



Breastfeeding Peer Counseling Program



Kentucky Public Health
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BREASTFEEDING PEER COUNSELOR PROGRAM

General Policies

1. The Breastfeeding Peer Counselor Program is designed to provide mother to mother (paraprofessional) breastfeeding support and basic breastfeeding education during normal business hours and beyond to WIC Program mothers who are pregnant or breastfeeding.
2. The goals of the Breastfeeding Peer Counselor Program are to meet the Healthy People 2020 Objectives which are:
 - To increase initiation to 81.9%;
 - To increase the 6 month duration rate to 60.5%
 - To increase the 1 year duration rate to 34%,
 - To increase breastfeeding exclusivity rate at 3 months to 44.3% and 23.7% exclusive breastfeeding at 6 months.
3. All persons participating in the Program must be certified as eligible for the WIC Program. See the qualifications in the Certification and Management Section of the WIC and Nutrition Manual.
4. WIC Peer Counseling services must be provided at no cost to the applicant/participant.
5. Breastfeeding Peer Counselors shall avoid any situation that is or appears to be a Conflict of Interest.
6. Training for the Breastfeeding Peer Counselor Program must be conducted by the State WIC Agency or their designated personnel.
7. Funding for the Program is through cost center 840, the Breastfeeding Peer Counselor Program.
8. Peer Counselors are to be contracted with the agency using the standard Peer Counselor contract. Only those agencies grandfathered in, prior to June 30, 2011, may have a Peer Counselor as a part-time employee.
9. Breastfeeding Peer Counselors must operate within the Breastfeeding Peer Counselor Scope of Practice. Credentialing as an International Board Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC), or Certified Lactation Specialist (CLS) does not expand the scope of practice to be a Lactation Specialist.

Breastfeeding Peer Counselor Agencies

In order to have the Breastfeeding Peer Counseling Program a local health department will:

1. Be designated and approved by the State WIC Agency.
2. Have a Breastfeeding Peer Counselor Supervisor that is a health professional, nutritionist, Registered Dietitian (RD) or Nurse (RN or LPN.) unless written approval is received from the State WIC Office to utilize a different classification for the function. The Supervisor cannot be a contracted position. See the Duties of a WIC Breastfeeding Peer Counselor Supervisor in this section.
3. Have a Lactation Specialist who is a health professional that is a Registered Dietitian (RD) or Nurse (RN or LPN) with certification as:
 - I. International Board Certified Lactation Consultant (IBCLC);,
 - II. Certified Lactation Counselor (CLC); or
 - III. Certified Lactation Specialist (CLS).

The Lactation Specialist may be an employee of the agency or under contract. See the Duties of the WIC Breastfeeding Peer Counselor Lactation Specialist in this section.

4. Utilize the standard Lactation Specialist Contract which is found on the L Drive at **L:\LHDBudgets\CONTRACTS**.
5. Allow a Breastfeeding Peer Counselor to work outside of usual clinic hours and outside of the clinic environment, such as home or hospital visits.
6. Contracted with the Peer Counselors using the standard Peer Counselor contract. Only those agencies grandfathered in, prior to June 30, 2011, may have a Peer Counselor as a part-time employee.
7. Utilize the following qualifications for a Breastfeeding Peer Counselor:
 - a) Be a contemporary/cohort/equal to the woman to whom she will be providing information and support. This includes speaking the ability to speak Spanish, if needed;
 - b) Has been or currently is a WIC participant;
 - c) Has breastfed at least one baby for six (6) months or longer and is an advocate for breastfeeding
 - d) Has the ability to work independently at home.
 - e) Has reliable transportation;
 - f) Be readily accessible by phone;
 - g) Has basic computer skills; and
 - h) Has the ability to communicate effectively with peers, supervisors and other health department staff.

WIC Breastfeeding Peer Counselor Policies and Procedures

1. When recruiting new Peer Counselors, an application must be completed. See **Sample Peer Counselor Job Posting** to facilitate recruitment of potential candidates. Sites may use their local agency application or the **Sample Application**, BFPC-1. Peer Counselors must be screened using a background check. If required by the local agency, drug testing may be performed.
2. Peer Counselors are to be contracted with the agency using the standard Peer Counselor contract which can be found on the L Drive at **L:\LHDBudgets\CONTRACTS**. Only agencies that have been grandfathered in prior to June 30, 2011, may have the Peer Counselor as a part-time employee.
3. Interviews must be conducted on potential candidates. Sites may use their local agency interview guides or the **Sample Interview Guide**, BFPC-2. Interviews may be conducted prior to Peer Counselor training to screen candidates to receive Peer Counselor Program Training or interviews may be conducted after training to further screen candidates.
4. Prior to being placed under contract, or working with pregnant or breastfeeding women, Peer Counselors will receive mandatory training using the **Loving Support through Peer Counseling: A Journey Together** curriculum. This will be documented on the **Peer Counselor Training Checklist**, BFPC-3. **The Peer Counselor must complete all twelve modules.**
5. Equipment and materials issued to the Peer Counselors must be documented on the **Peer Counselor Equipment and Materials Log**, BFPC-4. Complete the form and keep in the Peer Counselor's file. The log will also be used to document the returned items at the time of resignation or termination of a Peer Counselor. The Peer Counselor file must be maintained for four (4) full Federal Fiscal Years after their resignation or termination.
6. The **Peer Counselor Job Duties** and **Peer Counselor Scope of Practice** must be provided and reviewed with the Peer Counselor during orientation. This must be documented on the **Peer Counselor Training Checklist**, BFPC-3.
7. The **Guidelines for Referring/Yielding** must be reviewed and provided to the Peer Counselor during orientation. This must be documented on the **Peer Counselor Training Checklist**, BFPC-3.
8. Each agency must have a Lactation Specialist that is a Registered Dietitian (RD) or Nurse (RN or LPN) with certification as an International Board Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC), or Certified Lactation Specialist (CLS) that will provide lactation management and support services for mothers who are experiencing issues above the Peer Counselor Scope of Practice. If the agency does not have a Lactation Specialist on staff, the agency must contract to provide these services. The Lactation Specialist Contract is to be used for this purpose. If a contracted specialist is needed, contract can be found on the on the L Drive at **L:\LHDBudgets\CONTRACTS**. The cost of the Lactation Specialist contract will be coded to the WIC Program cost center 804.
9. During the orientation and training period, agencies must provide shadowing opportunities for the Peer Counselor. Shadowing experiences should be both face to face and via conference call. The Peer Counselor will complete the **Peer Counselor Shadowing Log**, BFPC-5 to document the shadowing experience and observations. The supervisor will meet with the Peer Counselor to discuss the observations and effectiveness of the experience using the **Shadowing Follow-up Tool**, BFPC-6. Completion of the activity must be documented on the **Peer Counselor Training Checklist**, BFPC-3.

10. Periodic monitoring of Peer Counselor interactions is required. Use the **Peer Counselor Observation Tool**, BFPC-7, to document the observation of new Peer Counselors as they begin contacting clients independently. The supervisor must observe two (2) Pregnant Women contacts and two (2) Breastfeeding Mother contacts during the first month of employment and every six (6) months for the first year of employment then annually thereafter or more often at the discretion of the supervisor. Completion of the activity must be documented on the **Peer Counselor Training Checklist**, BFPC-3.
11. The performance of Peer Counselors must be routinely evaluated. Complete the **Peer Counselor Evaluation Tool**, BFPC-8, for new Peer Counselors at one month, and every six (6) months for the first year of employment then annually thereafter. Use additional sheets as necessary. Completion of the activity must be documented on the **Peer Counselor Training Checklist**, BFPC-3.
12. Periodic monitoring of Peer Counselor Program participants is required. Complete the **Participant Phone Feedback Survey**, BFPC-9. Supervisors are to complete this survey for each Peer Counselor at the local agency for monitoring of Peer Counselor interactions with Breastfeeding Peer Program participants. The survey must be completed every six (6) months for the first year of employment and annually thereafter or more often at the Supervisor's discretion. Completion of the activity must be documented on the **Peer Counselor Training Checklist**, BFPC-3. Supervisors are to review the results of the **Participant Phone Feedback Survey** with the peer counselor.
13. When a Peer Counselor submits a resignation letter, request the Peer Counselor complete the **Peer Counselor Exit Survey**, BFPC-10. The supervisor will review the feedback for possible improvements to the program. A Peer Counselor who has been terminated will not be requested to complete the survey.
14. The Peer Counselors must make contacts according to **Breastfeeding Peer Counselor Protocol for Contacting WIC Mothers**.
15. Contacts must be documented, at the time services are provided, on the **Client Contact Logs**, BFPC – 11A for Prenatal contacts and BFPC – 11B for Breastfeeding Contacts, which are available as an Excel document . Instructions for completing the logs can be found at BFPC – 11.
16. Peer Counselors do not access or document in the participant medical record.
17. The Contact History from the **Client Contact Logs**, BFPC-11A and BFPC-11B, must be filed in the participant's medical record once the participant is terminated from the Breastfeeding Peer Counselor Program.
18. The Peer Counselors must complete the **Weekly Activity Report**, BFPC – 12A to document their activities. This form will be submitted to the supervisor biweekly. Contact the State WIC office for an electronic copy of the form.
19. Breastfeeding Peer Counseling funds are to be used in accordance with the FNS [Loving Support Model](#). The primary purpose of the funds is to provide direct breastfeeding support services through peer counseling to WIC participants. Refer to **Allowable Costs for Kentucky Breastfeeding Peer Counseling Funds** for guidelines on appropriate use of this funding.

20. Peer Counselors must be provided the following training during orientation. Completion must be documented on the **Peer Counselor Training Checklist**, BFPC-3.

A. Privacy, Security and Confidentiality Policies and Agreement

Breastfeeding Peer Counselors shall protect the confidentiality, integrity and accuracy of information. All Breastfeeding Peer Counselors shall receive orientation regarding The Health Insurance Portability and Accountability Act (HIPAA) of 1996. Refer to the Administrative Reference, Volume I Personnel Section. The Peer Counselor will sign the Local Health Department Employee Privacy and Security of Protected Health, Confidential, and Sensitive Information Agreement. Completion must be documented on the **Peer Counselor Training Checklist**, BFPC-3.

B. Civil Rights ACT of 1964

Breastfeeding Peer Counselors must receive orientation and annual training regarding civil rights. See Administrative Reference, Volume I, Personnel Section, Civil Rights Act of 1964. Completion must be documented on the **Peer Counselor Training Checklist**, BFPC-3.

C. OSHA Compliance

Breastfeeding Peer Counselors must receive OSHA Compliance Training including Bloodborne Pathogen Training at orientation and annually. See Administrative Reference, Volume I, Personnel Section, OSHA Compliance. Completion must be documented on the **Peer Counselor Training Checklist**, BFPC-3.

D. Computer Security Use of Passwords

Breastfeeding Peer Counselors must receive training on Computer Security and Use of Passwords. See Administrative Reference, Volume I, Local Health Operations. Completion must be documented on the **Peer Counselor Training Checklist**, BFPC-3.

E. Home Visiting and Safety Guidelines

Breastfeeding Peer Counselors who will be providing Peer Counselor Services during home visits or in the community must receive orientation training on Home Visiting Safety Guidelines. See Administrative Reference, Personnel Section, Home Visiting and Safety Guidelines. Completion must be documented on the **Peer Counselor Training Checklist**, BFPC-3.

F. Social Media Policy for Breastfeeding Peer Program

Breastfeeding Peer Counselors must receive training on the Social Media Policy for Breastfeeding Peer Program. See Social Media Policy for Breastfeeding Peer Program in this section. Completion must be documented on the **Peer Counselor Training Checklist**, BFPC-3.

DUTIES OF WIC BREASTFEEDING PEER COUNSELOR

A Breastfeeding Peer Counselor will:

1. Complete 12 modules of *Loving Support through Peer Counseling: A Journey Together* training. The Peer Counselor Supervisor will document and maintain on file the successful completion of the modules.
2. Demonstrate the ability to work with pregnant and breastfeeding women as observed by the Peer Counselor Supervisor.
3. Communicate effectively with Breastfeeding Peer Counselor Supervisor, local health department staff, clients, and other peer counselors, as appropriate.
4. Receive an assigned caseload of pregnant and breastfeeding WIC mothers.
5. Contact the mothers per the Breastfeeding Peer Counselor Protocol for Contacting WIC Mothers.
6. Provide counseling by telephone, home visit, clinic visit and/or hospital visit per the Breastfeeding Peer Counselor protocols and individual client's needs.
7. Provide basic breastfeeding information and support such as; the benefits of breastfeeding, overcoming common barriers, establishing breastfeeding, etc. Assists clients in preventing and handling common breastfeeding problems and concerns.
8. Maintain and protect client confidentiality.
9. Document all contacts made with clients via the Breastfeeding Peer Counselor Computer Program. If the system is down, the documentation will be made per Breastfeeding Peer Counselor protocol. When the system is live again, the contact information will be entered into the system per protocol.
10. Operate within the Scope of Practice for a Breastfeeding Peer Counselor. See Scope of Practice for WIC Breastfeeding Peer Counselor in this section.
11. Refer identified breastfeeding problems or other health issues to appropriate health professional (e.g., IBCLC, CLC, LC, Registered Dietitian/Certified Nutritionist, nurse, etc. See Guidelines for Referring/Yielding in this section.
12. Terminate clients from the Breastfeeding Peer Counselor Program after 3 documented unsuccessful attempts to contact, once the client is no longer breastfeeding or the client wishes not to participate in the program. The Contact History must be printed and placed in the participant's medical record.
13. Attend and assist with prenatal classes and breastfeeding support groups, as appropriate.
14. Assist WIC staff in promoting breastfeeding peer counseling through special projects and duties, as assigned.
15. Attend peer counselor meetings as directed by State Peer Counselor Coordinator. Attends other breastfeeding conferences/workshops, as appropriate.

NOTE: The above information regarding a Breastfeeding Peer Counselor is reflected in the standard contract for Peer Counselors.

DUTIES OF WIC BREASTFEEDING PEER COUNSELOR SUPERVISOR

The WIC Breastfeeding Peer Counselor Supervisor will:

1. Obtain State training on *Loving Support Through Peer Counseling* Supervisor Curriculum.
2. Recruit, interview, train and supervise Peer Counselors according to WIC Program policies and procedures.
3. Provide and/or ensure that all Breastfeeding Peer Counselors are trained in lactation management using *Loving Support Through Peer Counseling* curriculum and provide ongoing training as needed.
4. In conjunction with agency administrator, ensures adequate and appropriate staffing of Peer Counselors to serve the local WIC caseload of pregnant and breastfeeding women.
5. In conjunction with the WIC Coordinator/Breastfeeding Coordinator and agency administrator or authorized representative, ensures that the agency's allotment of funds for Breastfeeding Peer Counseling is appropriately expended in fiscal year.
6. Manages and coordinates Breastfeeding Peer Counselor staff and services with agency WIC Program staff and services to assure program quality assurance and compliance.
7. Provides supervision and management of Breastfeeding Peer Counselors by monitoring counseling and documentation of services provided. Shares management and monitoring findings with staff as appropriate or necessary. Ensures correction of identified deficiencies in a timely manner.
8. Maintain communication with the State Breastfeeding Peer Counselor Coordinator to assure continuous quality improvement for the Breastfeeding Peer Counselor Program.
9. Attends WIC Program Breastfeeding Peer Counselor meetings and Breastfeeding Peer Counselor Supervisor meetings.
10. Receives 4 hours of continuing education on Breastfeeding Management and Promotion each year.

DUTIES OF WIC BREASTFEEDING PEER COUNSELOR LACTATION SPECIALIST

The Lactation Specialist will:

1. Obtain training on *Loving Support Through Peer Counseling* curriculum.
2. Receive referrals from Breastfeeding Peer Counselors for clients who are experiencing complex maternal and infant breastfeeding problems beyond their scope of practice.
3. Provide timely follow-up services by telephone, home visit, WIC clinic visits, and/or hospital visits. The follow-up may occur outside of the normal hours of clinic operations.
4. Assess breastfeeding situation and provide counseling to mothers.
5. Maintain and protect the confidentiality of each client.
6. Document services in the medical record in accordance with the guidelines in the Medical Records Management section of the AR Volume I and the Breastfeeding Peer Counselor protocols, as appropriate.
7. Codes clinical or community services on the appropriate reporting or billing form in order for the local agency to receive reimbursement for services, as appropriate.
8. Coordinate continued follow-up of the client with the Peer Counselor.
9. Assist the Breastfeeding Peer Counselor Supervisor in providing initial and ongoing breastfeeding training for Peer Counselors.
10. Mentors or assists in mentoring, Peer Counselors through shadowing opportunities and ongoing guidance.
11. In conjunction with the Breastfeeding Peer Counselor Supervisor, provides breastfeeding trainings for local agency staff, and in-service education for hospital staff and local health care professionals.
12. Teach breastfeeding classes and support groups for pregnant and breastfeeding women (optional).
13. Assist in conducting outreach with community organizations to promote WIC breastfeeding and peer counseling services (optional).
14. Records and collects data required by State or Local agency.
15. Maintains credentials and breastfeeding knowledge and skills through continuing education as required by credentialing organization (minimum of 4 hours of continuing education in breastfeeding management or promotion each year).

SCOPE OF PRACTICE FOR THE WIC BREASTFEEDING PEER COUNSELOR

A Peer Counselor scope of practice is to provide basic breastfeeding information, encouragement and support to WIC participants.

A Peer Counselor must refer/yield identified breastfeeding problems or other health issues outside the Peer Counselor scope of practice. See Guidelines for Referring/Yielding. Other referrals shall be provided as specified in the Breastfeeding Peer Counselor protocols.

A Breastfeeding Peer Counselor will:

- Be available to WIC participants outside of usual clinic hours and outside of the clinic environment;
- Use participant-focused communication techniques such as the three step counseling strategy;
- Assist participants in identifying the support available to them and assist in educating family members;
- Help women identify their breastfeeding concerns, barriers, and solutions;
- Teach the reasons to breastfeed;
- Teach basic, evidence-based techniques that help ensure a successful start in breastfeeding, including milk production, birth kangaroo care, positioning and latch, and milk expression and storage;
- Identify signs of the normal course of breastfeeding, including breastfeeding frequency and duration, infant feeding cues, and normal infant weight gain and stooling patterns;
- Teach the importance of exclusive breastfeeding in the early weeks and ways to continue breastfeeding.
- Help mother plan for a return to work/school that supports the continuation of breastfeeding;
- Support breastfeeding participants from pregnancy through growth spurts, introducing solid foods, and weaning;
- Provide anticipatory guidance to help prevent the occurrence of problems in infant or breastfeeding woman;
- Provide guidance to mothers regarding non-evidence based breastfeeding information they receive;
- Provide basic and timely problem solving and support;
- Review with participants about the additional foods for breastfeeding mothers. Encourage keeping appointments;
- Assist in infant feeding classes and peer support groups;
- Refer mothers to resources for support;
- Promote breastfeeding in the community, workplace, and health care system.
- Perform duties in a professional manner;
- Respect the participant's privacy, dignity and confidentiality;
- Recognize when assistance is needed and consult with the supervisor, Breastfeeding Coordinator and/or Peer Counselor Coordinator and other lactation specialists.
- Identify situations outside the Scope of Practice and refer as appropriate in a timely manner.
- Yield to the WIC designated breastfeeding expert for situations out of breastfeeding peer counselor Scope of Practice.
- Yield mothers experiencing difficulties to the WIC designated breastfeeding expert.
- Respect and respond sensitively to cultural attitudes and practices of participants and the community;

- Work within the policies and procedures of the WIC Program and the Breastfeeding Peer Counselor Program;
- Maintain records according to the Kentucky Department of Public Health legal requirements, program standards and ethical practices as outlined in the Administrative Reference, Volume I, Medical Records Management; and
- Acquire four hours of breastfeeding education per year through attendance at state meetings and local coalition conferences to maintain and build knowledge and skills.

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BREASTFEEDING PEER COUNSELOR PROTOCOL FOR CONTACTING WIC MOTHERS

The following is the protocol for making contacts with participants.

Before Delivery:	When to Call Mothers
Pregnancy	<ul style="list-style-type: none"> ✓ Monthly. ✓ More frequently (weekly, if possible) as her due date nears
After Delivery:	When to Call Mothers
First Two Weeks Post Partum (PP)	<ul style="list-style-type: none"> ✓ Every two or three days during the first week ✓ Within 24 hours if a problem occurs
First Month PP	<ul style="list-style-type: none"> ✓ Weekly ✓ Within 24 hours if a problem occurs
Months 1 to 6 PP	<ul style="list-style-type: none"> ✓ Monthly ✓ Within 24 hours if a problem occurs ✓ Two weeks before she plans to return to work or school and two or three days after she starts back ✓ Around the time baby's appetite spurts occur: <ul style="list-style-type: none"> - Six weeks - Three months - Six months
Months 7 to 12 PP	<ul style="list-style-type: none"> ✓ Monthly ✓ Within 24 hours if a problem occurs.

GUIDELINES FOR REFERRING/YIELDING

Peer Counselors are required to function within the Peer Counselor Scope of Practice. If a problem or situation is encountered which is outside the Scope of Practice, the Peer Counselor must immediately refer/yield to the designated Lactation Specialist: International Board Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC) or Certified Lactation Specialist (CLS). The Lactation Specialist will determine the best plan for supporting the mother and infant, including the referrals that are appropriate. The Peer Counselor will continue to provide support while the Lactation Specialist and/or Health Care Provider are addressing the issues, unless the Supervisor and Peer Counselor determines that it is best to discontinue peer support.

The following are the problems or situations that require referrals:

A. Pregnancy Issues – Refer the following to Health Care Provider:

1. Spotting or bleeding;
2. Excessive vomiting or nausea;
3. Swelling;
4. Contractions which suggest premature labor;
5. Baby stops moving; and
6. Other troublesome medical situations.

B. Baby Concerns – Refer the following to the Lactation Specialist and Pediatrician:

The Lactation Specialist will work cooperatively with the Pediatrician to develop a plan that supports the continuation of breastfeeding while addressing the specific medical concern.

1. Baby is born preterm or low birth weight
2. Baby is sick
3. Baby has fewer than 6 wet diapers and 3 stools per 24 hours in the first month after the baby is 4 days old;
4. Baby fails to gain weight or gains weight slowly;
 - Baby loses more than 7% of birth weight
 - Birth weight is not regained by 2 weeks postpartum
 - Weight gain is less than 4.5 ounces per week
5. Baby has difficulty latching or remaining latched after several attempts
6. Baby appears unhappy at the breast or refuses to breastfeed
7. Baby is still hungry after feedings despite 24 hours of increased frequency and duration of breastfeeding
8. Breastfeeding typically lasts more than 45 minutes
9. Baby is jaundiced;
10. Baby has a congenital defect such as cleft lip/palate or Down Syndrome; and
11. Baby has restricted tongue movement from a tight frenulum.

C. Mother Concerns – Refer the following to the Lactation Specialist and Health Care Provider:

The Lactation Specialist will work cooperatively with the Health Care Provider to develop a plan that supports the continuation of breastfeeding while addressing the specific medical concern.

1. Mother has engorgement or plugged ducts that are not resolved after 24 hours;
2. Mother has a fever, suggesting possible mastitis;
3. Mother has nipple discomfort that does not improve after 24 hours;

4. Mother is supplementing with formula before the baby is 1 month old and wants to increase her milk production or reduce/eliminate formula supplements
5. Mother has been formula feeding the baby since birth and now wants to breastfeed
6. Mother is exclusively pumping her milk and now wants to put her baby to breast
7. Mother wants to breastfeed an adopted baby;
8. Mother wants to breastfeed but has been advised **not** to by her HCP; and
9. Mother finds a lump in her breast.

D. Illness in Mother or Baby – Refer the following to the Lactation Specialist and Health Care Provider:

The Lactation Specialist will work cooperatively with the Health Care Provider to develop a plan that supports the continuation of breastfeeding while addressing the specific medical concern.

1. Mother or baby have symptoms of thrush/yeast infection;
2. Mother or baby are vomiting or have diarrhea
3. Mother or baby are hospitalized
4. Mother has symptoms of mastitis;
5. Mother has a physical handicap;
6. Mother or baby has a chronic or acute illness; and
 - Hepatitis B or C, tuberculosis, CMV, or chicken pox
 - Renal, liver, intestinal, heart problems, or cystic fibrosis
 - Metabolic disorder such as diabetes mellitus
7. Mother has been diagnosed with AIDS/HIV.

E. Other Medical Situations – Refer the following to the Lactation Specialist:

The Lactation Specialist will educate participants about these issues and instruct to discuss with the Health Care Provider.

1. Mother has been prescribed medications that have not been approved for breastfeeding by current established authorities such as the AAP or Lactmed
2. Mother has prior breast surgery, breast implants, breast reduction, biopsy, breast cancer, chest surgery, or trauma
3. Mother has had gastric bypass surgery
4. Mother has a history of Polycystic Ovarian Syndrome (PCOS), hypothyroidism, or other hormonal conditions that could affect breastfeeding

F. Nutrition – Refer the following to a Registered Dietitian/Certified Nutritionist:

1. Mother is nutritionally at risk for underweight, has bulimia or anorexia
2. Mother has dietary concerns
3. Mother has no food

G. Social – Refer the following to a Lactation Specialist, or a Social Service Agency or the Department for Community Based Services, as appropriate:

The Lactation Specialist will work cooperatively with the agency to develop a plan that supports the continuation of breastfeeding while addressing the specific medical concern.

1. Mother appears depressed
2. Physical abuse of the mother or another family member is suspected
3. Mother is abusing or suspected of abusing alcohol or street drugs (such as heroin, marijuana, meth, cocaine, etc.)

H. Other – Refer the following to a Lactation Specialist:

1. Mother or baby has any other medical problems that are outside the peer counselor scope of practice
2. Mother feels there is a problem that needs a referral
3. Peer counselor feels there is a situation that needs to be addressed by a lactation expert
3. Mother is not following suggestions given by the peer counselor
4. Any problem not resolved in 24 hours with peer support

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SOCIAL MEDIA POLICY FOR BREASTFEEDING PEER PROGRAM

The purpose of this policy is to define and outline Breastfeeding Peer Counselor Program acceptable use of social media sites and resources.

Agency and Breastfeeding Peer Counselor Supervisor & Peer Counselor Responsibilities

1. Local Health Department and/or Peer Counselor Supervisors should approve and monitor all social media posts by Breastfeeding Peer Counselors.
2. Peer Counselors should post on official accounts only for Breastfeeding Peer Counselor Program services. The official accounts should not be used to publish personal opinions. Any Peer Counselor wishing to publish personal comments should use their personal social media accounts must do so on their own personal time.
3. Peer Counselors should not “friend” or “follow” or “be followed” by Breastfeeding Peer Counselor Participants unless a relationship was established prior to participation in the Breastfeeding Peer Program. Whenever possible, supervisors and Breastfeeding Peers should avoid assignment of a Peer to friend/family member, etc.
4. State email/agency email address must be used for official business related to social media accounts.
5. Caution should be used when accessing social media accounts. Social media accounts should be monitored and updated on a regular basis.
6. Peer Counselors should only post on topics that are within their scope of practices/duties.
7. In online social networks, the line between public and private, personal and professional can be blurred. Postings from the official account create perceptions about the agency. Those posting of the account should be aware of this.
8. All postings must be on the official accounts. Any posting must be consistent with Local Health Department, Kentucky WIC Program and Department of Public Health policies and standards.
9. All postings must be true and not misleading. All information posted must be evidence based.
10. Any social media pages should include the following disclaimer: “Any posting on this page may be subject to disclosure to third parties. The [agency name] reserves the right to address or remove any posts or comments at its discretion. The [agency name] has not evaluated and does not endorse any products advertised or opinions expressed on this page.”
11. Participation in social media is done so in representation of the Local Health Department and the Kentucky WIC Program Breastfeeding Peer Counselor Program. This is not a right and should be taken seriously and with respect. When responding the public, be sure you are the appropriate person to do so.
12. Social media accounts and sites created on behalf of the Breastfeeding Peer Counselor Program must contain the USDA Non-Discrimination Statement.
13. Social media accounts and sites created on behalf of the Breastfeeding Peer Counselor Program should not contain any of the following:
 - Information that may tend to compromise the safety or security of the public or public systems.
 - Content that promotes, fosters or perpetuates discrimination on the basis of race, creed, color, age, religion, gender, marital status, status with regard to public assistance, national origin, physical or mental disability or sexual orientation.

- Disparaging or threatening comments about or related to anyone.
- Defamatory, libelous, offensive or demeaning material. Don't engage in a combative exchange.
- Nonpublic information of any kind.
- Personal, sensitive or confidential information of any kind.
- Items involved in litigation or potential litigation.
- Illegal or banned substances and narcotics.
- Sexual content or links to sexual content, pornography or other offensive illegal materials.
- Profane language or content.
- Solicitations of commerce.
- Conduct or encouragement of illegal activity.
- Content that violates a legal ownership interest of any other party.
- Comments not topically related to the particular site or blog article being commented upon.
- Violations of copyright, fair use or other applicable laws.
- Any other content that would violate any statute, regulation, or internal procedure.

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TEXTING POLICY FOR BREASTFEEDING PEER PROGRAM

Texting may be an effective manner to communicate with Breastfeeding Peer Participants.

1. Agencies with Breastfeeding Peer Counselor Programs may make a decision to allow texting as a form of communication between the Peer and WIC participant.
2. If an agency decides to utilize texting as a form of communication, the Breastfeeding Peer Counselor Supervisor must communicate with the Peer Counselors the following:
 - a. Maintain participant confidentiality. Peer Counselor cell phones:
 - i. Cannot be used by anyone other than the Peer Counselor;
 - ii. Cannot be visible to others;
 - iii. Must have a screen lock password;
 - iv. Cannot allow texting alert banners/notifications with text details to scroll on screen for others to view.
 - b. Document text message content on the Contact Log.
 - c. Use text messages only for simple, quick notes to check in with mom. Discuss specific questions or concerns by phone or in person.
 - d. Text messages must be short, simple, and professional (less than 160 characters, including punctuation and spaces).
 - e. Text messages must be focused strictly on WIC breastfeeding program information and objectives.

Dev 12/15

BREASTFEEDING PEER COUNSELOR PROGRAM FORMS

[INSERT AGENCY NAME HERE]

SAMPLE PEER COUNSELOR JOB POSTING

The (insert local agency name) is seeking applicants for a part-time/contract position as a Breastfeeding Peer Counselor for (insert counties peer counselor will serve).

A Breastfeeding Peer Counselor provides mother to mother support and encouragement to pregnant and breastfeeding mothers participating in the Women, Infants, and Children (WIC) program. This position is for (insert number of hours per week) at a pay rate of (insert pay rate/hour).

To be eligible for this position, you must:

- ✓ Be a current or past WIC client;
- ✓ Have breastfed an infant for 6 months or longer;
- ✓ Have reliable transportation; and
- ✓ Have the ability to speak Spanish preferred *(if applicable)*.

If interested, (insert local agency hiring protocol).

This institution is an equal opportunity provider.

[INSERT AGENCY NAME HERE]

SAMPLE APPLICATION FOR WIC BREASTFEEDING PEER COUNSELOR

Breastfeeding Peer Counselors provide basic information about breastfeeding to WIC mothers during their pregnancy, and after the baby is born. They encourage mothers to breastfeed, and help mothers find help if problems occur.

The Breastfeeding Peer Counselor must meet all of the following listed qualifications:

- Be a contemporary/cohort/equal to the woman to whom she will be providing information and support. This includes speaking the ability to speak Spanish, if needed;
- Has been or currently is a WIC participant;
- Has breastfed at least one baby for six (6) months or longer and is an advocate for breastfeeding
- Has the ability to work independently at home.
- Has reliable transportation;
- Be readily accessible by phone;
- Has basic computer skills; and
- Has the ability to communicate effectively with peers, supervisors and other health department staff.

Please provide the following information:

1. Name: _____
Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address (if applicable): _____

What languages, other than English, do you speak? _____
2. Have you participated in the WIC Program? ☐ Yes ☐ No, If yes, When? From _____ To _____
If yes, at which agency/county did you receive WIC services? _____
3. Do you have basic computer skills including: email ☐ Yes ☐ No Word Processing (such as Microsoft Word) ☐ Yes ☐ No
4. Circle the highest grade you have completed:
Grade School: 1 2 3 4 5 6 7 8
High School: 9 10 11 12
College: 1 2 3 4 Other

5.

Ages of your children	How long did you breastfeed this child?

6. Employment History

List previous job or volunteer experience beginning with current or most recent

a. Employer Name:

Job Duties:

Dates of Employment (Month/Year): From: _____ To: _____

Reason for Leaving:

b. Employer Name:

Job Duties:

Dates of Employment (Month/Year): From: _____ To: _____

Reason for Leaving:

c. Employer Name:

Job Duties:

Dates of Employment (Month/Year): From: _____ To: _____

Reason for Leaving:

7. **References:** List contact information for three people to be used as references.

Name: _____

Phone Number: _____

E-mail address: _____

Name: _____

Phone Number: _____

E-mail address: _____

Name: _____

Phone Number: _____

E-mail address: _____

As a condition of employment, I understand a background check is required and I give consent for it to be completed.

I understand the agency where I participated in the WIC Program will be contacted and my status as a WIC participant will be verified.

Signature: _____ **Date:** _____

[INSERT AGENCY NAME HERE]

SAMPLE INTERVIEW GUIDE FOR WIC BREASTFEEDING PEER COUNSELOR

Allow applicants a few minutes to read over the Duties of WIC Breastfeeding Peer Counselor. Provide a brief overview of the WIC Program, Breastfeeding Peer Counselor Program and responsibilities. Space has been provided after the questions for the interviewer to make notes.

Work History/Experiences

1. Tell me more about your job or volunteer experience(s).

2. What experience have you had with the following computer programs?
Word:
Excel:
Outlook/other email:
PowerPoint:
Other:

Personal Breastfeeding Experience(s)

3. Tell me about your own breastfeeding experience(s).

4. What part of breastfeeding was most challenging for you? How did you deal with those challenges?

Employment as a Peer Counselor

5. Describe any experiences you have had talking to other mothers about breastfeeding.

6. What would you say to a pregnant woman who was undecided about whether she wants to breastfeed?
7. Why do you want to be a Peer Counselor?
8. As a Breastfeeding Peer Counselor, you will be talking with WIC mothers about breastfeeding. How will you feel about:
 - a. Talking with someone you do not know?
 - b. Talking with women who might have different cultural, ethnic or educational backgrounds from yours?
 - c. Keeping information confidential?
9. What days/times can you come to classes to learn how to be a peer counselor? *(if applicable)*
10. Are there any challenges that might make it hard for you to attend training classes or do the job?
11. How would you keep conversations with breastfeeding mothers confidential when working at home?
12. What questions do you have about the job?

PEER COUNSELOR TRAINING CHECKLIST

Document completion date in space provided below for each Peer Counselor training topic.

Training Topic	Date Completed
Completed <i>Loving Support Through Peer Counseling: A Journey Together</i> Training	
Peer Counselor Contract completed and forwarded to:	
Peer Counselor Duties reviewed and provided	
Scope of Practice reviewed and provided	
Guidelines for Referring/Yielding reviewed and provided	
Shadowing Log completed (BFPC-5)	
Shadowing Follow-up completed (BFPC-6)	
Peer Counselor Observation Tool completed (One Month) (BFPC-7)	
Peer Counselor Observation Tool completed (Six Month) (BFPC-7)	
Peer Counselor Observation Tool completed (Annual) (BFPC-7)	
Peer Counselor Evaluation completed (One month) (BFPC-8)	
Peer Counselor Evaluation completed (Six month) (BFPC-8)	
Peer Counselor Evaluation completed (Annual) (BFPC-8)	
Participant Phone Feedback Survey completed (Initial) (BFPC-9)	
Participant Phone Feedback Survey completed (Six month) (BFPC-9)	
Participant Phone Feedback Survey completed (Annual) (BFPC-9)	
Privacy, Security and Confidentiality Policies and Agreement	
Breastfeeding Peer System Orientation (Online Database)	
Breastfeeding Peer Contact Log Orientation (BFPC-11 A & 11B)	
Breastfeeding Peer Weekly Activity Report Orientation (BFPC-12)	
Civil Rights ACT of 1964	
OSHA Compliance	
Computer Security Use of Passwords	
Home Visiting and Safety Guidelines	
Social Media Policy for Breastfeeding Peer Program	

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[INSERT AGENCY NAME HERE]
PEER COUNSELOR EQUIPMENT AND MATERIALS LOG

Document the equipment and materials issued to the Peer Counselor and returned by the Peer Counselor below.

Name of Peer Counselor: _____

Has been issued the following items:	Date Issued	Supervisor Initials at Issuance	Date Returned	Supervisor Initial When Received
Peer Counselor Client Contact Log(s)				
Peer Counselor tickler file/card box/notebook				
<i>Loving Support through Peer Counseling: A Journey Together</i> Peer Counselor Handbook				
Cell phone				
Laptop/Carrying Case				
Internet Card				
Teaching doll				
Breast model				
Breastfeeding videos				
Breastfeeding books				
Other				

List titles of videos/books below:

Other _____

I acknowledge that I received these items, and understand that they must be returned to the agency if I leave my position or when requested by my supervisor.

 Signature of Supervisor

 Date

 Signature of Peer Counselor

 Date

PEER COUNSELOR SHADOWING LOG

The Peer Counselor will complete this form to document shadowing experience with other Peer Counselors and/or Lactation Specialists. Shadowing experiences should be both face to face and via conference call.

Name of Peer Counselor: _____

Encounter #1	Date	Person Shadowed	Setting/Type of Encounter
<i>How was rapport established with the mother?</i>			
<i>What kinds of open-ended questions were asked of the mother? How did these help the mother share information with the counselor?</i>			
<i>What kinds of affirming statements were used?</i>			
<i>What did you learn that you can use in your own counseling encounters with mothers?</i>			

Encounter #2	Date	Person Shadowed	Setting/Type of Encounter
<i>How was rapport established with the mother?</i>			
<i>What kinds of open-ended questions were asked of the mother? How did these help the mother share information with the counselor?</i>			
<i>What kinds of affirming statements were used?</i>			
<i>What did you learn that you can use in your own counseling encounters with mothers?</i>			

Encounter #3	Date	Person Shadowed	Setting/Type of Encounter
<i>How was rapport established with the mother?</i>			
<i>What kinds of open-ended questions were asked of the mother? How did these help the mother share information with the counselor?</i>			
<i>What kinds of affirming statements were used?</i>			
<i>What did you learn that you can use in your own counseling encounters with mothers?</i>			

Adapted from *Loving Support© Through Peer Counseling: A Journey Together – For WIC Managers* BFPC-5

Encounter #4	Date	Person Shadowed	Setting/Type of Encounter
<i>How was rapport established with the mother?</i>			
<i>What kinds of open-ended questions were asked of the mother? How did these help the mother share information with the counselor?</i>			
<i>What kinds of affirming statements were used?</i>			
<i>What did you learn that you can use in your own counseling encounters with mothers?</i>			

Encounter #5	Date	Person Shadowed	Setting/Type of Encounter
<i>How was rapport established with the mother?</i>			
<i>What kinds of open-ended questions were asked of the mother? How did these help the mother share information with the counselor?</i>			
<i>What kinds of affirming statements were used?</i>			
<i>What else did you learn that you can use in your counseling encounters with mothers?</i>			

Encounter #6	Date	Person Shadowed	Setting/Type of Encounter
<i>How was rapport established with the mother?</i>			
<i>What kinds of open-ended questions were asked of the mother? How did these help the mother share information with the counselor?</i>			
<i>What kinds of affirming statements were used?</i>			
<i>What else did you learn that you can use in your counseling encounters with mothers?</i>			

Adapted from *Loving Support*© Through Peer Counseling: A Journey Together – For WIC Managers BFPC-5

SHADOWING FOLLOW-UP TOOL

At the conclusion of the shadowing opportunities, the Peer Counselor and the supervisor will have an in-person discussion about the Peer Counselor's observations. The supervisor can use the following questions to determine the effectiveness of the shadowing experience. Space has been provided for the supervisor to make notes.

Name of Peer Counselor: _____

1. How successful was shadowing in helping you better understand your role as a peer counselor?
2. What did you learn through these observations that you feel can be useful to you in counseling new mothers?
3. *Review each of the encounters individually and discuss her comments.* What other thoughts do you have about this particular encounter?
4. Do you feel comfortable about beginning your work counseling new mothers?
5. If you feel you would like some additional observational opportunities, what types of counseling situations would be most useful for you?

Name of Supervisor: _____

Date Reviewed: _____

Adapted from *Loving Support© Through Peer Counseling: A Journey Together – For WIC Managers* BFPC-6

PEER COUNSELOR OBSERVATION TOOL

Document observations of Peer Counselor client interactions including two (2) Pregnant Women and two (2) Breastfeeding Mothers during the first month of orientation and every six (6) months for the first year of employment and annually thereafter or more often at the professional discretion of the supervisor.

Peer Counselor: _____ **Observer:** _____

Date of observation: _____

Type of Counseling: ☐ **Pregnant Woman** ☐ **Breastfeeding Mother**
☐ **Conference Call** ☐ **Clinic Visit**

Peer Counselor Expectations	Yes	No	Comments
1. Peer counselor uses the mother's and baby's name, as appropriate.			
2. Peer counselor engages the mother through open-ended questions.			
3. Peer counselor uses probes appropriately to better understand the mother's situation.			
4. Peer counselor validates the mother's feelings through affirmation.			
5. Peer counselor offers simple solutions or strategies to address the mother's concerns.			
6. Breastfeeding information and support provided is evidence-based as addressed in the training curriculum.			
7. Peer counselor appropriately refers the mother or baby, if necessary, to other health care providers or social services as needed.			
8. Peer counselor ends the counseling session on a positive note and offers appropriate follow-up.			
9. Peer Counselor completes documentation in the BF Peer database at the time the contact is completed.			

PEER COUNSELOR EVALUATION TOOL

Complete this evaluation form for new Peer Counselors at one (1) month and every six (6) months for the first year of employment and annually thereafter.

Peer Counselor: _____

Evaluation: ES=Exceeds Standards, M=Meets Standards,
N=Needs Improvement, N/A=Not Applicable

Supervisor: _____

Performance Measures	1 Mo.	6 M	12 Mo.	2 Yr	3 Yr.	4 Yr.	5 Yr.	6 Yr.	7 Yr.
1. Completed the Peer Counseling training program.									
2. Completed observations and shadowing of Lactation Specialist and/or experienced peer counselors.									
3. Continues to increase knowledge and skills through independent learning.									
4. Provides basic education and support to pregnant and breastfeeding WIC participants.									
5. Makes timely contacts with new mothers based on established contact guidelines.									
6. Keeps all information confidential.									
7. Treats WIC participants with respect and courtesy.									
8. Uses effective communication and counseling skills to listen to WIC participants and affirm their feelings.									
9. Offers breastfeeding solutions and strategies within her scope of practice.									
10. Refers mothers according to yield procedures.									
11. Documents all contacts with WIC mothers at the time of service.									
12. Completes agency time reporting procedures.									
13. Contacts the supervisor for ongoing guidance.									
14. Attends local agency scheduled Peer Counselor meetings.									
15. Attends mandatory State Peer Counselor meetings.									
16. Arrives on time when working in the clinic, performing home visits or attending meetings.									
17. Uses equipment in the proper manner.									
18. Works well with clinic staff.									
19. Date Completed									
20. Supervisor Initials									

Adapted from Maryland WIC Program & from Loving Support© Through Peer Counseling: A Journey Together – For WIC Managers (BFPC-8) rev. 10/16

PARTICIPANT PHONE FEEDBACK SURVEY

Complete this form for each Peer Counselor at your agency for monitoring of Peer Counselor interactions with Breastfeeding Peer Program participants. The survey must be completed during the first month of orientation and every six (6) months for the first year of employment and annually thereafter or more often at the professional discretion of the supervisor. Review results with Peer Counselor.

Name of Peer Counselor: _____

Date of Call/Name of Mom / Baby's DOB	Do you know your PC by Name?	Has your PC been calling you regularly, at least monthly?	Has your PC mailed info to you?	Has your PC been helpful to you?	Comments/Suggestions
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervisor: _____

Date Reviewed with Peer Counselor: _____

Adapted from Loving Support ©Through Peer Counseling: A Journey Together- For WIC Managers BFPC-9

PEER COUNSELOR EXIT SURVEY

The survey is to be completed by the Peer Counselor at the time of resignation. This survey is to obtain Peer Counselor's feedback regarding the WIC Breastfeeding Peer Counselor Program.

Name of Peer Counselor: _____

Dates of service: From: _____ To: _____

Coverage area: _____

1. Why are you leaving this position?

☐ Taking another job

☐ Returning to school

☐ Pay was not enough

☐ Not enough hours

☐ Family demands

☐ Tired of the job

☐ Wasn't what was expected

☐ Other _____

2. How supportive do you feel local health department clinic staff are of breastfeeding, the Peer Counseling Program, and individual Peer Counselors? What could improve the support?

3. How effective is the referral system both within WIC and with the community? If it is not effective, what suggestions would improve it?

4. What do you feel is needed to help retain Peer Counselors?

Signature

Date

INSTRUCTIONS FOR COMPLETING PEER COUNSELOR CLIENT CONTACT LOGS

The Peer Counselor Client Contact Log (BFPC-11A & BFPC-11B) is used to document Prenatal and Breastfeeding contacts with clients when the Breastfeeding Peer computer system database is down or a participant is not in the system. The Excel format allows for the records to be kept on the Peer Counselor's password protected laptop. If the Excel format is not used, the paper documentation must to be stored in a locked file.

BFPC-11A

The BFPC-11A log accommodates up to nine (10) Prenatal contacts.

1. Each contact will be listed by date and type of contact: 1= Phone contact, 2=home visit, 3=group class, 4=mail, 5=clinic visit, 6=hospital visit and 7=other.
2. Record the time and length of contact.
3. Check the topics covered in that contact and include barriers, benefits, technique, management, work/school, class/group.
4. There is also space for narrative documentation for the contact.

BFPC-11B

The BFPC-11B log accommodates up to nine (10) Breastfeeding contacts.

1. Each contact will be listed by date and type of contact using the same key for contacts as listed for Prenatal contacts.
2. Record the time and length of contact.
3. Check the topics covered and include baby bowel movements, baby fussy, baby sick, barriers, technique/position, breast infection, class/group, diet, engorgement, family planning, growth spurt, milk supply, medical situation/medication use, feeding schedule, premature infant, pumping/hand expression, referral to Lactation Specialist, relaxation, work/school, sore nipples, teething, twins, weaning, other referral.
4. There is also space for narrative documentation for the contact and a listing of common abbreviations to be used in documentation.

PRENATAL CONTACT LOG

Name of Peer Counselor					DOB	
Mother's Name					WIC Site	
Address			Mother's Doctor			
City				Due Date		
State		Zip		Breastfed Ever?		
Home Phone		Cell Phone		Exit Date		

Exit Reason*							
Possible Exit Reasons*:	Participant Declined Services	Peer unable to contact	Participant Moved	Mother Illness or Medical Condition	Medication	other (specify)	Terminated from WIC Program

Prenatal Contacts

Type of contact*: 1=phone, 2=home visit, 3=group/class, 4=mail, 5=clinic visit, 6=hospital visit, 7=other

[illegible]

Narrative Documentation of Contacts

[illegible]

BFPC-11A

BREASTFEEDING CONTACT LOG

Name of Peer Counselor				DOB						
Mother's Name				WIC Site						
Address			Mother's Doctor							
City			Due Date							
State		Zip	Breastfed Ever?							
Home Phone				Cell Phone						
Baby's Name				Baby's Birth Date						
Baby's Birth Weight		Baby's Discharge Weight		Two Week Weight						
Baby's Doctor										
Exit Date		Successful Exit (Mom met her Breastfeeding Goal)?								
Reported Exit Reason*										
Possible Exit Reasons*:	Participant Declined Services	Discomfort While Nursing	Embarrassment	Health Professional Advised	Infant Illness or Medical Condition	Mother Illness or Medical Condition	Lack of Social Support	Medication	Participant Moved	Poor Milk Supply
	Poor Weight Gain	SIDS/SUID/OID	Teething	Terminated from WIC Program	Mother Time Constraints	Peer unable to contact	Work	School	Successful Exit/Goal Met	other (specify)

Breastfeeding Contacts

Type of contact*: 1=phone, 2=home visit, 3=group/class, 4=mail, 5=clinic visit, 6=hospital visit, 7=other

Contact	1	2	3	4	5	6	7	8	9	10
Date										
Type*										
Time										
Length										
Kangaroo Care										
Baby BM										
Baby fussy										
Baby sick										
Barriers										
Technique/position										
Breast infection										
Class/group										
Diet										
Engorgement										
Fam Planning										
Growth Spurt										
Milk Supply										
Medical situation/medication use										
Feeding schedule										

BFPC-11B

INSTRUCTIONS FOR COMPLETING THE PEER COUNSELOR WEEKLY ACTIVITY REPORT

The purpose of this report is to account for the time used by the Peer Counselor to complete activities.

The Peer Counselor will:

1. Enter the date and participant name and record the number of minutes in the appropriate column for the type of contact completed.
2. Place an X in the column under the correct status, Prenatal, Postpartum-bf, Postpartum-nonbf.
3. Enter remarks or comments to give further detail on the activity. For example, this would include leaving a message, wrong number, no answer, no show or not home for client contacts. This space is also used to give further details regarding meetings, trainings or home study completed.

The Excel version of the report will then calculate the total number of minutes for each type of contact and the number of minutes for each participant entry and the grand total of minutes for the two (2) week time period.

Peer Counseling Program Weekly Activity Report

Week Ending Date

Clinic/Local Agency

Name	
------	--

Page	1 of 15
------	---------

1 of 15

Total Minutes	0
---------------	---

0

For Client Contact Only

Date	Participant Name	Telephone Counsel	Group/Class	Home Visit	Clinic Visit	Hospital Visit	Travel/Other Contact	Prenatal	Postpartum-bf	Postpartum-nonbf-f	Training/in-service	Peer Counsel Meeting	PC Promotion Activity	Consultations	Clerical/Admin.	Home Study	Number of Minutes	Remarks
																	0	
																	0	
																	0	
																	0	
																	0	
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Totals		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

BFPC-12

ALLOWABLE COSTS FOR BREASTFEEDING PEER COUNSELING FUNDS

Breastfeeding peer counseling (BFPC) funds distributed to State agencies by the Food and Nutrition Service (FNS) are to be used to develop or expand activities necessary to sustain a peer counseling program based on the FNS Loving Support Model. The primary purpose of the funds is to provide direct breastfeeding support services through peer counseling to WIC participants.

The table below helps to identify allowable Breastfeeding Peer Counseling costs.

Item or Service	Allowable Costs	Comments
Durable Goods		
Computers/laptops, cell phones, air cards for Internet access and necessary office equipment used to provide peer counseling services	Yes	Requires State Approval
Incentives and Educational Materials to Promote Breastfeeding		
Breastfeeding educational materials such as pamphlets and DVDs	No	804 funds or 833 funds* with State Approval
Breast pumps and breastfeeding aids for mothers and demonstration purposes	No	804 funds or 833 funds* with State Approval
Incentive items distributed to encourage breastfeeding	No	804 funds or 833 funds* with State Approval.
Personnel and Compensation		
Salaries and compensation for peer counselors.	Yes- see Comment Column	The salaries and compensation for an adequate number of peer counselors to service the WIC clients must first come out of 840 funding <u>prior</u> to it being used for peer counselor supervision duties. Refer to Program Description and Duties of a Peer Counselor in the Administrative Reference, Volume I, Training Guidelines and Service Descriptors.
Males as Breastfeeding Peer Counselors	No. The definition of peer counselor in the <u>Loving Support Model</u> is based on research demonstrating the benefit of hiring peer counselors from WIC's target population of WIC-eligible women.	Refer to Program Description and Duties of a Peer Counselor in the Administrative Reference, Volume I, Training Guidelines and Service Descriptors.

*833 funds may be used if the agency has a Regional Breastfeeding Coordinator with State Approval.

Allowable Costs for Breastfeeding Peer Counseling Funds (Continued)

Recruitment of peer counselors	Yes	
Salary and compensation for lactation referrals	No	804
Staff Training and Resources		
Travel for training of peer counselors and peer counseling staff/managers	Yes	
Travel for home and hospital visits by peer counselors	Yes	
Registration for meetings or conferences for International Board Certified Lactation Consultants (IBCLC)	No	Requires state approval for 804 funds or 833 funds*
Training materials for peer counselors	Yes	<i>Loving Support through Peer Counseling Curriculum Materials or State Approved Materials.</i>
Breastfeeding resources for peer counselor use only	Yes	
Breastfeeding resources for WIC staff not related to peer counseling	No	804 funds or 833 funds* with State Approval
International Board Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC) or Certified Lactation Specialist (CLS) exam fees	No	
International Board Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC) or Certified Lactation Specialist (CLS) association membership or renewal fees	No	

*833 funds may be used if the agency has a Regional Breastfeeding Coordinator with State Approval.

**Allowable Costs for Breastfeeding Peer Counseling Funds
(CONTINUED)**

Peer Counseling Program Advertising and Promotion		
Pamphlets and similar materials to promote the peer counseling program only	Yes**	
Media campaigns, e.g., bus placards, to advertise breastfeeding peer counseling programs only	Yes**	Requires State Approval
Ads that promote breastfeeding in general.	No**	804 funds or 833 funds* with State Approval
T-Shirts, buttons and similar items that identify peer counselors	Yes**	Requires State Approval
Miscellaneous		
Food	No	
Second nutrition education contacts	No	
Childcare	No	
Cribs or other materials and equipment for infants of peer counselors who bring their babies to work	No	
Evaluation studies of peer program effectiveness	No	804 funds
Peer counseling services to non-WIC participants	No	

**All brochures, materials and advertisements must include the required non-discrimination statement. This statement is included in the AR, Section: Personnel, Civil Rights Act of 1964.

**All brochures, materials and advertisements using the WIC Logo or the Shape the Future: Breastfeed logo must be reviewed and approved by the State WIC Office.

*833 funds may be used if the agency has a Regional Breastfeeding Coordinator with State Approval.

Rev. 10/17