

Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2013

Alameda County Benchmark Report

Alameda County Overview



- 8 Birthing Hospitals
- 7 Hospitals (88%) Participated in mPINC Survey in 2013

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 96%
- Average Exclusive Breastfeeding: 76%

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*: 83

Alameda County Composite Quality Practice (Total mPINC) Score*: 83

mPINC Dimension of Care	County Sub-scale Score*	State Sub-scale Score*	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 7)
Labor and Delivery Care	94	86	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	100
			Initial skin-to-skin contact is w/in 2 hr (cesarean births)	71
			Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	71
			Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	71
			Routine procedures are performed skin-to-skin	86
Feeding of Breastfed Infants	94	86	Initial feeding is breast milk (vaginal births)	100
			Initial feeding is breast milk (cesarean births)	100
			Supplemental feedings to breastfeeding infants are rare	29
			Water and glucose water are not used	100
Breastfeeding Assistance	92	92	Infant feeding decision is documented	100
			Staff provide breastfeeding advice & instructions	86
			Patients are taught breastfeeding cues	86
			Patients are taught not to limit suckling time	57
			Staff directly observe & assess breastfeeding	86
			Standard feeding assessment tool is used	100
Contact Between Mother and Infant	85	90	Mother-infant pairs are not separated for postpartum transition	86
			Most mother-infant pairs room-in at night	83
			Most mother-infant pairs are not separated during the hospital stay	57
			Infant procedures, assessment and care are in the patient room	17
Facility Discharge Care	74	71	Non-rooming-in infants are brought to mothers at night for feeding	100
			Staff provide appropriate discharge planning (referrals & other multi-modal support)	29
Staff Training	56	72	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	100
			New staff receive appropriate breastfeeding education	29
			Current staff receive appropriate breastfeeding education	0
			Most staff received breastfeeding education in the past year	29
Structural & Organizational Aspects of Care Delivery	88	84	Annual assessment of staff competency in breastfeeding management & support	57
			Breastfeeding policy includes all 10 model policy elements	57
			In-service training	57
			Prenatal breastfeeding classes	86
			Asking about mothers' feeding plans	86
			Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	100
			Showing mothers how to express milk and maintain lactation	100
			Giving only breast milk to breastfeeding infants	100
			Rooming-in 24 hours/day	100
			Breastfeeding on-demand and duration/frequency of feedings	100
			Pacifier use by breastfed infants	86
			Referral of mothers to appropriate breastfeeding resources	86
			Breastfeeding policy is communicated effectively	86
			Facility documents infant feeding in patient population	100
Facility provides breastfeeding support to employees	100			
Facility does not receive infant formula free of charge	43			
Breastfeeding is included in prenatal patient education	86			
Facility has a designated staff member responsible for coordination of lactation care	100			

* The Centers for Disease Control and Prevention (CDC) administered the mPINC Survey of all U.S. maternity care facilities in 2013. 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.

Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2013

Contra Costa County Benchmark Report

Contra Costa County Overview



- 6 Birthing Hospitals
- 6 Hospitals (100%) Participated in mPINC Survey in 2013

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 95%
- Average Exclusive Breastfeeding: 77%

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*: 83

Contra Costa County Composite Quality Practice (Total mPINC) Score*: 79

mPINC Dimension of Care	County Sub-scale Score*	State Sub-scale Score*	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 6)
Labor and Delivery Care	85	86	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	100
			Initial skin-to-skin contact is w/in 2 hr (cesarean births)	67
			Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	100
			Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	33
			Routine procedures are performed skin-to-skin	33
Feeding of Breastfed Infants	78	86	Initial feeding is breast milk (vaginal births)	67
			Initial feeding is breast milk (cesarean births)	50
			Supplemental feedings to breastfeeding infants are rare	0
			Water and glucose water are not used	80
Breastfeeding Assistance	93	92	Infant feeding decision is documented	100
			Staff provide breastfeeding advice & instructions	100
			Patients are taught breastfeeding cues	100
			Patients are taught not to limit suckling time	50
			Staff directly observe & assess breastfeeding	100
			Standard feeding assessment tool is used	100
Contact Between Mother and Infant	89	90	Mother-infant pairs are not separated for postpartum transition	83
			Most mother-infant pairs room-in at night	100
			Most mother-infant pairs are not separated during the hospital stay	67
			Infant procedures, assessment and care are in the patient room	0
Facility Discharge Care	74	71	Non-rooming-in infants are brought to mothers at night for feeding	60
			Staff provide appropriate discharge planning (referrals & other multi-modal support)	0
Staff Training	55	72	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	100
			New staff receive appropriate breastfeeding education	0
			Current staff receive appropriate breastfeeding education	0
			Most staff received breastfeeding education in the past year	50
Structural & Organizational Aspects of Care Delivery	82	84	Annual assessment of staff competency in breastfeeding management & support	50
			Breastfeeding policy includes all 10 model policy elements	0
			In-service training	40
			Prenatal breastfeeding classes	25
			Asking about mothers' feeding plans	83
			Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	100
			Showing mothers how to express milk and maintain lactation	83
			Giving only breast milk to breastfeeding infants	83
			Rooming-in 24 hours/day	100
			Breastfeeding on-demand and duration/frequency of feedings	100
			Pacifier use by breastfed infants	50
			Referral of mothers to appropriate breastfeeding resources	33
			Breastfeeding policy is communicated effectively	100
			Facility documents infant feeding in patient population	100
Facility provides breastfeeding support to employees	40			
Facility does not receive infant formula free of charge	50			
Breastfeeding is included in prenatal patient education	100			
Facility has a designated staff member responsible for coordination of lactation care	67			

* The Centers for Disease Control and Prevention (CDC) administered the mPINC Survey of all U.S. maternity care facilities in 2013. 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.

Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2013

Los Angeles County Benchmark Report

Los Angeles County Overview



- 58 Birthing Hospitals
- 44 Hospitals (76%) Participated in mPINC Survey in 2013

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 92%
- Average Exclusive Breastfeeding: 52%

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*: 83

Los Angeles County Composite Quality Practice (Total mPINC) Score*: 80

mPINC Dimension of Care	County Sub-scale Score*	State Sub-scale Score*	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 44)
Labor and Delivery Care	79	86	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	82
			Initial skin-to-skin contact is w/in 2 hr (cesarean births)	68
			Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	59
			Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	53
			Routine procedures are performed skin-to-skin	36
Feeding of Breastfed Infants	78	86	Initial feeding is breast milk (vaginal births)	60
			Initial feeding is breast milk (cesarean births)	58
			Supplemental feedings to breastfeeding infants are rare	9
			Water and glucose water are not used	90
Breastfeeding Assistance	90	92	Infant feeding decision is documented	98
			Staff provide breastfeeding advice & instructions	91
			Patients are taught breastfeeding cues	84
			Patients are taught not to limit suckling time	52
			Staff directly observe & assess breastfeeding	84
			Standard feeding assessment tool is used	89
Contact Between Mother and Infant	86	90	Mother-infant pairs are not separated for postpartum transition	75
			Most mother-infant pairs room-in at night	95
			Most mother-infant pairs are not separated during the hospital stay	70
			Infant procedures, assessment and care are in the patient room	24
Facility Discharge Care	64	71	Non-rooming-in infants are brought to mothers at night for feeding	83
			Staff provide appropriate discharge planning (referrals & other multi-modal support)	25
Staff Training	79	72	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	80
			New staff receive appropriate breastfeeding education	48
			Current staff receive appropriate breastfeeding education	37
			Most staff received breastfeeding education in the past year	81
Structural & Organizational Aspects of Care Delivery	83	84	Annual assessment of staff competency in breastfeeding management & support	86
			Breastfeeding policy includes all 10 model policy elements	55
			In-service training	84
			Prenatal breastfeeding classes	77
			Asking about mothers' feeding plans	93
			Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	95
			Showing mothers how to express milk and maintain lactation	93
			Giving only breast milk to breastfeeding infants	80
			Rooming-in 24 hours/day	93
			Breastfeeding on-demand and duration/frequency of feedings	95
			Pacifier use by breastfed infants	78
			Referral of mothers to appropriate breastfeeding resources	93
			Breastfeeding policy is communicated effectively	91
			Facility documents infant feeding in patient population	82
Facility provides breastfeeding support to employees	84			
Facility does not receive infant formula free of charge	52			
Breastfeeding is included in prenatal patient education	89			
Facility has a designated staff member responsible for coordination of lactation care	82			

* The Centers for Disease Control and Prevention (CDC) administered the mPINC Survey of all U.S. maternity care facilities in 2013. 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.

Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2013

Orange County Benchmark Report

Orange County Overview



- 17 Birthing Hospitals
- 8 Hospitals (47%) Participated in mPINC Survey in 2013

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 93%
- 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*: 83

Orange County Composite Quality Practice (Total mPINC) Score*: 80

mPINC Dimension of Care	County Sub-scale Score*	State Sub-scale Score*	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 8)
Labor and Delivery Care	81	86	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	75
			Initial skin-to-skin contact is w/in 2 hr (cesarean births)	50
			Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	88
			Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	25
			Routine procedures are performed skin-to-skin	25
Feeding of Breastfed Infants	91	86	Initial feeding is breast milk (vaginal births)	88
			Initial feeding is breast milk (cesarean births)	88
			Supplemental feedings to breastfeeding infants are rare	13
			Water and glucose water are not used	100
Breastfeeding Assistance	92	92	Infant feeding decision is documented	100
			Staff provide breastfeeding advice & instructions	75
			Patients are taught breastfeeding cues	88
			Patients are taught not to limit suckling time	63
			Staff directly observe & assess breastfeeding	88
			Standard feeding assessment tool is used	88
Contact Between Mother and Infant	89	90	Mother-infant pairs are not separated for postpartum transition	88
			Most mother-infant pairs room-in at night	100
			Most mother-infant pairs are not separated during the hospital stay	75
			Infant procedures, assessment and care are in the patient room	17
Facility Discharge Care	54	71	Non-rooming-in infants are brought to mothers at night for feeding	83
			Staff provide appropriate discharge planning (referrals & other multi-modal support)	0
Staff Training	73	72	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	63
			New staff receive appropriate breastfeeding education	57
			Current staff receive appropriate breastfeeding education	29
			Most staff received breastfeeding education in the past year	71
Structural & Organizational Aspects of Care Delivery	81	84	Annual assessment of staff competency in breastfeeding management & support	75
			Breastfeeding policy includes all 10 model policy elements	63
			In-service training	88
			Prenatal breastfeeding classes	75
			Asking about mothers' feeding plans	100
			Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	100
			Showing mothers how to express milk and maintain lactation	100
			Giving only breast milk to breastfeeding infants	100
			Rooming-in 24 hours/day	88
			Breastfeeding on-demand and duration/frequency of feedings	100
			Pacifier use by breastfed infants	88
			Referral of mothers to appropriate breastfeeding resources	88
			Breastfeeding policy is communicated effectively	100
			Facility documents infant feeding in patient population	100
			Facility provides breastfeeding support to employees	50
Facility does not receive infant formula free of charge	50			
Breastfeeding is included in prenatal patient education	88			
Facility has a designated staff member responsible for coordination of lactation care	50			

* The Centers for Disease Control and Prevention (CDC) administered the mPINC Survey of all U.S. maternity care facilities in 2013. 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.

Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2013

Riverside County Benchmark Report

Riverside County Overview



- 13 Birthing Hospitals
- 11 Hospitals (85%) Participated in mPINC Survey in 2013

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>

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California Composite Quality Practice (Total mPINC) Score*: 83

Riverside County Composite Quality Practice (Total mPINC) Score*: 84

mPINC Dimension of Care	County Sub-scale Score*	State Sub-scale Score*	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 11)
Labor and Delivery Care	87	86	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	100
			Initial skin-to-skin contact is w/in 2 hr (cesarean births)	73
			Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	100
			Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	73
			Routine procedures are performed skin-to-skin	64
Feeding of Breastfed Infants	88	86	Initial feeding is breast milk (vaginal births)	73
			Initial feeding is breast milk (cesarean births)	60
			Supplemental feedings to breastfeeding infants are rare	18
			Water and glucose water are not used	100
Breastfeeding Assistance	94	92	Infant feeding decision is documented	82
			Staff provide breastfeeding advice & instructions	100
			Patients are taught breastfeeding cues	91
			Patients are taught not to limit suckling time	73
			Staff directly observe & assess breastfeeding	82
			Standard feeding assessment tool is used	100
Contact Between Mother and Infant	95	90	Mother-infant pairs are not separated for postpartum transition	100
			Most mother-infant pairs room-in at night	100
			Most mother-infant pairs are not separated during the hospital stay	91
			Infant procedures, assessment and care are in the patient room	22
Facility Discharge Care	73	71	Non-rooming-in infants are brought to mothers at night for feeding	100
			Staff provide appropriate discharge planning (referrals & other multi-modal support)	27
Staff Training	68	72	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	91
			New staff receive appropriate breastfeeding education	45
			Current staff receive appropriate breastfeeding education	18
			Most staff received breastfeeding education in the past year	45
Structural & Organizational Aspects of Care Delivery	86	84	Annual assessment of staff competency in breastfeeding management & support	91
			Breastfeeding policy includes all 10 model policy elements	55
			In-service training	70
			Prenatal breastfeeding classes	91
			Asking about mothers' feeding plans	91
			Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	100
			Showing mothers how to express milk and maintain lactation	91
			Giving only breast milk to breastfeeding infants	91
			Rooming-in 24 hours/day	100
			Breastfeeding on-demand and duration/frequency of feedings	100
			Pacifier use by breastfed infants	100
			Referral of mothers to appropriate breastfeeding resources	82
			Breastfeeding policy is communicated effectively	91
			Facility documents infant feeding in patient population	82
Facility provides breastfeeding support to employees	82			
Facility does not receive infant formula free of charge	73			
Breastfeeding is included in prenatal patient education	82			
Facility has a designated staff member responsible for coordination of lactation care	82			

* The Centers for Disease Control and Prevention (CDC) administered the mPINC Survey of all U.S. maternity care facilities in 2013. 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.

Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2013

Sacramento County Benchmark Report

Sacramento County Overview



- 7 Birthing Hospitals
- 5 Hospitals (71%) Participated in mPINC Survey in 2013

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 91%
- Average Exclusive Breastfeeding: 69%

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*: 83

Sacramento County Composite Quality Practice (Total mPINC) Score*: 86

mPINC Dimension of Care	County Sub-scale Score*	State Sub-scale Score*	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 5)
Labor and Delivery Care	94	86	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	100
			Initial skin-to-skin contact is w/in 2 hr (cesarean births)	80
			Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	80
			Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	80
			Routine procedures are performed skin-to-skin	80
Feeding of Breastfed Infants	91	86	Initial feeding is breast milk (vaginal births)	100
			Initial feeding is breast milk (cesarean births)	80
			Supplemental feedings to breastfeeding infants are rare	0
			Water and glucose water are not used	100
Breastfeeding Assistance	90	92	Infant feeding decision is documented	100
			Staff provide breastfeeding advice & instructions	100
			Patients are taught breastfeeding cues	100
			Patients are taught not to limit suckling time	40
			Staff directly observe & assess breastfeeding	100
			Standard feeding assessment tool is used	100
			Pacifiers are rarely provided to breastfeeding infants	40
Contact Between Mother and Infant	84	90	Mother-infant pairs are not separated for postpartum transition	80
			Most mother-infant pairs room-in at night	100
			Most mother-infant pairs are not separated during the hospital stay	80
			Infant procedures, assessment and care are in the patient room	0
			Non-rooming-in infants are brought to mothers at night for feeding	60
Facility Discharge Care	69	71	Staff provide appropriate discharge planning (referrals & other multi-modal support)	0
			Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	100
Staff Training	83	72	New staff receive appropriate breastfeeding education	60
			Current staff receive appropriate breastfeeding education	40
			Most staff received breastfeeding education in the past year	80
			Annual assessment of staff competency in breastfeeding management & support	80
Structural & Organizational Aspects of Care Delivery	89	84	Breastfeeding policy includes all 10 model policy elements	40
			In-service training	75
			Prenatal breastfeeding classes	75
			Asking about mothers' feeding plans	100
			Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	100
			Showing mothers how to express milk and maintain lactation	100
			Giving only breast milk to breastfeeding infants	100
			Rooming-in 24 hours/day	80
			Breastfeeding on-demand and duration/frequency of feedings	100
			Pacifier use by breastfed infants	60
			Referral of mothers to appropriate breastfeeding resources	100
			Breastfeeding policy is communicated effectively	100
			Facility documents infant feeding in patient population	100
			Facility provides breastfeeding support to employees	100
			Facility does not receive infant formula free of charge	40
			Breastfeeding is included in prenatal patient education	100
Facility has a designated staff member responsible for coordination of lactation care	100			

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Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2013

San Bernardino County Benchmark Report

San Bernardino County Overview



- 14 Birthing Hospitals
- 11 Hospitals (79%) Participated in mPINC Survey in 2013

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 88%
- Average Exclusive Breastfeeding: 60%

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*: 83

San Bernardino County Composite Quality Practice (Total mPINC) Score*: 89

mPINC Dimension of Care	County Sub-scale Score*	State Sub-scale Score*	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 11)
Labor and Delivery Care	89	86	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	82
			Initial skin-to-skin contact is w/in 2 hr (cesarean births)	73
			Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	70
			Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	64
			Routine procedures are performed skin-to-skin	82
Feeding of Breastfed Infants	90	86	Initial feeding is breast milk (vaginal births)	91
			Initial feeding is breast milk (cesarean births)	73
			Supplemental feedings to breastfeeding infants are rare	18
			Water and glucose water are not used	100
Breastfeeding Assistance	100	92	Infant feeding decision is documented	100
			Staff provide breastfeeding advice & instructions	100
			Patients are taught breastfeeding cues	100
			Patients are taught not to limit suckling time	100
			Staff directly observe & assess breastfeeding	100
			Standard feeding assessment tool is used	100
			Pacifiers are rarely provided to breastfeeding infants	90
Contact Between Mother and Infant	97	90	Mother-infant pairs are not separated for postpartum transition	91
			Most mother-infant pairs room-in at night	100
			Most mother-infant pairs are not separated during the hospital stay	91
			Infant procedures, assessment and care are in the patient room	63
			Non-rooming-in infants are brought to mothers at night for feeding	100
Facility Discharge Care	79	71	Staff provide appropriate discharge planning (referrals & other multi-modal support)	45
			Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	91
Staff Training	77	72	New staff receive appropriate breastfeeding education	73
			Current staff receive appropriate breastfeeding education	9
			Most staff received breastfeeding education in the past year	82
			Annual assessment of staff competency in breastfeeding management & support	82
Structural & Organizational Aspects of Care Delivery	91	84	Breastfeeding policy includes all 10 model policy elements	64
			In-service training	90
			Prenatal breastfeeding classes	80
			Asking about mothers' feeding plans	100
			Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	100
			Showing mothers how to express milk and maintain lactation	100
			Giving only breast milk to breastfeeding infants	100
			Rooming-in 24 hours/day	100
			Breastfeeding on-demand and duration/frequency of feedings	100
			Pacifier use by breastfed infants	90
			Referral of mothers to appropriate breastfeeding resources	100
			Breastfeeding policy is communicated effectively	91
			Facility documents infant feeding in patient population	91
			Facility provides breastfeeding support to employees	82
			Facility does not receive infant formula free of charge	82
			Breastfeeding is included in prenatal patient education	91
Facility has a designated staff member responsible for coordination of lactation care	91			

* The Centers for Disease Control and Prevention (CDC) administered the mPINC Survey of all U.S. maternity care facilities in 2013. 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.

Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2013

San Diego County Benchmark Report

San Diego County Overview



- 14 Birthing Hospitals
- 10 Hospitals (71%) Participated in mPINC Survey in 2013

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 96%
- Average Exclusive Breastfeeding: 77%

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*: 83

San Diego County Composite Quality Practice (Total mPINC) Score*: 84

mPINC Dimension of Care	County Sub-scale Score*	State Sub-scale Score*	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 10)
Labor and Delivery Care	87	86	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	100
			Initial skin-to-skin contact is w/in 2 hr (cesarean births)	50
			Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	70
			Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	50
			Routine procedures are performed skin-to-skin	60
Feeding of Breastfed Infants	84	86	Initial feeding is breast milk (vaginal births)	70
			Initial feeding is breast milk (cesarean births)	70
			Supplemental feedings to breastfeeding infants are rare	22
			Water and glucose water are not used	100
Breastfeeding Assistance	91	92	Infant feeding decision is documented	100
			Staff provide breastfeeding advice & instructions	100
			Patients are taught breastfeeding cues	90
			Patients are taught not to limit suckling time	50
			Staff directly observe & assess breastfeeding	100
			Standard feeding assessment tool is used	90
Contact Between Mother and Infant	98	90	Mother-infant pairs are not separated for postpartum transition	100
			Most mother-infant pairs room-in at night	100
			Most mother-infant pairs are not separated during the hospital stay	100
			Infant procedures, assessment and care are in the patient room	56
Facility Discharge Care	67	71	Non-rooming-in infants are brought to mothers at night for feeding	100
			Staff provide appropriate discharge planning (referrals & other multi-modal support)	40
Staff Training	76	72	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	70
			New staff receive appropriate breastfeeding education	20
			Current staff receive appropriate breastfeeding education	33
			Most staff received breastfeeding education in the past year	90
Structural & Organizational Aspects of Care Delivery	87	84	Annual assessment of staff competency in breastfeeding management & support	70
			Breastfeeding policy includes all 10 model policy elements	60
			In-service training	86
			Prenatal breastfeeding classes	100
			Asking about mothers' feeding plans	100
			Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	100
			Showing mothers how to express milk and maintain lactation	100
			Giving only breast milk to breastfeeding infants	100
			Rooming-in 24 hours/day	100
			Breastfeeding on-demand and duration/frequency of feedings	100
			Pacifier use by breastfed infants	90
			Referral of mothers to appropriate breastfeeding resources	100
			Breastfeeding policy is communicated effectively	90
			Facility documents infant feeding in patient population	80
Facility provides breastfeeding support to employees	100			
Facility does not receive infant formula free of charge	50			
Breastfeeding is included in prenatal patient education	100			
Facility has a designated staff member responsible for coordination of lactation care	90			

* The Centers for Disease Control and Prevention (CDC) administered the mPINC Survey of all U.S. maternity care facilities in 2013. 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.

Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2013

San Joaquin County Benchmark Report

San Joaquin County Overview



- 6 Birthing Hospitals
- 5 Hospitals (83%) Participated in mPINC Survey in 2013

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 91%
- Average Exclusive Breastfeeding: 62%

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*: 83

San Joaquin County Composite Quality Practice (Total mPINC) Score*: 86

mPINC Dimension of Care	County Sub-scale Score*	State Sub-scale Score*	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 5)
Labor and Delivery Care	92	86	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	100
			Initial skin-to-skin contact is w/in 2 hr (cesarean births)	100
			Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	100
			Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	80
			Routine procedures are performed skin-to-skin	60
Feeding of Breastfed Infants	88	86	Initial feeding is breast milk (vaginal births)	80
			Initial feeding is breast milk (cesarean births)	60
			Supplemental feedings to breastfeeding infants are rare	0
			Water and glucose water are not used	100
Breastfeeding Assistance	93	92	Infant feeding decision is documented	100
			Staff provide breastfeeding advice & instructions	80
			Patients are taught breastfeeding cues	60
			Patients are taught not to limit suckling time	60
			Staff directly observe & assess breastfeeding	80
			Standard feeding assessment tool is used	100
Contact Between Mother and Infant	85	90	Mother-infant pairs are not separated for postpartum transition	80
			Most mother-infant pairs room-in at night	100
			Most mother-infant pairs are not separated during the hospital stay	80
			Infant procedures, assessment and care are in the patient room	0
Facility Discharge Care	76	71	Non-rooming-in infants are brought to mothers at night for feeding	100
			Staff provide appropriate discharge planning (referrals & other multi-modal support)	40
Staff Training	78	72	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	100
			New staff receive appropriate breastfeeding education	40
			Current staff receive appropriate breastfeeding education	60
			Most staff received breastfeeding education in the past year	60
Structural & Organizational Aspects of Care Delivery	90	84	Annual assessment of staff competency in breastfeeding management & support	80
			Breastfeeding policy includes all 10 model policy elements	80
			In-service training	80
			Prenatal breastfeeding classes	80
			Asking about mothers' feeding plans	80
			Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	100
			Showing mothers how to express milk and maintain lactation	100
			Giving only breast milk to breastfeeding infants	100
			Rooming-in 24 hours/day	100
			Breastfeeding on-demand and duration/frequency of feedings	100
			Pacifier use by breastfed infants	100
			Referral of mothers to appropriate breastfeeding resources	100
			Breastfeeding policy is communicated effectively	100
			Facility documents infant feeding in patient population	100
			Facility provides breastfeeding support to employees	80
Facility does not receive infant formula free of charge	40			
Breastfeeding is included in prenatal patient education	100			
Facility has a designated staff member responsible for coordination of lactation care	100			

* The Centers for Disease Control and Prevention (CDC) administered the mPINC Survey of all U.S. maternity care facilities in 2013. 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.

Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2013

Santa Clara County Benchmark Report

Santa Clara County Overview



- 10 Birthing Hospitals
- 8 Hospitals (80%) Participated in mPINC Survey in 2013

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 96%
- Average Exclusive Breastfeeding: 76%

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*: 83

Santa Clara County Composite Quality Practice (Total mPINC) Score*: 81

mPINC Dimension of Care	County Sub-scale Score*	State Sub-scale Score*	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 8)
Labor and Delivery Care	83	86	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	100
			Initial skin-to-skin contact is w/in 2 hr (cesarean births)	75
			Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	63
			Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	63
			Routine procedures are performed skin-to-skin	63
Feeding of Breastfed Infants	92	86	Initial feeding is breast milk (vaginal births)	100
			Initial feeding is breast milk (cesarean births)	88
			Supplemental feedings to breastfeeding infants are rare	25
			Water and glucose water are not used	100
Breastfeeding Assistance	90	92	Infant feeding decision is documented	100
			Staff provide breastfeeding advice & instructions	100
			Patients are taught breastfeeding cues	88
			Patients are taught not to limit suckling time	50
			Staff directly observe & assess breastfeeding	88
			Standard feeding assessment tool is used	100
Contact Between Mother and Infant	87	90	Mother-infant pairs are not separated for postpartum transition	75
			Most mother-infant pairs room-in at night	88
			Most mother-infant pairs are not separated during the hospital stay	38
			Infant procedures, assessment and care are in the patient room	25
Facility Discharge Care	63	71	Non-rooming-in infants are brought to mothers at night for feeding	86
			Staff provide appropriate discharge planning (referrals & other multi-modal support)	13
Staff Training	76	72	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	75
			New staff receive appropriate breastfeeding education	13
			Current staff receive appropriate breastfeeding education	50
			Most staff received breastfeeding education in the past year	75
Structural & Organizational Aspects of Care Delivery	80	84	Annual assessment of staff competency in breastfeeding management & support	75
			Breastfeeding policy includes all 10 model policy elements	13
			In-service training	75
			Prenatal breastfeeding classes	83
			Asking about mothers' feeding plans	100
			Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	100
			Showing mothers how to express milk and maintain lactation	100
			Giving only breast milk to breastfeeding infants	75
			Rooming-in 24 hours/day	100
			Breastfeeding on-demand and duration/frequency of feedings	100
			Pacifier use by breastfed infants	75
			Referral of mothers to appropriate breastfeeding resources	100
			Breastfeeding policy is communicated effectively	100
			Facility documents infant feeding in patient population	88
			Facility provides breastfeeding support to employees	100
Facility does not receive infant formula free of charge	13			
Breastfeeding is included in prenatal patient education	100			
Facility has a designated staff member responsible for coordination of lactation care	75			

* The Centers for Disease Control and Prevention (CDC) administered the mPINC Survey of all U.S. maternity care facilities in 2013. 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.

Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2013

Ventura County Benchmark Report

Ventura County Overview



- 6 Birthing Hospitals
- 5 Hospitals (83%) Participated in mPINC Survey in 2013

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 96%
- 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*: 83

Ventura County Composite Quality Practice (Total mPINC) Score*: 83

mPINC Dimension of Care	County Sub-scale Score*	State Sub-scale Score*	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 5)
Labor and Delivery Care	87	86	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	80
			Initial skin-to-skin contact is w/in 2 hr (cesarean births)	80
			Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	80
			Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	60
			Routine procedures are performed skin-to-skin	40
Feeding of Breastfed Infants	94	86	Initial feeding is breast milk (vaginal births)	80
			Initial feeding is breast milk (cesarean births)	80
			Supplemental feedings to breastfeeding infants are rare	60
			Water and glucose water are not used	100
Breastfeeding Assistance	99	92	Infant feeding decision is documented	100
			Staff provide breastfeeding advice & instructions	100
			Patients are taught breastfeeding cues	100
			Patients are taught not to limit suckling time	100
			Staff directly observe & assess breastfeeding	100
			Standard feeding assessment tool is used	100
			Pacifiers are rarely provided to breastfeeding infants	80
Contact Between Mother and Infant	95	90	Mother-infant pairs are not separated for postpartum transition	80
			Most mother-infant pairs room-in at night	100
			Most mother-infant pairs are not separated during the hospital stay	100
			Infant procedures, assessment and care are in the patient room	40
			Non-rooming-in infants are brought to mothers at night for feeding	100
Facility Discharge Care	63	71	Staff provide appropriate discharge planning (referrals & other multi-modal support)	0
			Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	100
Staff Training	40	72	New staff receive appropriate breastfeeding education	40
			Current staff receive appropriate breastfeeding education	33
			Most staff received breastfeeding education in the past year	67
			Annual assessment of staff competency in breastfeeding management & support	20
Structural & Organizational Aspects of Care Delivery	83	84	Breastfeeding policy includes all 10 model policy elements	20
			In-service training	40
			Prenatal breastfeeding classes	60
			Asking about mothers' feeding plans	100
			Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	60
			Showing mothers how to express milk and maintain lactation	100
			Giving only breast milk to breastfeeding infants	100
			Rooming-in 24 hours/day	100
			Breastfeeding on-demand and duration/frequency of feedings	100
			Pacifier use by breastfed infants	40
			Referral of mothers to appropriate breastfeeding resources	50
			Breastfeeding policy is communicated effectively	60
			Facility documents infant feeding in patient population	80
			Facility provides breastfeeding support to employees	80
			Facility does not receive infant formula free of charge	40
Breastfeeding is included in prenatal patient education	100			
Facility has a designated staff member responsible for coordination of lactation care	100			

* The Centers for Disease Control and Prevention (CDC) administered the mPINC Survey of all U.S. maternity care facilities in 2013. 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.