

Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2011

Northeastern Benchmark Report

RPPC Region Overview



Includes Amador, Butte, Colusa, El Dorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Solano, Sutter, Tehama, Trinity, Yolo and Yuba Counties.

- 35 Birthing Hospitals

- 31 Hospitals (89%) participated in mPINC Survey in 2011

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 91%

- Average Exclusive Breastfeeding: 67%

Establishing maternity practices supportive of breastfeeding in California hospitals will help meet *Healthy People 2020* breastfeeding objectives and improve maternal and child health.

For assistance with breastfeeding promotion efforts visit the CDPH, Breastfeeding and Healthy Living web-site at: <http://cdph.ca.gov/breastfeeding>

For further information about the mPINC Survey visit www.cdc.gov/mpinc



California Composite Quality Practice (Total mPINC) Score*: 79

RPPC Region Composite Quality Practice (Total mPINC) Score*: 78

mPINC Dimension of Care	Region Sub-scale Score*	State Sub-scale Score*	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 31)
Labor and Delivery Care	85	79	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	87
			Initial skin-to-skin contact is w/in 2 hr (cesarean births)	61
			Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	77
			Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	60
			Routine procedures are performed skin-to-skin	58
Feeding of Breastfed Infants	87	84	Initial feeding is breast milk (vaginal births)	84
			Initial feeding is breast milk (cesarean births)	84
			Supplemental feedings to breastfeeding infants are rare	40
			Water and glucose water are not used	90
Breastfeeding Assistance	92	90	Infant feeding decision is documented	100
			Staff provide breastfeeding advice & instructions	87
			Patients are taught breastfeeding cues	81
			Patients are taught not to limit suckling time	67
			Staff directly observe & assess breastfeeding	87
			Standard feeding assessment tool is used	90
			Pacifiers are rarely provided to breastfeeding infants	43
Contact Between Mother and Infant	89	87	Mother-infant pairs are not separated for postpartum transition	87
			Most mother-infant pairs room-in at night	90
			Most mother-infant pairs are not separated during the hospital stay	73
			Infant procedures, assessment and care are in the patient room	12
			Non-rooming-in infants are brought to mothers at night for feeding	92
Facility Discharge Care	59	63	Staff provide appropriate discharge planning (referrals & other multi-modal support)	16
			Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	74
Staff Training	59	67	New staff receive appropriate breastfeeding education	20
			Current staff receive appropriate breastfeeding education	24
			Most staff received breastfeeding education in the past year	45
			Annual assessment of staff competency in breastfeeding management & support	52
Structural & Organizational Aspects of Care Delivery	75	78	Breastfeeding policy includes all 10 model policy elements	26
			In-service training	59
			Prenatal breastfeeding classes	52
			Asking about mothers' feeding plans	84
			Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	87
			Showing mothers how to express milk and maintain lactation	87
			Giving only breast milk to breastfeeding infants	86
			Rooming-in 24 hours/day	86
			Breastfeeding on-demand and duration/frequency of feedings	93
			Pacifier use by breastfed infants	73
			Referral of mothers to appropriate breastfeeding resources	90
			Breastfeeding policy is communicated effectively	90
			Facility documents infant feeding in patient population	84
			Facility provides breastfeeding support to employees	52
			Facility does not receive infant formula free of charge	23
Breastfeeding is included in prenatal patient education	87			
Facility has a designated staff member responsible for coordination of lactation care	81			

* The Centers for Disease Control and Prevention (CDC) administered the mPINC Survey of all U.S. maternity care facilities in 2011. Scores were calculated for each survey item, then item scores were averaged to create a score for each of the 7 dimensions of care ("subscales"). Averages of the subscale scores were used to create a Composite Quality Practice or "total mPINC" score. Possible scores ranged from 0–100, with higher scores denoting better maternity care practices. Facilities may not have responded to all individual mPINC survey questions; "ideal response" rates exclude facilities with missing data for a given survey item.