



## Document Details

<b>Docket ID:</b>	CDC-2017-0086
<b>Docket Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories
<b>Document File:</b>	
<b>Docket Phase:</b>	Notice
<b>Phase Sequence:</b>	1
<b>Original Document ID:</b>	CDC-2017-0086-DRAFT-0002
<b>Current Document ID:</b>	CDC-2017-0086-0002
<b>Title:</b>	Jean Public <jeanpublic1@yahoo.com> 2017-25260
<b>Number of Attachments:</b>	1
<b>Document Type:</b>	PUBLIC SUBMISSIONS
<b>Document Subtype:</b>	
<b>Comment on Document ID:</b>	CDC-2017-0086-0001
<b>Comment on Document Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories 2017-25260
<b>Status:</b>	Posted
<b>Received Date:</b>	11/29/2017
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<b>Posting Restriction:</b>	No restrictions
<b>Submission Type:</b>	
<b>Number of Submissions:</b>	1

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### Submitter Info

<b>Comment:</b>	See Attached
<b>First Name:</b>	
<b>Last Name:</b>	
<b>ZIP/Postal Code:</b>	
<b>Email Address:</b>	

**Organization Name:** 

**Cover Page:** 


## Document Optional Details

**Status Set Date:** 11/29/2017

**Current Assignee:** NA

**Status Set By:** Burroughs-Stokes, Kennya LaTrice (CDC)

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## Submitter Info

**Comment:** See Attached  

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<b>Document File:</b>	
<b>Docket Phase:</b>	Notice
<b>Phase Sequence:</b>	1
<b>Original Document ID:</b>	CDC-2017-0086-DRAFT-0003
<b>Current Document ID:</b>	CDC-2017-0086-0003
<b>Title:</b>	Comment from (Miriam Giskin)
<b>Number of Attachments:</b>	0
<b>Document Type:</b>	PUBLIC SUBMISSIONS
<b>Document Subtype:</b>	
<b>Comment on Document ID:</b>	CDC-2017-0086-0001
<b>Comment on Document Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories 2017-25260
<b>Status:</b>	Posted
<b>Received Date:</b>	12/27/2017
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<b>Current Assignee:</b>	NA
<b>Status Set By:</b>	Burroughs-Stokes, Kennya LaTrice (CDC)
<b>Comment Start Date:</b>	11/27/2017
<b>Comment Due Date:</b>	01/22/2018
<b>Tracking Number:</b>	1k1-90l2-3rm2

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## Submitter Info

**Comment:** Breastfeeding education and support cannot be as effective without sufficient time to establish the breastfeeding relationship between mother and child. Without sufficient paid maternity leave the chances for success are severely compromised. Unless this public policy is addressed as a significant health issue the gap between breastfeeding rates in the United States and other countries is not likely to improve and the gap within the United States between African American women and other segments of the population also is not likely to change. If we want to improve outcomes for mothers and children we must create the conditions for success. Mothers are not simply choosing not to breastfeed or experiencing failure for lack of knowledge. Lack of knowledge is only a piece of the puzzle. Even knowing what she should do and successfully initiating breastfeeding is not enough to ensure success without the means for mother and child to be together to not only establish but maintain the breastfeeding relationship. Dependence on a pump or reliance on supplemental artificial feeding only serve to undermine improved results. \* 

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<b>Document File:</b>	
<b>Docket Phase:</b>	Notice
<b>Phase Sequence:</b>	1
<b>Original Document ID:</b>	CDC-2017-0086-DRAFT-0004
<b>Current Document ID:</b>	CDC-2017-0086-0004
<b>Title:</b>	Comment from (Marsha Walker)
<b>Number of Attachments:</b>	0
<b>Document Type:</b>	PUBLIC SUBMISSIONS
<b>Document Subtype:</b>	
<b>Comment on Document ID:</b>	CDC-2017-0086-0001
<b>Comment on Document Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories 2017-25260
<b>Status:</b>	Posted
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<b>Status Set By:</b>	Burroughs-Stokes, Kennya LaTrice (CDC)
<b>Comment Start Date:</b>	11/27/2017
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<b>Tracking Number:</b>	1k2-90r5-m2sx

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## Submitter Info

**Comment:** The mPINC Survey conducted by the CDC has proven to be of enormous benefit as a benchmarking tool for continued excellence in breastfeeding-related maternity care practices. It has helped hospitals understand and improve their lactation support services, a necessary step in reaching and exceeding the Healthy People breastfeeding goals for the nation. An additional survey question that I would suggest be added to future mPINC surveys is one regarding the percentage of hospitals that have a staffing ratio of IBCLCs (International Board Certified Lactation Consultants) that meets the recommendations of the US Lactation Consultant Association (USLCA). USLCA is the professional association for lactation consultants and has stated optimal staffing ratios for IBCLCs in hospitals as follows: - Hospital with Level I neonatal service would require 1.3 FTEs per 1000 deliveries per year for the in-patient setting - Hospital with Level II neonatal service would require 1.6 FTEs per 1000 deliveries per year for the in-patient setting - Hospital with Level III neonatal service would require 1.9 FTEs per 1000 deliveries per year for in-patient setting The entire document is available at: [http://uslca.org/wp-content/uploads/2015/12/IBCLC\\_Staffing\\_Recommendations\\_July\\_2010-Watermark.pdf](http://uslca.org/wp-content/uploads/2015/12/IBCLC_Staffing_Recommendations_July_2010-Watermark.pdf) The availability of lactation care and services provided by an IBCLC has been shown to significantly improve breastfeeding outcomes compared with other healthcare providers. An extensive bibliography on the efficacy of the IBCLC can be found at: <https://uslca.org/wp-content/uploads/2016/07/Efficacy-of-the-IBCLC-Watermark.pdf> Adding a question regarding the availability of the IBCLC according to the recommended staffing ratio would contribute to a better snapshot of the quality of lactation care provided by a hospital and serve to set a standard for optimal care. \* 

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<b>Docket Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories
<b>Document File:</b>	
<b>Docket Phase:</b>	Notice
<b>Phase Sequence:</b>	1
<b>Original Document ID:</b>	CDC-2017-0086-DRAFT-0005
<b>Current Document ID:</b>	CDC-2017-0086-0005
<b>Title:</b>	Comment from (Brenda Bandy)
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<b>Document Subtype:</b>	
<b>Comment on Document ID:</b>	CDC-2017-0086-0001
<b>Comment on Document Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories 2017-25260
<b>Status:</b>	Posted
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<b>Status Set By:</b>	Burroughs-Stokes, Kennya LaTrice (CDC)
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## Submitter Info

**Comment:** The Kansas Breastfeeding Coalition, Inc. strongly supports the continuation of the Maternity Practices in Infant Nutrition and Care (mPINC) survey and the updated content to reflect changes in maternity care over time. Results of this survey have a high-degree of practical utility and are imperative in sustaining improved birthing hospital breastfeeding support practices and in encouraging hospitals to increase their efforts. The mPINC report provides valuable cumulative state data to state breastfeeding coordinators and state coalitions offering a way to track improvements over several years. Hospitals use the mPINC survey as a measure of their progress toward meeting their breastfeeding support goals. Many Kansas hospitals use their mPINC facilities benchmark report to measure improvement in their maternity care practices supportive of breastfeeding. The high response rates by hospitals in Kansas to the previous iterations of the mPINC survey (89% in 2007, 89% in 2009, 84% in 2011, 84% in 2013, and 93% in 2015) indicate that the methodology is appropriate, reflects high interest among Kansas hospitals and a low burden of the collection of information. The Kansas Breastfeeding Coalition (KBC) utilizes mPINC state report to provide education and technical assistance across systems to improve hospital maternity care practices. The KBC advises and supports the Kansas' High 5 for Mom and Baby program, administered by the United Methodist Health Ministry Fund. This program relies on the mPINC survey to determine hospitals' needs for information and technical assistance. Discontinuation of the mPINC would undermine the effectiveness of this program and other state-level efforts to improve hospital maternity care practices. Continuation of the mPINC survey is imperative to support hospital's efforts to provide evidence-based maternity care. \* 

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**Organization Name:** Kansas Breastfeeding Coalition 

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<b>Document File:</b>	
<b>Docket Phase:</b>	Notice
<b>Phase Sequence:</b>	1
<b>Original Document ID:</b>	CDC-2017-0086-DRAFT-0006
<b>Current Document ID:</b>	CDC-2017-0086-0006
<b>Title:</b>	Comment from (Cindy Calderon)
<b>Number of Attachments:</b>	0
<b>Document Type:</b>	PUBLIC SUBMISSIONS
<b>Document Subtype:</b>	
<b>Comment on Document ID:</b>	CDC-2017-0086-0001
<b>Comment on Document Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories 2017-25260
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<b>Status Set By:</b>	Burroughs-Stokes, Kennya LaTrice (CDC)
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## Submitter Info

**Comment:** The Puerto Rico Department of Health Mother Child Adolescent Health (MCAH) Division and the Breastfeeding Promotion Collaborative Group (coordinated by the MCAH Staff) strongly support the continuation of the Maternity Practices in Infant Nutrition and Care (mPINC) survey . The mPINC survey of the CDC is an instrument that provides valuable information that reflects on the practices in birthing hospital that influence mother and neonate well-being, and its content is updated so as to allow evaluation of the adoption of the latest recommendations of best practices in maternity care. In Puerto Rico, The MCAH Division and the Collaborative Group for the Promotion of Breastfeeding use the data obtained to help identify the impact of multiple efforts at the local and national level on the practices that help establish successful breastfeeding in the birthing setting and identify gaps in services useful when proposing strategies and policies to promote improved quality of care. For the jurisdiction of Puerto Rico, due to the prevalence of Spanish as the main language, we strongly recommend further efforts in developing a Spanish version of the questionnaire to improve the participation of hospitals. The MCAH Division of the Puerto Rico Health Department uses the data shared by the mPINC to supplement information obtained from other instruments to help identify the status and improvements needed of the maternity and neonate health care practices in hospital. The information helps in proposing strategies at the local and National level. 

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<b>Original Document ID:</b>	CDC-2017-0086-DRAFT-0007
<b>Current Document ID:</b>	CDC-2017-0086-0007
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<b>Comment on Document ID:</b>	CDC-2017-0086-0001
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<b>Tracking Number:</b>	1k2-90yg-qpti

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## Submitter Info

**Comment:** Administering this important survey has helped breastfeeding rates of initiation, exclusivity and duration increase. Having these data have enabled our city's Multi-Hospital Breastfeeding Taskforce to set measurable goals. This is a wonderful use of tax dollars. Please keep it on- going. \*

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**Last Name:** Lee 

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**Organization Name:** 

**Cover Page:** 

## Document Optional Details

### Submitter Info


**Comment:** Administering this important survey has helped breastfeeding rates of initiation, exclusivity and duration increase. Having these data have enabled our city's Multi-Hospital Breastfeeding Taskforce to set measurable goals. This is a wonderful use of tax dollars. Please keep it on- going. \*


**First Name:** Nikki 

**Last Name:** Lee 

**ZIP/Postal Code:** 19027

**Email Address:** nleeguitar@aol.com

**Organization Name:** 

**Cover Page:** 



## Document Details

<b>Docket ID:</b>	CDC-2017-0086
<b>Docket Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories
<b>Document File:</b>	
<b>Docket Phase:</b>	Notice
<b>Phase Sequence:</b>	1
<b>Original Document ID:</b>	CDC-2017-0086-DRAFT-0008
<b>Current Document ID:</b>	CDC-2017-0086-0008
<b>Title:</b>	Comment from (Terry Miller)
<b>Number of Attachments:</b>	0
<b>Document Type:</b>	PUBLIC SUBMISSIONS
<b>Document Subtype:</b>	
<b>Comment on Document ID:</b>	CDC-2017-0086-0001
<b>Comment on Document Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories 2017-25260
<b>Status:</b>	Posted
<b>Received Date:</b>	01/18/2018
<b>Date Posted:</b>	01/22/2018
<b>Posting Restriction:</b>	No restrictions
<b>Submission Type:</b>	Web
<b>Number of Submissions:</b>	1


## Document Optional Details

<b>Status Set Date:</b>	01/22/2018
<b>Current Assignee:</b>	NA
<b>Status Set By:</b>	Burroughs-Stokes, Kennya LaTrice (CDC)
<b>Comment Start Date:</b>	11/27/2017
<b>Comment Due Date:</b>	01/22/2018
<b>Tracking Number:</b>	1k2-90zv-t01i

Page Count: 1 

Total Page Count  
Including Attachments: 1

## Submitter Info

**Comment:** Please note that several hospitals in our state noted they received a low score or a score of "0" on a survey criteria bringing down their overall MPINC score of that facility. They were either Baby-Friendly designated or in the process of designation so their other category scores were high. There should be a way to address this outlier score on the survey. When our partners see a "0" score they begin to devalue the validity of the overall score and share this with other hospitals on conference calls. Lastly, it seems that every survey year one of our hospital's is missed, even if they have completed the previous survey. Our partner facilities value MPINC tool and hope these issues can be addressed. 

**First Name:** Terry 

**Last Name:** Miller 

**ZIP/Postal Code:**


**Email Address:**

**Organization Name:** 

**Cover Page:** 

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**First Name:** Terry 

**Last Name:** Miller 

**ZIP/Postal Code:**

**Email Address:**

**Organization Name:** 

**Cover Page:** 

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**First Name:**

Terry 🌐

**Last Name:**

Miller 🌐

**ZIP/Postal Code:****Email Address:****Organization Name:****Cover Page:**



## Document Details

<b>Docket ID:</b>	CDC-2017-0086
<b>Docket Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories
<b>Document File:</b>	
<b>Docket Phase:</b>	Notice
<b>Phase Sequence:</b>	1
<b>Original Document ID:</b>	CDC-2017-0086-DRAFT-0009
<b>Current Document ID:</b>	CDC-2017-0086-0009
<b>Title:</b>	Comment from (Gwendolyn Whittit)
<b>Number of Attachments:</b>	1
<b>Document Type:</b>	PUBLIC SUBMISSIONS
<b>Document Subtype:</b>	
<b>Comment on Document ID:</b>	CDC-2017-0086-0001
<b>Comment on Document Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories 2017-25260
<b>Status:</b>	Posted
<b>Received Date:</b>	01/19/2018
<b>Date Posted:</b>	01/22/2018
<b>Posting Restriction:</b>	No restrictions
<b>Submission Type:</b>	Web
<b>Number of Submissions:</b>	1

## Document Optional Details

<b>Status Set Date:</b>	01/22/2018
<b>Current Assignee:</b>	NA
<b>Status Set By:</b>	Burroughs-Stokes, Kennya LaTrice (CDC)
<b>Comment Start Date:</b>	11/27/2017
<b>Comment Due Date:</b>	01/22/2018
<b>Tracking Number:</b>	1k2-910n-9ps6




**Page Count:** 1 

**Total Page Count  
Including Attachments:** 1

## Submitter Info

**Comment:** See attached file(s) 


**First Name:** Gwendolyn 

**Last Name:** Whittit 

**ZIP/Postal Code:** 67052

**Email Address:** coordinator@high5kansas.org

**Organization Name:** 

**Cover Page:** 

## Document Optional Details

### Submitter Info

**Comment:** See attached file(s) 

**First Name:** Gwendolyn 

**Last Name:** Whittit 

**ZIP/Postal Code:** 67052

**Email Address:** coordinator@high5kansas.org

**Organization Name:** 

**Cover Page:** 

## Document Optional Details

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**Comment:** See attached file(s) 

**First Name:** Gwendolyn 

**Last Name:** Whittit 

**ZIP/Postal Code:** 67052

**Email Address:** coordinator@high5kansas.org

**Organization Name:** 

**Cover Page:** 



Docket No. CDC-2017-0086  
Leroy A. Richardson  
Information Collection Review Office  
Center for Disease Control and Prevention  
1600 Clifton Road NE. MS-D74  
Atlanta, GA 30329

To whom it may concern:

The Kansas High 5 for Mom & Baby Program strongly supports the continuation of the Maternity Practices in Infant Nutrition and Care (mPINC) survey.

High 5 for Mom and Baby is a 5-step program that strives to improve breastfeeding rates, duration and exclusivity in Kansas by assisting hospitals to improving maternity care and practices in the hospital. We often use the mPINC survey to determine a participating hospital's strengths and weaknesses so that attention can focus on improvement. Without the survey, we would not have a standard to begin from. We believe it is a practical measurement of a hospital's performance in maternity care delivered.

Hospitals are looking forward to the next mPINC survey and appreciate the feedback on their policies and practices so that improvements in patient care can be made. Hospitals that I have talked with appreciate being able to take the survey online.

As the High 5 for Mom & Baby program has been implemented throughout Kansas, we have seen the state benchmark score for Kansas improve and hope to see continued improvement. Without the mPINC, it will be difficult to measure the success of many breastfeeding programs implemented in our state and the impact of the Kansas High 5 for Mom & Baby program in particular.

This state data is also valuable information. Our program is currently in the process of making a second level recognition and have been analyzing our state mPINC data to target areas where the greatest need may be. Our state breastfeeding coordinator and our state breastfeeding coalition use the state data as a measure of change in maternity care practices resulting from their education and outreach efforts.

In summary, High 5 for Mom & Baby encourages you to continue the mPINC survey in the coming years. It is a very important tool in Kansas, and one of our only means to look at maternity care or breastfeeding support in the hospital setting in a standardized way.

Gwen Whittit RN IBCLC  
High 5 for Mom and Baby Program Coordinator  
P.O. Box 1384  
Hutchinson, KS 67504-1384  
[www.high5kansas.org](http://www.high5kansas.org)  
[coordinator@high5kansas.org](mailto:coordinator@high5kansas.org)  
316.648.5106



## Document Details

<b>Docket ID:</b>	CDC-2017-0086
<b>Docket Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories
<b>Document File:</b>	
<b>Docket Phase:</b>	Notice
<b>Phase Sequence:</b>	1
<b>Original Document ID:</b>	CDC-2017-0086-DRAFT-0010
<b>Current Document ID:</b>	CDC-2017-0086-0010
<b>Title:</b>	Comment from (Christine Sasse)
<b>Number of Attachments:</b>	0
<b>Document Type:</b>	PUBLIC SUBMISSIONS
<b>Document Subtype:</b>	
<b>Comment on Document ID:</b>	CDC-2017-0086-0001
<b>Comment on Document Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories 2017-25260
<b>Status:</b>	Posted
<b>Received Date:</b>	01/22/2018
<b>Date Posted:</b>	01/26/2018
<b>Posting Restriction:</b>	No restrictions
<b>Submission Type:</b>	Web
<b>Number of Submissions:</b>	1


## Document Optional Details

<b>Status Set Date:</b>	01/26/2018
<b>Current Assignee:</b>	NA
<b>Status Set By:</b>	Burroughs-Stokes, Kennya LaTrice (CDC)
<b>Comment Start Date:</b>	11/27/2017
<b>Comment Due Date:</b>	01/22/2018
<b>Tracking Number:</b>	1k2-912g-kjx8

Page Count: 1 

Total Page Count  
Including Attachments: 1

## Submitter Info

**Comment:** WIC breastfeeding professionals rely on mPINC to enhance breastfeeding support and intervention. The mPINC provides valuable indicators about our participants' earliest breastfeeding experience and support. This insight allows WIC practitioners to better assess, tailor, and support participant's continued breastfeeding post-discharge. In the years since mPINC began, we recognize that hospital staff appear better equipped to provide accuracy in mPINC reporting. 


**First Name:** Christine 

**Last Name:** Sasse 

**ZIP/Postal Code:**


**Email Address:**

**Organization Name:** Arkansas WIC-Breastfeeding 

**Cover Page:** 

## Document Optional Details

### Submitter Info

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**First Name:** Christine 

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**Email Address:**

**Organization Name:** Arkansas WIC-Breastfeeding 

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**First Name:** Christine 🌐

**Last Name:** Sasse 🌐

**ZIP/Postal Code:**

**Email Address:**

**Organization Name:** Arkansas WIC-Breastfeeding 🌐

**Cover Page:** 



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<b>Docket ID:</b>	CDC-2017-0086
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<b>Document File:</b>	
<b>Docket Phase:</b>	Notice
<b>Phase Sequence:</b>	1
<b>Original Document ID:</b>	CDC-2017-0086-DRAFT-0011
<b>Current Document ID:</b>	CDC-2017-0086-0011
<b>Title:</b>	Comment from (Christine Sasse)
<b>Number of Attachments:</b>	0
<b>Document Type:</b>	PUBLIC SUBMISSIONS
<b>Document Subtype:</b>	
<b>Comment on Document ID:</b>	CDC-2017-0086-0001
<b>Comment on Document Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories 2017-25260
<b>Status:</b>	Posted
<b>Received Date:</b>	01/22/2018
<b>Date Posted:</b>	01/26/2018
<b>Posting Restriction:</b>	No restrictions
<b>Submission Type:</b>	Web
<b>Number of Submissions:</b>	1


## Document Optional Details

<b>Status Set Date:</b>	01/26/2018
<b>Current Assignee:</b>	NA
<b>Status Set By:</b>	Burroughs-Stokes, Kennya LaTrice (CDC)
<b>Comment Start Date:</b>	11/27/2017
<b>Comment Due Date:</b>	01/22/2018
<b>Tracking Number:</b>	1k2-912h-oebs

**Page Count:** 1 

**Total Page Count  
Including Attachments:** 1

## Submitter Info

**Comment:** Expanding the mPINC to all hospitals that provide maternity services would increase validity and applicability of mPINC data. We suggest that 1) hospitals participating in the Maternity Core Measures be included in mPINC and 2) State hospital associations encourage hospitals to participate. \* 


**First Name:** Christine 

**Last Name:** Sasse 

**ZIP/Postal Code:**


**Email Address:**

**Organization Name:** Arkansas Breastfeeding Promotion Taskforce 

**Cover Page:** 

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**First Name:** Christine 

**Last Name:** Sasse 

**ZIP/Postal Code:**


**Email Address:**

**Organization Name:** Arkansas Breastfeeding Promotion Taskforce 

**Cover Page:** 

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**First Name:** Christine 

**Last Name:** Sasse 

**ZIP/Postal Code:**

**Email Address:**

**Organization Name:**

Arkansas Breastfeeding Promotion Taskforce 

**Cover Page:**







## Document Details

<b>Docket ID:</b>	CDC-2017-0086
<b>Docket Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories
<b>Document File:</b>	
<b>Docket Phase:</b>	Notice
<b>Phase Sequence:</b>	1
<b>Original Document ID:</b>	CDC-2017-0086-DRAFT-0012
<b>Current Document ID:</b>	CDC-2017-0086-0012
<b>Title:</b>	Comment from (Anonymous Anonymous)
<b>Number of Attachments:</b>	1
<b>Document Type:</b>	PUBLIC SUBMISSIONS
<b>Document Subtype:</b>	
<b>Comment on Document ID:</b>	CDC-2017-0086-0001
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<b>Status:</b>	Posted
<b>Received Date:</b>	01/22/2018
<b>Date Posted:</b>	01/26/2018
<b>Posting Restriction:</b>	No restrictions
<b>Submission Type:</b>	Web
<b>Number of Submissions:</b>	1


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<b>Status Set Date:</b>	01/26/2018
<b>Current Assignee:</b>	NA
<b>Status Set By:</b>	Burroughs-Stokes, Kennya LaTrice (CDC)
<b>Comment Start Date:</b>	11/27/2017
<b>Comment Due Date:</b>	01/22/2018
<b>Tracking Number:</b>	1k2-912k-3bg8

Page Count: 1 

Total Page Count  
Including Attachments: 1

## Submitter Info


Comment: See attached file(s)  

First Name: Anonymous 

Last Name: Anonymous 

ZIP/Postal Code:


Email Address:

Organization Name: 1,000 Days 

Cover Page: 

## Document Optional Details

### Submitter Info

Comment: See attached file(s)  

First Name: Anonymous 

Last Name: Anonymous 

ZIP/Postal Code:


Email Address:


Organization Name: 1,000 Days 

Cover Page: 

## Document Optional Details

### Submitter Info

Comment: See attached file(s)  

First Name: Anonymous 

Last Name: Anonymous 

ZIP/Postal Code:

Email Address:

Organization Name: 1,000 Days 

Cover Page: 



January 22, 2018

Leroy A. Richardson  
Information Collection Review Office  
Centers for Disease Control and Prevention  
1600 Clifton Road NE., MS– D74  
Atlanta, Georgia 30329.

*Submitted electronically through regulations.gov*

*RE: Docket No. CDC–2017– 0086*

Dear Mr. Richardson,

1,000 Days thanks you for the opportunity to comment on the proposed information collection project: Monitoring Breastfeeding-Related Maternity Care—US Hospitals. 1,000 Days strongly supports the Maternity Practices in Infant Nutrition and Care (mPINC) survey as a critical tool to monitor and examine changes in breastfeeding-related maternity care practices in hospitals across the country and, in turn, improve breastfeeding rates.

1,000 Days is the leading organization working in the U.S. and around the world to improve nutrition for mothers and children during the critical 1,000 day window from a woman's pregnancy through her child's 2<sup>nd</sup> birthday. During this time, how well or how poorly a child is nourished has a profound impact on her ability to grow, learn and thrive. Infancy in particular is a time of remarkable brain development and growth, which is primarily fueled by the nourishment a baby receives. And when it comes to brain development, breastmilk is the ultimate superfood.

Breastmilk contains a variety of nutrients, growth factors and hormones that are vital for a child's early brain development. Because breastmilk is a living substance with unique components that cannot be replicated in infant formula, its impact on brain development is unparalleled. Using neuroimaging technology, scientists have been able to see that children who were exclusively breastfed (no food or liquids other than breastmilk) for at least 3 months had increased white matter development in several brain regions, associated with executive functioning, planning, social-emotional functioning and language. A recent study followed pre-term infants from birth until later childhood and found that children who were fed more breastmilk within the first 28 days of life had larger volumes of certain regions of the brain and by age 7, had higher IQs and better scores in reading, mathematics, working memory and motor function tests.

In addition to the brain-building benefits it provides, breastfeeding gives babies the healthiest start to life. The nutritional and immunological properties unique to breastmilk help protect babies from infection and illness. Breastfeeding is key to helping reduce infant mortality as breastfed infants are less likely to die as a result of Sudden Infant Death Syndrome (SIDS)—a leading cause of infant mortality in the U.S.—as well as respiratory infections and necrotizing enterocolitis, which is a devastating condition mainly affecting premature babies. There is also

now compelling evidence showing that a longer duration of breastfeeding is associated with lower risk for overweight, obesity and type-2 diabetes later in life. It is not just the babies who benefit from breastfeeding. For every year a mother breastfeeds, she significantly reduces her risk of developing ovarian cancer, invasive breast cancer and heart disease.

Because of these extraordinary health benefits, the World Health Organization (WHO), the American Academy of Pediatrics (AAP) and the American Congress of Obstetricians and Gynecologists (ACOG) recommend that babies be exclusively breastfed (i.e. fed only breastmilk with no solids or other liquids except vitamin/mineral supplements) for the first 6 months, followed by continued breastfeeding for at least 1 year alongside the appropriate introduction of complementary foods.

However, the majority of women who choose to breastfeed in America are not able to do so for as long as they had initially planned. The reasons why women avoid or stop breastfeeding vary, but it is clear from the research that women who want to breastfeed need stronger support from their families, communities, health care providers and employers. The world-renowned medical journal *The Lancet* recently concluded that “success in breastfeeding is not the sole responsibility of a woman—the promotion of breastfeeding is a collective societal responsibility.”

The health care system is an important and effective setting to improve breastfeeding outcomes. Key steps have been taken to improve breastfeeding rates within the hospital setting. For example, in 2010, The Joint Commission—a major organization that accredits and certifies U.S. hospitals— added exclusive breastmilk feeding during the newborn’s entire hospitalization as a new quality of care measure and is now requiring that hospitals with at least 300 births per year report on this measure. It is hoped that this measure will reduce the common practice among hospitals of giving healthy breastfed infants formula and other liquids when there is no medical need or parent desire for it.

But improvements are needed in maternity care practices to ensure mothers can access appropriate and skilled breastfeeding support from healthcare professionals.

In a report on maternity care practices to support breastfeeding, the CDC found that in 2013, 26% of hospitals reported routinely feeding infant formula or other liquids to healthy, breastfed newborns when there was no medical reason or parental consent to do so. The percentage of American hospitals that engage in this practice has been growing since 2007. Similarly, only 18% of the annual 716,000 births in the U.S. occur in hospitals and birthing centers that are designated as “Baby-Friendly” —an internationally recognized certification that ensures that mothers in health facilities are optimally supported to breastfeed.

The mPINC survey provides an important, biannual snapshot of the practices and delivery of breastfeeding services in hospitals. The data collected provide a facility-level view on what’s actually happening to support breastfeeding in hospitals, and can help identify best practices as well as trends of gaps in coverage.

These data are critical to improving breastfeeding in the United States. Data collection, analysis, research and feedback provide the empirical research needed to build effective strategies and



partnerships—both at the federal level and at the state and local levels. The mPINC data is also used for a feedback loop, providing technical assistance directly to hospital respondents and is responsive to hospitals' needs. This helps transform practices at the individual facility level and may lead to direct improvements in the care and services women receive.

It is for the above reasons that 1,000 Days is strongly supportive of the mPINC data collection process and extending the survey for an additional two cycles.

Thank you for this opportunity to comment on the mPINC project. We appreciate the effort that is being taken to solicit external feedback and we look forward to continuing to be engaged as the process continues.

Sincerely,

Adrianna Logalbo  
Managing Director  
1,000 Days





## Document Details

<b>Docket ID:</b>	CDC-2017-0086
<b>Docket Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories
<b>Document File:</b>	
<b>Docket Phase:</b>	Notice
<b>Phase Sequence:</b>	1
<b>Original Document ID:</b>	CDC-2017-0086-DRAFT-0013
<b>Current Document ID:</b>	CDC-2017-0086-0013
<b>Title:</b>	Comment from (Mona Liza Hamlin)
<b>Number of Attachments:</b>	1
<b>Document Type:</b>	PUBLIC SUBMISSIONS
<b>Document Subtype:</b>	
<b>Comment on Document ID:</b>	CDC-2017-0086-0001
<b>Comment on Document Title:</b>	Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories 2017-25260
<b>Status:</b>	Posted
<b>Received Date:</b>	01/22/2018
<b>Date Posted:</b>	01/26/2018
<b>Posting Restriction:</b>	No restrictions
<b>Submission Type:</b>	Web
<b>Number of Submissions:</b>	1



## Document Optional Details

<b>Status Set Date:</b>	01/26/2018
<b>Current Assignee:</b>	NA
<b>Status Set By:</b>	Burroughs-Stokes, Kennya LaTrice (CDC)
<b>Comment Start Date:</b>	11/27/2017
<b>Comment Due Date:</b>	01/22/2018
<b>Tracking Number:</b>	1k2-912q-sqfe

**Page Count:** 1 

**Total Page Count  
Including Attachments:** 1

## Submitter Info

**Comment:** Please accept the attached comments from the U.S. Breastfeeding Committee.  

**First Name:** Mona Liza 

**Last Name:** Hamlin 

**ZIP/Postal Code:**



**Email Address:**

**Organization Name:** U.S. Breastfeeding Committee 

**Cover Page:** 

## Document Optional Details

### Submitter Info

**Comment:** Please accept the attached comments from the U.S. Breastfeeding Committee.  

**First Name:** Mona Liza 

**Last Name:** Hamlin 

**ZIP/Postal Code:**



**Email Address:**


**Organization Name:** U.S. Breastfeeding Committee 

**Cover Page:** 

## Document Optional Details

### Submitter Info

**Comment:** Please accept the attached comments from the U.S. Breastfeeding Committee.  

**First Name:** Mona Liza 

**Last Name:** Hamlin 

**ZIP/Postal Code:**

**Email Address:**

**Organization Name:** U.S. Breastfeeding Committee 

**Cover Page:** 



January 22, 2017

To Whom It May Concern:

The United States Breastfeeding Committee (USBC) strongly supports the continuation of the CDC's *Maternity Practices in Infant Nutrition and Care* (mPINC) survey in the United States and Territories. Support for breastfeeding is a national priority for prevention efforts: *The Surgeon General's Call to Action to Support Breastfeeding*; the Institute of Medicine report, *Accelerating Progress in Obesity Prevention*; and the *National Prevention Strategy* each call for the implementation of maternity care practices that are fully supportive of breastfeeding. The mPINC survey provides critical national data about breastfeeding related maternity care practices among all U.S. delivery hospitals.

The mPINC survey reports are a strong motivating influence for the improvement of breastfeeding related maternity care practices. The mPINC survey provides a baseline and regular re-assessment to evaluate the efficacy of recent sustained investment in hospital support programs. It is only with the information provided by ongoing data collection that hospitals will be able to set quality improvement goals and benchmark with similar facilities within their states and across the country to improve breastfeeding care.

Now that the The Joint Commission mandates reporting of the Perinatal Care core measure set, which includes a measure of "exclusive breast milk feeding", for all hospitals with 1,100 or more births per year, the need for the mPINC survey guide is greater than ever.

No other entity provides a tool similar to the mPINC survey, and no other tool approximates its reach and influence. Furthermore, the mPINC survey is unique in providing guidance to public health partners such as USBC-affiliated state breastfeeding coalitions, to better inform their work and enhance efforts to ensure continuity of care between hospitals and community settings. The mPINC state reports foster both inter-hospital cooperation as well as competition that drives quality improvement within states and communities. mPINC data have been used as primary drivers of change in state perinatal quality collaborative activities, and have been used to set benchmarks by national quality improvement efforts such as the EMPower and CHAMPS initiatives.

USBC is a coalition of nearly 50 national organizations, including governmental agencies, non-governmental organizations, and health professional associations, with an affiliated network of coalitions in every U.S. state and most territories. Guided by its mission to improve the Nation's health by working collaboratively to protect, promote, and support breastfeeding, USBC works to achieve the Healthy People 2020 breastfeeding goals, including through the use of data collected by important instruments such as the mPINC survey.

Respectfully submitted,



Mona Liza Hamlin  
Chair

#### A.8. Comments in Response to Federal Register Notice and Efforts to Consult Outside the Agency

A 60-day Federal Register Notice was published in the *Federal Register* on November 22, 2017, Docket No. CDC-2017-0086, Vol. 82, No. 224, p. 55609-55611(3 pages), see **Attachment 2a**. CDC received 12 unique responses, including individuals and organizations that are outside of CDC. For a summary of the public comments, see **Attachment 2b**. Within these 12 unique responses, one response did not include comments and one response included comments that were out of scope, thus there were 10 responses with substantive comments. There were no comments expressing concerns or suggestions related to participant burden.

The 10 responses with public comments were supportive of the mPINC survey. From these 10 responses, there were four suggestions related to the survey methodology and one comment that offered a suggestion related to the scoring of the survey. The CDC response and how it plans to address these are summarized below.

Standards Area/Topic	Description	Comments	Response
Survey methodology	The CDC proposed continuing its current method to identify, screen, and enroll eligible hospitals. CDC plans to invite all maternity care hospitals across the United States and Territories to take part in the mPINC survey.	One commenter stated that it seems that every survey year one of their hospitals is missed, even if they have completed the previous survey.	The CDC makes every effort to ensure that all hospitals in United States and Territories that provide maternity care services are invited to participate in each cycle of the mPINC survey. As in previous cycles, the CDC will continue to use its robust process to identify hospitals. Hospitals will be identified using information from four sources, including information from the American Hospital Association's Annual Survey of Hospitals, hospitals that participated in previous mPINC survey cycles, hospitals that were invited but did not participate in previous mPINC survey cycles, and hospitals that may have become eligible since the most recent mPINC survey. The

			<p>CDC uses a systematic process to make multiple attempts to contact all eligible hospitals via phone, mail and, if available, email to follow up and encourage survey completion. This robust process has contributed to response rates for previous mPINC surveys that have been greater than 80%. However, participation in the survey is voluntary, and some hospitals may not participate in a given cycle.</p>
Survey methodology	<p>In previous mPINC survey cycles, the CDC has invited birth centers and hospitals to participate in the mPINC survey. However, for the 2018 and 2020 surveys the CDC proposes to only invite maternity care hospitals in the United States and Territories to take part in the survey.</p> <p>The CDC proposed continuing its current method to identify, screen, and enroll eligible hospitals.</p>	<p>One commenter suggested that expanding the mPINC to all hospitals that provide maternity services would increase validity and applicability of mPINC data. This commenter suggested that 1) hospitals participating in the Maternity Core Measures be included in mPINC and 2) State hospital associations encourage hospitals to participate.</p>	<p>CDC agrees that the validity and applicability of the mPINC data is important, however, CDC proposed a change to only invite hospitals and not to invite birth centers to participate.</p> <p>The CDC proposed this change because data from previous mPINC surveys show that birth centers comprise a small proportion of facilities that participate (across all previous survey cycles, less than 7% of participants are birth centers). Birth centers have higher total mPINC scores than hospitals, and these higher scores denote better maternity care practices and policies. Thus, CDC decided that inviting birth</p>

			<p>centers and monitoring their maternity care practices was no longer necessary.</p> <p>CDC will continue its robust, systematic process to identify, screen, and invite all hospitals in the United States and Territories that provide maternity care services to participate in the mPINC survey.</p> <p>Because the CDC directly contacts all hospitals with 1 or more registered maternity beds or at least one birth per year by telephone, mail, and email, if available, and the process used by the CDC has contributed to high response rates (greater than 80%) in previous cycles, the CDC does not believe it is necessary to modify its approach to identify and invite hospitals to participate nor does CDC want to burden state hospital associations with encouraging hospital participation.</p>
Survey methodology	CDC did not propose to collect data regarding the percentage of hospitals that have staffing ratios of International Board Certified Lactation Consultants (IBCLCs) that meet the recommendations of the US Lactation Consultant Association.	One commenter suggested adding an additional survey question to future mPINC surveys regarding the percentage of hospitals that have a staffing ratio of IBCLCs (International Board Certified Lactation Consultants) that meets	The CDC has revised a proposed survey item to ask about the number of full time equivalents (FTEs) that are International Board Certified Lactation Consultants (IBCLCs) dedicated exclusively to in-patient lactation care, and this will allow the calculation of the

		the recommendations of the US Lactation Consultant Association (USLCA)	percentage of hospitals that have a staffing ratio that meets the USLCA recommendation.
Survey methodology	The CDC proposes to administer the mPINC questionnaire online in English.	One commenter stated that for the jurisdiction of Puerto Rico, due to the prevalence of Spanish as the main language, she strongly recommends further efforts in developing a Spanish version of the questionnaire to improve the participation of hospitals in Puerto Rico.	Although it is possible that language could be a barrier to the participation of some Puerto Rico hospitals, more than half (53% of eligible hospitals; 18 hospitals) of Puerto Rico's hospitals participated in the 2015 mPINC survey which was administered online in English. Given the cost of developing and administering an online data collection system in English, it is not feasible and it is not within the scope of the contract to develop and administer an online Spanish version of the questionnaire. However, the CDC will work with the contractor to ensure that the call center includes bilingual staff who will be available to provide technical assistance in Spanish, as needed, to complete the survey.
Survey Scoring	The CDC proposed creating a new scoring algorithm for the 2018 and 2020 surveys, which will take into account changes in the content of the survey items.	One commenter stated that several hospitals in his/her state noted the facility received a low score or a score of "0" on a survey criteria bringing down the overall mPINC score of that facility. The facilities were either Baby-Friendly	Because of proposed revisions in the survey content, CDC is in the process of developing a new scoring algorithm. The CDC will take this suggestion into consideration as the scoring algorithm is developed and tested.

		designated or in the process of designation so their other category scores were high. There should be a way to address this outlier score on the survey.	
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