



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 Texas 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 Texas.

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.

Texas' mPINC Score:

73

In Texas, 80% of 273 eligible facilities participated in CDC's 2013 mPINC Survey.

Texas Highlights: Strengths



Provision of Breastfeeding Advice and Counseling

Staff at 88% of facilities in Texas 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 (81%) in Texas 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.

Texas Highlights: Opportunities for Improvement



Appropriate Use of Breastfeeding Supplements

Only 21% of facilities in Texas 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 24% of facilities in Texas 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

Only 23% of facilities in Texas 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.



Initiation of Mother and Infant Skin-to-Skin Care

Only 70% of facilities in Texas 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,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 Texas. Opportunities such as those listed below can help Texas bring ideal maternity care practices to all Texas hospitals.

Change opportunities:

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

73

Texas' State mPINC Score
(out of 100)*

Texas' State mPINC Rank
(out of 53)[†]

33

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of TX Facilities with Ideal Response	Item Rank [†]
Labor and Delivery Care	75	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	70	31
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	51	40
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	65	27
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	52	38
		Routine procedures are performed skin-to-skin	37	34
Feeding of Breastfed Infants	81	Initial feeding is breast milk (vaginal births)	74	35
		Initial feeding is breast milk (cesarean births)	62	43
		Supplemental feedings to breastfeeding infants are rare	21	32
Breast-feeding Assistance	83	Water and glucose water are not used	89	25
		Infant feeding decision is documented in the patient chart	95	---
		Staff provide breastfeeding advice & instructions to patients	88	40
		Staff teach breastfeeding cues to patients	84	36
		Staff teach patients not to limit suckling time	46	40
		Staff directly observe & assess breastfeeding	80	42
Contact Between Mother and Infant	78	Staff use a standard feeding assessment tool	66	37
		Staff rarely provide pacifiers to breastfeeding infants	46	29
		Mother-infant pairs are not separated for postpartum transition	60	41
		Mother-infant pairs room-in at night	88	21
		Mother-infant pairs are not separated during the hospital stay	55	15
Facility Discharge Care	60	Infant procedures, assessment, and care are in the patient room	10	22
		Non-rooming-in infants are brought to mothers at night for feeding	85	38
		Staff provide appropriate discharge planning (referrals & other multi-modal support)	23	38
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	72	29
Staff Training	62	New staff receive appropriate breastfeeding education	15	32
		Current staff receive appropriate breastfeeding education	27	24
		Staff received breastfeeding education in the past year	58	27
		Assessment of staff competency in breastfeeding management & support is at least annual	62	23
Structural & Organizational Aspects of Care Delivery	69	Breastfeeding policy includes all 10 model policy elements	24	29
		Breastfeeding policy is effectively communicated	72	38
		Facility documents infant feeding rates in patient population	77	27
		Facility provides breastfeeding support to employees	70	31
		Facility does not receive infant formula free of charge	27	22
		Breastfeeding is included in prenatal patient education	81	46
		Facility has a designated staff member responsible for coordination of lactation care	59	44

* 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/topics/objectives/2020/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.