

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

San Joaquin/Sierra Regional Perinatal Program (RPPC Region 5) Benchmark Report

RPPC Region 5 Overview



Includes Fresno, Kern, Kings, Madera, Mariposa, Merced, Stanislaus, Tulare, and Tuolumne Counties.

- 23 Birthing Hospitals
- 17 Hospitals (~74%) Participated in mPINC Survey in 2009

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 84%
- Average Exclusive Breastfeeding: 46%

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 5 Composite Quality Practice (Total mPINC) Score*: 70

mPINC Dimension of Care	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 17)	Region Sub-scale Score*	State Sub-scale Score*
Labor and Delivery Care	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	35	61	67
	Initial skin-to-skin contact is w/in 2 hr (cesarean births)	25		
	Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	29		
	Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	29		
	Routine procedures are performed skin-to-skin	6		
Feeding of Breastfed Infants	Initial feeding is breast milk (vaginal births)	59	75	79
	Initial feeding is breast milk (cesarean births)	41		
	Supplemental feedings to breastfeeding infants are rare	12		
	Water and glucose water are not used	76		
Breastfeeding Assistance	Infant feeding decision is documented	100	84	87
	Staff provide breastfeeding advice & instructions	71		
	Patients are taught breastfeeding cues	82		
	Patients are taught not to limit suckling time	47		
	Staff directly observe & assess breastfeeding	76		
	Standard feeding assessment tool is used	76		
Contact Between Mother and Infant	Pacifiers are rarely provided to breastfeeding infants	18	87	83
	Mother-infant pairs are not separated for postpartum transition	82		
	Most mother-infant pairs room-in at night	94		
	Most mother-infant pairs are not separated during the hospital stay	71		
	Infant procedures, assessment and care are in the patient room	15		
Facility Discharge Care	Non-rooming-in infants are brought to mothers at night for feeding	77	48	57
	Staff provide appropriate discharge planning (referrals & other multi-modal support)	12		
Staff Training	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	63	61	62
	New staff receive appropriate breastfeeding education	0		
	Current staff receive appropriate breastfeeding education	29		
	Most staff received breastfeeding education in the past year	53		
Structural & Organizational Aspects of Care Delivery	Annual assessment of staff competency in breastfeeding management & support	47	69	74
	Breastfeeding policy includes all 10 model policy elements	12		
	In-service training	47		
	Prenatal breastfeeding classes	35		
	Asking about mothers' feeding plans	94		
	Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	82		
	Showing mothers how to express milk and maintain lactation	67		
	Giving only breast milk to breastfeeding infants	64		
	Rooming-in 24 hours/day	76		
	Breastfeeding on-demand and duration/frequency of feedings	88		
	Pacifier use by breastfed infants	47		
	Referral of mothers to appropriate breastfeeding resources	53		
	Breastfeeding policy is communicated effectively	82		
	Facility documents infant feeding in patient population	76		
	Facility provides breastfeeding support to employees	71		
	Facility does not receive infant formula free of charge	0		
	Breastfeeding is included in prenatal patient education	88		
Facility has a designated staff member responsible for coordination of lactation care	71			

* 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.