



**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 New York 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 New York.

**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.

New York's mPINC Score:

80

In New York, 83% of 123 eligible facilities participated in CDC's 2013 mPINC Survey.

**New York Highlights: Strengths**



**Provision of Breastfeeding Advice and Counseling**

Staff at 96% of facilities in New York 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**

Most facilities (95%) in New York 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.

**New York Highlights: Opportunities for Improvement**



**Appropriate Use of Breastfeeding Supplements**

Only 27% of facilities in New York 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 55% of facilities in New York 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 31% of facilities in New York 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 73% of facilities in New York 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 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 New York. Opportunities such as those listed below can help New York bring ideal maternity care practices to all New York hospitals.

### Change opportunities:

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

## New York's 2013 Survey Results

80

New York's State mPINC Score  
(out of 100)\*

New York's State mPINC Rank  
(out of 53)<sup>†</sup>

12

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of NY Facilities with Ideal Response	Item Rank <sup>†</sup>
Labor and Delivery Care	80	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	73	27
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	62	24
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	69	20
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	56	32
		Routine procedures are performed skin-to-skin	45	20
Feeding of Breastfed Infants	84	Initial feeding is breast milk (vaginal births)	78	30
		Initial feeding is breast milk (cesarean births)	65	40
		Supplemental feedings to breastfeeding infants are rare	27	19
Breast-feeding Assistance	88	Water and glucose water are not used	93	---
		Infant feeding decision is documented in the patient chart	98	---
		Staff provide breastfeeding advice & instructions to patients	96	---
		Staff teach breastfeeding cues to patients	91	---
		Staff teach patients not to limit suckling time	69	10
		Staff directly observe & assess breastfeeding	91	---
Contact Between Mother and Infant	71	Staff use a standard feeding assessment tool	67	34
		Staff rarely provide pacifiers to breastfeeding infants	57	13
		Mother-infant pairs are not separated for postpartum transition	56	45
		Mother-infant pairs room-in at night	87	24
		Mother-infant pairs are not separated during the hospital stay	31	35
Facility Discharge Care	77	Infant procedures, assessment, and care are in the patient room	6	28
		Non-rooming-in infants are brought to mothers at night for feeding	75	51
Staff Training	75	Staff provide appropriate discharge planning (referrals & other multi-modal support)	42	15
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	91	---
		New staff receive appropriate breastfeeding education	32	11
		Current staff receive appropriate breastfeeding education	41	7
Structural & Organizational Aspects of Care Delivery	83	Staff received breastfeeding education in the past year	74	11
		Assessment of staff competency in breastfeeding management & support is at least annual	74	10
		Breastfeeding policy includes all 10 model policy elements	55	2
		Breastfeeding policy is effectively communicated	90	---
		Facility documents infant feeding rates in patient population	91	---
		Facility provides breastfeeding support to employees	82	10
		Facility does not receive infant formula free of charge	22	28
Breastfeeding is included in prenatal patient education	95	---		
Facility has a designated staff member responsible for coordination of lactation care	88	4		

### 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.