

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

Southern Inland Counties Benchmark Report

RPPC Region Overview



Includes Inyo, Mono, Riverside and San Bernardino Counties and one hospital in Los Angeles County.

- 27 Birthing Hospitals

- 22 Hospitals (81%) participated in mPINC Survey in 2011

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 86%

- Average Exclusive Breastfeeding: 58%

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*: 77

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 = 22)
Labor and Delivery Care	77	79	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	95
			Initial skin-to-skin contact is w/in 2 hr (cesarean births)	50
			Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	55
			Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	32
			Routine procedures are performed skin-to-skin	50
Feeding of Breastfed Infants	84	84	Initial feeding is breast milk (vaginal births)	82
			Initial feeding is breast milk (cesarean births)	64
			Supplemental feedings to breastfeeding infants are rare	9
			Water and glucose water are not used	82
Breastfeeding Assistance	90	90	Infant feeding decision is documented	95
			Staff provide breastfeeding advice & instructions	91
			Patients are taught breastfeeding cues	91
			Patients are taught not to limit suckling time	77
			Staff directly observe & assess breastfeeding	91
			Standard feeding assessment tool is used	82
Contact Between Mother and Infant	85	87	Pacifiers are rarely provided to breastfeeding infants	55
			Mother-infant pairs are not separated for postpartum transition	73
			Most mother-infant pairs room-in at night	91
			Most mother-infant pairs are not separated during the hospital stay	73
			Infant procedures, assessment and care are in the patient room	5
Facility Discharge Care	56	63	Non-rooming-in infants are brought to mothers at night for feeding	100
			Staff provide appropriate discharge planning (referrals & other multi-modal support)	23
Staff Training	71	67	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	68
			New staff receive appropriate breastfeeding education	36
			Current staff receive appropriate breastfeeding education	19
			Most staff received breastfeeding education in the past year	62
Structural & Organizational Aspects of Care Delivery	76	78	Annual assessment of staff competency in breastfeeding management & support	68
			Breastfeeding policy includes all 10 model policy elements	32
			In-service training	68
			Prenatal breastfeeding classes	50
			Asking about mothers' feeding plans	73
			Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	91
			Showing mothers how to express milk and maintain lactation	77
			Giving only breast milk to breastfeeding infants	86
			Rooming-in 24 hours/day	86
			Breastfeeding on-demand and duration/frequency of feedings	91
			Pacifier use by breastfed infants	67
			Referral of mothers to appropriate breastfeeding resources	86
			Breastfeeding policy is communicated effectively	75
			Facility documents infant feeding in patient population	82
Facility provides breastfeeding support to employees	71			
Facility does not receive infant formula free of charge	55			
Breastfeeding is included in prenatal patient education	82			
Facility has a designated staff member responsible for coordination of lactation care	64			

* 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.