

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

Alameda County Benchmark Report

Alameda County Overview



- 8 Birthing Hospitals
- 7 Hospitals (88%) Participated in mPINC Survey in 2011

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 95%
- Average Exclusive Breastfeeding: 76%

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

Alameda County Composite Quality Practice (Total mPINC) Score*: 81

mPINC Dimension of Care	County Sub-scale Score*	State Sub-scale Score*	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response (N = 7)
Labor and Delivery Care	81	79	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	71
			Initial skin-to-skin contact is w/in 2 hr (cesarean births)	57
			Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	57
			Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	57
			Routine procedures are performed skin-to-skin	29
Feeding of Breastfed Infants	92	84	Initial feeding is breast milk (vaginal births)	100
			Initial feeding is breast milk (cesarean births)	86
			Supplemental feedings to breastfeeding infants are rare	29
			Water and glucose water are not used	100
Breastfeeding Assistance	91	90	Infant feeding decision is documented	100
			Staff provide breastfeeding advice & instructions	100
			Patients are taught breastfeeding cues	100
			Patients are taught not to limit suckling time	60
			Staff directly observe & assess breastfeeding	71
			Standard feeding assessment tool is used	100
Contact Between Mother and Infant	83	87	Mother-infant pairs are not separated for postpartum transition	86
			Most mother-infant pairs room-in at night	100
			Most mother-infant pairs are not separated during the hospital stay	57
			Infant procedures, assessment and care are in the patient room	14
Facility Discharge Care	72	63	Non-rooming-in infants are brought to mothers at night for feeding	71
			Staff provide appropriate discharge planning (referrals & other multi-modal support)	14
Staff Training	65	67	Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	86
			New staff receive appropriate breastfeeding education	17
			Current staff receive appropriate breastfeeding education	14
			Most staff received breastfeeding education in the past year	67
Structural & Organizational Aspects of Care Delivery	85	78	Annual assessment of staff competency in breastfeeding management & support	71
			Breastfeeding policy includes all 10 model policy elements	14
			In-service training	40
			Prenatal breastfeeding classes	50
			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	100
			Giving only breast milk to breastfeeding infants	71
			Rooming-in 24 hours/day	86
			Breastfeeding on-demand and duration/frequency of feedings	86
			Pacifier use by breastfed infants	71
			Referral of mothers to appropriate breastfeeding resources	100
			Breastfeeding policy is communicated effectively	100
			Facility documents infant feeding in patient population	100
Facility provides breastfeeding support to employees	100			
Facility does not receive infant formula free of charge	43			
Breastfeeding is included in prenatal patient education	100			
Facility has a designated staff member responsible for coordination of lactation care	71			

* 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.