

Perinatal Outreach Breastfeeding Newsletter

SPECIAL EDITION

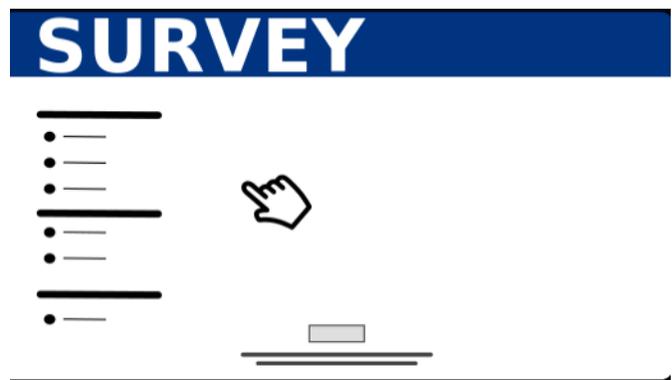
October 2020

mPINC Survey

By Kara Kaikini

Included in this Special Edition newsletter is the **2018 mPINC State of Maine Report**, as well as information about the 2020 survey.

If you're not already familiar, the mPINC survey is a survey about [Maternity Practices in Infant Nutrition and Care \(mPINC\)](#). Each hospital that provides maternity services receives this survey every couple of years, answering questions about hospital policies, staff training, practices like skin-to-skin contact, early breastfeeding, and rooming-in, as well as breastfeeding education and post-discharge follow-up.



The state report is collated and publicly accessible on the CDC website: https://www.cdc.gov/breastfeeding/data/mpinc/state_reports.html, while each hospital receives their own individual report. If you'd like to see your hospital report, please contact the nurse manager most likely to receive communication about maternity practices. These survey reports highlight each state/hospital's strengths and areas of opportunity related to breastfeeding support. They help us recognize what we can celebrate and what areas we can improve to better protect promote and support breastfeeding mothers and infants. The mPINC scoring algorithm is also available on the [CDC mPINC website](#) if you'd like to better understand how they determine the scores.

If you've received this survey in the past, thank you for taking the time to accurately reflect your maternity practices, and for actively working toward improving areas of growth.



As always, please contact me anytime with any questions,

~Kara Kaikini, MS, IBCLC

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2018 Maine mPINC Results Report



2018 Maine Results Report



What is mPINC?

mPINC is CDC's national survey of Maternity Practices in Infant Nutrition and Care.

What does mPINC measure?

The survey measures care practices and policies that impact newborn feeding, feeding education, staff skills, and discharge support.

Who is included in mPINC surveys?

CDC invites all hospitals with maternity services in the U.S. and territories to participate. In 2018, 21 of 26 eligible hospitals in Maine participated (81%).

State Total Score*

85

National Total Score*

79

Implementing best practices and policies in maternity care help to improve breastfeeding outcomes. Use your state's mPINC data to bring together partners, identify gaps, celebrate achievements, and prioritize next steps.

Category	National Subscore	Maine Subscore	Maine Hospitals with Ideal Response
Immediate Postpartum Care	81	88	
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			67%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			57%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			100%
Newborns are monitored continuously for the first 2 hours after birth			81%
Rooming-In	71	68	Maine Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			67%
Routine newborn exams, procedures, and care occur in the mother's room			29%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			62%
Feeding Practices	82	93	Maine Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			86%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			95%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			71%

Feeding Education & Support	National Subscore	92	Maine Subscore	98	Maine Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula					95%
Breastfeeding mothers are taught/shown how to recognize/respond to feeding cues, to breastfeed on-demand, and to understand the risks of artificial nipples/pacifiers					95%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk					76%
Discharge Support	National Subscore	78	Maine Subscore	88	Maine Hospitals with Ideal Response
Discharge criteria for breastfeeding newborns requires direct observation of at least 1 effective feeding at the breast within 8 hours of discharge					86%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider					90%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers					100%
Hospital does NOT give mothers any of these items as gifts or free samples: infant formula; feeding bottles/nipples, nipple shields, or pacifiers; coupons, discounts, or educational materials from companies that make/sell infant formula/feeding products					76%
Institutional Management	National Subscore	70	Maine Subscore	73	Maine Hospitals with Ideal Response
Nurses are required to demonstrate competency in assessing breastfeeding (milk transfer & maternal pain), assisting with breastfeeding (positioning & latch), teaching hand expression & safe formula preparation/feeding, and demonstrating safe skin-to-skin practices					57%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management					52%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization					95%
Hospital pays a fair market price for infant formula					62%
Hospital has 100% of written policy elements [§]					38%

*Scores range from 0 to 100, with 100 being the best possible score. The "Total Score" is an average of the subscores for the 6 subdomains.

[§]See the scoring algorithm for specific items at www.cdc.gov/breastfeeding/data/mpinc/scoring.htm

NOTE: The mPINC survey was redesigned in 2018. Results from the 2018 mPINC survey cannot be compared with results from previous mPINC surveys.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Questions about the mPINC survey?

Visit www.cdc.gov/breastfeeding/data/mpinc to learn more

Suggested Citation: Centers for Disease Control and Prevention. Maine 2018 Report, CDC Survey of Maternity Practices in Infant Nutrition and Care. Atlanta, GA. April 2020

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CELEBRATIONS AND AREAS OF OPPORTUNITY

As the note at the end of the report states, the survey was redesigned in 2018 so *the results cannot be compared to previous surveys*. Still, we can see based on these results we have a lot to celebrate, and have some areas of opportunity.

Excellent work!

- Mother infant dyads are **NOT being separated** before rooming in for vaginal deliveries (100% !)
- Hospital discharge support to breastfeeding mothers includes in-person **follow-up** visits/appointments, personalized phone calls, or formalized, **coordinated referrals** to lactation providers (100% !)
- Hospitals are **NOT performing routine blood glucose monitoring** on newborns not at risk for hypoglycemia (95% !)
- Mothers whose newborns are being fed formula are taught **feeding techniques** and how to **safely prepare/feed formula** (95% !)
- Breastfeeding mothers are taught/shown how to recognize/respond to **feeding cues**, to **breastfeed on-demand**, and to understand the risks of artificial nipples/pacifiers (95% !)
- Hospital **records/tracks exclusive breastfeeding** throughout the entire hospitalization (95% !)

Well done, Maine!

Areas of opportunity:

- Routine newborn exams, procedures, and care **occur in the mother's room** (29%)
- Hospital has 100% of **written policy elements** (38%)
- Hospital requires nurses to be formally assessed for **clinical competency** in breastfeeding support/lactation management (52%)
- Nurses are required to **demonstrate competency** in assessing breastfeeding (milk transfer & maternal pain), assisting with breastfeeding (positioning & latch), teaching hand expression & safe formula preparation/feeding, and demonstrating safe skin-to-skin practices (57%)
- Newborns remain in **uninterrupted skin-to-skin** contact for at least 1 hour or until breastfed (cesarean delivery) (57%)

Here is where we can learn from each other. For those of you who are managing to do any of these (ie. procedures in the mom's room, have all written policy elements listed in the survey, have staff clinical competency assessments, and offer uninterrupted skin to skin after cesarean deliveries), **please [send me your success stories and procedures](#)**! Let's share with one another! Your work is worth celebrating *and* learning from. In the meantime, resources related to those areas are below.

RESOURCES

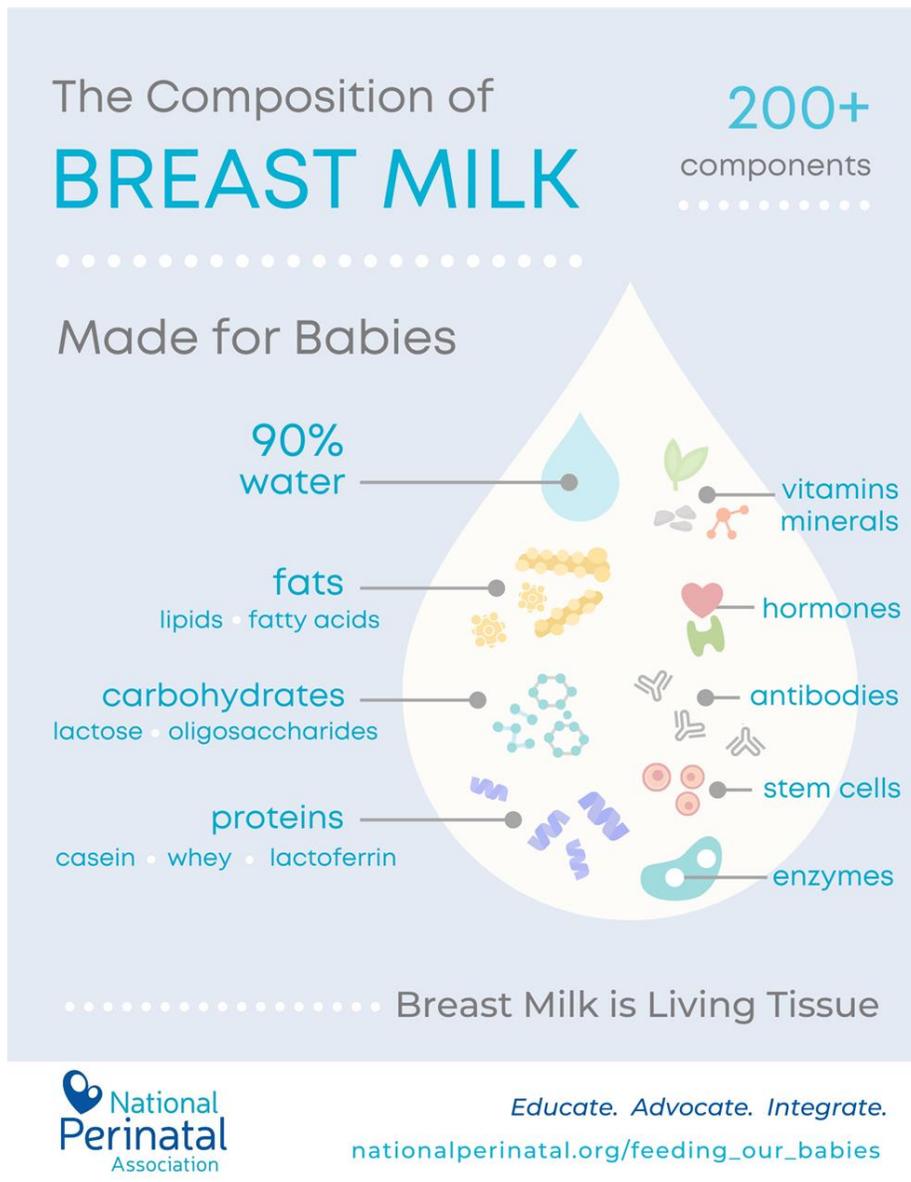
Resources about **Breastfeeding Policy, Staff Education, and more** can always be found here: <https://www.maine.gov/dhhs/mecdc/population-health/hmp/panp/6-for-me-tools.shtml>
This site will continue to be updated. If you have resources you have found helpful and think they should be added, please [share!](#)

Also, the World Health Organization has new resources for assessing breastfeeding support and **clinical competencies**. Check out their [Competency Verification Toolkit](#).

This toolkit includes a:

- [Competency Verification Form \(sorted by BFHI step\)](#)
- [Multiple Choice Questions for Knowledge Verification](#)
- ...and more!

Do you have a similar breastfeeding competency tool you use? Please [share!](#)





Maternity Practices in Infant Nutrition and Care

2020

INFORMATION ABOUT THE 2020 mPINC SURVEY

“CDC’s 2020 national survey of Maternity Practices in Infant Nutrition and Care (mPINC) launched in mid-August! Because of the way we administer the survey, it may take several weeks for some hospitals to be contacted.

Each time we administer a new survey we call the hospital and ask for the mother-baby nurse manager or, if not available, the manager for the labor and delivery unit. After determining eligibility, we ask the manager to identify the best person to receive a survey that includes questions about infant nutrition, such as breastfeeding, using formula to feed healthy newborns, and feeding routines. Because we follow the same process each time that we administer a new survey, the person identified to receive the survey one year is not necessarily the person identified to receive the survey in a later cycle. CDC encourages hospitals to get input from key staff as appropriate when completing the survey.

It is extremely important for the validity of the survey that we follow the same protocol to identify the survey recipients at each hospital as described above. The 2020 mPINC survey will be completed online only. For more information on how our 2020 mPINC survey will be administered, visit [our website](#).

Our 2020 mPINC survey is a **different** survey than the COVID-19 supplemental survey that your facility may have just completed this summer.

Please remember that Battelle, the contractor implementing the mPINC survey for CDC, will contact your hospital, and at this time, please do not contact Battelle directly unless your hospital has received the survey link and you have a question related to the 2020 survey.

For more information about the 2020 mPINC survey, visit our [Hospital FAQs webpage](#). If you have questions about the mPINC survey, email mPINC@cdc.gov.”

If you have any questions, requests for specific education, or something you’d like to include in a future newsletter, please contact us!

Also, if you received this email from a colleague and would like to be added to the distribution list, please contact Kara.

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