mPINC

CDC Survey of
Maternity Practices in Infant Nutrition and Care

2013 Survey

North Dakota 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 North Dakota 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 North Dakota.

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.

North Dakota's mPINC Score: 75

In North Dakota, 67% of 12 eligible facilities participated in CDC's 2013 mPINC Survey.

North Dakota Highlights: Strengths

Documentation of Mothers' Feeding Decisions Staff at all (100%) facilities in North Dakota 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 88%) facilities in North Dakota 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.

North Dakota Highlights: Opportunities for Improvement

Appropriate Use of Breastfeeding Supplements Only 25% of facilities in North Dakota 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 29% of facilities in North Dakota 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 25% of facilities in North Dakota 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 63% of facilities in North Dakota 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 North Dakota. Opportunities such as those listed below can help bring ideal maternity care practices to *all* North Dakota hospitals.

Change opportunities:

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

75 North Dakota's State mPINC **Score** (out of 100)*

North Dakota's State mPINC **Rank** (out of 53)† **29**

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of ND Facilities with Ideal Response	Item Rank†
Labor and Delivery Care	72	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	63	36
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	50	42
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	50	51
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	63	25
		Routine procedures are performed skin-to-skin	38	31
Feeding of Breastfed Infants	84	Initial feeding is breast milk (vaginal births)	88	13
		Initial feeding is breast milk (cesarean births)	88	8
		Supplemental feedings to breastfeeding infants are rare	25	24
		Water and glucose water are not used	71	51
Breast-feeding Assistance	86	Infant feeding decision is documented in the patient chart	100	---
		Staff provide breastfeeding advice & instructions to patients	88	40
		Staff teach breastfeeding cues to patients	88	29
		Staff teach patients not to limit suckling time	63	17
		Staff directly observe & assess breastfeeding	100	---
		Staff use a standard feeding assessment tool	63	41
		Staff rarely provide pacifiers to breastfeeding infants	50	22
Contact Between Mother and Infant	71	Mother-infant pairs are not separated for postpartum transition	75	25
		Mother-infant pairs room-in at night	75	46
		Mother-infant pairs are not separated during the hospital stay	25	44
		Infant procedures, assessment, and care are in the patient room	0	45
		Non-rooming-in infants are brought to mothers at night for feeding	100	---
Facility Discharge Care	76	Staff provide appropriate discharge planning (referrals & other multi-modal support)	38	17
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	75	26
Staff Training	62	New staff receive appropriate breastfeeding education	13	35
		Current staff receive appropriate breastfeeding education	38	10
		Staff received breastfeeding education in the past year	50	38
		Assessment of staff competency in breastfeeding management & support is at least annual	63	22
Structural & Organizational Aspects of Care Delivery	75	Breastfeeding policy includes all 10 model policy elements	29	17
		Breastfeeding policy is effectively communicated	88	8
		Facility documents infant feeding rates in patient population	75	30
		Facility provides breastfeeding support to employees	63	39
		Facility does not receive infant formula free of charge	38	13
		Breastfeeding is included in prenatal patient education	75	50
		Facility has a designated staff member responsible for coordination of lactation care	75	21

* 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.