Ten Steps Facility Self-Assessment Tool

Adapted from the National Institute for Children's Health Quality (NICHQ) Ten Steps Self-Assessment Tool. Do not distribute or reproduce without written permission (email info@nichq.org).

This self-assessment tool is designed to give each facility an assessment of their progress towards the Ten Steps to Successful Breastfeeding.¹ It was created by NICHQ and adapted by the Texas Ten Step program, drawing from other similar assessment tools and The Baby-Friendly Hospital Initiative Guidelines and Evaluation Criteria for Facilities Seeking and Sustaining Baby-Friendly Designation.²

The survey asks you about specific components of the Ten Steps that your facility may be working to implement. To accurately complete the survey, you will need to be familiar with details regarding your facility's status on the Ten Steps. It may be helpful to have the following documents or information on hand while filling out this survey:

- Your facility's breastfeeding policy and procedure modules (if one exists)
- Your facility's training processes for the policy (and any related Human Resources and training records)
- Observations of the facility setting (for information, posters, etc.)
- Access to other professionals involved in the process towards implementing the Ten Steps (e.g. CFO, materials manager, prenatal providers)

The survey should be filled out by a senior nurse leader of the facility's obstetric department, at minimum. Ideally, a core team composed of facility staff plus community partners would collectively provide input on responses to this survey. This team could include a staff nurse, lactation consultant, the medical director and/or a senior administrator, a breastfeeding mother who delivered in your facility (and who is representative of your patient population), and a WIC local staff member (or other community partner) on your team. It will take approximately 20 minutes to complete this survey.

² Baby-Friendly USA. "Interim Guidelines and Evaluation Criteria for Facilities Seeking and Sustaining Baby-Friendly Designation." Albany, NY: Baby-Friendly USA, 2019.



¹ Baby-Friendly USA. The Ten Steps to Successful Breastfeeding. East Sandwich, MA: Baby-Friendly USA Available at: https://www.babyfriendlyusa.org/ Accessed July 27, 2011.

Each step has 5 components, and you will be asked to indicate the level of progress that your facility has accomplished for each component. Each component will be rated on a scale of 1-5, where:

■ 1 = No Progress

The facility has not started work in this component, but we acknowledge work to be done

2 = Early Stage Progress

The facility has identified a team to guide the work in this component, and planning is taking place

■ 3 = Moderate Progress

The facility has identified an aim for work in this component; there are specific activities and/or changes identified and being tested or implemented for this component; data on a measure of progress towards this component is being collected

4 = Substantial Progress

Most to all of the work in this component has been accomplished; work for this component has been built into policies and procedures within the facility such that the work will occur reliably moving forward

■ 5 = Fully Implemented/Complete

In addition to the criteria for "substantial progress", we are confident that 80% of randomly selected staff or mothers surveyed would say that this component is in place at our facility

For example, for Component 1 of Step 1: Our facility has a written maternity care and infant feeding policy that addresses all Ten Steps and protects breastfeeding.

- A score of 1: Our facility does not have a policy and has not initiated plans to draft a policy
- A score of 2: Our facility has interest in having a policy and has begun preliminary planning to develop one
- A score of 3: Our facility has drafted a policy; it is in the process of being reviewed and is close to being finalized
- A score of 4: There is a final and approved policy that addresses the above-mentioned issues and it is incorporated into trainings within the facility
- A score of 5: Our policy is finalized and 80% of staff acknowledge awareness of this policy and that it is in place in the facility

The sum of the scores for all 5 of the components will be calculated for each step. The maximum score for each step is 25 points and the minimum score for each step is 5 points. The maximum score for the entire survey is 250 points (complete components for all 10 Steps) and the minimum score for the entire survey is 50 ("no progress" in any of the components for all 10 steps).

While completing this assessment, please keep in mind that the Baby-Friendly USA evaluation criteria states that of a randomly selected sample of mothers or staff at your facility (depending on the component), at least 80% must confirm that the listed component in each step is in place at your facility (i.e., received a rating of 4 or 5 for each of the components in all 10 steps).



STEP 1: Have a written breastfeeding policy that is routinely communicated to all health care staff.

		Stage of Completion (check one per row)				
Component	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete	
 Our facility has a written maternity care and infant feeding policy that addresses all Ten Steps and protects breastfeeding. 	1 🗆	2 🗆	3 □	4 □	5 🗆	
2) All areas of our facility that potentially interact with childbearing women and babies have language in their policies about the promotion, protection and support of breastfeeding. Policies of the departments support our facility's breastfeeding policy and are based on recent and reliable scientific evidence.	1 🗆	2 🗆	3 □	4 □	5 🗆	
3) The maternity staff in our facility are aware of the facility's maternity care and infant feeding policies, know where the policies are kept or posted, and have received orientation regarding the policies.	10	2 🗆	3 □	4 □	5 🗆	
4) Our facility has a mechanism for monitoring the effectiveness of the maternity care and infant feeding policies that are incorporated into routine QI procedures.	10	2 🗆	3 □	4 □	5 🗆	
5) The Ten Steps and a statement which communicates our facility's policy restricting the promotion of breast milk substitutes are prominently displayed in all areas that serve mothers, infants, and/or young children including affiliated prenatal areas such as clinics, ultrasound, screening, and the emergency room. This information is displayed in the language(s) most commonly understood by patients.	10	2□	3 □	4 □	5 🗆	
TOTAL (Tally the points in rows above)						

Total Score	
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What has helped our facility's progress towards achieving Step 1: (optional)
What has challenged our facility's progress towards achieving Step 1: (optional)
As you pilot test this assessment of progress along Step 1, do you have any comments or suggestions on how we could improve this section or provide clearer instructions? (optional)

STEP 2: Train all health care staff in the skills necessary to implement this policy.

		Stage of Completion (check one per row)				
Component	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete	
 All health care staff members in our facility who have any contact with pregnant women, mothers, and infants receive sufficient orientation on the infant feeding policies. 	10	2 🗆	3 🗆	4 🗆	5 🗆	
2) In our facility, maternity staff members, including the nursery staff, complete the described training and competency verification or, if they have been on the unit less than six months, are at least oriented.	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆	
3) Our facility documents that training for breastfeeding and parent teaching for formula preparation and feeding is provided and that new staff are oriented on arrival and scheduled for training within six months.	1 🗆	2 🗆	3 □	4 🗆	5 🗆	
4) Maternity staff training covers steps 3 through 10 and includes the primary topics identified by Texas Ten Step. The training includes supervised clinical experience.	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆	
5) Physicians, Midwives, Physician Assistants and Advanced Practice Registered Nurses (APRNs) with privileges for labor, delivery, maternity, and nursery/newborn care receive breastfeeding management education pertinent to their role. The content for staff working outside maternity are determined based on their job description and workplace exposure to breastfeeding couplets.	1 🗆	2 🗆	3 □	4 □	5 🗆	
TOTAL (Tally the points in rows above)						

Total	Score	





What has helped our facility's progress towards achieving Step 2: (optional)
What has challenged our facility's progress towards achieving Step 2: (optional)
As you pilot test this assessment of progress along Step 2, do you have any comments or suggestions on how we could improve this section or provide clearer instructions? (optional)

STEP 3: Inform all pregnant women about the benefits and management of breastfeeding.

	Stage of Completion (check one per row)				
Component	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete
1) Our facility provides education about breastfeeding, including individual counseling, to pregnant women. If your facility does not have an affiliated prenatal clinic/services, then: Our facility provides in-house breastfeeding education (e.g. through childbirth education), and fosters the development of community-based programs that make available individual counseling or group education on breastfeeding, and coordinates messages about breastfeeding with those messages given by these programs.	10	2 🗆	3 🗆	4 🗆	5 🗆
 Prenatal education (offered in-house and through community-based programs that we have fostered) begins in the first trimester oriented. 	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆
3) Prenatal education (offered in-house and through community-based programs that we have fostered) covers the importance of exclusive breastfeeding, non-pharmacologic pain relief methods for labor, the importance of early skin-to-skin contact, early initiation of breastfeeding, rooming-in on a 24-hour basis, safe sleep and SIDS risk reduction, feeding on demand or baby-led feeding.	10	2 🗆	3 □	4 🗆	5 🗆
4) Prenatal education (offered in-house and through community-based programs that we have fostered) covers frequent feeding to help assure optimal milk production, effective positioning and attachment, exclusive breastfeeding for the first six months, and the fact that breastfeeding continues to be important after 6 months when other foods are given.	10	2 🗆	3 🗆	4 🗆	5 🗆





5) Individualized education on any documented contraindications to breastfeeding and other special medical conditions is given to pregnant women when indicated. (This is offered in-house and/or through community-based programs that we have fostered.)	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆	
TOTAL (Tally the points in rows above)						
Total Score						
What has helped our facility's progress towar	us acmeving su	ep 3: (optional)				
What has challenged our facility's progress to	owards achievin	g Step 3: (optior	nal)			
As you pilot test this assessment of progress improve this section or provide clearer instru			comments or su	ggestions on ho	w we could	



STEP 4:

Place infants in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their infants are ready to breastfeed, offering help if needed.

This step applies to all infants, regardless of feeding method.

	Stage of Completion (check one per row)					
Component	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete	
1) Our facility's standard practice for vaginal deliveries is that babies are placed skin-to-skin immediately after birth and contact continues uninterrupted until the completion of the first feeding (or for at least one hour if not breastfeeding), unless there are medically justifiable reasons for delayed contact.	1 🗆	2 🗆	3 🗆	4 □	5 🗆	
2) Our facility's standard practice for cesarean deliveries is that babies are placed skin-to-skin as soon as the mother is alert and responsive and skin-to-skin contact continues uninterrupted until the completion of the first feeding (or for at least one hour if not breastfeeding), unless there are medically justifiable reasons for delayed contact.	1 🗆	2 🗆	3 🗆	4 □	5 🗆	
3) Our facility's staff encourages mothers who had a healthy birth (vaginal or caesarean) to look for signs for when their babies are ready to feed during this first period of contact and offered help, if needed.	10	2 🗆	3 🗆	4 🗆	5 🗆	
 4) In the event that a mother and baby are separated for documented medical reasons, skin-to-skin contact is initiated as soon as the mother and baby are reunited in our facility. Mothers whose babies are being cared for in the special care nursery have the opportunity to practice Kangaroo Mother Care as soon as the baby is considered ready for such contact. 	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆	





5) Procedures requiring separation of the mother and infant (bathing, for example) are delayed until after the initial period of skin-to-skin contact and are done at the mother's bedside, when feasible.	10	2 🗆	3 □	4 🗆	5 □
TOTAL (Tally the points in rows above)					
What has helped our facility's progress towar	ds achieving Ste	ep 4: (optional)		Total Score	
What has challenged our facility's progress to	owards achievin	g Step 4: (optior	ıal)		
As you pilot test this assessment of progress improve this section or provide clearer instru			comments or su	ggestions on ho	w we could



STEP 5: Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.

		Stage of Completion (check one per row)				
Component	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete	
 Staff in our facility assess a mother's breastfeeding techniques after birth. 	1 🗆	2 🗆	3 □	4 🗆	5 🗆	
2) If needed, staff in our facility demonstrate appropriate breastfeeding positioning and attachment with the mother and baby, optimally within three hours and no later than six hours after birth.	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆	
3) Our facility provides additional individualized care to high risk and special needs mothers and infants and to mothers who have breastfeeding problems and/or who must be separated from their infants. This care ensures that milk expression is begun within 6 hours after birth and that expressed or donor milk is given before any supplementation with formula when medically appropriate.	1 🗆	2 🗆	3 🗆	4 □	5 🗆	
4) For high risk and special needs infants who cannot be skin-to-skin immediately or cannot suckle, beginning manual expression within one hour is recommended.	1 🗆	2 🗆	3 🗆	4 🗆	5 □	



10	2 🗆	3 🗆	4 🗆	5 🗆		
Total Score						
wards achievin	g Step 5: (option	nal)				
		comments or su	ggestions on ho	w we could		
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STEP 6: Give infants no food or drink other than breastmilk unless medically indicated.

		Stage of Co	mpletion (check o	one per row)	
Component	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete
 In our facility, babies do not receive food or drink other than breastmilk. Formula is only given for a medically acceptable reason or in response to a parental request. 	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆
2) In our facility, if a mother specifically states she has no plans to breastfeed, or requests that her breastfeeding baby be given a breastmilk substitute, staff explores the reasons for this request and addresses any concerns raised.	1 🗆	2 🗆	3 □	4 🗆	5 🗆
3) In our facility, if a mother specifically states that she has no plans to breastfeed, or requests that her breastfeeding baby be given a breastmilk substitute, our staff educates her about the possible consequences to the health of her baby and/or the success of breastfeeding. If the mother still requests a substitute, our facility grants her request and documents the process and the informed decision.	1 🗆	2 🗆	3 □	4 □	5 □
4) Our facility tracks its rate of formula supplementation and strives to reach state and national targets for exclusive breastmilk feeding.	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆
5) Our facility provides written instruction, not specific to a particular brand, and verbal information about safe preparation, handling, storage and feeding of infant formula to all mothers who have chosen to formula/mixed feed. Teaching is documented and not provided in a group setting.	1 🗆	2 🗆	3 □	4 🗆	5 🗆
TOTAL (Tally the points in rows above)					

Total	Score		
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What has helped our facility's progress towards achieving Step 6: (optional)
What has challenged our facility's progress towards achieving Step 6: (optional)
As you pilot test this assessment of progress along Step 6, do you have any comments or suggestions on how we could improve this section or provide clearer instructions? (optional)

STEP 7: Practice rooming-in: allow mothers and infants to remain together 24 hours a day.

		Stage of Completion (check one per row)				
Component	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete	
 Our facility provides rooming-in 24 hours a day as the standard for mother-baby care for healthy, full-term infants, regardless of feeding choice. Safe sleep and SIDS risk reduction education is provided to parents. 	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆	
2) When a mother requests that her baby be cared for in the nursery, our staff engages in sensitive exploration for the request and encourages and educates the mother about the advantages of having her infant room-in, working to resolve any medical or safety reasons, and alleviating maternal concerns.	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆	
3) If a mother still requests that the baby be cared for in the nursery or if it is safer to do so, our facility documents the process of informed decision.	10	2 🗆	3 🗆	4 🗆	5 🗆	
4) Medical and nursing staff conduct newborn procedures at the mother's bedside whenever possible and avoid frequent separations and absences of the newborn from the mother for more than an hour.	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆	
5) If a baby is kept in the nursery for medical reasons in our facility, the mother is provided access to feed her baby at any time.	1 🗆	2 🗆	3 □	4 🗆	5 □	
TOTAL (Tally the points in rows above)						

Total	Score
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What has helped our facility's progress towards achieving Step 7: (optional)
What has challenged our facility's progress towards achieving Step 7: (optional)
As you pilot test this assessment of progress along Step 7, do you have any comments or suggestions on how we could improve this section or provide clearer instructions? (optional)

STEP 8: Encourage feeding on cue.

		Stage of Completion (check one per row)				
Component	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete	
 Health care professionals in our facility help all mothers (regardless of feeding choice) to understand that no restrictions should be placed on the frequency or length of feeding. 	10	2 🗆	3 🗆	4 🗆	5 🗆	
2) Health care professionals in our facility help all mothers (regardless of feeding choice) to understand that newborns usually feed a minimum of eight times in 24 hours.	10	2 🗆	3 🗆	4 🗆	5 🗆	
 Health care professionals in our facility help all mothers (regardless of feeding choice) to recognize cues that infants use to signal readiness to begin and end feeds. 	10	2 🗆	3 🗆	4 🗆	5 🗆	
4) Health care professionals in our facility help all mothers (regardless of feeding choice) to understand that physical contact and nourishment are both important.	10	2 🗆	3 🗆	4 🗆	5 🗆	
5) Education is provided on recognition of adequate intake, dehydration and warning signs for calling pediatrician.	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆	
TOTAL (Tally the points in rows above)						

Total Score	
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What has helped our facility's progress towards achieving Step 8: (optional)
What has challenged our facility's progress towards achieving Step 8: (optional)
As you pilot test this assessment of progress along Step 8, do you have any comments or suggestions on how we could improve this section or provide clearer instructions? (optional)

STEP 9: Counsel mothers on the use and risks of feeding bottles, artificial nipples (teats) and pacifiers.

		Stage of Co	mpletion (check	one per row)	
Component	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete
 Staff in our facility educate breastfeeding mothers about how the use of bottles, artificial nipples and pacifiers may interfere with the development of optimal breastfeeding. 	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆
2) When a mother requests that her breastfeeding baby be given a bottle or pacifier , the health care staff in our facility explores the reasons for this request, addresses the concerns raised, educates her on the possible consequences on the success of breastfeeding, and discusses alternative methods for soothing and feeding her baby.	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆
3) Breastfeeding babies are not given pacifiers by the staff of our facility, with the exception of limited use to decrease pain during procedures when the baby cannot safely be held or breastfed, when babies are being tube-fed in NICU, or for other rare, specific medical reasons.	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆
4) In our facility, breastfed babies are not routinely given bottles or pacifiers. If a mother requests a bottle or pacifier, the informed decision and process of counseling and education are documented.	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆
5) In our facility, any supplementation (whether medically indicated or following informed decision of the mother) should be given by tube, syringe, spoon or cup in preference to an artificial nipple or bottle.	1 🗆	2 🗆	3 □	4 🗆	5 🗆
TOTAL (Tally the points in rows above)					

Total Score		





What has helped our facility's progress towards achieving Step 9: (optional)
What has challenged our facility's progress towards achieving Step 9: (optional)
As you pilot test this assessment of progress along Step 9, do you have any comments or suggestions on how we could
improve this section or provide clearer instructions? (optional)

STEP 10: On discharge from the birthing facility, refer mothers to ongoing breastfeeding support.

	Stage of Completion (check one per row)							
Component	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete			
 Prior to discharge, a staff member explores with each mother and a family member or support person (when available) the plans for infant feeding after discharge. 	10	2 🗆	3 🗆	4 🗆	5 🗆			
2) Our facility's discharge planning for breastfeeding mothers and infants includes information on the importance of exclusive breastfeeding for about 6 months and makes available or provides information on culturally-specific breastfeeding support services without ties to commercial interests, and includes adequate timing for follow-up visits.	10	2 🗆	3 🗆	4 🗆	5 🗆			
3) Our facility fosters and coordinates with mothers the establishment of support groups and other community services that provide breastfeeding/infant feeding support to mothers. Designated staff members in our facility can describe at least one way this is done.	10	2 🗆	3 🗆	4 🗆	5 🗆			
4) Our facility distributes to mothers printed information before discharge on how and where they can find help on feeding their infants after returning home, and information on the types of help available.	10	2 🗆	3 🗆	4 🗆	5 🗆			
5) Our policy reflects a follow-up appointment with baby's health care provider at 3–5 days of age, which is within 48–72 hours after discharge from the hospital.	10	2 🗆	3 🗆	4 🗆	5 🗆			
TOTAL (Tally the points in rows above)								

Total	Score





What has helped our facility's progress towards achieving Step 10: (optional)
What has challenged our facility's progress towards achieving Step 10: (optional)
As you pilot test this assessment of progress along Step 10, do you have any comments or suggestions on how we could improve this section or provide clearer instructions? (optional)

SUMMARY:

For each step, calculate the sum for all 5 components. The maximum score for each step is 25 points, and the minimum score for each step is 5 points. The maximum score for the entire survey is 250 points (complete components for all 10 steps), and the minimum score for the entire survey is 50 ("no progress" in any of the components for all 10 steps). This final score can be used to further assess your facility's progress toward the Ten Steps to Successful Breastfeeding.

	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
Total for each step										

Final Score	
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