



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 Puerto Rico 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 Puerto Rico.

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.

Puerto Rico's mPINC Score:

61

In Puerto Rico, 42% of 31 eligible facilities participated in CDC's 2013 mPINC Survey.

Puerto Rico Highlights: Strengths



Documentation of Mothers' Feeding Decisions

Staff at all (100%) facilities in Puerto Rico 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 85% of facilities in Puerto Rico 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.

Puerto Rico Highlights: Opportunities for Improvement



Appropriate Use of Breastfeeding Supplements

Only 8% of facilities in Puerto Rico adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.

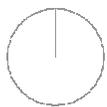
The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care recommend against routine supplementation because supplementation with formula and/or water makes infants more likely to receive formula at home and stop breastfeeding prematurely.



Inclusion of Model Breastfeeding Policy Elements

Only 15% of facilities in Puerto Rico 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.



Provision of Hospital Discharge Planning Support

No facilities (0%) in Puerto Rico 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.



Use of Combined Mother/Baby Postpartum Care

Only 25% of facilities in Puerto Rico 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.



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 Puerto Rico. Opportunities such as those listed below can help Puerto Rico bring ideal maternity care practices to all Puerto Rico hospitals.

Change opportunities:

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

Puerto Rico's 2013 Survey Results

61

Puerto Rico's State mPINC Score
(out of 100)*

Puerto Rico's State mPINC Rank
(out of 53)[†]

52

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of PR Facilities with Ideal Response	Item Rank [†]
Labor and Delivery Care	60	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	69	32
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	15	53
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	62	32
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	23	50
		Routine procedures are performed skin-to-skin	69	6
Feeding of Breastfed Infants	64	Initial feeding is breast milk (vaginal births)	69	43
		Initial feeding is breast milk (cesarean births)	39	52
		Supplemental feedings to breastfeeding infants are rare	8	51
Breast-feeding Assistance	80	Water and glucose water are not used	46	53
		Infant feeding decision is documented in the patient chart	100	---
		Staff provide breastfeeding advice & instructions to patients	85	46
		Staff teach breastfeeding cues to patients	77	49
		Staff teach patients not to limit suckling time	33	49
		Staff directly observe & assess breastfeeding	77	49
Contact Between Mother and Infant	59	Staff use a standard feeding assessment tool	31	53
		Staff rarely provide pacifiers to breastfeeding infants	100	---
		Mother-infant pairs are not separated for postpartum transition	9	53
		Mother-infant pairs room-in at night	67	50
		Mother-infant pairs are not separated during the hospital stay	25	44
Facility Discharge Care	50	Infant procedures, assessment, and care are in the patient room	17	12
		Non-rooming-in infants are brought to mothers at night for feeding	75	51
		Staff provide appropriate discharge planning (referrals & other multi-modal support)	0	52
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	77	23
Staff Training	58	New staff receive appropriate breastfeeding education	8	45
		Current staff receive appropriate breastfeeding education	40	9
		Staff received breastfeeding education in the past year	46	44
		Assessment of staff competency in breastfeeding management & support is at least annual	62	23
Structural & Organizational Aspects of Care Delivery	60	Breastfeeding policy includes all 10 model policy elements	15	42
		Breastfeeding policy is effectively communicated	46	53
		Facility documents infant feeding rates in patient population	85	11
		Facility provides breastfeeding support to employees	15	53
		Facility does not receive infant formula free of charge	0	52
		Breastfeeding is included in prenatal patient education	62	53
		Facility has a designated staff member responsible for coordination of lactation care	42	53

* 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.

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
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Atlanta, GA USA

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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.