

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

San Bernardino County Benchmark Report

San Bernardino County Overview



- 13 Birthing Hospitals

- 7 Hospitals (~54%) Participated in mPINC Survey in 2009

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 81%
- Average Exclusive Breastfeeding: 53%

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

San Bernardino County Composite Quality Practice (Total mPINC) Score*: 85

mPINC Dimension of Care	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 7)	County Sub-scale Score*	State Sub-scale Score*
Labor and Delivery Care	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	86	73	67
	Initial skin-to-skin contact is w/in 2 hr (cesarean births)	29		
	Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	71		
	Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	14		
	Routine procedures are performed skin-to-skin	57		
Feeding of Breastfed Infants	Initial feeding is breast milk (vaginal births)	100	91	79
	Initial feeding is breast milk (cesarean births)	86		
	Supplemental feedings to breastfeeding infants are rare	14		
	Water and glucose water are not used	100		
Breastfeeding Assistance	Infant feeding decision is documented	100	96	87
	Staff provide breastfeeding advice & instructions	100		
	Patients are taught breastfeeding cues	100		
	Patients are taught not to limit suckling time	86		
	Staff directly observe & assess breastfeeding	86		
	Standard feeding assessment tool is used	100		
	Pacifiers are rarely provided to breastfeeding infants	71		
Contact Between Mother and Infant	Mother-infant pairs are not separated for postpartum transition	86	90	83
	Most mother-infant pairs room-in at night	100		
	Most mother-infant pairs are not separated during the hospital stay	86		
	Infant procedures, assessment and care are in the patient room	33		
	Non-rooming-in infants are brought to mothers at night for feeding	100		
Facility Discharge Care	Staff provide appropriate discharge planning (referrals & other multi-modal support)	43	80	57
	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	100		
Staff Training	New staff receive appropriate breastfeeding education	71	82	62
	Current staff receive appropriate breastfeeding education	50		
	Most staff received breastfeeding education in the past year	71		
	Annual assessment of staff competency in breastfeeding management & support	86		
Structural & Organizational Aspects of Care Delivery	Breastfeeding policy includes all 10 model policy elements	43	83	74
	In-service training	100		
	Prenatal breastfeeding classes	83		
	Asking about mothers' feeding plans	100		
	Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	100		
	Showing mothers how to express milk and maintain lactation	86		
	Giving only breast milk to breastfeeding infants	83		
	Rooming-in 24 hours/day	86		
	Breastfeeding on-demand and duration/frequency of feedings	100		
	Pacifier use by breastfed infants	67		
	Referral of mothers to appropriate breastfeeding resources	86		
	Breastfeeding policy is communicated effectively	100		
	Facility documents infant feeding in patient population	57		
	Facility provides breastfeeding support to employees	71		
	Facility does not receive infant formula free of charge	71		
Breastfeeding is included in prenatal patient education	100			
Facility has a designated staff member responsible for coordination of lactation care	86			

* 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.