

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.

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.

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



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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).



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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.

Component	Stage of Completion (check one per row)				
	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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



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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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
TOTAL (Tally the points in rows above)					

Total Score.....

What has helped our facility's progress towards achieving Step 4: (optional)

What has challenged our facility's progress towards achieving Step 4: (optional)

As you pilot test this assessment of progress along Step 4, do you have any comments or suggestions on how we could improve this section or provide clearer instructions? (optional)



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