



TEXAS 10 STEP PROGRAM

Breastfeeding. First step toward a healthy life.

Texas Ten Step Program – Scorecard Tool

Re-designation New Application

Date: _____

Name of facility: _____

Address: _____

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

Contact person/Credentials: _____

Job Title: _____

Email Address: _____

Number of births/year: _____ Annual breastfeeding rate at discharge: _____

Annual EXCLUSIVE BREASTFEEDING rate at discharge: _____

Each item scored according to: 2 (full credit) 1 (partial credit) 0 (no credit)

Model Policies and Protocols may be found at the Academy of Breastfeeding Medicine.
(<http://www.bfmed.org/Media/Files/Protocols/English%20Protocol%207%20Model%20Hospital%20Policy.pdf>)

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

- The facility will have a written maternity care and infant feeding policy that addresses all *Ten Steps to Successful Breastfeeding*.
- All areas of the facility staff who potentially interact with childbearing women and babies will review all policies, clinical protocols, and educational materials related to breastfeeding and infant feeding used by maternity services.
- Breastfeeding is the preferred method of newborn and infant feeding, and human milk is the optimum form of newborn and infant nutrition.
- The facility has an established breastfeeding task force or equivalent perinatal review committee.

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

- Employees who care for mothers, newborns and infants receive breastfeeding training as follows: 100% of new staff during orientation or attendance in breastfeeding course within six months of employment.

Training includes the following (points for each):

- Advantages of exclusive breastfeeding
- Anatomy and physiology, breastmilk production
- How to solve common breastfeeding problems (sore nipples, engorgement, blocked ducts, etc.)

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



- Impact of introducing formula, artificial nipples, and pacifiers before breastfeeding is established, The International Code of Marketing of Breastmilk Substitutes
- Supervised clinical experience (shadowing) with IBCLC or staff with additional breastfeeding education beyond basics
- Knowledge of discharge referral process to include list of available community resources
- The importance of early skin-to-skin contact, rooming-in and feeding on-demand (baby-led)

Skills/Competencies:

- Communication and counseling pregnant and postpartum women about exclusive breastmilk feeding
- Observing, assessing, and assisting with breastfeeding positions and latch
- Teaching hand expression/initiation and set-up of breast pump and safe storage of milk
- Knowledge of safe formula preparation, paced bottle feeding, and newborn stomach capacity

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

- Education provided to pregnant mothers covers the importance of exclusive breastfeeding, non-pharmacologic pain relief methods for labor, the importance of skin-to-skin contact, early initiation of breastfeeding, how to maintain lactation if separated, rooming-in on a 24-hour basis, feeding on demand (baby-led), effective latch and position, risks associated with formula feeding before breastfeeding is established, and community resources
- Educational materials/presentations/artwork are free of messages that promote or advertise infant food or drink other than breastmilk. All educational materials should be WHO Code compliant.

STEP 4. Help mothers initiate breastfeeding within an hour of birth. Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.

- Skin-to-skin contact is encouraged within an hour of birth—with 30 minutes being ideal—and infant is kept in skin-to-skin until completion of the first feeding.
- Policy reflects opportunity for mother and infant to remain in skin-to-skin contact for one hour regardless of delivery type (vaginal vs. cesarean) until completion of the first feeding or when Cesarean mother is alert and responsive.
- Non-emergent, routine procedures (vitamin K, eye ointment, baths) or procedures requiring separation of the mother and baby will be delayed until after this initial period of skin-to-skin or completion of initial feeding and, when possible, performed at bedside. Routine procedures (assessments, Apgar scoring, etc.) should be completed with the baby in skin-to-skin with the mother.
- Mothers are provided education in order to recognize the signs (cues) that their babies are ready to feed and are offered assistance with initiation of breastfeeding during this first hour.

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

<input type="checkbox"/>	Policy addresses visual assessment of the mother and infant's breastfeeding techniques with demonstration, if needed, of proper latch and positioning within six hours of birth and once per shift with proper documentation in the patient's chart.
<input type="checkbox"/>	Milk expression (hand/pump) is taught to all mothers, with special attention to high risk/special needs mothers and mothers who must be separated from their infants. Expression of milk is initiated within six hours when necessary.
<input type="checkbox"/>	Mothers who have chosen to formula feed are instructed in the safe preparation and handling of formula, with focus on newborn stomach capacity and paced bottle feeding.

STEP 6. Give infants no food or drink other than breastmilk unless medically indicated.

<input type="checkbox"/>	When a mother requests supplementation with formula, staff provides evidence-based information on the risks associated with formula feeding. Mother's informed consent on supplementation is documented in the chart.
<input type="checkbox"/>	Mothers are not given discharge packs that are sponsored by breastmilk substitute companies.
<input type="checkbox"/>	Supplementation is ordered by a physician for a clinical condition, with documentation of when and why the supplement is indicated (galactosemia, PKU, VLBW infants, HIV+).
<input type="checkbox"/>	Initiation and exclusive breastmilk feeding rate according to the Joint Commission's definition of exclusive breastmilk feeding is tracked and maintained by the facility.

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

<input type="checkbox"/>	Policy reflects rooming-in 24 hours a day for all infants regardless of feeding method.
<input type="checkbox"/>	Staff educate the mother on the importance of rest and help plan for periods of rest during rooming-in.
<input type="checkbox"/>	Staff educate a mother who requests her infant be taken to the nursery, discussing concerns, and educating on advantages of rooming-in. Documentation of informed consent is recorded in mother's chart.
<input type="checkbox"/>	Infant is not separated from mother for more than one hour when possible, and a mother whose infant is kept in the nursery for medical reasons should have access to feed her baby or be allowed to do skin-to-skin contact, when stable.

STEP 8. Encourage breastfeeding on demand. Teach mothers cue-based feeding regardless of feeding method.

- Policy encourages mothers to breastfeed without restriction of time or frequency, regardless of feeding method.

Staff should educate mothers on the following:

- Newborns usually feed a minimum of eight times in 24 hours.
- Infants use recognizable cues to signal readiness to begin and end feedings.
- Physical contact and nourishment are both important.
- Adequate feeding should be based on satiety and output.

STEP 9. Give no artificial nipples or pacifiers to breastfeeding infants.

- Mothers are educated on how the early use of artificial nipples or pacifiers may interfere with optimal breastfeeding.
- Alternate feeding methods are used if supplementation is necessary, with required demonstration by staff to properly educate mother and family.
- Pacifiers are not given by the staff, with the exception of limited use to decrease pain during procedures when the baby cannot safely be held or breastfed. Pacifiers should be discarded after procedure.

STEP 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

- Patient discharge teaching includes plans for infant feeding, with focus on importance of exclusive breastfeeding for about six months.
- Telephone follow-up after discharge for breastfeeding mothers by lactation or other staff

Breastfeeding Resource List should include:

- Access to listing of area IBCLC services for in-home consultations
- Breastfeeding hot or warm lines
- Evidenced-based website resources
- WIC program support services
- Breastfeeding support groups (La Leche League, Baby Café, etc.)
- Community Lactation Clinics
- Follow-up appointment is recommended with baby's health-care provider for weight check/assessment at 3-5 days of age, which is within 48-72 hours after discharge from the hospital.

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