



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 Utah 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 Utah.

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.

Utah's mPINC Score:

72

In Utah, 85% of 48 eligible facilities participated in CDC's 2013 mPINC Survey.

Utah Highlights: Strengths



Availability of Prenatal Breastfeeding Instruction
Most facilities (85%) in Utah 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.



Documentation of Mothers' Feeding Decisions
Staff at 95% of facilities in Utah consistently ask about and record mothers' infant feeding decisions.

Standard documentation of infant feeding decisions is important to adequately support maternal choice.

Utah Highlights: Opportunities for Improvement



Appropriate Use of Breastfeeding Supplements
Only 36% of facilities in Utah 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 18% of facilities in Utah 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.



Adequate Assessment of Staff Competency
Only 41% of facilities in Utah annually assess staff competency for basic breastfeeding management and support.

Implementing comprehensive assessment of staff training and skills for basic breastfeeding management and support establishes the foundation for quality infant feeding care. Adequate training and skills assessment are critical to ensure that mothers and infants receive care that is consistent, evidence-based, and appropriate.



Protection of Patients from Formula Marketing
Only 46% of facilities in Utah adhere to clinical and public health recommendations against distributing formula company discharge packs.

Distribution of discharge packs contributes to premature breastfeeding discontinuation. The ACOG, AAP, American Public Health Association (APHA), and the federal Government Accountability Office (GAO) all identify this practice as inappropriate in medical environments and recommend against it.

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

Change opportunities:

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

Utah's 2013 Survey Results

72

Utah's State mPINC Score
(out of 100)*

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

36

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of UT Facilities with Ideal Response	Item Rank [†]
Labor and Delivery Care	84	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	81	15
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	70	13
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	81	7
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	65	23
		Routine procedures are performed skin-to-skin	48	18
Feeding of Breastfed Infants	87	Initial feeding is breast milk (vaginal births)	83	19
		Initial feeding is breast milk (cesarean births)	73	25
		Supplemental feedings to breastfeeding infants are rare	36	11
Breast-feeding Assistance	82	Water and glucose water are not used	92	---
		Infant feeding decision is documented in the patient chart	95	---
		Staff provide breastfeeding advice & instructions to patients	83	49
		Staff teach breastfeeding cues to patients	80	42
		Staff teach patients not to limit suckling time	49	38
		Staff directly observe & assess breastfeeding	80	42
Contact Between Mother and Infant	80	Staff use a standard feeding assessment tool	78	17
		Staff rarely provide pacifiers to breastfeeding infants	37	38
		Mother-infant pairs are not separated for postpartum transition	58	43
		Mother-infant pairs room-in at night	92	---
		Mother-infant pairs are not separated during the hospital stay	48	21
Facility Discharge Care	47	Infant procedures, assessment, and care are in the patient room	0	45
		Non-rooming-in infants are brought to mothers at night for feeding	89	31
Staff Training	55	Staff provide appropriate discharge planning (referrals & other multi-modal support)	20	41
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	46	45
		New staff receive appropriate breastfeeding education	11	41
		Current staff receive appropriate breastfeeding education	18	38
Structural & Organizational Aspects of Care Delivery	68	Staff received breastfeeding education in the past year	60	26
		Assessment of staff competency in breastfeeding management & support is at least annual	41	49
		Breastfeeding policy includes all 10 model policy elements	18	36
		Breastfeeding policy is effectively communicated	61	49
		Facility documents infant feeding rates in patient population	63	43
		Facility provides breastfeeding support to employees	60	43
		Facility does not receive infant formula free of charge	27	22
Breastfeeding is included in prenatal patient education	85	42		
Facility has a designated staff member responsible for coordination of lactation care	68	34		

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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* 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.