CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Alabama Results Report

State Total Score*

78

National Total Score*

79

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, 33 of 46 eligible hospitals in Alabama participated (72%).

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.

Immediate Postpartum Care	National Subscore 81	Alabama Subscore 78	Alabama Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			61%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			42%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			67%
Newborns are monitored continuously for the first 2 hours after birth			67%
Rooming-In	**National Subscore 71**	**Alabama Subscore 66**	**Alabama Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			42%
Routine newborn exams, procedures, and care occur in the mother's room			27%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			82%
Feeding Practices	**National Subscore 82**	**Alabama Subscore 82**	**Alabama Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			24%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			91%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			76%

Feeding Education & Support	National Subscore 92	Alabama Subscore 95	Alabama Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			79%
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			76%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			73%

Discharge Support	National Subscore 78	Alabama Subscore 74	Alabama 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			73%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			91%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			85%
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			48%

Institutional Management	National Subscore 70	Alabama Subscore 74	Alabama 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			64%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			82%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			100%
Hospital pays a fair market price for infant formula			36%
Hospital has 100% of written policy elements§			24%

*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.

Questions about the mPINC survey?

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

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

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CS 316011-A April 29, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Alaska Results Report

State Total Score*

83

National Total Score*

79

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, 7 of 19 eligible hospitals in Alaska participated (37%).

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.

Immediate Postpartum Care	National Subscore 81	Alaska Subscore 90	Alaska Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			71%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			29%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			86%
Newborns are monitored continuously for the first 2 hours after birth			100%
Rooming-In	**National Subscore 71**	**Alaska Subscore 70**	**Alaska Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			71%
Routine newborn exams, procedures, and care occur in the mother's room			71%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			43%
Feeding Practices	**National Subscore 82**	**Alaska Subscore 83**	**Alaska Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			43%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			100%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			43%

Feeding Education & Support	National Subscore 92	Alaska Subscore 98	Alaska Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			86%
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			71%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			100%

Discharge Support	National Subscore 78	Alaska Subscore 86	Alaska 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			86%
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			71%

Institutional Management	National Subscore 70	Alaska Subscore 69	Alaska 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			71%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			57%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			71%
Hospital pays a fair market price for infant formula			57%
Hospital has 100% of written policy elements§			57%

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U.S. Department of Health and Human Services
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CS 316011-A April 14, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Arizona Results Report

State Total Score*

77

National Total Score*

79

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, 22 of 44 eligible hospitals in Arizona participated (50%).

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.

Immediate Postpartum Care	National Subscore 81	Arizona Subscore 73	Arizona Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			77%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			24%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			91%
Newborns are monitored continuously for the first 2 hours after birth			59%

Rooming-In	National Subscore 71	Arizona Subscore 82	Arizona Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			95%
Routine newborn exams, procedures, and care occur in the mother's room			32%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			86%

Feeding Practices	National Subscore 82	Arizona Subscore 79	Arizona Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			36%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			86%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			50%

Feeding Education & Support	National Subscore 92	Arizona Subscore 90	Arizona Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			77%
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			64%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			45%

Discharge Support	National Subscore 78	Arizona Subscore 77	Arizona 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			77%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			91%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			77%
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			64%

Institutional Management	National Subscore 70	Arizona Subscore 64	Arizona 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			45%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			64%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			77%
Hospital pays a fair market price for infant formula			27%
Hospital has 100% of written policy elements§			23%

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

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CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Arkansas Results Report

State Total Score*

69

National Total Score*

79

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, 24 of 39 eligible hospitals in Arkansas participated (62%).

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.

Immediate Postpartum Care	National Subscore 81	Arkansas Subscore 61	Arkansas Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			42%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			22%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			54%
Newborns are monitored continuously for the first 2 hours after birth			63%

Rooming-In	National Subscore 71	Arkansas Subscore 61	Arkansas 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			13%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			75%

Feeding Practices	National Subscore 82	Arkansas Subscore 64	Arkansas Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			29%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			46%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			63%

Feeding Education & Support	National Subscore 92	Arkansas Subscore 91	Arkansas Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			75%
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			71%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			67%

Discharge Support	National Subscore 78	Arkansas Subscore 75	Arkansas 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			83%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			96%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			83%
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			38%

Institutional Management	National Subscore 70	Arkansas Subscore 62	Arkansas 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			58%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			42%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			92%
Hospital pays a fair market price for infant formula			38%
Hospital has 100% of written policy elements§			21%

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Questions about the mPINC survey?

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

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CS 316011-A April 14, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 California Results Report

State Total Score*

86

National Total Score*

79

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, 150 of 241 eligible hospitals in California participated (62%).

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.

Immediate Postpartum Care	National Subscore 81	California Subscore 88	California Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			84%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			66%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			93%
Newborns are monitored continuously for the first 2 hours after birth			74%

Rooming-In	National Subscore 71	California Subscore 82	California Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			96%
Routine newborn exams, procedures, and care occur in the mother's room			51%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			72%

Feeding Practices	National Subscore 82	California Subscore 87	California Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			36%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			99%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			76%

Feeding Education & Support	National Subscore 92	California Subscore 93	California Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			73%
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			82%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			75%

Discharge Support	National Subscore 78	California Subscore 85	California 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			76%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			83%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			91%
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			87%

Institutional Management	National Subscore 70	California Subscore 81	California 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			79%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			70%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			97%
Hospital pays a fair market price for infant formula			67%
Hospital has 100% of written policy elements§			42%

*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.

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CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Colorado Results Report

State Total Score*

85

National Total Score*

79

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, 34 of 55 eligible hospitals in Colorado participated (62%).

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.

Immediate Postpartum Care	National Subscore 81	Colorado Subscore 82	Colorado Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			71%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			59%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			97%
Newborns are monitored continuously for the first 2 hours after birth			59%

Rooming-In	National Subscore 71	Colorado Subscore 82	Colorado Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			94%
Routine newborn exams, procedures, and care occur in the mother's room			35%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			82%

Feeding Practices	National Subscore 82	Colorado Subscore 90	Colorado Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			74%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			91%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			76%

Feeding Education & Support	National Subscore 92	Colorado Subscore 94	Colorado Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			79%
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			85%
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	Colorado Subscore 87	Colorado 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			79%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			91%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			97%
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			79%

Institutional Management	National Subscore 70	Colorado Subscore 76	Colorado 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			65%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			68%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			97%
Hospital pays a fair market price for infant formula			56%
Hospital has 100% of written policy elements§			44%

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CS 316011-A April 14, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Connecticut Results Report

State Total Score*

85

National Total Score*

79

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, 24 of 27 eligible hospitals in Connecticut participated (89%).

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.

Immediate Postpartum Care	National Subscore 81	Connecticut Subscore 92	Connecticut Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			83%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			52%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			92%
Newborns are monitored continuously for the first 2 hours after birth			83%

Rooming-In	National Subscore 71	Connecticut Subscore 73	Connecticut Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			71%
Routine newborn exams, procedures, and care occur in the mother's room			8%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			83%

Feeding Practices	National Subscore 82	Connecticut Subscore 80	Connecticut Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			25%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			96%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			63%

Feeding Education & Support	National Subscore 92	Connecticut Subscore 95	Connecticut Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			83%
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			83%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			71%

Discharge Support	National Subscore 78	Connecticut Subscore 86	Connecticut 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			92%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			88%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			83%
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			83%

Institutional Management	National Subscore 70	Connecticut Subscore 84	Connecticut 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			92%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			71%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			100%
Hospital pays a fair market price for infant formula			71%
Hospital has 100% of written policy elements§			33%

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

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

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Delaware Results Report

State Total Score*

83

National Total Score*

79

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, 5 of 6 eligible hospitals in Delaware participated (83%).

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.

Immediate Postpartum Care	National Subscore 81	Delaware Subscore 77	Delaware Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			60%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			60%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			80%
Newborns are monitored continuously for the first 2 hours after birth			80%

Rooming-In	National Subscore 71	Delaware Subscore 69	Delaware Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			80%
Routine newborn exams, procedures, and care occur in the mother's room			0%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			60%

Feeding Practices	National Subscore 82	Delaware Subscore 81	Delaware Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			20%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			100%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			60%

Feeding Education & Support	National Subscore 92	Delaware Subscore 89	Delaware Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			80%
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			40%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			60%

Discharge Support	National Subscore 78	Delaware Subscore 95	Delaware 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			80%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			100%
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			100%

Institutional Management	National Subscore 70	Delaware Subscore 86	Delaware 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			80%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			80%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			60%
Hospital pays a fair market price for infant formula			100%
Hospital has 100% of written policy elements§			40%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 16, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Florida Results Report

State Total Score*

81

National Total Score*

79

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, 68 of 111 eligible hospitals in Florida participated (61%).

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.

Immediate Postpartum Care	National Subscore 81	Florida Subscore 80	Florida Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			69%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			50%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			93%
Newborns are monitored continuously for the first 2 hours after birth			66%
Rooming-In	**National Subscore 71**	**Florida Subscore 81**	**Florida Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			96%
Routine newborn exams, procedures, and care occur in the mother's room			36%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			79%
Feeding Practices	**National Subscore 82**	**Florida Subscore 81**	**Florida Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			22%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			94%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			57%

Feeding Education & Support	National Subscore 92	Florida Subscore 92	Florida Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			66%
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			74%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			65%

Discharge Support	National Subscore 78	Florida Subscore 77	Florida 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			74%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			85%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			93%
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			57%

Institutional Management	National Subscore 70	Florida Subscore 77	Florida 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			76%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			79%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			100%
Hospital pays a fair market price for infant formula			40%
Hospital has 100% of written policy elements§			39%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 14, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Georgia Results Report

State Total Score*

73

National Total Score*

79

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, 44 of 78 eligible hospitals in Georgia participated (56%).

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.

Immediate Postpartum Care	National Subscore 81	Georgia Subscore 74	Georgia Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			59%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			50%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			82%
Newborns are monitored continuously for the first 2 hours after birth			66%

Rooming-In	National Subscore 71	Georgia Subscore 61	Georgia Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			61%
Routine newborn exams, procedures, and care occur in the mother's room			27%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			52%

Feeding Practices	National Subscore 82	Georgia Subscore 76	Georgia Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			18%
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			50%

Feeding Education & Support	National Subscore 92	Georgia Subscore 90	Georgia Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			64%
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			64%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			61%

Discharge Support	National Subscore 78	Georgia Subscore 74	Georgia 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			61%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			86%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			84%
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			64%

Institutional Management	National Subscore 70	Georgia Subscore 66	Georgia 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			52%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			64%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			86%
Hospital pays a fair market price for infant formula			39%
Hospital has 100% of written policy elements§			20%

*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.

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

Questions about the mPINC survey?

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

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

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CS 316011-A April 14, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Hawaii Results Report

State Total Score*

68

National Total Score*

79

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, 7 of 12 eligible hospitals in Hawaii participated (58%).

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.

Immediate Postpartum Care	National Subscore 81	Hawaii Subscore 73	Hawaii Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			86%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			43%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			43%
Newborns are monitored continuously for the first 2 hours after birth			71%

Rooming-In	National Subscore 71	Hawaii Subscore 60	Hawaii Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			86%
Routine newborn exams, procedures, and care occur in the mother's room			0%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			57%

Feeding Practices	National Subscore 82	Hawaii Subscore 72	Hawaii Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			43%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			71%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			57%

Feeding Education & Support	National Subscore 92	Hawaii Subscore 83	Hawaii Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			29%
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			71%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			71%

Discharge Support	National Subscore 78	Hawaii Subscore 71	Hawaii 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			57%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			100%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			86%
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			43%

Institutional Management	National Subscore 70	Hawaii Subscore 49	Hawaii 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			14%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			43%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			86%
Hospital pays a fair market price for infant formula			14%
Hospital has 100% of written policy elements§			14%

*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.

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

Questions about the mPINC survey?

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

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

CS 316011-A April 14, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Idaho Results Report

State Total Score*

75

National Total Score*

79

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, 18 of 29 eligible hospitals in Idaho participated (62%).

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.

Immediate Postpartum Care	National Subscore 81	Idaho Subscore 81	Idaho Hospitals with Ideal Response
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)			39%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			100%
Newborns are monitored continuously for the first 2 hours after birth			56%

Rooming-In	National Subscore 71	Idaho Subscore 65	Idaho Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			78%
Routine newborn exams, procedures, and care occur in the mother's room			17%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			61%

Feeding Practices	National Subscore 82	Idaho Subscore 81	Idaho Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			56%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			94%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			39%

Feeding Education & Support	National Subscore 92	Idaho Subscore 84	Idaho Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			50%
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			56%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			44%

Discharge Support	National Subscore 78	Idaho Subscore 74	Idaho 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			61%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			89%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			94%
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			50%

Institutional Management	National Subscore 70	Idaho Subscore 64	Idaho 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			44%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			72%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			89%
Hospital pays a fair market price for infant formula			33%
Hospital has 100% of written policy elements§			17%

*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.

Questions about the mPINC survey?

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

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

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CS 316011-A April 20, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Illinois Results Report

State Total Score*

80

National Total Score*

79

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, 74 of 112 eligible hospitals in Illinois participated (66%).

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.

Immediate Postpartum Care	National Subscore 81	Illinois Subscore 84	Illinois Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			66%
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)			89%
Newborns are monitored continuously for the first 2 hours after birth			69%

Rooming-In	National Subscore 71	Illinois Subscore 74	Illinois Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			78%
Routine newborn exams, procedures, and care occur in the mother's room			31%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			72%

Feeding Practices	National Subscore 82	Illinois Subscore 85	Illinois Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			34%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			99%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			64%

Feeding Education & Support	National Subscore 92	Illinois Subscore 91	Illinois Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			69%
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			72%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			64%

Discharge Support	National Subscore 78	Illinois Subscore 77	Illinois 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			70%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			89%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			91%
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			59%

Institutional Management	National Subscore 70	Illinois Subscore 71	Illinois 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			64%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			70%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			95%
Hospital pays a fair market price for infant formula			42%
Hospital has 100% of written policy elements[§]			31%

*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

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

Questions about the mPINC survey?

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CS 316011-A April 14, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Indiana Results Report

State Total Score*

78

National Total Score*

79

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, 77 of 87 eligible hospitals in Indiana participated (89%).

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.

Immediate Postpartum Care	National Subscore 81	Indiana Subscore 79	Indiana Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			61%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			43%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			92%
Newborns are monitored continuously for the first 2 hours after birth			64%
Rooming-In	**National Subscore 71**	**Indiana Subscore 67**	**Indiana Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			66%
Routine newborn exams, procedures, and care occur in the mother's room			18%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			70%
Feeding Practices	**National Subscore 82**	**Indiana Subscore 84**	**Indiana Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			47%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			91%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			65%

Feeding Education & Support	National Subscore 92	Indiana Subscore 91	Indiana Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			64%
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			79%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			77%

Discharge Support	National Subscore 78	Indiana Subscore 73	Indiana 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			53%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			78%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			99%
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			61%

Institutional Management	National Subscore 70	Indiana Subscore 72	Indiana 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			56%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			66%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			96%
Hospital pays a fair market price for infant formula			48%
Hospital has 100% of written policy elements§			27%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 14, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Iowa Results Report

State Total Score*

72

National Total Score*

79

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, 53 of 66 eligible hospitals in Iowa participated (80%).

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.

Immediate Postpartum Care	National Subscore 81	Iowa Subscore 79	Iowa Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			45%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			34%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			81%
Newborns are monitored continuously for the first 2 hours after birth			62%

Rooming-In	National Subscore 71	Iowa Subscore 56	Iowa Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			49%
Routine newborn exams, procedures, and care occur in the mother's room			9%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			58%

Feeding Practices	National Subscore 82	Iowa Subscore 79	Iowa Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			55%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			81%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			51%

Feeding Education & Support	National Subscore 92	Iowa Subscore 90	Iowa Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			70%
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			55%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			47%

Discharge Support	National Subscore 78	Iowa Subscore 73	Iowa 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			68%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			94%
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			28%

Institutional Management	National Subscore 70	Iowa Subscore 55	Iowa 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			43%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			53%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			87%
Hospital pays a fair market price for infant formula			15%
Hospital has 100% of written policy elements§			8%

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

Questions about the mPINC survey?

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

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

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

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Kansas Results Report

State Total Score*

79

National Total Score*

79

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, 53 of 63 eligible hospitals in Kansas participated (84%).

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.

Immediate Postpartum Care	National Subscore 81	Kansas Subscore 85	Kansas Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			62%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			61%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			96%
Newborns are monitored continuously for the first 2 hours after birth			66%

Rooming-In	National Subscore 71	Kansas Subscore 70	Kansas Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			85%
Routine newborn exams, procedures, and care occur in the mother's room			25%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			62%

Feeding Practices	National Subscore 82	Kansas Subscore 85	Kansas Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			55%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			87%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			70%

Feeding Education & Support	National Subscore 92	Kansas Subscore 90	Kansas Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			60%
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			74%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			57%

Discharge Support	National Subscore 78	Kansas Subscore 79	Kansas 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			77%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			83%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			94%
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			62%

Institutional Management	National Subscore 70	Kansas Subscore 61	Kansas 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			45%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			53%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			89%
Hospital pays a fair market price for infant formula			34%
Hospital has 100% of written policy elements§			21%

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

Questions about the mPINC survey?

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

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

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

CS 316011-A April 21, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Kentucky Results Report

State Total Score*

68

National Total Score*

79

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, 30 of 47 eligible hospitals in Kentucky participated (64%).

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.

Immediate Postpartum Care	National Subscore 81	Kentucky Subscore 72	Kentucky Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			57%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			33%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			70%
Newborns are monitored continuously for the first 2 hours after birth			53%
Rooming-In	**National Subscore 71**	**Kentucky Subscore 57**	**Kentucky Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			47%
Routine newborn exams, procedures, and care occur in the mother's room			10%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			73%
Feeding Practices	**National Subscore 82**	**Kentucky Subscore 71**	**Kentucky Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			30%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			80%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			43%

Feeding Education & Support	National Subscore 92	Kentucky Subscore 91	Kentucky Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			80%
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			67%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			60%

Discharge Support	National Subscore 78	Kentucky Subscore 63	Kentucky 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			50%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			87%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			80%
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			37%

Institutional Management	National Subscore 70	Kentucky Subscore 56	Kentucky 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			37%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			63%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			87%
Hospital pays a fair market price for infant formula			20%
Hospital has 100% of written policy elements§			10%

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

Questions about the mPINC survey?

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

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

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

CS 316011-A April 14, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Louisiana Results Report

State Total Score*

75

National Total Score*

79

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, 44 of 50 eligible hospitals in Louisiana participated (88%).

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.

Immediate Postpartum Care	National Subscore 81	Louisiana Subscore 74	Louisiana Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			70%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			59%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			64%
Newborns are monitored continuously for the first 2 hours after birth			52%
Rooming-In	**National Subscore 71**	**Louisiana Subscore 66**	**Louisiana Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			57%
Routine newborn exams, procedures, and care occur in the mother's room			39%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			70%
Feeding Practices	**National Subscore 82**	**Louisiana Subscore 76**	**Louisiana Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			16%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			84%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			61%

Feeding Education & Support	National Subscore 92	Louisiana Subscore 91	Louisiana Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			66%
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			82%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			75%

Discharge Support	National Subscore 78	Louisiana Subscore 71	Louisiana 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			57%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			73%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			77%
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			77%

Institutional Management	National Subscore 70	Louisiana Subscore 73	Louisiana 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			68%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			70%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			95%
Hospital pays a fair market price for infant formula			36%
Hospital has 100% of written policy elements§			41%

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Questions about the mPINC survey?

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

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

CS 316011-A April 14, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Maine Results Report

State Total Score*

85

National Total Score*

79

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%).

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.

Immediate Postpartum Care	National Subscore 81	Maine Subscore 88	Maine Hospitals with Ideal Response
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	**National Subscore 71**	**Maine Subscore 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	**National Subscore 82**	**Maine Subscore 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.

Questions about the mPINC survey?

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

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

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

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Maryland Results Report

State Total Score*

79

National Total Score*

79

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, 26 of 33 eligible hospitals in Maryland participated (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.

Immediate Postpartum Care	National Subscore 81	Maryland Subscore 79	Maryland Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			50%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			46%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			88%
Newborns are monitored continuously for the first 2 hours after birth			81%
Rooming-In	**National Subscore 71**	**Maryland Subscore 72**	**Maryland Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			81%
Routine newborn exams, procedures, and care occur in the mother's room			31%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			69%
Feeding Practices	**National Subscore 82**	**Maryland Subscore 82**	**Maryland Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			23%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			100%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			62%

Feeding Education & Support	National Subscore 92	Maryland Subscore 87	Maryland Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			54%
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			81%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			73%

Discharge Support	National Subscore 78	Maryland Subscore 81	Maryland 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			69%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			85%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			88%
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			81%

Institutional Management	National Subscore 70	Maryland Subscore 74	Maryland 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			58%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			81%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			88%
Hospital pays a fair market price for infant formula			42%
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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 22, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Massachusetts Results Report

State Total Score*

86

National Total Score*

79

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, 40 of 44 eligible hospitals in Massachusetts participated (91%).

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.

Immediate Postpartum Care	National Subscore 81	Massachusetts Subscore 88	Massachusetts Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			78%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			63%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			95%
Newborns are monitored continuously for the first 2 hours after birth			80%

Rooming-In	National Subscore 71	Massachusetts Subscore 80	Massachusetts Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			65%
Routine newborn exams, procedures, and care occur in the mother's room			43%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			83%

Feeding Practices	National Subscore 82	Massachusetts Subscore 83	Massachusetts Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			28%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			100%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			53%

Feeding Education & Support	National Subscore 92	Massachusetts Subscore 93	Massachusetts Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			70%
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			73%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			83%

Discharge Support	National Subscore 78	Massachusetts Subscore 89	Massachusetts 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			88%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			95%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			95%
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			80%

Institutional Management	National Subscore 70	Massachusetts Subscore 85	Massachusetts 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			70%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			80%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			100%
Hospital pays a fair market price for infant formula			65%
Hospital has 100% of written policy elements§			33%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 22, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Michigan Results Report

State Total Score*

77

National Total Score*

79

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, 72 of 81 eligible hospitals in Michigan participated (89%).

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.

Immediate Postpartum Care	National Subscore 81	Michigan Subscore 83	Michigan Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			71%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			53%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			96%
Newborns are monitored continuously for the first 2 hours after birth			64%

Rooming-In	National Subscore 71	Michigan Subscore 73	Michigan Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			78%
Routine newborn exams, procedures, and care occur in the mother's room			25%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			72%

Feeding Practices	National Subscore 82	Michigan Subscore 81	Michigan Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			38%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			92%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			56%

Feeding Education & Support	National Subscore 92	Michigan Subscore 91	Michigan Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			67%
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			65%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			65%

Discharge Support	National Subscore 78	Michigan Subscore 73	Michigan 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			68%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			85%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			89%
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			51%

Institutional Management	National Subscore 70	Michigan Subscore 65	Michigan 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			65%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			50%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			94%
Hospital pays a fair market price for infant formula			42%
Hospital has 100% of written policy elements§			29%

*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.

Questions about the mPINC survey?

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

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

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

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Minnesota Results Report

State Total Score*

82

National Total Score*

79

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, 61 of 86 eligible hospitals in Minnesota participated (71%).

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.

Immediate Postpartum Care	National Subscore 81	Minnesota Subscore 87	Minnesota Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			70%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			54%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			93%
Newborns are monitored continuously for the first 2 hours after birth			75%
Rooming-In	**National Subscore 71**	**Minnesota Subscore 75**	**Minnesota Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			80%
Routine newborn exams, procedures, and care occur in the mother's room			28%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			75%
Feeding Practices	**National Subscore 82**	**Minnesota Subscore 90**	**Minnesota Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			67%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			98%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			59%

Feeding Education & Support	National Subscore 92	Minnesota Subscore 92	Minnesota Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			82%
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			70%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			66%

Discharge Support	National Subscore 78	Minnesota Subscore 84	Minnesota 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			79%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			95%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			90%
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			72%

Institutional Management	National Subscore 70	Minnesota Subscore 64	Minnesota 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			59%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			38%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			87%
Hospital pays a fair market price for infant formula			57%
Hospital has 100% of written policy elements§			21%

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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. Minnesota 2018 Report, CDC Survey of Maternity Practices in Infant Nutrition and Care. Atlanta, GA. April 2020

CS 316011-A April 15, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Mississippi Results Report

State Total Score*

73

National Total Score*

79

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, 39 of 43 eligible hospitals in Mississippi participated (91%).

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.

Immediate Postpartum Care	National Subscore 81	Mississippi Subscore 77	Mississippi Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			59%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			51%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			67%
Newborns are monitored continuously for the first 2 hours after birth			82%
Rooming-In	**National Subscore 71**	**Mississippi Subscore 66**	**Mississippi Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			45%
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			76%
Feeding Practices	**National Subscore 82**	**Mississippi Subscore 68**	**Mississippi Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			15%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			72%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			44%

Feeding Education & Support	National Subscore 92	Mississippi Subscore 86	Mississippi Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			59%
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			69%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			59%

Discharge Support	National Subscore 78	Mississippi Subscore 72	Mississippi 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			64%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			92%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			87%
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			44%

Institutional Management	National Subscore 70	Mississippi Subscore 71	Mississippi 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			66%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			66%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			92%
Hospital pays a fair market price for infant formula			41%
Hospital has 100% of written policy elements§			53%

*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.

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

Questions about the mPINC survey?

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

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

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

CS 316011-A April 21, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Missouri Results Report

State Total Score*

75

National Total Score*

79

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, 47 of 62 eligible hospitals in Missouri participated (76%).

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.

Immediate Postpartum Care	National Subscore 81	Missouri Subscore 75	Missouri Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			55%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			40%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			91%
Newborns are monitored continuously for the first 2 hours after birth			51%

Rooming-In	National Subscore 71	Missouri Subscore 65	Missouri Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			57%
Routine newborn exams, procedures, and care occur in the mother's room			21%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			68%

Feeding Practices	National Subscore 82	Missouri Subscore 81	Missouri Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			53%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			89%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			49%

Feeding Education & Support	National Subscore 92	Missouri Subscore 92	Missouri Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			77%
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			74%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			62%

Discharge Support	National Subscore 78	Missouri Subscore 75	Missouri 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			60%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			94%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			89%
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			57%

Institutional Management	National Subscore 70	Missouri Subscore 63	Missouri 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			45%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			53%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			87%
Hospital pays a fair market price for infant formula			40%
Hospital has 100% of written policy elements§			22%

*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.

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

Questions about the mPINC survey?

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

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

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

CS 316011-A April 22, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Montana Results Report

State Total Score*

86

National Total Score*

79

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, 19 of 28 eligible hospitals in Montana participated (68%).

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.

Immediate Postpartum Care	National Subscore 81	Montana Subscore 87	Montana Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			74%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			53%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			89%
Newborns are monitored continuously for the first 2 hours after birth			79%
Rooming-In	**National Subscore 71**	**Montana Subscore 85**	**Montana Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			100%
Routine newborn exams, procedures, and care occur in the mother's room			63%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			74%
Feeding Practices	**National Subscore 82**	**Montana Subscore 93**	**Montana Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			84%
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			74%

Feeding Education & Support	National Subscore 92	Montana Subscore 97	Montana 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			74%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			74%

Discharge Support	National Subscore 78	Montana Subscore 86	Montana 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			79%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			89%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			95%
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			79%

Institutional Management	National Subscore 70	Montana Subscore 71	Montana 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			68%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			47%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			89%
Hospital pays a fair market price for infant formula			63%
Hospital has 100% of written policy elements§			47%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 15, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Nebraska Results Report

State Total Score*

71

National Total Score*

79

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, 39 of 52 eligible hospitals in Nebraska participated (75%).

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.

Immediate Postpartum Care	National Subscore 81	Nebraska Subscore 83	Nebraska Hospitals with Ideal Response
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)			51%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			90%
Newborns are monitored continuously for the first 2 hours after birth			77%
Rooming-In	**National Subscore 71**	**Nebraska Subscore 63**	**Nebraska Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			79%
Routine newborn exams, procedures, and care occur in the mother's room			3%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			51%
Feeding Practices	**National Subscore 82**	**Nebraska Subscore 73**	**Nebraska Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			51%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			64%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			44%

Feeding Education & Support	National Subscore 92	Nebraska Subscore 87	Nebraska Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			51%
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			59%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			54%

Discharge Support	National Subscore 78	Nebraska Subscore 73	Nebraska 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			56%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			97%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			90%
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			49%

Institutional Management	National Subscore 70	Nebraska Subscore 47	Nebraska 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			28%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			36%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			79%
Hospital pays a fair market price for infant formula			23%
Hospital has 100% of written policy elements§			8%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 21, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Nevada Results Report

State Total Score*

77

National Total Score*

79

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, 9 of 17 eligible hospitals in Nevada participated (53%).

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.

Immediate Postpartum Care	National Subscore 81	Nevada Subscore 79	Nevada Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			56%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			67%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			89%
Newborns are monitored continuously for the first 2 hours after birth			44%

Rooming-In	National Subscore 71	Nevada Subscore 73	Nevada Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			100%
Routine newborn exams, procedures, and care occur in the mother's room			44%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			56%

Feeding Practices	National Subscore 82	Nevada Subscore 91	Nevada Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			56%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			100%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			67%

Feeding Education & Support	National Subscore 92	Nevada Subscore 94	Nevada Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			78%
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			44%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			44%

Discharge Support	National Subscore 78	Nevada Subscore 61	Nevada 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			33%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			78%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			89%
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			44%

Institutional Management	National Subscore 70	Nevada Subscore 66	Nevada 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			44%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			33%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			100%
Hospital pays a fair market price for infant formula			44%
Hospital has 100% of written policy elements§			11%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 15, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 New Hampshire Results Report

State Total Score*

90

National Total Score*

79

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, 14 of 17 eligible hospitals in New Hampshire participated (82%).

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.

Immediate Postpartum Care	National Subscore 81	New Hampshire Subscore 93	New Hampshire Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			86%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			79%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			100%
Newborns are monitored continuously for the first 2 hours after birth			79%

Rooming-In	National Subscore 71	New Hampshire Subscore 80	New Hampshire Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			79%
Routine newborn exams, procedures, and care occur in the mother's room			21%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			86%

Feeding Practices	National Subscore 82	New Hampshire Subscore 96	New Hampshire Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			79%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			100%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			86%

Feeding Education & Support	National Subscore 92	New Hampshire Subscore 97	New Hampshire Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			79%
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			100%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			86%

Discharge Support	National Subscore 78	New Hampshire Subscore 91	New Hampshire 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			93%
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			86%

Institutional Management	National Subscore 70	New Hampshire Subscore 80	New Hampshire 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			79%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			71%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			93%
Hospital pays a fair market price for infant formula			57%
Hospital has 100% of written policy elements§			36%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 15, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 New Jersey Results Report

State Total Score*

80

National Total Score*

79

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, 42 of 50 eligible hospitals in New Jersey participated (84%).

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.

Immediate Postpartum Care	National Subscore 81	New Jersey Subscore 80	New Jersey Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			79%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			54%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			69%
Newborns are monitored continuously for the first 2 hours after birth			74%

Rooming-In	National Subscore 71	New Jersey Subscore 68	New Jersey Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			62%
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			76%

Feeding Practices	National Subscore 82	New Jersey Subscore 79	New Jersey Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			14%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			98%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			67%

Feeding Education & Support	National Subscore 92	New Jersey Subscore 96	New Jersey Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			79%
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			88%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			83%

Discharge Support	National Subscore 78	New Jersey Subscore 82	New Jersey 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			81%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			81%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			93%
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			74%

Institutional Management	National Subscore 70	New Jersey Subscore 77	New Jersey 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			67%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			79%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			100%
Hospital pays a fair market price for infant formula			45%
Hospital has 100% of written policy elements§			52%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 15, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 New Mexico Results Report

State Total Score*

82

National Total Score*

79

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, 17 of 30 eligible hospitals in New Mexico participated (57%).

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.

Immediate Postpartum Care	National Subscore 81	New Mexico Subscore 82	New Mexico Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			76%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			53%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			88%
Newborns are monitored continuously for the first 2 hours after birth			71%

Rooming-In	National Subscore 71	New Mexico Subscore 80	New Mexico Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			82%
Routine newborn exams, procedures, and care occur in the mother's room			47%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			76%

Feeding Practices	National Subscore 82	New Mexico Subscore 85	New Mexico Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			29%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			100%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			59%

Feeding Education & Support	National Subscore 92	New Mexico Subscore 86	New Mexico Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			59%
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			65%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			71%

Discharge Support	National Subscore 78	New Mexico Subscore 81	New Mexico 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			65%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			82%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			82%
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			94%

Institutional Management	National Subscore 70	New Mexico Subscore 79	New Mexico 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			76%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			71%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			94%
Hospital pays a fair market price for infant formula			65%
Hospital has 100% of written policy elements§			65%

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§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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 21, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 New York 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, 73 of 124 eligible hospitals in New York participated (59%).

State Total Score*

82

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.

Immediate Postpartum Care	National Subscore 81	New York Subscore 80	New York Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			66%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			49%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			78%
Newborns are monitored continuously for the first 2 hours after birth			75%
Rooming-In	**National Subscore 71**	**New York Subscore 68**	**New York Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			63%
Routine newborn exams, procedures, and care occur in the mother's room			21%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			79%
Feeding Practices	**National Subscore 82**	**New York Subscore 83**	**New York Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			34%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			100%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			62%

Feeding Education & Support	National Subscore 92	New York Subscore 94	New York Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			75%
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			84%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			73%

Discharge Support	National Subscore 78	New York Subscore 86	New York 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			78%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			79%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			95%
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			92%

Institutional Management	National Subscore 70	New York Subscore 79	New York 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			68%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			73%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			100%
Hospital pays a fair market price for infant formula			52%
Hospital has 100% of written policy elements§			51%

*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.

Questions about the mPINC survey?

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

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

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

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 North Carolina Results Report

State Total Score*

77

National Total Score*

79

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, 43 of 80 eligible hospitals in North Carolina participated (54%).

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.

Immediate Postpartum Care	National Subscore 81	North Carolina Subscore 73	North Carolina Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			58%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			47%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			88%
Newborns are monitored continuously for the first 2 hours after birth			51%

Rooming-In	National Subscore 71	North Carolina Subscore 70	North Carolina Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			86%
Routine newborn exams, procedures, and care occur in the mother's room			33%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			60%

Feeding Practices	National Subscore 82	North Carolina Subscore 78	North Carolina Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			26%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			91%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			65%

Feeding Education & Support	National Subscore 92	North Carolina Subscore 90	North Carolina Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			70%
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			63%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			63%

Discharge Support	National Subscore 78	North Carolina Subscore 78	North Carolina 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			60%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			88%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			88%
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			74%

Institutional Management	National Subscore 70	North Carolina Subscore 73	North Carolina 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			70%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			65%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			95%
Hospital pays a fair market price for infant formula			53%
Hospital has 100% of written policy elements§			37%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 22, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 North Dakota Results Report

State Total Score*

73

National Total Score*

79

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, 10 of 12 eligible hospitals in North Dakota participated (83%).

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.

Immediate Postpartum Care	National Subscore 81	North Dakota Subscore 80	North Dakota Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			60%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			33%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			80%
Newborns are monitored continuously for the first 2 hours after birth			40%
Rooming-In	**National Subscore 71**	**North Dakota Subscore 66**	**North Dakota Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			80%
Routine newborn exams, procedures, and care occur in the mother's room			10%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			70%
Feeding Practices	**National Subscore 82**	**North Dakota Subscore 76**	**North Dakota Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			40%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			70%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			60%

Feeding Education & Support	National Subscore 92	North Dakota Subscore 86	North Dakota Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			60%
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			70%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			70%

Discharge Support	National Subscore 78	North Dakota Subscore 68	North Dakota 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			60%
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			20%

Institutional Management	National Subscore 70	North Dakota Subscore 60	North Dakota 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			30%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			60%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			80%
Hospital pays a fair market price for infant formula			30%
Hospital has 100% of written policy elements§			20%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 20, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Ohio Results Report

State Total Score*

78

National Total Score*

79

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, 82 of 104 eligible hospitals in Ohio participated (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.

Immediate Postpartum Care	National Subscore 81	Ohio Subscore 84	Ohio Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			65%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			51%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			90%
Newborns are monitored continuously for the first 2 hours after birth			71%
Rooming-In	**National Subscore 71**	**Ohio Subscore 64**	**Ohio Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			62%
Routine newborn exams, procedures, and care occur in the mother's room			20%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			73%
Feeding Practices	**National Subscore 82**	**Ohio Subscore 82**	**Ohio Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			30%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			94%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			57%

Feeding Education & Support	National Subscore 92	Ohio Subscore 92	Ohio Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			67%
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			77%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			73%

Discharge Support	National Subscore 78	Ohio Subscore 77	Ohio 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			66%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			79%
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			65%

Institutional Management	National Subscore 70	Ohio Subscore 68	Ohio 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			51%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			74%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			96%
Hospital pays a fair market price for infant formula			27%
Hospital has 100% of written policy elements§			20%

*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.

Questions about the mPINC survey?

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

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

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

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Oklahoma Results Report

State Total Score*

75

National Total Score*

79

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, 39 of 49 eligible hospitals in Oklahoma participated (80%).

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.

Immediate Postpartum Care	National Subscore 81	Oklahoma Subscore 84	Oklahoma Hospitals with Ideal Response
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)			56%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			90%
Newborns are monitored continuously for the first 2 hours after birth			82%
Rooming-In	**National Subscore 71**	**Oklahoma Subscore 71**	**Oklahoma Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			85%
Routine newborn exams, procedures, and care occur in the mother's room			33%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			67%
Feeding Practices	**National Subscore 82**	**Oklahoma Subscore 75**	**Oklahoma Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			33%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			74%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			51%

Feeding Education & Support	National Subscore 92	Oklahoma Subscore 87	Oklahoma Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			67%
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			64%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			49%

Discharge Support	National Subscore 78	Oklahoma Subscore 69	Oklahoma 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			62%
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			82%
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			44%

Institutional Management	National Subscore 70	Oklahoma Subscore 63	Oklahoma 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			64%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			51%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			82%
Hospital pays a fair market price for infant formula			41%
Hospital has 100% of written policy elements§			18%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 21, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Oregon Results Report

State Total Score*

85

National Total Score*

79

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, 33 of 49 eligible hospitals in Oregon participated (67%).

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.

Immediate Postpartum Care	National Subscore 81	Oregon Subscore 86	Oregon Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			85%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			58%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			85%
Newborns are monitored continuously for the first 2 hours after birth			73%
Rooming-In	**National Subscore 71**	**Oregon Subscore 80**	**Oregon Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			91%
Routine newborn exams, procedures, and care occur in the mother's room			30%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			76%
Feeding Practices	**National Subscore 82**	**Oregon Subscore 91**	**Oregon Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			76%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			97%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			70%

Feeding Education & Support	National Subscore 92	Oregon Subscore 94	Oregon Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			82%
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			73%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			64%

Discharge Support	National Subscore 78	Oregon Subscore 92	Oregon 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			82%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			97%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			97%
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			91%

Institutional Management	National Subscore 70	Oregon Subscore 68	Oregon 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			52%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			45%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			88%
Hospital pays a fair market price for infant formula			64%
Hospital has 100% of written policy elements§			25%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 20, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Pennsylvania Results Report

State Total Score*

78

National Total Score*

79

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, 74 of 89 eligible hospitals in Pennsylvania participated (83%).

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.

Immediate Postpartum Care	National Subscore 81	Pennsylvania Subscore 82	Pennsylvania Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			73%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			55%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			80%
Newborns are monitored continuously for the first 2 hours after birth			72%
Rooming-In	**National Subscore 71**	**Pennsylvania Subscore 70**	**Pennsylvania Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			57%
Routine newborn exams, procedures, and care occur in the mother's room			30%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			77%
Feeding Practices	**National Subscore 82**	**Pennsylvania Subscore 82**	**Pennsylvania Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			30%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			97%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			58%

Feeding Education & Support	National Subscore 92	Pennsylvania Subscore 91	Pennsylvania Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			64%
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			69%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			50%

Discharge Support	National Subscore 78	Pennsylvania Subscore 70	Pennsylvania 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			64%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			80%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			82%
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			55%

Institutional Management	National Subscore 70	Pennsylvania Subscore 71	Pennsylvania 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			55%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			77%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			96%
Hospital pays a fair market price for infant formula			34%
Hospital has 100% of written policy elements§			20%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 20, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Puerto Rico Results Report

Puerto Rico Total Score*

72

National Total Score*

79

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, 18 of 33 eligible hospitals in Puerto Rico participated (55%).

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

Immediate Postpartum Care	National Subscore 81	Puerto Rico Subscore 57	Puerto Rico Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			44%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			17%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			28%
Newborns are monitored continuously for the first 2 hours after birth			72%
Rooming-In	**National Subscore 71**	**Puerto Rico Subscore 61**	**Puerto Rico Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			61%
Routine newborn exams, procedures, and care occur in the mother's room			6%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			78%
Feeding Practices	**National Subscore 82**	**Puerto Rico Subscore 65**	**Puerto Rico Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			33%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			33%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			83%

Feeding Education & Support	National Subscore 92	Puerto Rico Subscore 94	Puerto Rico Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			78%
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			83%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			83%

Discharge Support	National Subscore 78	Puerto Rico Subscore 86	Puerto Rico 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			94%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			89%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			83%
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			78%

Institutional Management	National Subscore 70	Puerto Rico Subscore 70	Puerto Rico 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			78%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			72%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			94%
Hospital pays a fair market price for infant formula			11%
Hospital has 100% of written policy elements§			17%

*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.

Questions about the mPINC survey?

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

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

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

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Rhode Island Results Report

State Total Score*

96

National Total Score*

79

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, 5 of 5 eligible hospitals in Rhode Island participated (100%).

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.

Immediate Postpartum Care	National Subscore 81	Rhode Island Subscore 93	Rhode Island Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			100%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			80%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			80%
Newborns are monitored continuously for the first 2 hours after birth			100%

Rooming-In	National Subscore 71	Rhode Island Subscore 96	Rhode Island Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			100%
Routine newborn exams, procedures, and care occur in the mother's room			60%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			100%

Feeding Practices	National Subscore 82	Rhode Island Subscore 92	Rhode Island Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			40%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			100%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			80%

Feeding Education & Support	National Subscore 92	Rhode Island Subscore 99	Rhode Island Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			80%
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			100%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			100%

Discharge Support	National Subscore 78	Rhode Island Subscore 100	Rhode Island 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			100%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			100%
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			100%

Institutional Management	National Subscore 70	Rhode Island Subscore 95	Rhode Island 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			80%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			100%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			100%
Hospital pays a fair market price for infant formula			80%
Hospital has 100% of written policy elements§			80%

*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.

Questions about the mPINC survey?

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

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

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CS 316011-A April 20, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 South Carolina Results Report

State Total Score*

77

National Total Score*

79

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, 27 of 42 eligible hospitals in South Carolina participated (64%).

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.

Immediate Postpartum Care	National Subscore 81	South Carolina Subscore 74	South Carolina Hospitals with Ideal Response
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)			52%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			81%
Newborns are monitored continuously for the first 2 hours after birth			52%

Rooming-In	National Subscore 71	South Carolina Subscore 64	South Carolina Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			78%
Routine newborn exams, procedures, and care occur in the mother's room			41%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			48%

Feeding Practices	National Subscore 82	South Carolina Subscore 83	South Carolina Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			41%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			93%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			74%

Feeding Education & Support	National Subscore 92	South Carolina Subscore 92	South Carolina Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			81%
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			81%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			63%

Discharge Support	National Subscore 78	South Carolina Subscore 76	South Carolina 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			59%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			93%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			93%
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			59%

Institutional Management	National Subscore 70	South Carolina Subscore 70	South Carolina 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			44%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			78%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			89%
Hospital pays a fair market price for infant formula			48%
Hospital has 100% of written policy elements§			33%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 20, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 South Dakota Results Report

State Total Score*

73

National Total Score*

79

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, 13 of 20 eligible hospitals in South Dakota participated (65%).

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.

Immediate Postpartum Care	National Subscore 81	South Dakota Subscore 82	South Dakota Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			69%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			46%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			85%
Newborns are monitored continuously for the first 2 hours after birth			62%
Rooming-In	**National Subscore 71**	**South Dakota Subscore 60**	**South Dakota Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			38%
Routine newborn exams, procedures, and care occur in the mother's room			15%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			69%
Feeding Practices	**National Subscore 82**	**South Dakota Subscore 81**	**South Dakota Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			77%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			77%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			54%

Feeding Education & Support	National Subscore 92	South Dakota Subscore 92	South Dakota Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			77%
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			85%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			46%

Discharge Support	National Subscore 78	South Dakota Subscore 73	South Dakota 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			69%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			100%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			92%
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			31%

Institutional Management	National Subscore 70	South Dakota Subscore 52	South Dakota 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			46%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			46%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			77%
Hospital pays a fair market price for infant formula			15%
Hospital has 100% of written policy elements§			15%

*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.

Questions about the mPINC survey?

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

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

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

CS 316011-A April 21, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Tennessee Results Report

State Total Score*

72

National Total Score*

79

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, 44 of 60 eligible hospitals in Tennessee participated (73%).

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.

Immediate Postpartum Care	National Subscore 81	Tennessee Subscore 70	Tennessee Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			50%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			39%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			70%
Newborns are monitored continuously for the first 2 hours after birth			57%
Rooming-In	**National Subscore 71**	**Tennessee Subscore 60**	**Tennessee Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			48%
Routine newborn exams, procedures, and care occur in the mother's room			14%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			75%
Feeding Practices	**National Subscore 82**	**Tennessee Subscore 73**	**Tennessee Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			41%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			68%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			52%

Feeding Education & Support	National Subscore 92	Tennessee Subscore 92	Tennessee Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			82%
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			66%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			57%

Discharge Support	National Subscore 78	Tennessee Subscore 70	Tennessee 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			77%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			80%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			84%
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			39%

Institutional Management	National Subscore 70	Tennessee Subscore 66	Tennessee 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			59%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			73%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			95%
Hospital pays a fair market price for infant formula			18%
Hospital has 100% of written policy elements§			12%

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

Questions about the mPINC survey?

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

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

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

CS 316011-A April 20, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Texas Results Report

State Total Score*

77

National Total Score*

79

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, 153 of 226 eligible hospitals in Texas participated (68%).

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.

Immediate Postpartum Care	National Subscore 81	Texas Subscore 78	Texas Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			63%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			42%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			84%
Newborns are monitored continuously for the first 2 hours after birth			65%
Rooming-In	**National Subscore 71**	**Texas Subscore 70**	**Texas Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			80%
Routine newborn exams, procedures, and care occur in the mother's room			21%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			65%
Feeding Practices	**National Subscore 82**	**Texas Subscore 77**	**Texas Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			22%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			89%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			54%

Feeding Education & Support	National Subscore 92	Texas Subscore 92	Texas Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			71%
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			76%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			71%

Discharge Support	National Subscore 78	Texas Subscore 76	Texas 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			70%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			85%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			92%
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			58%

Institutional Management	National Subscore 70	Texas Subscore 70	Texas 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			63%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			73%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			92%
Hospital pays a fair market price for infant formula			31%
Hospital has 100% of written policy elements§			25%

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

Questions about the mPINC survey?

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

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

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CS 316011-A April 21, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Utah Results Report

State Total Score*

73

National Total Score*

79

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, 24 of 44 eligible hospitals in Utah participated (55%).

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.

Immediate Postpartum Care	National Subscore 81	Utah Subscore 80	Utah Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			75%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			42%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			71%
Newborns are monitored continuously for the first 2 hours after birth			67%
Rooming-In	**National Subscore 71**	**Utah Subscore 62**	**Utah Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			58%
Routine newborn exams, procedures, and care occur in the mother's room			4%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			67%
Feeding Practices	**National Subscore 82**	**Utah Subscore 80**	**Utah Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			33%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			96%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			38%

Feeding Education & Support	National Subscore 92	Utah Subscore 90	Utah Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			75%
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			58%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			50%

Discharge Support	National Subscore 78	Utah Subscore 68	Utah 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			83%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			75%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			88%
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			25%

Institutional Management	National Subscore 70	Utah Subscore 60	Utah 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			54%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			58%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			88%
Hospital pays a fair market price for infant formula			17%
Hospital has 100% of written policy elements§			17%

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

Questions about the mPINC survey?

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

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

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

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Vermont Results Report

State Total Score*

82

National Total Score*

79

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, 8 of 12 eligible hospitals in Vermont participated (67%).

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.

Immediate Postpartum Care	National Subscore 81	Vermont Subscore 81	Vermont Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			100%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			50%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			100%
Newborns are monitored continuously for the first 2 hours after birth			50%
Rooming-In	**National Subscore 71**	**Vermont Subscore 65**	**Vermont Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			75%
Routine newborn exams, procedures, and care occur in the mother's room			25%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			50%
Feeding Practices	**National Subscore 82**	**Vermont Subscore 94**	**Vermont Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			75%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			100%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			63%

Feeding Education & Support	National Subscore 92	Vermont Subscore 94	Vermont Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			63%
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			88%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			63%

Discharge Support	National Subscore 78	Vermont Subscore 91	Vermont 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			75%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			88%
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			100%

Institutional Management	National Subscore 70	Vermont Subscore 70	Vermont 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			75%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			38%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			100%
Hospital pays a fair market price for infant formula			63%
Hospital has 100% of written policy elements§			25%

*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.

Questions about the mPINC survey?

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

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

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CS 316011-A April 21, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Virginia Results Report

State Total Score*

81

National Total Score*

79

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, 36 of 57 eligible hospitals in Virginia participated (63%).

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.

Immediate Postpartum Care	National Subscore 81	Virginia Subscore 83	Virginia Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			69%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			58%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			86%
Newborns are monitored continuously for the first 2 hours after birth			61%
Rooming-In	**National Subscore 71**	**Virginia Subscore 70**	**Virginia Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			64%
Routine newborn exams, procedures, and care occur in the mother's room			36%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			78%
Feeding Practices	**National Subscore 82**	**Virginia Subscore 84**	**Virginia Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			31%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			92%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			69%

Feeding Education & Support	National Subscore 92	Virginia Subscore 94	Virginia Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			78%
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			72%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			72%

Discharge Support	National Subscore 78	Virginia Subscore 81	Virginia 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			69%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			92%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			92%
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			69%

Institutional Management	National Subscore 70	Virginia Subscore 74	Virginia 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			78%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			67%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			97%
Hospital pays a fair market price for infant formula			42%
Hospital has 100% of written policy elements§			33%

*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.

Questions about the mPINC survey?

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

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

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

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Washington Results Report

State Total Score*

85

National Total Score*

79

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, 45 of 61 eligible hospitals in Washington participated (74%).

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.

Immediate Postpartum Care	National Subscore 81	Washington Subscore 86	Washington Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			76%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			51%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			98%
Newborns are monitored continuously for the first 2 hours after birth			69%
Rooming-In	**National Subscore 71**	**Washington Subscore 86**	**Washington Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			100%
Routine newborn exams, procedures, and care occur in the mother's room			58%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			76%
Feeding Practices	**National Subscore 82**	**Washington Subscore 90**	**Washington Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			69%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			96%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			69%

Feeding Education & Support	National Subscore 92	Washington Subscore 93	Washington Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			76%
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			76%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			67%

Discharge Support	National Subscore 78	Washington Subscore 86	Washington 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			80%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			87%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			93%
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			84%

Institutional Management	National Subscore 70	Washington Subscore 70	Washington 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			73%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			49%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			87%
Hospital pays a fair market price for infant formula			64%
Hospital has 100% of written policy elements§			25%

*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.

Questions about the mPINC survey?

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

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

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CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 West Virginia Results Report

State Total Score*

76

National Total Score*

79

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, 20 of 24 eligible hospitals in West Virginia participated (83%).

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.

Immediate Postpartum Care	National Subscore 81	West Virginia Subscore 73	West Virginia Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			50%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			20%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			70%
Newborns are monitored continuously for the first 2 hours after birth			65%

Rooming-In	National Subscore 71	West Virginia Subscore 64	West Virginia Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			65%
Routine newborn exams, procedures, and care occur in the mother's room			5%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			80%

Feeding Practices	National Subscore 82	West Virginia Subscore 80	West Virginia Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			35%
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			65%

Feeding Education & Support	National Subscore 92	West Virginia Subscore 87	West Virginia Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			65%
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			70%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			40%

Discharge Support	National Subscore 78	West Virginia Subscore 80	West Virginia 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			65%
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			65%

Institutional Management	National Subscore 70	West Virginia Subscore 72	West Virginia 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			45%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			75%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			95%
Hospital pays a fair market price for infant formula			45%
Hospital has 100% of written policy elements§			40%

*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.

Questions about the mPINC survey?

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

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

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CS 316011-A April 22, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Wisconsin Results Report

State Total Score*

80

National Total Score*

79

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, 69 of 90 eligible hospitals in Wisconsin participated (77%).

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.

Immediate Postpartum Care	National Subscore 81	Wisconsin Subscore 84	Wisconsin Hospitals with Ideal Response
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)			41%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			99%
Newborns are monitored continuously for the first 2 hours after birth			75%
Rooming-In	**National Subscore 71**	**Wisconsin Subscore 67**	**Wisconsin Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			71%
Routine newborn exams, procedures, and care occur in the mother's room			16%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			67%
Feeding Practices	**National Subscore 82**	**Wisconsin Subscore 86**	**Wisconsin Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			52%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			97%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			57%

Feeding Education & Support	National Subscore 92	Wisconsin Subscore 93	Wisconsin Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			70%
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			70%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			67%

Discharge Support	National Subscore 78	Wisconsin Subscore 80	Wisconsin 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			68%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			87%
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			65%

Institutional Management	National Subscore 70	Wisconsin Subscore 68	Wisconsin 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			49%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			99%
Hospital pays a fair market price for infant formula			52%
Hospital has 100% of written policy elements§			20%

*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.

Questions about the mPINC survey?

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

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

CS 316011-A April 24, 2020

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Wyoming Results Report

State Total Score*

76

National Total Score*

79

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, 10 of 20 eligible hospitals in Wyoming participated (50%).

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.

Immediate Postpartum Care	National Subscore 81	Wyoming Subscore 79	Wyoming Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			80%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			50%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			100%
Newborns are monitored continuously for the first 2 hours after birth			60%

Rooming-In	National Subscore 71	Wyoming Subscore 80	Wyoming Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day			90%
Routine newborn exams, procedures, and care occur in the mother's room			0%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			100%

Feeding Practices	National Subscore 82	Wyoming Subscore 84	Wyoming Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			80%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			90%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			50%

Feeding Education & Support	National Subscore 92	Wyoming Subscore 90	Wyoming Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula			70%
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			50%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			30%

Discharge Support	National Subscore 78	Wyoming Subscore 73	Wyoming 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			80%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			80%
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			30%

Institutional Management	National Subscore 70	Wyoming Subscore 50	Wyoming 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			40%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			20%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			80%
Hospital pays a fair market price for infant formula			40%
Hospital has 100% of written policy elements§			0%

*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.

Questions about the mPINC survey?

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

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