

Ten Steps Facility Self-Assessment Tool

Adapted from the National Institute for Children's Health Quality (NICHQ) Ten Steps Self-Assessment Tool used in the Texas Breastfeeding Learning Collaborative, 2012. 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 tools² and The Baby-Friendly Hospital Initiative Guidelines and Evaluation Criteria for Facilities Seeking and Sustaining Baby-Friendly Designation.³

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: <http://www.babyfriendlyusa.org/eng/docs/BFUSAreport.pdf>. Accessed July 27, 2011.

² New Jersey Baby-Friendly Hospital Initiative evaluation report. Updated 2012. Available at www.state.nj.us/health/fhs/shapingnj/documents/work/publications/NJ_BFHI_Eval_w.Exec_Summ_FINAL.pdf (accessed March 3, 2016).

³ 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, protects breastfeeding, and adheres to the International Code of Marketing of Breast-milk Substitutes.

- **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 1:

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

Component	Stage of Completion (check one per row)				
	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete
1) Our facility has a written maternity care and infant feeding policy that addresses all Ten Steps, protects breastfeeding, and adheres to the International Code of Marketing of Breast-milk Substitutes.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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.	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.....



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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)



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STEP 2:

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

Component	Stage of Completion (check one per row)				
	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete
1) 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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4) Maternity staff training covers steps 3 through 10 and includes the primary topics of all 15 sessions identified by WHO/UNICEF 20-hour curriculum. The training includes a minimum of five hours of supervised clinical experience.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5) Physicians, Midwives, Physician Assistants and Advanced Practice Registered Nurses (APRNs) with privileges for labor, delivery, maternity, and nursery/newborn care receive a minimum of three hours of breastfeeding management education pertinent to their role. The content and number of hours of training for staff working outside maternity are determined based on their job description and workplace exposure to breastfeeding couples.	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.....



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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)



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STEP 3:

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

Component	Stage of Completion (check one per row)				
	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete
<p>1) Our facility provides education about breastfeeding, including individual counseling, to pregnant women.</p> <p><i>If your facility does not have an affiliated prenatal clinic/services, then:</i></p> <p>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.</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2) Prenatal education (offered in-house and through community-based programs that we have fostered) begins in the first trimester oriented.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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, feeding on demand or baby-led feeding.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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 <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 3: (optional)

What has challenged our facility's progress towards achieving Step 3: (optional)

As you pilot test this assessment of progress along Step 3, do you have any comments or suggestions on how we could improve this section or provide clearer instructions? (optional)

STEP 4:

Help mothers initiate breastfeeding within one hour of birth.

This step is now interpreted as: 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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5) 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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6) 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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STEP 5:

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

Component	Stage of Completion (check one per row)				
	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/Complete
1) Staff in our facility assess a mother's breastfeeding techniques after birth.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4) 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

5) Our facility teaches discharge education that includes: 1) the importance of exclusive breastfeeding; 2) how to maintain lactation for exclusive breastfeeding for about 6 months; 3) how to assess the infant is getting enough breastmilk; 4) how to express, handle, and store breast milk, including manual expression; and 5) how to sustain lactation if the mother is separated from her infant or will not be exclusively breastfeeding after discharge.	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 5: (optional)

What has challenged our facility's progress towards achieving Step 5: (optional)

As you pilot test this assessment of progress along Step 5, do you have any comments or suggestions on how we could improve this section or provide clearer instructions? (optional)

STEP 6:

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

Component	Stage of Completion (check one per row)				
	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete
1) 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2) 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, staff explores the reasons for this request.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 addresses any concerns raised .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4) 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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5) If the mother still requests a substitute, our facility grants her request and documents the process and the informed decision.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6) Our facility tracks its rate of formula supplementation and strives to reach state and national targets for exclusive breastmilk feeding.	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.....



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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)



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STEP 7:

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

Component	Stage of Completion (check one per row)				
	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete
1) 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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <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.....



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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)



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STEP 8:

This step applies to all infants, regardless of feeding method, and is now interpreted as: Encourage feeding on cue.

Component	Stage of Completion (check one per row)				
	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete
1) 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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3) 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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4) Health care professionals in our facility help all mothers (regardless of feeding choice) to understand that physical contact and nourishment are both important.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5) There are no restrictions placed on the frequency or length of feeds in our facility's maternity unit.	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.....



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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)



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STEP 9:

Give no pacifiers or artificial nipples to breastfeeding infants.

This step is now interpreted as: Counsel mothers on the use and risks of feeding bottles, teats [artificial nipples] and pacifiers.

Component	Stage of Completion (check one per row)				
	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/Complete
1) 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <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)					

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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)



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STEP 10:

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the birth facility or center.

Component	Stage of Completion (check one per row)				
	No Progress	Early Stage Progress	Moderate Progress	Substantial Progress	Fully Implemented/ Complete
1) 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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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.	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)					

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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)



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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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