

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

Orange County Perinatal Program (RPPC Region 8) Benchmark Report

RPPC Region 8 Overview



Includes Orange County.

- 18 Birthing Hospitals

- 13 Hospitals (~72%) Participated in mPINC Survey in 2007

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 86%
- Average Exclusive Breastfeeding : 30%

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 8 Composite Quality Practice (Total mPINC) Score*: 60 (Range 41-85)

mPINC Dimension of Care	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 13)	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)	23	51 (18-100)	63
	Initial skin-to-skin contact is w/in 2 hr (cesarean births)	31		
	Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	17		
	Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	9		
	Routine procedures are performed skin-to-skin	15		
Feeding of Breastfed Infants	Initial feeding is breast milk (vaginal births)	54	68 (23-100)	77
	Initial feeding is breast milk (cesarean births)	33		
	Supplemental feedings to breastfeeding infants are rare	0		
	Water and glucose water are not used	69		
Breastfeeding Assistance	Infant feeding decision is documented	92	74 (50-100)	82
	Staff provide breastfeeding advice & instructions	62		
	Patients are taught breastfeeding cues	23		
	Patients are taught not to limit suckling time	23		
	Staff directly observe & assess breastfeeding	77		
	Standard feeding assessment tool is used	62		
Contact Between Mother and Infant	Pacifiers are rarely provided to breastfeeding infants	31	73 (25-94)	78
	Mother-infant pairs are not separated for postpartum transition	69		
	Most mother-infant pairs room-in at night	83		
	Most mother-infant pairs are not separated during the hospital stay	50		
	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	58	40 (5-100)	49
	Staff provide appropriate discharge planning (referrals & other multi-modal support)	15		
Staff Training	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	38	49 (20-83)	61
	New staff receive appropriate breastfeeding education	0		
	Current staff receive appropriate breastfeeding education	8		
	Most staff received breastfeeding education in the past year	27		
Structural & Organizational Aspects of Care Delivery	Annual assessment of staff competency in breastfeeding management & support	46	63 (24-86)	70
	Breastfeeding policy includes all 10 model policy elements	15		
	In-service training	46		
	Prenatal breastfeeding classes	77		
	Asking about mothers' feeding plans	75		
	Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	62		
	Showing mothers how to express milk and maintain lactation	77		
	Giving only breast milk to breastfeeding infants	38		
	Rooming-in 24 hours/day	77		
	Breastfeeding on-demand and duration/frequency of feedings	77		
	Pacifier use by breastfed infants	33		
	Referral of mothers to appropriate breastfeeding resources	69		
	Breastfeeding policy is communicated effectively	91		
	Facility documents infant feeding in patient population	38		
Facility provides breastfeeding support to employees	54			
Facility does not receive infant formula free of charge	0			
Breastfeeding is included in prenatal patient education	100			
Facility has a designated staff member responsible for coordination of lactation care	77			

* 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.