

Competency 12: Help a mother to breastfeed a low-birth-weight or sick	Competency 13: Help a mother whose baby needs fluids other than
baby (Steps 5, 7 and 8)	breast milk (Step 6)
Performance Indicators: 43, 44, 45, 46	Performance Indicators: 51, 52
Competency 14: Help a mother who is not feeding her baby directly at	Competency 15: Help a mother prevent or resolve difficulties with
the breast (Step 9)	breastfeeding (Steps 5, 8, 9 and 10)
Performance Indicators: 53, 54, 56	Performance Indicators: 57

Knowledge, Skills and Attitudes (KSA) Displayed	Competent	Needs to improve	Comments
Prepared for the consultation			
Staff aware of engaging in meaningful conversations that ENCOURAGES* the			
patient and family members.			
Established rapport			
Introduced self and supervisor.			
Explained reason for communication.			
Asked permission to continue.			
C12 PI 43: Help a mother achieve a comfortable and safe position for breastfeed	ing with her ا	oreterm, late	preterm, or weak infant at the
breast, noting at least 4 points.			
Using Foundational Skills:			
First observe a mother breastfeeding before recommending changes.			
Preterm, late preterm, or some weaker infants will require more time, more			
patience as they may not open mouth upon stimulation or may not open their			
mouths wide enough.			
Guide a mother to bring baby to the breast and not breast to baby.			
Help a mother identify the most useful positions for weaker babies.			
Show how to do breast compression which may be useful with preterm, low tone			
or babies with a weak suck.			
Show a mother how to express milk into the baby's mouth.			
Help a mother identify how and when to release a latch that is painful or shallow			
(more frequent with preterm infants) without hurting herself.			



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Knowledge, Skills and Attitudes (KSA) Displayed	Competent	Needs to improve	Comments
C12 PI 44: Engage in a conversation with a mother of a preterm, late preterm, or including at least 5 points.	low-birth-we	ight infant n	ot sucking effectively at the breast,
Using Foundational Skills, discuss the following:			
Facilitate prolonged skin-to-skin (Kangaroo Mother Care) to improve stabilization of			
temperature, breathing and heart rate.			
Engage in a conversation with a mother about why it may be necessary to wake up			
the baby within 3-4 hours if he doesn't demonstrate cues.			
Observe the baby latch + suck + swallow.			
Monitor closely for frequently encountered problems such as hypoglycemia, poor			
feeding, hyperbilirubinemia.			
Engage in a conversation with a mother about how to avoid excessive neonatal			
weight loss (more than 7% on day 3) and adjust feeding plan accordingly.			
Suggest frequent hand expression and compression of the breast to a mother.			
Explain how to hand express milk (see below).			
Explain/demonstrate how to cup feed the expressed breastmilk.			
Explain the negative effects of pacifiers and teats while breastfeeding is being			
established.			
Describe medications that can affect breastfeeding.			
Explain safe sleeping.			
Explain the signs of undernourishment or dehydration in the infant.			
Explain appropriate storage and handling of expressed breastmilk.			
Describe maintenance of lactation during separation or illness of mother or baby.			

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Knowledge, Skills and Attitudes (KSA) Displayed	Competent	Needs to improve	Comments
C12 PI 45: Engage in a conversation with a mother separated from her preterm o infant in the intensive care unit.	r sick infant	regarding at	least 2 reasons to be with her
 Using Foundational Skills, discuss the following: She will help her baby heal and grow better. She will be able to breastfeed sooner and better. She will be able to express breast milk more easily. She can feed her baby (using tube or other means). Her baby needs her touch, her warmth and her voice. When the mother is not able, the presence of significant others is also important. 			
C12 PI 46: Engage in a conversation with a mother of a preterm, late preterm or vimportance of observing at least 2 subtle signs and behavioral state shifts to determine the conversation with a mother of a preterm, late preterm or vimportance of observing at least 2 subtle signs and behavioral state shifts to determine the conversation with a mother of a preterm, late preterm or vimportance of observing at least 2 subtle signs and behavioral state shifts to determine the conversation with a mother of a preterm, late preterm or vimportance of observing at least 2 subtle signs and behavioral state shifts to determine the conversation with a mother of a preterm, late preterm or vimportance of observing at least 2 subtle signs and behavioral state shifts to determine the conversation of the conversation with a mother of the conversation o			
 Using Foundational Skills, discuss the following: Breastfeeding at the breast is guided by the infant's competence and stability rather than a certain gestational/postnatal/postmenstrual age or weight. How to recognize discrete signs of transition from deep to active sleep and waking up. Mother is guided not to interrupt the deep sleep stage just for routine feeding. Mother encouraged to observe her infant's signs of interest in rooting and sucking. Mother breastfeeds when her infant shows such signs. 			

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Knowledge, Skills and Attitudes (KSA) Displayed	Competent	Needs to improve	Comments	
C13 PI 51: Engage in a conversation with a mother who intends to feed her baby formula, noting at least 3 actions to take.				
Use Foundational Skills to:				
Elicit information about why she intends to mixed feed.				
Assess a breastfeed to evaluate the presence of medical indications for				
supplementation.				
Manage common breastfeeding difficulties.				
Respond to the individual mother's and family's needs, concerns, preferences and				
values related to mixed feeding.				
Encourage mother to continue exclusive breastfeeding in the first 6 months.				
C13 PI 52: Demonstrate at least 3 important items of safe preparation of infant for	ormula to a n	nother who i	needs that information.	
Using Foundational Skills, demonstrate:				
Cleaning and sterilizing feeding and preparation equipment.				
Use of boiled water.				
Add powdered formula while water >70C/158F degrees.				
Exact amount of formula as instructed on the label.				
Cool the feed quickly to feeding temperature.				
Check temperature of formula before feeding.				
Discard formula not used within 2 hours.				
For using liquid formula concentrate: follow manufacturer's instructions.				

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Page **4** of **7** V1.2_USA © Step 2 Education International Inc. 2021

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Knowledge, Skills and Attitudes (KSA) Displayed	Competent	Needs to improve	Comments
C14 PI 53: Demonstrate to a mother how to safely cup-feed her infant when nee	ded, showing	gat least 4 po	pints.
Use Foundational Skills to demonstrate the following:			
Hygienic measures for preparation (hands and utensils).			
How to express breast milk.			
How to store expressed breast milk.			
How to handle expressed breast milk.			
How to safely prepare formula.			
Ensure the baby is fully awake, alert and interested in feeding.			
Hold the baby fairly upright for feeds.			
Tip the cup so the milk just reaches the baby's lips.			
Let the baby lap the milk at his own pace.			
When baby ends the feed in satiation, hold baby upright and gently rub or pat his			
back to bring up any wind.			
Look out for and respect satiation cues.			
C14 PI 54: Describe to a mother at least 4 steps to feed an infant a supplement in	n a safe manı	ner.	
Using Foundational Skills, explain the following:			
Hold the baby fairly upright for feeds.			
Allow the baby to drink at his/her own pace.			
Baby may need short breaks during the feed and may need to burp sometimes			
(paced feeding).			
When the baby ends the feed in satiation, hold the baby upright and gently rub or			
pat his back to bring up any wind.			
Look out for and respect satiation cues.			

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Page **5** of **7**

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Knowledge, Skills and Attitudes (KSA) Displayed	Competent	Needs to improve	Comments
C14 PI 56. Engage in a conversation with a mother who requests feeding bottles	, teats, pacifi	ers and soot	hers without medical indication,
including at least 3 points.			
Use Foundational Skills to:			
• Explore the reasons for a mother's request for a feeding bottle, teat or pacifier.			
Address her concerns behind her request.			
Educate on the risks of feeding bottles, teats or pacifier use, especially on suckling			
and nutritional status.			
Suggest alternatives to calm a baby.			
List possible hygiene risks related to inadequate cleaning of feeding utensils.			
Explain that suckling from a feeding bottle and teat may cause breastfeeding			
difficulty, especially if use starts before breastfeeding is established or bottle use is			
prolonged.			
Suggest that pacifiers may replace suckling, which can lead to a reduction of			
maternal milk production.			
Alert the mother that a pacifier prevents the mother from observing the infant's			
subtle feeding cues, which may delay feeding.			
Explain that the use of feeding bottles with teats in preterm infants interferes with			
learning to suckle at the breast.			

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Knowledge, Skills and Attitudes (KSA) Displayed		Needs to improve	Comments
C15 PI 57: Engage in a conversation with a mother regarding at least 4 different we resolve most common conditions of the lactating breasts (sore nipples, engorgen			·
infants who have difficulty sucking).			
Use Foundational Skills to discuss:			
Frequent skin-to-skin.			
• 24h rooming-in.			
 Importance of skin-to-skin and rooming-in for both parents. 			
• Infant's cues, signs of a good latch and milk transfer, infant swallowing, and how to			
remove a baby from the breast if in pain.			
Baby can remain at her breast for as long as he desires.			
 Unrestricted frequency and responsive feeding. 			
 Avoidance of pacifiers/dummies and/or bottles during the first weeks. 			
Typical feeding patterns: day and night for the first weeks and at least 8 times per			
24h, expecting more often during the first week.			
Mother's perception of adequate milk supply (also versus colostrum).			
How the mother can confirm reliable and adequate milk production by observing			
specific signs in the baby.			
Breastfeeding takes practice, patience, and persistence.			
Ensured mother had sufficient information about breastfeeding			
Covered ALL information on Checklist, sharing evidence-based information accurately.			
Completed documentation as appropriate			

Adapted from the Baby-Friendly USA, Inc. "Guidelines and Evaluation Criteria for Facilities Seeking Baby-Friendly Designation, Sixth Edition" and the WHO competency verification toolkit, ensuring competency of direct care providers to implement the baby-friendly hospital initiative Web annex A Competency verification form (sorted by domain and competency). *ENCOURAGES = Empathize, Non-judgmental, Confirm, Open-ended questions, Use competent skills, Responsive care, Affirm, Give evidence-based information, Empower, and Support.

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