MFW level:
BTB:
BF Path:
Re-designation deadline:
Score:

Texas Ten Step Program–Scorecard Tool

☐ New ☐ Renewal Date:

Facility Name:

Physical Address:

Telephone: Fax:

Applicant Contact Name/Credentials:

Job Title:

Email:

Total live births for previous calendar year:

STEP 1: Have a written breastfeeding policy that is routinely communicated to all health care staff. *10 POINTS*

- ☐ Policy includes statement to address compliance with the World Health Organization's Code of Marketing of Breastmilk Substitutes.
- ☐ All areas of the facility staff who potentially interact with childbearing women and babies will have yearly review of 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 committee that engages in policy and breastfeeding data development and review.
- ☐ The facility has a demonstrated quality improvement project related to breastfeeding or the Ten Steps.

For consideration: The facility can confirm that staff are aware of the written breastfeeding policy and where to locate it. A summary of the policy is available or visible to pregnant women, mothers and their families.

STEP 2: Train all health care staff in the skills necessary to implement this policy. *24 POINTS*

- ☐ Policy includes language that indicates staff have breastfeeding training within six months of hire and then yearly thereafter.

Include the following didactic and skills-based content:

Didactic Topics:

- ☐ Health risks to mom and baby of suboptimal exclusive breastfeeding (not achieving medical recommendations).
- ☐ Anatomy and physiology, breastmilk components and milk production; the importance of early breastfeeding and intake of colostrum; assessing good vs. 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, to align with the International Code of Marketing of Breastmilk Substitutes (WHO code).

☐ Labor and birth practices that support early breastfeeding. Regardless of feeding method, the importance of feeding on-cue, skin-to-skin contact, rooming-in and safe sleep and SIDS risk reduction.

☐ Knowledge of the discharge referral process and arranging follow-up suitable to the mother's situation to include familiarity of available community resources.

☐ Orientation should include supervised clinical experience (shadowing) with IBCLC, CLC or other staff with additional breastfeeding education beyond basics.

Skills/Competencies:

All skills-based training must be completed in the presence of preceptor. Read/study modules should not be included as skills-based testing.

☐ Provide-evidenced based key messages to pregnant and postpartum women regarding exclusive breastmilk feeding, using effective counseling and communication techniques.

☐ Observing, assessing and assisting with breastfeeding positions and latch.

☐ Teaching hand expression, pump use and setup, and safe storage of milk.

☐ Teaching safe formula preparation and feeding (paced bottle feeding and newborn stomach capacity).

For consideration: Physicians and advanced care providers with privileges at a facility are included in required breastfeeding training (related to care and practice oversight).

STEP 3: Inform all pregnant women about the benefits and management of breastfeeding. *4 POINTS*

☐ Policy requires documentation of prenatal breastfeeding education and reflects that education provided to pregnant mothers covers:

- The importance of exclusive breastfeeding.
- Nonpharmacological pain relief methods for labor.
- The importance of early skin-to-skin contact.
- Early initiation of breastfeeding.
- Rooming-in on a 24-hour basis, education on safe sleep and SIDS risk reduction.
- Feeding on-cue or baby-led feeding.
- Frequent feeding to help assure optimal milk production.
- Risks associated with formula feeding before breastfeeding is established.
- Effective positioning and attachment.
- Exclusive breastfeeding for the first six months, and that breastfeeding continues to be important after six months when other foods are given.

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

☐ Staff and patient educational materials/presentations/artwork/gifts, including education provided from outside contractors and the facility website, are free of messages that promote or advertise infant food or drink other than breastmilk. All educational materials are WHO Code compliant.

For consideration: The facility engages community-based prenatal providers in breastfeeding education and prenatal breastfeeding messaging through collaborative projects.

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. *8 POINTS*

☐ Policy reflects safe skin-to-skin contact is continuous, uninterrupted and immediate after birth for all infants, regardless of feeding method, until completion of the first feeding unless there are documented medically justifiable reasons for delay or interruption.

☐ Policy reflects safe skin-to-skin contact for a minimum of one hour regardless of delivery type until completion of the first feeding or when Cesarean mother is alert and responsive. Special consideration for Kangaroo care is offered to mothers of NICU infants.

☐ Policy reflects nonemergent, 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 safe skin-to-skin or completion of initial feeding and, when possible, performed at bedside while the infant is in safe skin-to-skin.

☐ Policy reflects mothers are provided education to recognize feeding cues and are offered assistance with initiation of breastfeeding during this first hour.

For consideration: Safe skin-to-skin contact is strongly encouraged in the early postpartum period during the hospital stay until discharge and beyond. Routine evaluation of safe skin-to-skin contact during post-delivery and postpartum care are integrated into staff education and practices.

STEP 5: Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infant. *4 POINTS*

☐ Policy reflects visual assessment of the breastfeeding dyad's latch and position with demonstration if needed, within three to six hours of birth and once per shift. Appropriate documentation is included in the patient's chart.

☐ Policy reflects milk expression (hand and pump) and safe milk storage are taught to all mothers, with special attention to high-risk/special needs mothers and mothers who must be separated from their infant. Expression of milk is initiated within six hours when necessary.

For consideration: Policy addresses hand expression within the first hour for mothers separated from their infant.

STEP 6: Give infants no food or drink other than breastmilk unless medically indicated. *12 POINTS*

Exclusive breastmilk feeding shall be the feeding method expected from birth to discharge.

- ☐ Policy reflects that when a mother requests supplementation with formula, staff engages in sensitive conversation that provides evidence-based information on the risks associated with formula use and the impact on breastmilk supply, providing education and assistance with breastfeeding as needed. Mother's informed feeding choice is documented in the chart.
- ☐ Policy reflects that mothers who have chosen to formula feed are instructed in the safe preparation and handling of formula, such as with the recommendations from the CDC or other evidence based resource. Education should not be provided in grouped education; topics should include:
  - Appropriate hand hygiene.
  - Cleaning infant feeding items (bottles, nipples, rings, caps, syringes, cups, spoons, etc.) and workspace surfaces.
  - Appropriate and safe reconstitution of concentrated and powdered infant formulas.
  - Accuracy of measurement of ingredients.
  - Safe handling of formula.
  - Proper storage of formula.
  - Appropriate feeding methods which may include feeding on-cue, frequent low volume feeds, paced bottle techniques, eye-to-eye contact and holding the infant closely.
  - Powdered infant formula is not sterile and may contain pathogens that can cause serious illness in infants younger than three months of age.
- ☐ The use of all formula-sponsored gift packs (both breastfeeding and formula) is discontinued.
- ☐ Policy reflects 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+).
- ☐ Policy reflects breastfeeding mothers are offered banked donor human milk when available; if not available, then formula is used as the next supplement of choice.
- ☐ Policy reflects tracking of early and exclusive breastmilk feeding using a nationally accepted criterion or definition (the Joint Commission's definition of exclusive breastmilk feeding, or equivalent quality improvement methodology).

For consideration: Facility tracks non-medical formula supplementation rates. The facility analyzes and compares formula supplementation to the annual rate reported by the Centers for Disease Control and Prevention (CDC) National Immunization Survey data for the geographic region in which they are located.

STEP 7: Practice rooming-in to allow mothers and infants to remain together 24 hours a day. *6 POINTS*

- ☐ Rooming-in 24 hours a day is the standard for all infants, regardless of feeding method. Education on safe sleep and SIDS risk reduction is provided for staff and parents.

☐ Policy reflects that the infant is not separated from the mother for more than one hour when possible, and a mother whose infant is kept in the nursery for medical reasons has access to feed her baby or be allowed to do skin-to-skin contact when infant is stable.

☐ Policy reflects that staff educate a mother who requests her infant be taken to the nursery, discussing concerns in a sensitive manner and educating on the advantages of rooming-in. Staff should work to resolve any medical reasons, safety-related reasons or maternal concerns. If the mother still requests or if it is determined the infant is best cared for in the nursery, the process and informed decision should be documented in the mother's chart. The mother should have access to feed her infant at any time and a plan should be developed to reunite the infant as soon as the infant displays feeding cues.

For consideration: Staff educate the mother on the importance of rest and help plan for periods of rest (observance of nap/rest time/limited visitor's hours) during the facility stay to aid with maternal fatigue.

STEP 8: Encourage feeding on-cue. *10 POINTS*

Teach mothers cue-based feeding regardless of feeding method.

Policy reflects that staff educate all mothers, regardless of feeding method, on the following:

☐ Infant feeding should occur without restriction of time or frequency.

☐ 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.

☐ Determination of adequate feeding is based on infant satiety, output and percentage of weight loss. Staff teach mothers how to recognize signs of undernourishment or dehydration in the infant and warning signs for calling a health professional.

For consideration: The facility includes information and educational programs for parents and staff on normal baby behavior patterns (e.g., feeding cues, sleep patterns and crying).

STEP 9: Counsel mothers on the use and risks of feeding bottles, teats and pacifiers. *6 POINTS*

☐ Policy reflects mothers are engaged in sensitive conversation and education on how the early use of artificial nipples or pacifiers may interfere with optimal breastfeeding. Education is provided on the AAP recommended time frame for introducing a pacifier to the breastfeeding infant and on the recommendation of delaying pacifier use until breastfeeding is well established (AAP, 2011).

☐ Policy reflects alternate feeding methods are used if supplementation is indicated, with required demonstration by staff to properly educate mother and family.

☐ Policy reflects pacifiers are not routinely 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.

For consideration: Facility offers training to staff and parents on alternate ways to soothe an infant.

STEP 10: On discharge from the hospital or birth center, refer parents to access for ongoing support and care. Foster the establishment of breastfeeding support groups; refer mothers to them on discharge. Coordinate with community partners to enhance community support for breastfeeding. *16 POINTS*

☐ Policy reflects that, before discharge, staff has educated mothers and their support partner or family on the following topics:

- The importance of exclusive breastfeeding.
- How to maintain lactation for exclusive breastfeeding for about six months.
- Criteria to assess whether the infant is getting enough breastmilk.
- How to express, handle and store breastmilk, including manual expression.
- How to sustain lactation if the mother is separated from her infant or will not be exclusively breastfeeding after discharge.

☐ Policy reflects the facility offers breastfeeding support services if no adequate source of community support is available for referral (follow up phone calls, support groups, weight/feeding outpatient clinic).

☐ Policy reflects that a community breastfeeding resource list is offered to all mothers and should include:

- ☐ Access to listing of area IBCLC services for in-home consultations or other home visiting programs.
- ☐ Breastfeeding hot or warm lines and evidence-based website resources (free of commercial endorsement) such as:
  - Texas Lactation Support Hotline, 855-550-6667
  - BreastmilkCounts.com, CadaOnzaCuenta.com, TexasWIC.org
  - WIC/MCH Lactation Support Centers
- ☐ Local WIC breastfeeding services and contact information
- ☐ Breastfeeding support groups (e.g., WIC, facility-based, La Leche League and Baby Café) or community lactation clinics.

☐ Policy reflects a follow-up appointment with the baby's health care provider for weight check and feeding assessment at 3–5 days of age, which is within 48–72 hours after discharge from the hospital (AAP recommendations, 2012).

For consideration: The facility collaborates with local WIC agency staff or other community partners to provide breastfeeding support services.

Notes: