Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2007

Community Perinatal Network (RPPC Region 6.7) Benchmark Report

RPPC Region 6.7 Overview

Includes select hospitals within Los Angeles County.

- 8 Birthing Hospitals
- 3 Hospitals (~38%) Participated in mPINC Survey in 2007

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 84%
- Average Exclusive Breastfeeding : 8%

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*: 69

RPPC Region 6.7 Composite Quality Practice (Total mPINC) Score*: 61 (Range 50-79)

mPINC Dimension of Care	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 3)	Region Sub-scale Score* (Range)	State Sub-scale Score*
Labor and Delivery Care	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	—	60 (40-72)	63
	Initial skin-to-skin contact is w/in 2 hr (cesarean births)	—		
	Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	—		
	Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	—		
	Routine procedures are performed skin-to-skin	—		
Feeding of Breastfed Infants	Initial feeding is breast milk (vaginal births)	—	64 (43-83)	77
	Initial feeding is breast milk (cesarean births)	—		
	Supplemental feedings to breastfeeding infants are rare	—		
	Water and glucose water are not used	—		
Breastfeeding Assistance	Infant feeding decision is documented	—	88 (78-100)	82
	Staff provide breastfeeding advice & instructions	—		
	Patients are taught breastfeeding cues	—		
	Patients are taught not to limit suckling time	—		
	Staff directly observe & assess breastfeeding	—		
	Standard feeding assessment tool is used	—		
	Pacifiers are rarely provided to breastfeeding infants	—		
Contact Between Mother and Infant	Mother-infant pairs are not separated for postpartum transition	—	71 (40-100)	78
	Most mother-infant pairs room-in at night	—		
	Most mother-infant pairs are not separated during the hospital stay	—		
	Infant procedures, assessment and care are in the patient room	—		
	Non-rooming-in infants are brought to mothers at night for feeding	—		
Facility Discharge Care	Staff provide appropriate discharge planning (referrals & other multi-modal support)	—	24 (5-50)	49
	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	—		
Staff Training	New staff receive appropriate breastfeeding education	—	74 (61-88)	61
	Current staff receive appropriate breastfeeding education	—		
	Most staff received breastfeeding education in the past year	—		
	Annual assessment of staff competency in breastfeeding management & support	—		
Structural & Organizational Aspects of Care Delivery	Breastfeeding policy includes all 10 model policy elements	—	51 (4-78)	70
	In-service training	—		
	Prenatal breastfeeding classes	—		
	Asking about mothers' feeding plans	—		
	Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	—		
	Showing mothers how to express milk and maintain lactation	—		
	Giving only breast milk to breastfeeding infants	—		
	Rooming-in 24 hours/day	—		
	Breastfeeding on-demand and duration/frequency of feedings	—		
	Pacifier use by breastfed infants	—		
	Referral of mothers to appropriate breastfeeding resources	—		
	Breastfeeding policy is communicated effectively	—		
	Facility documents infant feeding in patient population	—		
	Facility provides breastfeeding support to employees	—		
	Facility does not receive infant formula free of charge	—		
	Breastfeeding is included in prenatal patient education	—		
	Facility has a designated staff member responsible for coordination of lactation care	—		

* The Centers for Disease Control and Prevention (CDC) administered the first mPINC Survey of all U.S. maternity care facilities in 2007. 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.

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