

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

Orange County Benchmark Report

Orange County Overview



- 17 Birthing Hospitals
- 13 Hospitals (~76%) Participated in mPINC Survey in 2009

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*: 73

Orange County Composite Quality Practice (Total mPINC) Score*: 72

mPINC Dimension of Care	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 13)	County Sub-scale Score*	State Sub-scale Score*
Labor and Delivery Care	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	77	67	67
	Initial skin-to-skin contact is w/in 2 hr (cesarean births)	31		
	Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	50		
	Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	25		
	Routine procedures are performed skin-to-skin	23		
Feeding of Breastfed Infants	Initial feeding is breast milk (vaginal births)	75	78	79
	Initial feeding is breast milk (cesarean births)	42		
	Supplemental feedings to breastfeeding infants are rare	8		
	Water and glucose water are not used	85		
Breastfeeding Assistance	Infant feeding decision is documented	92	89	87
	Staff provide breastfeeding advice & instructions	92		
	Patients are taught breastfeeding cues	69		
	Patients are taught not to limit suckling time	54		
	Staff directly observe & assess breastfeeding	92		
	Standard feeding assessment tool is used	100		
	Pacifiers are rarely provided to breastfeeding infants	46		
Contact Between Mother and Infant	Mother-infant pairs are not separated for postpartum transition	77	73	83
	Most mother-infant pairs room-in at night	92		
	Most mother-infant pairs are not separated during the hospital stay	33		
	Infant procedures, assessment and care are in the patient room	25		
	Non-rooming-in infants are brought to mothers at night for feeding	50		
Facility Discharge Care	Staff provide appropriate discharge planning (referrals & other multi-modal support)	23	46	57
	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	46		
Staff Training	New staff receive appropriate breastfeeding education	25	74	62
	Current staff receive appropriate breastfeeding education	58		
	Most staff received breastfeeding education in the past year	92		
	Annual assessment of staff competency in breastfeeding management & support	75		
Structural & Organizational Aspects of Care Delivery	Breastfeeding policy includes all 10 model policy elements	23	80	74
	In-service training	67		
	Prenatal breastfeeding classes	69		
	Asking about mothers' feeding plans	77		
	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	83		
	Rooming-in 24 hours/day	92		
	Breastfeeding on-demand and duration/frequency of feedings	100		
	Pacifier use by breastfed infants	67		
	Referral of mothers to appropriate breastfeeding resources	92		
	Breastfeeding policy is communicated effectively	100		
	Facility documents infant feeding in patient population	77		
	Facility provides breastfeeding support to employees	69		
	Facility does not receive infant formula free of charge	31		
Breastfeeding is included in prenatal patient education	92			
Facility has a designated staff member responsible for coordination of lactation care	85			

* 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. Facilities may not have responded to all individual mPINC survey questions; "ideal response" rates exclude facilities with missing data for a given survey item.