

TTS Support Document Checklist

The steps below can be used as a checklist to ensure appropriate support documentation is included in your facility's application. Please ensure that wording for each of the Ten Steps is also included in facility policy.

This is not an all-inclusive list; for questions on other documentation that can be submitted, email TexasTenStep@hhs.texas.gov.

STEP 1: Policy

Support documents include all policies related to infant feeding and the Ten Steps. Policies should include the signature page and current review dates. Policies in draft form are not accepted. For policies stored electronically that do not include signatures, send a cover sheet with the manager or director's signature verifying these are the current policies in use.

- Include policies or guidelines related to infant feeding.
- Include policies or guidelines that address individual Ten Steps if they are separate from the main infant feeding policy (e.g., rooming-in, skin-to-skin, supplementation, pumping, etc.).
- Only include NICU policies that relate to Ten Steps (Kangaroo care, pumping/hand expression/storage).

STEP 2: Staff Education

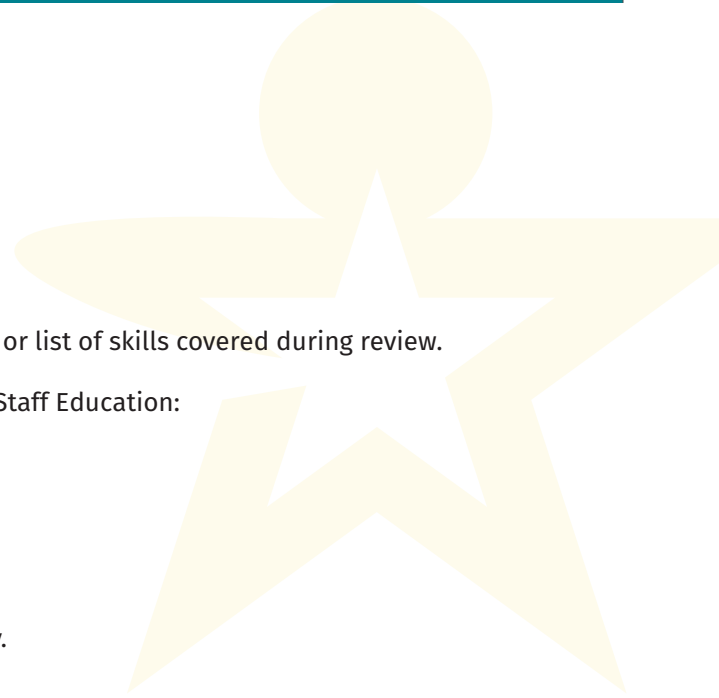
Support documents for training can include:

- PowerPoint presentations.
- Research articles with post-tests.
- Training provided during staff meetings.
- Poster board presentations.
- Outsourced or purchased training.

Documentation for skills-based testing can include a check-off sheet or list of skills covered during review.

The Texas Ten Step program reviews the following criteria for Step 2: Staff Education:

- Training must include didactic and skills-based components.
- Training must demonstrate >50% staff completion.
 - Do not include training for which <50% staff have attended.
 - Do not include training specific for lactation staff only.
- Training must include dates from the previous two years only.



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WIC offers both online and live training that help meet the didactic content for Step 2 training. If your facility does not use the WIC training offered, complete the application demonstrating that the content listed within is covered.

Didactic Content:

- Health risks to mom and baby of suboptimal exclusive breastfeeding (for example, not achieving medical recommendations).
- Anatomy and physiology, breastmilk components and milk production; the importance of early breastfeeding and intake of colostrum; assessing good/poor milk transfer.
- How to solve common breastfeeding problems (sore nipples, flat/inverted nipples, engorgement, blocked ducts, mastitis, sleepy and fussy infant, etc.).
- Impact of introducing formula, artificial nipples and pacifiers before breastfeeding is established, the [International Code of Marketing of Breastmilk Substitutes](#).
- Labor and birth practices that support and deter early breastfeeding. Regardless of feeding method, the importance of early skin-to-skin contact, rooming-in and feeding on-cue.
- Knowledge of the discharge referral process and arranging follow-up suitable to the mother's situation to include familiarity with available community resources.
- Orientation should include supervised clinical experience (shadowing) with IBCLC, CLC or other staff with additional breastfeeding education beyond basics.

Skills Content:

- Counseling with pregnant and postpartum women about infant feeding choices that include evidenced-based practices.
- Observing, assessing and assisting with breastfeeding position and latch.
- Teaching hand expression, pump use and setup and safe storage of milk.
- Teaching safe formula preparation and feeding (paced feeding, newborn stomach capacity).

STEP 3: Prenatal Breastfeeding Education

Support documents can include PowerPoint presentations, educational materials, books and any handout provided to mothers during class that relates to infant feeding.

Training should include the content topics listed below. Training and materials provided should be free of commercial influence/logos. Formula feeding preparation education should not be offered in grouped education or be included in all-inclusive education materials and books. If no prenatal education is offered, the facility must coordinate the promotion of messages and education with community partners and those partners identified.

- Importance of exclusive breastfeeding.
- Non-pharmacologic pain relief options for labor.
- Importance of early skin-to-skin contact and early breastfeeding initiation.
- Rooming-in on a 24-hour basis.
- Feeding on demand.



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- Frequent feeding to assure optimal milk production.
- Effective position and latch.
- Exclusive breastfeeding for the first six months and promoting that breastfeeding continues to be important after six months when other foods are given.

Note: In addition to covering the topics above, the facility should provide families information on accessible community resources.

STEP 4: Immediate Skin-to-Skin Contact (SSC), Regardless of Feeding Choice

Support documents can include flyers, patient education communication or posters educating on SSC.

STEP 5: Show mothers how to breastfeed, even if separated from their baby.

Support documents can include images of patient education posters or other communications too large to attach in email.

- Include education used with parents to teach safe formula prep, cue-based feeding and newborn stomach capacity. Information should not be included in a group education class or education book accessed by all patients.
- Include patient education on hand expression, setup/cleaning of a breast pump and safe storage of human milk.

STEP 6: Medically Indicated Supplementation

- Consents used for supplementation and/or education of impact of formula (if applicable).
- Include status (screenshot) on BantheBags.org to demonstrate removal of formula gift bags in your facility.

STEP 7: Rooming-In

Support documents can include posters or flyers communicating to the public and patients on the practice of rooming-in, visitors' hours or observed nap time.

- Include information on how visitors' hours, observed rest periods or the golden hour are communicated to patients and family, if applicable.
- Include information on the model of care used to transition the infant to Postpartum care and the process to ensure rooming-in occurs 23 out of 24 hours.



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- Include information (consent form if used) on education given and how information is documented when the mother requests her newborn be taken to the nursery.

STEP 8: Feeding On-Cue

Support documents can include flyers, posters or any other patient communication to demonstrate education on cue-based feeding. Include the infant feeding tracking log.

- Information should include education on initiation and satiety cues communicated to all moms, regardless of feeding method.
- Information can include education to parents and staff on normal baby behavior patterns (e.g., feeding cues, sleep patterns and crying), if applicable.
- If WIC materials are used, please provide stock # or title of material used (there is no need to provide full WIC forms).

STEP 9: Alternative Feeding Devices/Pacifiers

- Include consent for pacifiers (if applicable).
- Include patient education on the AAP recommendation for pacifier use and use of alternative feeding devices.

STEP 10: Post-Discharge Community Linkages

Support documents can include community resources lists or discharge books that include community resources (only include the page that lists resources). All resource lists should include review dates to ensure resources listed are current. Additional support documents can include flyers announcing outpatient services and the call sheet template used during post-discharge breastfeeding follow-up calls.

- Include information on community-based breastfeeding resources listed on the application.
- Include information on how hospital-based breastfeeding support is offered (outpatient visits, follow-up phone calls, support groups, hotlines, Baby Café, etc.).
- Include information on when/how the first pediatric follow-up is made.
- Include information/documentation to support how staff help develop a patient's breastfeeding plan.



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