

Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2009

East Bay Regional Perinatal Program (RPPC Region 3) Benchmark Report

RPPC Region 3 Overview



Includes Alameda and Contra Costa Counties.

- 10 Birthing Hospitals
- 6 Hospitals (~60%) Participated in mPINC Survey in 2009

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 93%
- Average Exclusive Breastfeeding: 64%

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*: 73

RPPC Region 3 Composite Quality Practice (Total mPINC) Score*: 72

mPINC Dimension of Care	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 6)	Region Sub-scale Score*	State Sub-scale Score*
Labor and Delivery Care	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	50	73	67
	Initial skin-to-skin contact is w/in 2 hr (cesarean births)	50		
	Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	60		
	Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	67		
	Routine procedures are performed skin-to-skin	0		
Feeding of Breastfed Infants	Initial feeding is breast milk (vaginal births)	100	88	79
	Initial feeding is breast milk (cesarean births)	67		
	Supplemental feedings to breastfeeding infants are rare	0		
	Water and glucose water are not used	100		
Breastfeeding Assistance	Infant feeding decision is documented	100	94	87
	Staff provide breastfeeding advice & instructions	83		
	Patients are taught breastfeeding cues	83		
	Patients are taught not to limit suckling time	83		
	Staff directly observe & assess breastfeeding	100		
	Standard feeding assessment tool is used	100		
	Pacifiers are rarely provided to breastfeeding infants	33		
Contact Between Mother and Infant	Mother-infant pairs are not separated for postpartum transition	83	84	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	17		
	Non-rooming-in infants are brought to mothers at night for feeding	83		
Facility Discharge Care	Staff provide appropriate discharge planning (referrals & other multi-modal support)	17	57	57
	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	67		
Staff Training	New staff receive appropriate breastfeeding education	0	35	62
	Current staff receive appropriate breastfeeding education	25		
	Most staff received breastfeeding education in the past year	17		
	Annual assessment of staff competency in breastfeeding management & support	33		
Structural & Organizational Aspects of Care Delivery	Breastfeeding policy includes all 10 model policy elements	17	70	74
	In-service training	33		
	Prenatal breastfeeding classes	83		
	Asking about mothers' feeding plans	80		
	Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	83		
	Showing mothers how to express milk and maintain lactation	83		
	Giving only breast milk to breastfeeding infants	83		
	Rooming-in 24 hours/day	83		
	Breastfeeding on-demand and duration/frequency of feedings	100		
	Pacifier use by breastfed infants	67		
	Referral of mothers to appropriate breastfeeding resources	83		
	Breastfeeding policy is communicated effectively	100		
	Facility documents infant feeding in patient population	50		
	Facility provides breastfeeding support to employees	50		
	Facility does not receive infant formula free of charge	0		
	Breastfeeding is included in prenatal patient education	100		
Facility has a designated staff member responsible for coordination of lactation care	83			

* The Centers for Disease Control and Prevention (CDC) administered the mPINC Survey of all U.S. maternity care facilities in 2009. 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.