rooming-in infants are brought to mothers at night for feeding | 92 | --- |
| Facility Discharge Care | 79 | Staff provide appropriate discharge planning (referrals & other multi-modal support) | 54 | 9 |
| | | Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients | 78 | 20 |
| Staff Training | 51 | New staff receive appropriate breastfeeding education | 12 | 38 |
| | | Current staff receive appropriate breastfeeding education | 12 | 48 |
| | | Staff received breastfeeding education in the past year | 55 | 32 |
| | | Assessment of staff competency in breastfeeding management & support is at least annual | 43 | 47 |
| Structural & Organizational Aspects of Care Delivery | 74 | Breastfeeding policy includes all 10 model policy elements | 20 | 33 |
| | | Breastfeeding policy is effectively communicated | 74 | 34 |
| | | Facility documents infant feeding rates in patient population | 63 | 43 |
| | | Facility provides breastfeeding support to employees | 58 | 46 |
| | | Facility does not receive infant formula free of charge | 46 | 6 |
| | | Breastfeeding is included in prenatal patient education | 94 | --- |
| | | Facility has a designated staff member responsible for coordination of lactation care | 72 | 28 |

* 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.