



The Ten Steps to a Breastfeeding Friendly Facility

Clarifying Document for Step Completion

The Ten Steps to a Breastfeeding Friendly Facility as Your Guide

The Ten Steps to a Breastfeeding Friendly Facility Initiative, Training Toolkit provides step-by-step implementation strategies to assist your facility in the process of implementing each of the Ten Steps to Successful Breastfeeding. After identifying an area of focus and selecting a step, begin by reading all the information for the chosen step in the Toolkit. It provides a strong foundation toward understanding the step goals.

Previewing the Step Application Form provides an overview of the step and helps determine data collection. Sharing the application form with the entire staff may increase their understanding of the quality improvement project goals and practice measures.

Before You Begin

Assemble a comprehensive multi-disciplinary team including administration, management, nursing, safety, health care providers, marketing, patient education, and quality improvement. Consider involvement from the agencies that provide prenatal and postpartum services in support of breastfeeding, as well as input from new mothers and families.

Please take an honest look at current practices to identify those that support and those that hinder breastfeeding mothers. Conduct questionnaires, focus groups, and inventories to collect baseline data, early on. Consider answering the Application Form questions as you identify areas of excellence and opportunities for improvement. Assessing practices before implementing changes permits the team to recognize and celebrate every success along the way toward achieving a step!

Safety and Sensitivity

Always provide evidence-based, safe, patient-centered care. All practices associated with the 10 Steps to Successful Breastfeeding should be implemented in a sensitive manner that is responsive to the family's needs and follows the safety protocols of the facility.

Auditing and Data Collection

The Ten Steps to a Breastfeeding Friendly Facility initiative offers hospitals flexibility in selecting data collection methodology. Measuring progress through observations, patient surveys/interviews and review of records are options available to facilities. While all data collection is important, talking with patients validates perception of care and provides understanding of charted education. It should be noted that estimating is the least accurate method of reporting. When electronic data is unavailable, consider on-going audits to relieve an end of the month burden. Guidelines for minimum sample size are found in the chart below.





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Guide to Minimum Monthly Sample Size Based on Annual Number of Births

(This is a guide only and does not override facility procedures already in place)

Annual Number of Births	Minimum Patient Sample Size
Less than 400	10
400-999	15
1000, 2500	20
Over 2500	25

Data for Step Submission

Collect four consecutive months of randomly selected data to validate achievement. Refer to this document's exclusions for each step. **If step guidance does not exclude formula feeding families, they must be included in the sample.**

Choose a consistent method and sample size each month. The goal of The Ten Steps to a Breastfeeding Friendly Facility is 100% achievement, but it is unlikely facilities will attain that level of improvement. Therefore, facilities are allowed to go as low as 80%. A minimum of 80% achievement is required in each of the four months prior to submitting the application. **This is NOT an average of 80% over four months.** If the facility is working on a step that requires separate reporting for vaginal and cesarean births, a minimum 80% achievement over a four-month period must be reported for each delivery method.

Avoiding Biased Sampling

Make every attempt to avoid biased sampling. For example, don't sample all deliveries on one shift. Facilities should be achieving 80% success when all three shifts are taken into consideration.

Keystone 10 operates under the assumption of honest reporting. Occasionally, The Ten Steps to a Breastfeeding Friendly Facility reviewers will respond to step applications with a request for additional information. Please respond to these requests as quickly as possible.





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Calculating Percentages

$(\text{Numerator} \div \text{Denominator}) \times 100 = \text{Percentage}$

Example: 8 out of 10 healthy mothers and babies are rooming-in.

Equation to calculate percentage of mothers rooming-in:

$$(8 \div 10) \times 100 = \text{Percentage}$$

Calculation:

$$8 \div 10 = 0.80 \times 100 = 80\%$$

The guidance below applies to specific measures and provides sample calculations and exclusions.

Step 2 – Train all healthcare staff in the skills necessary to implement the facility breastfeeding policy.

Exclusions: Maternity staff employed less than 6 months that have not completed the training requirements of both 15 hours training and 3-5 hours competencies.

Example:

The facility has 35 maternity care nurses on staff. Four nurses are on orientation and have not completed the required training. One nurse has completed the 15-hour breastfeeding management course but has not completed competencies. 30 nurses have completed 15 hours training and 3-5 hours competencies and are fully trained.

Calculate Percentage of Maternity Care Nurses Fully Trained

	Total Nurses	Orientation Excluded from Numerator and Denominator	Subtract 1 from Numerator (No Competencies)	Percentage of Fully Trained Nurses
Numerator	35	$35 - 4 = 31$	$31 - 1 = 30$	30
Denominator	35	$35 - 4 = 31$	31	31
				97%

Equation to calculate percentage of fully trained nurses:

$$(30 \div 31) \times 100 = \text{Percentage}$$

Calculation: $30 \div 31 = 0.9687 \times 100 = 97\%$





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

Exclusions: None

Note: Facilities that do not have an owned or affiliated practice(s), prenatal clinic(s) or in-patient pre-natal unit(s) can still complete step 3 by answering the appropriate questions on the application.

Example:

The facility has 2 affiliated practices (practices A and B)

Practice A delivered 80 mothers last month and chart review confirmed all mothers in the appropriate sample size received breastfeeding education, counseling and written materials.

Practice B delivered 120 mothers last month and provided breastfeeding education to 70 mothers intending to breastfeed. Their waiting room has a constant supply of breastfeeding brochures.

Note: Practice B needs improvement. All mothers, regardless of their feeding intentions, need breastfeeding education to make informed feeding choices.

	Mothers in all affiliated practices	Mothers who received prenatal education
Numerator	200	$80 + 70 = 150$
Denominator	200	200
		75%

Equation to calculate percentage of families that received education:

$$(150 \div 200) \times 100 = \text{Percentage}$$

Calculation: $150 \div 200 = .75 \times 100 = 75\%$

Step 4 – Help mothers initiate breastfeeding within one hour of birth.

Exclusions: All mothers or infants with medical justifications for inability to participate in skin-to-skin contact.

Note: Vaginal deliveries – Brief separation for a mother to go to the bathroom is a medically indicated separation, in compliance with skin-to-skin guidelines, and remains in the numerator and denominator. Having a family member holds infant during these times is always acceptable.

Cesarean deliveries – Begin skin-to-skin when mother and infant are responsive and alert and can safely remain skin-to-skin until first feeding or for at least one hour for bottle-fed infants. Include these couplets in the numerator and denominator.





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Interruption or delay of skin-to-skin for routine procedures (weight, eye prophylactics, vitamin k) is not acceptable, and those couplets remain in the denominator.

Example:

10 women are randomly selected for interview. One mother was transferred to the ICU (grandmother performed skin-to-skin). One mother delivered a term baby with no risk factors and refused skin-to-skin after receiving education from the nurse. One bottle-feeding mother reported skin-to-skin for one hour but was never asked to remove her bra. Two bottle-feeding mothers reported infant removed for weight after 15 minutes skin-to-skin. Five mothers remained skin-to-skin until first breastfeeding was completed.

	All Mothers in Sample	Medically Justified is Excluded (ICU)	Subtract 4 from Numerator (Patient refusal, mom wearing bra, weight checks)
Numerator	10	9	5
Denominator	10	9	9
			56%

Calculation: $5 \div 9 = .555 \times 100 = 56\%$

Step 5 – Show mothers how to breastfeed and maintain lactation even if they should be separated from their infants

Exclusions: None

Note: Non-breastfeeding families must be shown how to safely prepare and feed breastmilk substitutes.

Step 6 – Give newborns no food or drink other than breastmilk, unless medically indicated.

Exclusions: a) Medical justification for supplementation.
b) Formula fed infants.

Example:

10 mothers sampled. One infant was supplemented due to medical justification. One mother requested supplementation after discussion and education concerning risks of supplementation.

	All Mothers in Sample	Medically Justified is Excluded	Subtract 1 from Numerator (Patient Request)
Numerator	10	9	8
Denominator	10	9	9
			89%

Calculation: $8 \div 9 = .888 \times 100 = 89\%$





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Step 7 – Practice “rooming-in” – allow mothers and infants to remain together for 24 hours a day.

Exclusions: Medically indicated separations such as: mother extremely exhausted, ill, or medicated to a point where rooming-in isn’t safe; if mother had a C/S and has no help; infant is ill.

Note: A tired mother that can safely get out of bed is included in the sample calculation.

Example:

10 mothers sampled. Two couplets have medical justification. One mother (after receiving education) requested her baby be removed from the room so she can get a good night’s sleep. Two infants have been removed from rooming-in because staffing does not allow for safe care of couplets.

	All Mothers in Sample	Medically Justified Excluded	Subtract 3 from Numerator (Patient Request, Inadequate Staffing)
Numerator	10	8	5
Denominator	10	8	8
			63%

Calculation: $5 \div 8 = .625 \times 100 = 63\%$

Step 8 – Encourage breastfeeding on demand.

Exclusions: None

Note: All families (including formula feeding families) should be taught to recognize hunger/satiety cues and perform on-demand/baby-led feeding.

Step 9 – Give no artificial teats or pacifiers (also called bottle nipples or soothers) to breastfeeding infants

Exclusions: a) Medical indications for pacifier use such as, painful procedures in which skin-to-skin contact or breastfeeding is not possible, Neonatal Abstinence Syndrome, prematurity, phototherapy

b) Formula fed infants

Note: Exclusively breastfed and partially breastfed infants make up the denominator for this measure.





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Example:

10 breastfeeding mothers sampled. Two couplets have medical justification. One mother (after receiving education) gives her baby a pacifier brought from home.

	All Mothers in Sample	Medically Justified Excluded	Subtract 1 from Numerator (Patient Request)
Numerator	10	8	7
Denominator	10	8	8
			88%

Calculations: $7 \div 8 = .8750 \times 100 = 88\%$

Step 10 – Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital

Exclusions: None

Note: All families (including formula feeding families) should be provided information on where they can find support if they need help feeding their infant after returning home.

