



TEXAS 10 STEP PROGRAM

Breastfeeding. First step toward a healthy life.

Texas 10 Step Application Re-designation New Application

Goal: Increase exclusive breastfeeding rates to 82% at discharge.

Date: _____

Name of facility: _____

Mailing Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Contact person/Credentials: _____

Job Title: _____

Email Address: _____

Is your facility designated as a Texas Mother-Friendly worksite? _____

Number of births per year: _____

LACTATION SUPPORT INFORMATION:

IBCLC: _____ hours/week

Peer Counselor or equivalent program: _____ hours/week

State of Texas Trained BF Educator: _____ hours/week

*Successful completion of DSHS Principles of Lactation Management and Lactation Counseling and Problem Solving courses or equivalent program. Texas DSHS designation expires after five years.

Does lactation support coverage include nights, extended evening hours or weekends?

No Yes _____ hours/week _____ please specify time covered _____

BREASTFEEDING RATE INFORMATION:

What are your breastfeeding rates? (Per yearly basis)

Initiation rate* _____%

Rate of any BF at discharge _____%

Rate of Exclusive BF at discharge _____%

*The percentage of all term, healthy, non-NICU infants who received any amount of breastmilk through direct breastfeeding or alternative feeding method.

Has your facility ever completed the CDC's Maternity Practices in Infant Nutrition and Care (mPINC) survey?

No Yes _____ year submitted _____ If yes, what was your facility score? _____

Does your facility collect data that calculates the Exclusive Breastmilk Feeding rate according to the

Joint Commission? No Yes _____ Rate? _____

If you have any questions or need additional information, you can reach the Texas Ten Step Coordinator at texastenstep@dshs.state.tx.us



STAFF EDUCATION INFORMATION:

DSHS Breastfeeding Training	Date	Location	% Staff in Attendance
Breastfeeding Management			
Breastfeeding the Compromised Infant			
Managing Breastfeeding Complications			
Principles of Lactation Management			
Lactation Counseling and Problem Solving			
Physician's Course – Supporting Breastfeeding When Challenges Occur			

Non-DSHS Breastfeeding Training

Conferences and Workshops

In-House Training

Online Training

Competency Training/ Skills Fairs

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ADDITIONAL RESOURCE INFORMATION:

What steps has your facility taken to become Baby-Friendly?

State which phase of the Baby-Friendly 4-D Pathway your facility is currently in, if applicable.

What percent of infants room-in with their mothers?

Describe how the transition period after delivery is managed.

Does your facility have a breastfeeding task force or perinatal review committee?

List disciplines of members who are represented. (i.e. nursing, physician, lactation).

Are any of your staff members of a local or state breastfeeding coalition?

Are physicians required to attend staff breastfeeding training or present breastfeeding training for staff?

Do any physicians on staff have IBCLC credentials?

For listings of local area breastfeeding coalitions, visit: www.txbfcoalition.org

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