

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

Mid-Coastal Benchmark Report

RPPC Region Overview



Includes Monterey, San Benito, San Luis Obispo, San Mateo, Santa Clara, and Santa Cruz Counties.

- 20 Birthing Hospitals
- 16 Hospitals (80%) participated in mPINC Survey in 2011

Breastfeeding Statistics for Participating Hospitals

- Average Any Breastfeeding: 97%
- 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

RPPC Region Composite Quality Practice (Total mPINC) Score*: 82

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 = 16)
Labor and Delivery Care	83	79	Initial skin-to-skin contact is w/in 1 hr (vaginal births)	79
			Initial skin-to-skin contact is w/in 2 hr (cesarean births)	63
			Initial breastfeeding opportunity is w/in 1 hr (vaginal births)	75
			Initial breastfeeding opportunity is w/in 2 hr (cesarean births)	56
			Routine procedures are performed skin-to-skin	73
Feeding of Breastfed Infants	87	84	Initial feeding is breast milk (vaginal births)	88
			Initial feeding is breast milk (cesarean births)	81
			Supplemental feedings to breastfeeding infants are rare	13
			Water and glucose water are not used	100
Breastfeeding Assistance	90	90	Infant feeding decision is documented	94
			Staff provide breastfeeding advice & instructions	100
			Patients are taught breastfeeding cues	88
			Patients are taught not to limit suckling time	47
			Staff directly observe & assess breastfeeding	100
			Standard feeding assessment tool is used	93
			Pacifiers are rarely provided to breastfeeding infants	47
Contact Between Mother and Infant	92	87	Mother-infant pairs are not separated for postpartum transition	81
			Most mother-infant pairs room-in at night	100
			Most mother-infant pairs are not separated during the hospital stay	73
			Infant procedures, assessment and care are in the patient room	47
			Non-rooming-in infants are brought to mothers at night for feeding	93
Facility Discharge Care	66	63	Staff provide appropriate discharge planning (referrals & other multi-modal support)	27
			Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	75
Staff Training	75	67	New staff receive appropriate breastfeeding education	33
			Current staff receive appropriate breastfeeding education	40
			Most staff received breastfeeding education in the past year	75
			Annual assessment of staff competency in breastfeeding management & support	75
Structural & Organizational Aspects of Care Delivery	83	78	Breastfeeding policy includes all 10 model policy elements	31
			In-service training	73
			Prenatal breastfeeding classes	57
			Asking about mothers' feeding plans	94
			Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	88
			Showing mothers how to express milk and maintain lactation	88
			Giving only breast milk to breastfeeding infants	75
			Rooming-in 24 hours/day	94
			Breastfeeding on-demand and duration/frequency of feedings	93
			Pacifier use by breastfed infants	75
			Referral of mothers to appropriate breastfeeding resources	94
			Breastfeeding policy is communicated effectively	93
			Facility documents infant feeding in patient population	81
			Facility provides breastfeeding support to employees	94
			Facility does not receive infant formula free of charge	33
			Breastfeeding is included in prenatal patient education	100
Facility has a designated staff member responsible for coordination of lactation care	94			

* 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.