mPINC

CDC Survey of
Maternity Practices in Infant Nutrition and Care

2013 Survey

Virginia 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 Virginia 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 Virginia.

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.

Virginia's mPINC Score: 76

In Virginia, 73% of 62 eligible facilities participated in CDC's 2013 mPINC Survey.

Virginia Highlights: Strengths

Availability of Prenatal Breastfeeding Instruction

Most facilities (96%) in Virginia 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.

Provision of Breastfeeding Advice and Counseling

Staff at 93% of facilities in Virginia 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.

Virginia Highlights: Opportunities for Improvement

Appropriate Use of Breastfeeding Supplements

Only 25% of facilities in Virginia 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 28% of facilities in Virginia 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 18% of facilities in Virginia 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 69% of facilities in Virginia 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 Virginia. Opportunities such as those listed below can help Virginia bring ideal maternity care practices to *all* Virginia hospitals.

Change opportunities:

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

76 Virginia's State mPINC **Score** (out of 100)*

Virginia's State mPINC **Rank** (out of 53)† **24**

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of VA Facilities with Ideal Response	Item Rank†
Labor and Delivery Care	78	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)	46	43
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	64	29
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	54	35
		Routine procedures are performed skin-to-skin	40	28
Feeding of Breastfed Infants	86	Initial feeding is breast milk (vaginal births)	89	10
		Initial feeding is breast milk (cesarean births)	76	20
		Supplemental feedings to breastfeeding infants are rare	25	24
		Water and glucose water are not used	88	29
Breast-feeding Assistance	85	Infant feeding decision is documented in the patient chart	98	---
		Staff provide breastfeeding advice & instructions to patients	93	---
		Staff teach breastfeeding cues to patients	87	31
		Staff teach patients not to limit suckling time	62	19
		Staff directly observe & assess breastfeeding	91	---
		Staff use a standard feeding assessment tool	62	42
		Staff rarely provide pacifiers to breastfeeding infants	47	28
Contact Between Mother and Infant	75	Mother-infant pairs are not separated for postpartum transition	80	21
		Mother-infant pairs room-in at night	82	39
		Mother-infant pairs are not separated during the hospital stay	33	31
		Infant procedures, assessment, and care are in the patient room	5	32
		Non-rooming-in infants are brought to mothers at night for feeding	72	53
Facility Discharge Care	60	Staff provide appropriate discharge planning (referrals & other multi-modal support)	18	44
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	76	24
Staff Training	70	New staff receive appropriate breastfeeding education	33	10
		Current staff receive appropriate breastfeeding education	35	15
		Staff received breastfeeding education in the past year	80	7
		Assessment of staff competency in breastfeeding management & support is at least annual	56	30
Structural & Organizational Aspects of Care Delivery	74	Breastfeeding policy includes all 10 model policy elements	28	19
		Breastfeeding policy is effectively communicated	80	24
		Facility documents infant feeding rates in patient population	75	30
		Facility provides breastfeeding support to employees	80	14
		Facility does not receive infant formula free of charge	29	21
		Breastfeeding is included in prenatal patient education	96	---
		Facility has a designated staff member responsible for coordination of lactation care	71	30

* 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.