

WIC and Nutrition Manual
500 Policy Group
Breastfeeding Promotion and Support

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Policy 500

Breastfeeding Support

POLICY

All local WIC agencies shall offer breastfeeding promotion, education, and counseling to all WIC participants, parents, and caregivers according to federal regulations, state guidelines, and program goals.

PURPOSE

To ensure that WIC participants breastfeeding education and support during all visits.

PROCEDURES

All local WIC agencies must promote breastfeeding with all pregnant women and provide breastfeeding education to all pregnant and breastfeeding women.

A. Breastfeeding promotion and support includes:

1. Promotion of breastfeeding within the local WIC agency.
2. Each local WIC agency identifying a certifying health professional as the breastfeeding coordinator to provide leadership to local WIC agencies on breastfeeding promotion, education, and support.
3. Provide WIC agency staff breastfeeding training in order to provide the most up-to-date evidence-based breastfeeding education to WIC participants and the community.
4. Offer a WIC clinic that is supportive of breastfeeding, including establishing a Breastfeeding Friendly Clinic policy.
5. Provide accurate up to date breastfeeding counseling to all participants.
6. Provide breast pumps to breastfeeding women who are returning to work or school or when the breastfeeding woman or infant has a medical condition that requires a breast pump.
7. Provide WIC-approved breastfeeding accessories to WIC participants based on approved local WIC agency policies.

Policy 501

Breastfeeding Promotion and Support Standards

POLICY

Local WIC Agencies shall provide breastfeeding promotion, education and support to participants.

PURPOSE

To promote breastfeeding as the biological norm for infant feeding and to provide breastfeeding support to mothers and infants to extend breastfeeding exclusivity and duration.

RELEVANT REGULATIONS

7 CFR 246.11(c)(5)-Monitor Local Program Activities

7 CFR 246.11(c)(7)(i) – (iv) – Breastfeeding Promotion and Support Standards

7 CFR 246.11(e)(1) – Encouragement of Breastfeeding

United States Department of Agriculture, Food and Nutrition Services, Nutrition Service Standards

United States Department of Agriculture, Food and Nutrition Services, Breastfeeding Policy and Guidance

PROCEDURES

Promotion of Breastfeeding

- A. Local WIC Agency staff shall promote breastfeeding as the biological norm for infant feeding.
 - 1. Provide breastfeeding promotion and support information at the prenatal certification visit and throughout the prenatal and postpartum periods.
 - 2. All pregnant participants shall be encouraged to breastfeed unless contraindicated.
 - 3. Support mothers in setting and reaching their breastfeeding goals.
 - 4. Promote the WIC food packages incentives for breastfeeding women enrolled in the WIC Program.

Local WIC Agency Staffing

- A. Each local WIC agency shall designate a staff person to serve as the Breastfeeding Coordinator to provide leadership to the local WIC agency on breastfeeding promotion, education and support matters.
 - 1. The Breastfeeding Coordinator must obtain four (4) hours of breastfeeding management and promotion continuing education annually.
 - 2. The Breastfeeding Coordinator must complete the first 3 levels of the USDA Breastfeeding Curriculum.
 - i. Refer to the Administrative Reference, Training Guidelines and Program Descriptions, WIC.
- B. As of October 2025, each local agency shall designate at least one Certifying Health Professional to serve as the Designated Breastfeeding Expert (DBE).
 - 1. The DBE must complete all 4 levels of the USDA Breastfeeding Curriculum.
 - 2. The DBE must complete the in-person training with the Regional Breastfeeding Coordinator/State WIC office.
 - 3. The DBE must obtain four (4) hours of breastfeeding management and promotion continuing education annually.

Staff Training

- A. Local WIC agency staff must be trained by the local WIC agency Breastfeeding Coordinator or designee, or State Agency approved training to be breastfeeding advocates and ensure access to competently trained breastfeeding staff. This includes:

1. Train all staff in the importance of breastfeeding and the clinic's policies and services to promote, protect and support breastfeeding.
2. Train WIC Certifying Health Professionals by USDA required WIC Breastfeeding Curriculum to provide assessment, referrals and appropriate support of the mother's breastfeeding plans and education needs throughout the prenatal and postpartum period.
3. Train appropriate health professional staff on assembly, cleaning and issuance of breast pumps.

Clinic Environment

- A. Each local WIC agency shall establish a Breastfeeding Friendly Clinic Policy to promote a breastfeeding friendly environment.
 1. The Breastfeeding Friendly Clinic Policy must:
 - a. Encourage mothers to breastfeed anywhere in the clinic.
 - b. Designate and provide a private area upon request of the mother for breastfeeding or pumping.
 - c. Provide consistent breastfeeding education, education materials, and assistance with breastfeeding during the prenatal and postpartum periods.
 - d. Meet the requirement of The Patient Protection and Affordable Care Act (Health Care Reform) of 2010 which amended the Fair Labor Standards law to allow reasonable breaks for nursing mothers.
 - e. Promote breastfeeding as the norm for feeding infants by the below procedures:
 - i. All formula must be kept in a storage closet out of view of clients.
 - ii. No formula advertising visible to clients, including pens, pads and other "giveaways."
 - iii. Posters and pictures in the clinic shall be of breastfeeding multicultural mothers and not be produced by formula companies.
 - iv. Refuse samples from formula representatives for use by local WIC agency staff.
 2. See Breastfeeding Friendly Clinic Appendix for sample Breastfeeding Friendly Clinic policy.
- B. The Breastfeeding Friendly Clinic Policy must be routinely communicated to all health department staff and posted in the clinic for staff and clients to review.

Breastfeeding Counseling

- A. Breastfeeding counseling shall be provided to all participants. This counseling shall include:
 1. Breastfeeding is the ideal method of feeding and nurturing an infant.
 2. The American Academy of Pediatrics (AAP) recognized breastfeeding as the primary nutrition in optimal growth and development and important in achieving and maintaining optimal health in the infant and child.
- B. The following guidelines are from AAP to support breastfeeding and shall be promoted through WIC:
 1. Human milk is the preferred feeding for all infants, including premature and sick newborn, with rare exceptions.
 2. Breastfeeding shall begin as soon as possible after birth, usually within the first hour.
 3. Newborns shall be nursed whenever they show signs of hunger, such as increased alertness or activity, mouthing or rooting.
 4. No supplements (water, glucose, formula, etc.) shall be given to breastfeeding newborns unless a medical indication exists.

5. When discharged <48 hours after delivery, all breastfeeding mothers and their newborns shall be seen by a pediatrician or other knowledgeable healthcare practitioner when the newborn is 2 to 4 days of age.
6. Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for approximately the first six months after birth. It is recommended that breastfeeding continue for at least 12 months, thereafter as long as mutually desired.
7. In the first six months, water, juice and other foods are generally unnecessary for breastfed infants.

Should hospitalization of a breastfeeding mother or infant be necessary, every effort shall be made to maintain breastfeeding, preferably directly or by pumping the breasts and feeding the expressed milk, if necessary.

Breastfeeding Assessment

- A. Certifying Health Professionals shall conduct a breastfeeding assessment on all breastfeeding participants.
- B. The Certifying Health Professional shall:
 1. Assess the breastfeeding dyads, breastfeeding risks, strengths, needs, and/or concerns.
 2. Design a breastfeeding plan that addresses the participants' needs and concerns.
 3. Make referrals to the WIC Breastfeeding Peer Counselor Program, Designated Breastfeeding Expert, International Board Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC) or Certified Lactation Specialist (CLS) as appropriate.
 4. Assign and tailor the participant's food package to ensure the appropriate amount of formula is provided to promote and support breastfeeding.
 5. Provide breastfeeding follow-up in a timely manner to address the breastfeeding mother's concerns as appropriate.

Breastfeeding Support

- A. All breastfeeding issues/concerns shall be referred to a Designated Breastfeeding Expert (DBE), International Board Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC), Certified Lactation Specialist (CLS) or Breastfeeding Peer Counselor and allow adequate time for assessment, evaluation and assistance to resolve breastfeeding problems during the clinic visit, as appropriate.
- B. Address all breastfeeding concerns in a timely manner.
- C. For agencies with the Breastfeeding Peer Counselor Program, utilize the Breastfeeding Peer Counselor to support WIC prenatal and breastfeeding women

Breastfeeding Certification Process

| Situation | Action |
|---|--|
| Exclusively Breastfeeding (no formula feeding) | <ul style="list-style-type: none"> • Certify woman as Fully Breastfeeding woman. See WIC Policies for Prescribing Food Packages. • Certify infant as Fully Breastfed - no WIC food is to be issued to the infant until the appropriate age. See Recommendations For Food Package Selection. |
| Breast and Formula Feeding Birth to 6 months post-delivery | <ul style="list-style-type: none"> • Certify woman as Partially Breastfeeding. See WIC Policies for Prescribing Food Packages and provide appropriate woman package based upon amount of formula the infant is receiving. • Certify infant as Partially Breastfed and provide partial or full formula package based on name of product and appropriate policies. See Recommendations for Food Package Selection. |

| | |
|---|--|
| <p>Breast and Formula Feeding</p> <p>≥ 6 months post-delivery</p> | <ul style="list-style-type: none"> • Infant receiving partially breastfeeding formula package <ul style="list-style-type: none"> ➤ Continue infant certification as Partially Breastfed infant until breastfeeding ends or at 1 year post-delivery. See Recommendations for Food Package Selection. ➤ Continue certification of woman as Partially Breastfeeding and continue food benefits for breastfeeding mother until breastfeeding ends or at 1 year post delivery. See Recommendations for Food Package Selection. • Infant receiving full formula package <ul style="list-style-type: none"> ➤ Continue infant certification as partially breastfed infant until breastfeeding ends or at 1 year post-delivery. See Recommendations for Food Package Selection. ➤ Continue certification of woman as partially breastfeeding until breastfeeding ends or at 1 year post-delivery. Mother will not receive food benefits at 6 months or more post-delivery. Mother will continue to receive nutrition education. |
|---|--|

Breastfeeding Contraindications

- A. Contraindications to breastfeeding for health or lifestyle reasons can be divided into baby-related and mother-related causes.
- B. The medical management of the baby and/or mother should be under the care of the physician.
- C. Baby-related contraindications include:
 1. Inborn errors of metabolism
 - a. Galactosemia
 - b. Phenylketonuria (PKU)
 - i. Babies born with PKU have been able to breastfeed with close monitoring under a physician
 - c. Maple Syrup Urine Disease
 2. Neurological Problems that impair swallowing and sucking reflex may make breastfeeding difficult.
 - a. These issues may be overcome with assistance.
- D. Mother-related contraindications include:
 1. HIV/AIDS
 2. Untreated, active tuberculosis (TB) or brucellosis
 3. Active herpes lesions or open sores on her breast (may breastfeed from unaffected side)
 4. Taking prescription medications from the following classes:
 - a. Chemotherapy agents
 - b. Amphetamines
 - c. Ergotamine
 - d. Statins
 - e. Human T-cell leukemia virus type 1 (HTLV-1)
 - f. Illegal drugs
 5. Maternal substance abuse requires evaluation before breastfeeding
 - a. Adequately nourished narcotic-dependent mothers shall be supported in their decision to breastfeed if they are enrolled in a supervised maintenance program using methadone or buprenorphine and have a negative screening for HIV infection and other psychoactive or addictive drugs.
 - b. Mothers using street drugs or multiple drugs shall not breastfeed.

Blood Lead Levels and Breastfeeding

Lead can be passed to the infant through breast milk. Some mothers exposed to lead may be encouraged to continue breastfeeding if their blood lead levels (BLLs) are within an acceptable range. The benefits of breastfeeding outweigh the potential health consequences.

- A. Key recommendations of initiation of breastfeeding
 1. Mothers with BLLs < 40 µg/dL shall breastfeed.

2. Mothers with confirmed BLLs > 40 µg/dL shall begin breastfeeding when their blood lead levels drop below 40 µg/dL. Until then, they shall pump and discard their breastmilk.
- B. Key recommendations of continuation of breastfeeding
 1. Breastfeeding shall continue for all infants with BLLs below 5 µg/dL.
 2. Infants born to mothers with BLL > 5 µg/dL and < 40 µg/dL can continue to breastfeed unless there is an indication that the breastmilk is contributing to elevating BLLs.

Informal Milk Sharing

- A. With increased awareness of the benefits and efforts to promote breastfeeding, more mothers are choosing to breastfeed, as evidenced by data from the CDC in the Breastfeeding Report Card.
- B. In situations such as illness, physical inability to produce milk, decisions to not breastfeed, or adoptive parents seeking human milk, the desire to provide human milk may prompt parents/caregivers to turn to alternative methods to obtain human milk to feed their infant.
- C. Since the cost of banked human milk can be prohibitive for WIC clients, these mothers may turn to informal milk sharing from known sources such as friends or relatives, or from unknown sources such as the internet sites or other advertisements.
- D. Both AAP and Food and Drug Administration (FDA) recommend against feeding infants human milk obtained directly from individuals or through the internet.
 1. Obtaining donor human milk via these means is discouraged due to lack of adequate screening for infectious diseases and the risk of contamination.
 2. The FDA suggests that the decision to give donor human milk shall be made in consultation with the infant's health care provider and only screened donor milk shall be used.

Policy 502

Breastfeeding: Breast Pump Issuance and Tracking Guidelines

POLICY

Local WIC agencies may provide breast pumps to WIC participants as a breastfeeding aid when appropriate.

PURPOSE

- A. To provide support and education on the appropriate use of breast pumps.
- B. To protect breastfeeding for women and infants who need pumps for medical reasons.
- C. To assist women with breastfeeding when separated from their infants for work or school and as needed for identified breastfeeding complications.
- D. To provide procedures on appropriate issuance of breast pumps, maintaining breast pump inventory, and complying with state and federal requirements for the use of breast pumps.

RELEVANT REGULATIONS

246.14(c)(10) – Breastfeeding aids as an allowable administrative expense

Breastfeeding Policy and Guidance – July 2016

PROCEDURES

Breast Pump Staffing

The local agency WIC Coordinator and Breastfeeding Coordinator will work together to authorize and train local agency staff to appropriately assess breast pump requests/needs and issue breast pumps to participants.

- A. Each local WIC agency shall designate at least one Certifying Health Professional to issue breast pumps to WIC participants and one staff member to serve as a backup if the designated health professional is not available, as needed.
 - 1. Staff who are authorized to issue breast pumps must be trained by the State authorized training.
 - 2. The Certifying Health Professional issuing breast pumps must:
 - a. Evaluate a woman's need for a breast pump;
 - b. Authorize the provision of a pump;
 - c. Issue the breast pump;
 - d. Teach hand massage and expression to use in conjunction with the pump;
 - e. Teach women how to use the pump;
 - f. Provide follow-up services.
- B. Each local WIC agency shall designate at least one staff member to maintain an inventory on all types of breast pumps (electric, manual, etc.).
 - 1. Staff who issue breast pumps are not to conduct the monthly inventory of the breast pumps to ensure program integrity.

Ordering Breast Pumps

Breast pumps will be maintained at each local agency.

- A. Each local agency shall establish an inventory of breast pumps and related pumping kits and different size flanges, appropriate to meet the participants' needs.
- B. Each local WIC site will have a minimum of two electric breast pumps on hand at all times.
- C. Local WIC agencies are responsible for maintaining inventories of pumps and kits, and for tracking the items and quantities that need to be reordered or requested.
 - 1. If the local WIC agency needs additional pumps, contact the State WIC Breastfeeding Coordinator.

- D. Types of breast pumps available for issuance through the WIC program include electric breast pumps and manual breast pumps.
 - 1. Electric breast pumps are ordered by the State WIC Office through a breast pump contract.
 - a. Local WIC agencies cannot purchase electric breast pumps independently.
 - b. Electric breast pumps will automatically be shipped to each WIC agency on a bi-annual basis.
 - c. Additional electric breast pumps can be requested from the State WIC Breastfeeding Coordinator.
 - 2. Manual breast pumps are ordered by each local agency.
 - a. Approval for manual breast pumps must be received from the State WIC Office **prior** to the order/purchase of manual breast pumps.
 - b. Submit the Equipment Request Form to the State WIC Breastfeeding Coordinator for approval to purchase manual breast pumps.
 - c. Local WIC agencies must maintain invoices of all manual breast pumps issued and provide the State WIC Office a copy of all invoices.
 - 3. Additional Breast Pump Accessories
 - a. Alternative flange sizes may be purchased as needed.
 - b. Any purchases of \$500 or more must be authorized by the State WIC Office.
- E. When breast pump orders are received, they shall be inspected for damage and ensure the correct type and quantity of items have been received.

Breast Pump Inventory

Local WIC agencies must maintain an inventory of all types of breast pumps and document each breast pump that is issued in the breast pump inventory log.

- A. All new pumps must be inventoried upon receipt.
- B. Pumps may only be issued to participants once they have been properly inventoried and documented on the inventory log.
- C. A physical inventory must be performed on a monthly basis.
 - 1. A person other than the person(s) issuing the breast pumps must do the inventory.
 - 2. The person doing the physical inventory must be someone other than a contracted employee or a peer counselor.
 - 3. Any method that reflects the actual number of breast pumps on hand from the last month plus the additional breast pumps received during the current month minus all breast pumps issued during the current month is acceptable.
 - a. See 500 Appendix-Breast Pump Inventory Log.
 - 4. The actual number on hand of each type of breast pump, the name and signature of the person that did the physical count and date of verification must be maintained.
 - 5. All breast pumps must be accounted for during the inventory.
 - 6. Inventory logs for all breast pumps must be retained for four years after the last issuance date.
 - 7. Breast Pump Inventory logs will be reviewed during the Nutrition Services Branch Nutrition Monitoring visits.

Breast Pump Storage

All breast pumps are to be stored in a locked room or cabinet that is not accessible by the public.

- A. Store new pumps and collection kits in unopened packaging as received from the manufacturer.
- B. All breast pumps must have a "Distributed by ____ Health Department" label placed on the pump prior to issuing.

Assessing the Need for Breast Pump

Only Certifying Health Professionals may issue breast pumps.

- A. Certifying Health Professionals issuing breast pumps must have adequate skills and training to provide these services.
- B. Breast pumps shall only be provided to participants after a thorough breastfeeding assessment to ensure that a breast pump is necessary/needed.
 1. Providing breast pumps to women who do not need them can interfere with breastfeeding.
- C. The Certifying Health Professional must assess why a pump is needed and which type of pump or hand expression best meets the breastfeeding mother's needs.
 1. **Hand Expression** is using your hands to compress the breast and remove milk from the breast. Hand expression is helpful if mom is occasionally away from baby for short periods of time or if she has minor engorgement or sore or cracked nipples. Hand expression can be utilized in combination with pumping to increase the volume of milk expressed.
 2. **Manual Pumps** are useful for providing short-term relief from engorgement or for pumping due to occasional separation or missed feedings. These pumps must not be reused, sterilized, or loaned to more than one person.
 3. **Electric Breast Pumps** may be needed for women going back to work or school or for breastfeeding complications. Breastfeeding complications can include high-risk mothers and babies establishing and maintaining lactation during periods of extended separation or other medical problems. These pumps shall not be reused, sterilized, or loaned to more than one person.
 - a. If issuing for returning to work or school, the Certifying Health Professional shall determine the optimal time to issue the pump. It is recommended to issue the pump at least one week prior to returning to work or school.
 - b. Single User Breast Pumps (Hygeia) are the electric pumps available for issuance. These pumps must not be reused, sterilized or loaned to more than one person.
- D. A breast pump may be issued to a woman who is not fully breastfeeding. A breast pump may not be denied to a participant for the sole reason of not fully breastfeeding.
- E. For extenuating circumstances, contact the State WIC Office State Breastfeeding Coordinator.

Circumstances When Breast Pumps May NOT Be Issued

Women who do not meet the established criteria established by the State WIC Program to receive a breast pump.

- A. Breast Pumps may not be issued:
 1. During pregnancy
 2. Women beyond one year postpartum, even when her child is participating in WIC
 3. Mothers who are currently using marijuana, drugs of abuse or other contraindicated medications unless the mother is enrolled in a substance abuse program and medical documentation from the physician is providing stating that the mother can breastfeed.
 4. Mothers who have any contraindicated medical condition
 5. A WIC participant who previously borrowed a hospital-grade breast pump and did not return the pump.

Breast Pump Education

All breastfeeding women who receive a pump must receive accurate information about assembling, using, and cleaning breast pumps and collection kits issued by the WIC Program.

- A. Education of Pump Use

1. Identify and distribute to the participant materials with accurate pictures or drawings of the pump. It is recommended to use the patient instruction sheet from the breast pump manufacturer.
 2. Provide participants with a demonstration or show the actual use of the pump.
 3. Ensure participants can assemble and disassemble the pump before leaving.
 4. Provide information to the breastfeeding woman regarding the manufacturer's direction about washing or sterilizing the pump and collection kit.
 5. Ensure the participant receives printed materials about cleaning procedures.
 6. Participants who obtain breast pumps from sources other than the WIC Program (insurance, gift, purchase, etc.) shall be referred to the pump manufacturer for questions regarding pump assembly, use, cleaning, and troubleshooting.
- B. Education of Collection, Storing, and Warming Expressed Milk
1. Breastfeeding women must receive accurate information about expressed breast milk to ensure the quality and safety of the milk for later feeding.
 2. The mother must be instructed to use thawed milk within 24 hours after thawing.
 3. Mothers must be educated on the following storage guidelines.
- | | Countertop or Table | Refrigerator | Freezer with Separate Door | Deep Freezer |
|-----------------------------|---------------------|------------------------|----------------------------------|------------------|
| Storage Temperature | Up to 77°F | At or Below 40°F | At or Below 0°F | At or Below -4°F |
| Fresh Pumped/Expressed Milk | Up to 4 hours | Up to 4 days | Up to 6 months | Up to 12 months |
| Thawed Human Milk | 1-2 hours | Up to 1 day (24 hours) | Never refreeze thawed human milk | |
- C. The Certifying Health Professional must complete the Breast Pump Assessment and Information Checklist for every breast pump issued and filed in the participant's medical record.
 - D. Inform the mother that if she experiences an issue with the breast pump after issuance (i.e. broken/malfunctioning), she shall contact the breast pump manufacturer help line and provide the issuance date and location she received the pump.

Documenting Issuance of Breast Pumps

Certifying Health Professionals will determine if a breastfeeding mother needs a pump and what type of pump meets the mother's needs.

- A. Documentation the issuance of a breast pump and the counseling received must be documented in the participant's medical record.
- B. The minimum documentation includes:
 1. Reason for issuing the pump;
 2. Type of pump provided;
 3. An evaluation of the participants understanding about using and cleaning the pump;
 4. A summary of the counseling provided; and
 5. Plans for follow-up.
- C. A written agreement must be obtained prior to issuance of the electric breast pumps.
 1. A copy of this form must be placed in the participants' medical record.
- D. Obtain Verification of Informed Consent from all patients receiving breast pumps.
 1. A copy of this form must be placed in the participant's medical record.
 - a. Check with your legal counsel regarding verification of informed consent for any necessary agency changes.
 2. Contact the State WIC Office if assistance is needed.

Breast Pump Follow-up

After issuance of the pump, a breastfeeding woman shall receive follow-up services as outline below.

| Reason for Pump | Follow-up Schedule |
|--|--|
| Manual Pump for Occasional Use | <ul style="list-style-type: none">• Refer to Designated Breastfeeding Expert (DBE), if appropriate• Refer to Peer Counselor for basic education and support (if available)• Make initial contact within 24-72 hours• Provide bi-weekly follow-up by phone as needed |
| Electric Pump for Separation Due to Work or School | <ul style="list-style-type: none">• Refer to DBE, if appropriate• Refer to Peer Counselor for basic education and support (if available)• Make initial contact within 24-72 hours• Provide bi-weekly follow-up by phone as needed |
| Electric Pump for Medical Reasons | <ul style="list-style-type: none">• Make initial follow-up contact within 24 hours• Follow-up by phone weekly as needed• Refer to DBE• Ensure baby's weight is checked by a medical provider• Refer to the Peer Counselor for basic education and support (if available) |

Sale of Breast Pumps

The sale of breast pumps is not allowed and is considered fraud. Participants may not profit from the sale of any breast pump provided by WIC.

Disposal of Breast Pumps

Breast pumps that are not working, no longer under warranty, and unrepairable may be disposed of by the local agency.

- A. If a local agency disposes of a breast pump:
 1. Write the pump out of inventory and indicate when the pump was sent for disposal.
 2. Follow your local WIC agencies policies on disposal of the pump.

Policy 503

Breastfeeding Accessories

POLICY

The issuance of breastfeeding accessories is an optional breastfeeding service that may be provided to breastfeeding women with breastfeeding complications. Local agencies must submit a breastfeeding accessories policy to the State WIC Office prior to the purchase or issuance of breastfeeding accessories. Local agencies electing to issue nipple shields must review approved mandatory State designated training prior to issuance of nipple shields.

PURPOSE

To provide breastfeeding support to mothers with breastfeeding complications or issues to extend breastfeeding exclusivity and duration.

RELEVANT REGULATIONS

7 CFR 246.11(c)(5) – Monitor Local Program Activities

7 CFR 246.11(c)(7)(i) – (iv) – Breastfeeding Promotion and Support Standards

7 CFR 246.11(e)(1) – Encouragement of Breastfeeding

United States Department of Agriculture, Food and Nutrition Services, Nutrition Service Standards

United States Department of Agriculture, Food and Nutrition Services, Breastfeeding Policy and Guidance

PROCEDURES

Breastfeeding Accessory Item Purchases

- A. Items used for training and demonstration purposes to promote breastfeeding or assist participants in using breastfeeding aids are approvable WIC expenses.
 - 1. Such items may include models to illustrate the use of various breastfeeding aids, breast models, and dolls used to illustrate breastfeeding, etc.
- B. Nipple shields are approved WIC expenses. The use of these aids must follow the Policies and Procedures below. See Nipple Shield Issuance Policy below.
- C. Purchases of human milk storage bags, breast pads, and nursing coverage (for support and outreach) are allowing WIC expenses with State WIC Office-approved policies.
 - 1. In order to purchase these products, your agency must perform a breastfeeding assessment to determine the participant's need and the benefits of these items to the breastfeeding dyad.
 - 2. A local agency policy must be submitted to the State WIC Office Breastfeeding Coordinator for approval with established guidelines on Certifying Health Professionals that will issue these products.
- D. The following items are not approved purchases with WIC funds: topical creams, ointments, Vitamin E, other medicinal products, footstools, infant scales for non-clinical use (for example, home use by parents), baby bottles, nursing (Bobby) pillows, or nursing blouses.
 - 1. If these items are provided to your agency in kind, they can be given to the participant.
- E. WIC funds cannot be used to establish, support, or maintain a milk bank or milk depot.
 - 1. WIC staff may refer WIC participants to area milk bank facilities to donate their milk as part of WIC referrals.

Nipple Shield Issuance

- A. Certifying Health Professionals issuing and providing education about the use of nipple shields must complete training from the State Office prior to issuing nipple shields.
- B. Agencies shall identify the health professional(s) within each agency/site who can:
 - 1. Evaluate a woman's need for a nipple shield;
 - 2. Authorize the provision of the nipple shield;

3. Issue the nipple shield;
 4. Teach women how to use the nipple shield;
 5. Provide backup if the designated health professional(s) are not available; and
 6. Provide follow-up services.
- C. Nipple shields are for single-user. They cannot be returned or re-issued to another person.
- D. Each request for a nipple shield shall be evaluated to determine the need for the nipple shield.
- E. Nipple shields cannot be given to pregnant participants.
- F. Nipple shields must be inventoried.
1. Store all nipple shields in a cabinet that can be locked.
 2. Maintain perpetual inventory of all nipple shields. See the sample log included in this policy.
 3. Perform a physical inventory of all nipple shields on a monthly basis.
 - a. A person other than the person(s) that issues the nipple shields must do the inventory.
 - b. Any method that reflects the actual number of nipple shields on hand from the last month plus the additional nipple shields received during the current month is acceptable.
 - c. The actual number on hand, the name and signature of the person that did the physical count, and the date of verification must be maintained. All nipple shields must be accounted for during the inventory.
- G. Breastfeeding women must receive accurate information about using and cleaning nipple shields.
1. Provide participants with a demonstration or show the actual use of the nipple shield.
 2. Ensure the participant can properly use the nipple shield prior to leaving the clinic.
 3. Provide information to the breastfeeding woman regarding the manufacturer's direction about washing or sterilizing nipple shields.
 4. Ensure the participant receives printed materials about cleaning procedures.
- H. Document the issuance of the nipple shield and the counseling received in the participant's medical record. The following is the minimum documentation:
1. Reason for issuing the shield;
 2. An evaluation of the participant's understanding of using and cleaning the nipple shield;
 3. A summary of the counseling provided; and
 4. Plans for follow-up.
- I. Complete and obtain Verification of Informed Consent for all nipple shields issued. A copy of this form must be placed in the participant's medical record. See the sample Health Department Breastfeeding Management/Care, Support, and Follow-up Verification of Informed Consent in the attached 500 Appendix. Check with your legal counsel regarding the verification of informed consent for any necessary agency changes.
- J. After issuance of the nipple shield, a breastfeeding woman must receive follow-up services from the Designated Breastfeeding Expert (DBE) within 24 to 72 hours as outlined in below:
1. Make initial follow-up contact within 24-72 hours
 2. Follow-up by phone one week after issuance
 3. Ensure regular face-to-face follow-up with Designated Breastfeeding Expert (DBE)
 4. Refer to a peer counselor, if available.
- K. Issuance of a nipple shield shall be coded to V241- on the patient encounter form.

Policy 504

Breastfeeding Peer Counselor Program

POLICY

Local agencies with the WIC Breastfeeding Peer Counselor Program must follow the policies and procedures outlined by the State WIC and USDA.

PURPOSE

The WIC 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.

RELEVANT REGULATIONS

7 CFR 246.11(c)(7)(i) – (iv) – Breastfeeding Promotion and Support Standards

7 CFR 246.11(e)(1) – Encouragement of Breastfeeding

United States Department of Agriculture, Food and Nutrition Services, Nutrition Service Standards

United States Department of Agriculture, Food and Nutrition Services, Breastfeeding Policy and Guidance

PROCEDURES

General Policies

- A. The goals of the Breastfeeding Peer Counselor Program are to meet the Healthy People 2030 objectives which are:
 1. To increase initiation to 81.9%;
 2. To increase the six-month duration rate to 60.5%;
 3. To increase the one-year duration rate to 34%; and
 4. To increase breastfeeding exclusivity rates at three months to 44.3% and 23.7% exclusive breastfeeding at six months.
- B. All participating in the Program must be certified as eligible for the WIC Program. See qualifications in the Certification and Management Section of the WIC and Nutrition Manual.
- C. All pregnant and breastfeeding participants must be offered the opportunity to speak to a WIC Breastfeeding Peer Counselor.
- D. WIC Peer Counseling services must be provided at no cost to the applicant/participant.
- E. Breastfeeding Peer Counselors shall avoid any situation that is or appears to be a Conflict of Interest.
- F. Training for the Breastfeeding Peer Counselor Program must be conducted by the State WIC Agency or their designated personnel.
- G. Funding for the Program is through cost center PGC2103.
- H. 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.
- I. Peer Counselors shall be contracted with the agency based on the projected caseload of each peer counselor, not to exceed 20 hours per week.
- J. A 20 week hour-per-week peer counselor shall be following approximately 150 pregnant and breastfeeding women.
- K. 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 being a Designated Breastfeeding Expert (DBE).

Breastfeeding Peer Counselor Agencies

- A. 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 Designated Breastfeeding Expert (DBE) 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 Supervisor (CLS).
4. The DBE may be an employee of the agency or under contract. See the Duties of the WIC Breastfeeding Peer Counselor Lactation Specialist in this section.
5. Utilize the standard DBE contract which is found on the L drive at L:\LHDBudgets\Contracts.
6. Allow a Breastfeeding Peer Counselor to work outside of usual clinical hours and outside of the clinic environment, such as home or hospital visit.
7. Contracted with 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.
8. Utilize the following qualifications for a Breastfeeding Peer Counselor.
 - i. Be a contemporary/cohort/equal to the woman to whom she will be providing information and support. This includes the ability to speak Spanish if needed;
 - ii. Has been or currently is a WIC participant;
 - iii. Has breastfed at least one baby for six months or longer and is an advocate for breastfeeding;
 - iv. Has the ability to work independently at home;
 - v. Has reliable transportation;
 - vi. Be readily accessible by phone;
 - vii. Has basic computer skills; and
 - viii. Has the ability to communicate effectively with peers, supervisors and other health department staff.

Peer Counselor Policies and Procedures

- A. 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 WIC agency application or the **Sample Application, BFPC-1**. Peer Counselors must be screened using a background check. If required by the local WIC agency, drug testing may be performed.
- B. 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.
- C. Interviews must be conducted on potential candidates. Sites may use their local WIC 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.
- D. Prior to being placed under contract, or working with pregnant or breastfeeding women, Peer Counselors will receive mandatory training using the **USDA Required WIC Breastfeeding Curriculum (Levels 1 and 2)**. This will be documented on the **Peer Counselor Training Checklist, BFPC-3**. **The peer counselor must attend all in-person training sessions, complete all required homework, fully participate in all activities, and complete all required online training modules.**
- E. 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.
- F. 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**.

- G. 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.
- H. Each agency must have a DBE 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 DBE on staff, the agency must contract to provide these services. The DBE 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 DBE contract will be coded to the WIC Program cost center 804.
- I. During the orientation and training period, agencies must provide shadowing opportunities for the Peer Counselor. Shadowing experiences shall 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.
- J. 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.
- K. 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.
- L. 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 WIC 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.
- M. 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.
- N. The Peer Counselors must make contacts according to **Breastfeeding Peer Counselor Protocol for Contacting WIC Mothers**.
- O. 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.
- P. Peer Counselors do not access or document in the participant medical record.
- Q. 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.
- R. 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.
- S. 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.
- T. Peer Counselors must be provided the following training during orientation. Completion must be documented on the **Peer Counselor Training Checklist**, BFPC-3.
 - 1. **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**

2. 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**.

3. 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**.

4. 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**.

5. 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**.

6. 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 USDA Required WIC Breastfeeding Curriculum (Level 1 & 2) 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 *USDA required WIC Breastfeeding Curriculum* (Levels 1, 2 and 3).
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 *the WIC Breastfeeding 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
DESIGNATED BREASTFEEDING EXPERT (DBE)**

The Designated Breastfeeding Expert (DBE) will:

1. Obtain training on *the USDA required WIC Breastfeeding* curriculum (Levels 1, 2, 3, and 4).
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 WIC 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 WIC 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 WIC 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 DBE: International Board Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC) or Certified Lactation Specialist (CLS). The DBE 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 DBE 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 DBE 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 DBE 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 DBE 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 DBE:

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; and
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; and
2. Mother has dietary concerns.
3. Mother has no food;

G. Social – Refer the following to a DBE, 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; and
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 DBE:

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; and
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 shall approve and monitor all social media posts by Breastfeeding Peer Counselors.
2. Peer Counselors shall post on official accounts only for Breastfeeding Peer Counselor Program services. The official accounts shall not be used to publish personal opinions. Any Peer Counselor wishing to publish personal comments shall use their personal social media accounts must do so on their own personal time.
3. Peer Counselors shall 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 shall 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 shall be used when accessing social media accounts. Social media accounts shall be monitored and updated on a regular basis.
6. Peer Counselors shall 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 shall 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 shall 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 shall 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 shall 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.

Developed 12/15

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

Peer Counseling Training Outline and Expectations

The WIC Breastfeeding Peer Counselor will be conducted as a combination of virtual and in-person training.



Below is a list of expectations for the Peer Counselor Training:

- 1) Level 1 and 2 Breastfeeding Curriculum Videos must be viewed, and quizzes must be passed prior to attending the in-person portion of the training.
 - 2) A copy of the Level 1 and Level 2 certificates must be provided to the State Breastfeeding Peer Counselor Coordinator and the Local Agency Breastfeeding Peer Counselor Supervisor prior to beginning the in-person portion of the training.
 - 3) Homework assigned during Level 1 and Level 2 training must be completed and brought with the Peer Counselor to the in-person training.
 - 4) In-person training will be offered quarterly. If the peer counselor does not complete all parts of the in-person training during this quarterly training, they will have to wait until the next scheduled training before completing their training.
- 3) Expectations during the in-person training:
- a. Arrive on time. We will begin training on time each day.
 - b. Pay attention and be engaged during the training.
 - c. Fully participate in all training activities and assignments.
 - d. Please arrange childcare for young children during the training. Only babies in arms that are nursing may be present during the in-person training.
 - e. All homework assignments must be completed and turned in the trainer during the in-person training. These assignments will be discussed during the in-person training.
 - f. We will do our best to stick to the set hours of the training as outlined; however, the length of the training may vary slightly due to activities and questions during the training.
 - g. Plan to attend the entire day. If a peer counselor leaves the training early, they will have to complete this training again at the next quarterly training.
 - i. No makeup time will be provided for portions of the training that is missed.
 - h. It is a requirement that the entire training must be completed prior to begin performing the Peer Counselor duties.

**Welcome to the peer program.
We are excited to get to know you and work with you.
Have Fun!**

Peer Counselor signature and date

Peer Supervisor signature and date

BREASTFEEDING PEER COUNSELOR PROGRAM FORMS

[INSERT AGENCY NAME HERE]

SAMPLE PEER COUNSELOR JOB POSTING

The (insert local WIC agency name) is seeking participants 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 WIC 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 participants 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>WIC Breastfeeding Curriculum Level 1 and 2 training</i> | |
| 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 | |

[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 | | | | |
| 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 DBE. Shadowing experiences shall 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: _____

Supervisor: _____

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

| Performance Measures | 1 Mo. | 6 M | 12 Mo. | 2 Yr | 3 Yr. | 4 Yr. | 5 Yr. | 6 Yr. | 7 Yr. |
|--|-------|-----|--------|------|-------|-------|-------|-------|-------|
| 1. Completed the WIC Breastfeeding Curriculum Training. | | | | | | | | | |
| 2. Completed observations and shadowing of DBE 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 WIC 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)

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 the 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

Adapted from *Loving Support Through Peer Counseling: A Journey Together – For WIC Managers* BFPC-10

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 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 visits, 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

Total Minutes

| |
|---|
| 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-nonb-f | Training/in-service | Peer Counsel Meeting | PC Promotion Activity | Consultations | Clerical/Admin. | Home Study | Number of Minutes | Remarks |
|--------|------------------|-------------------|-------------|------------|--------------|----------------|----------------------|----------|---------------|-------------------|---------------------|----------------------|-----------------------|---------------|-----------------|------------|-------------------|---------|
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| | | | | | | | | | | | | | | | | | 0 | |
| | | | | | | | | | | | | | | | | | 0 | |
| 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 |
| Portable baby scales to weight infants outside of the WIC clinic or scales marketed for pre- and post- breastfeeding weight checks. | No | |
| Incentives and Educational Materials to Promote Breastfeeding | | |
| Breastfeeding educational materials such as pamphlets and DVDs | No | PGC2100 funds or PGC2101 funds* with State Approval |
| Breast pumps and breastfeeding aids for mothers and demonstration purposes | No | PGC2100 funds or PGC2101 funds* with State Approval |
| Incentive items distributed to encourage breastfeeding(e.g., breast pumps, breastfeeding aids, breastfeeding promotion and support incentive items, written material, etc.) | No | PGC2100 funds or PGC2101 funds* with State Approval |
| Personnel and Compensation | | |

| Item or Service | Allowable Costs | Comments |
|--|--|---|
| Salaries and compensation for peer counselors: peer counselors, WIC Peer counselor Supervisors, and WIC Designated Breastfeeding Experts (DBE) | Yes- see Comment Column | <p>The salaries and compensation for an adequate number of peer counselors to service the WIC clients must first come out of PGC2103 funding <u>prior</u> to it being used for peer counselor supervision duties.</p> <p>BFPC funds may be used to pay for DBE time if a peer counselor refers a WIC mother to a DBE for problems that are outside of the peer counselor's scope of practice. The DBE may be compensated using BFPC funds if the mother continues to be supported by the peer counselor and remains part of the peer counselor's caseload.</p> <p>Refer to Program Description and Duties of a Peer Counselor in the Administrative Reference, Volume I, Training Guidelines and Service Descriptors.</p> |
| 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. |
| Father-to-Father Breastfeeding Support Group | No | Fathers are valuable partners of breastfeeding promotion and support in WIC. However, father-led activities are outside of those defined by the <u>WIC Breastfeeding Model for Peer Counseling</u> . |
| Recruitment of peer counselors | Yes | |
| Milk Banks/Depots | No. BFPC funds cannot be used for services related to milk banks/depots. | |
| Salary and compensation for lactation referrals | No | PGC2100 |
| Staff Training and Resources | | |
| Travel for training of peer counselors peer counselor supervisors and DBEs | Yes | |
| Travel for home and hospital visits by peer counselors | Yes | |
| Continuing education for DBEs | Yes, if it relates to servicing peer counseling programs (e.g., mentoring, serving as a referral, etc.) | Requires State Approval |

| Item or Service | Allowable Costs | Comments |
|--|---|--|
| Breastfeeding resources for peer counseling staff | Yes, if the resources are related to peer counseling (e.g., training materials for peer counselors). | |
| Breastfeeding resources for WIC staff not related to peer counseling | No | PGC2100 funds or PGC2101 funds* with State Approval |
| Registration for State Sponsored/Approved conferences/meetings for Designated Breastfeeding Expert (DBE) | Yes, if it relates to servicing peer counseling programs (e.g., mentoring, serving as a referral, etc.) | Requires state approval |
| Training materials for peer counselors | Yes | <i>WIC Breastfeeding 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 | PGC2100 funds or PGC2101 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 | |

**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 BFPC funds may not be used for ads that promote breastfeeding in general, 833* funds may be used for this purpose. |
| Ads that promote breastfeeding in general. | No** | PGC2100 funds or PGC2101 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 | PGC2100 funds |
| Peer counseling services to non-WIC participants | No | |
| Breastfeeding coalitions | No | BFPC funds can only be used for services and activities related directly to peer counseling. |

**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.

*PGC2101 funds may be used if the agency has a Regional Breastfeeding Coordinator with State

Policy 505

Regional Breastfeeding Coordinators

POLICY

Certain agencies will be provided PGC2101 funding to designate a Regional Breastfeeding Coordinator to provide breastfeeding education, promotion, and support in their local agency as well as other designated agencies and public and private community partners in their region.

PURPOSE

To provide breastfeeding education, promotion, and support in the local agency as well as other designated agencies and public and private community partners in the region.

RELEVANT REGULATIONS

7 CFR 246.11(c)(5) – Monitor Local Program Activities

7 CFR 246.11(c)(7)(i) – (iv) – Breastfeeding Promotion and Support Standards

7 CFR 246.11(e)(1) – Encouragement of Breastfeeding

United States Department of Agriculture, Food and Nutrition Services, Nutrition Service Standards

United States Department of Agriculture, Food and Nutrition Services, Breastfeeding Policy and Guidance

PROCEDURES

Designation of a Regional Breastfeeding Coordinator

- A. The person designated in this position **must be** approved by the State WIC Agency.
- B. A Regional Breastfeeding Coordinator is a Registered Dietitian (RD) or Nurse (RN or LPN) with certification as a Certified Lactation Counselor (CLC), Certified Lactation Specialist (CLS), or an International Board Certified Lactation Consultant (IBCLC).
- C. The Regional Breastfeeding Coordinator will provide breastfeeding education, promotion, and support in their local WIC agency as well as other designated agencies and public and private community partners in their region.
- D. The region will be designated by the State WIC Office.

Responsibilities of a Regional Breastfeeding Coordinator

- A. Develop programs, activities, and outreach that promote breastfeeding in the specified region. Work with the Breastfeeding Coordinators at the local agencies, in the specified region, in the development of a Breastfeeding Promotion Plan.
- B. Provide support, promotion, and education to public and private community partners such as other local agencies, hospitals, physicians, and community groups in the specified region.
- C. Develop and support breastfeeding coalitions and mother-to-mother support groups in the specified region.
- D. Attend Regional Breastfeeding Coordinator meetings, as designated by the State Office.
- E. In conjunction with the Local WIC Agency Administrator, or authorized representative, ensure the agency's allotment of funds for PGC2101 is appropriately expended in fiscal year.
- F. Maintain communication with State Breastfeeding Promotion Coordinator to assure continuous quality improvement in breastfeeding promotion and support in the specified region.
- G. Develop and evaluate an annual plan based upon the assessment of need of the public and private partners in the specified region.

- H. Assist Breastfeeding Promotion Coordinators in specified regions with breastfeeding training and promotion.

PGC2101 Cost Center-Breastfeeding (WIC)

Only expenditures for designated Regional Breastfeeding Coordinators approved by the State WIC office in specified agencies can be charged to this cost center. The expenditures will be for breastfeeding promotion activities to increase breastfeeding initiation and duration rates. This includes working with other local health departments and public and private community partners. Expenditures for direct one-on-one services cannot be coded to this cost center. All expenses over \$500 (five hundred) dollars must be approved by the State WIC Office.

Allowable Costs for Regional Breastfeeding Coordinators

Only expenditures for designated Regional Breastfeeding Coordinators approved by the State WIC office in specified agencies can be charged to this cost center. The expenditures will be for breastfeeding promotion activities to increase breastfeeding initiation and duration rates. This includes working with other local health departments and public and private community partners. Expenditures for direct one-on-one services cannot be coded to this cost center. All expenses over \$500 (five hundred) dollars must be approved by the State WIC Office.

The table below helps to identify allowable Regional Breastfeeding Coordinator costs.

| Item or Service | Allowable Costs | Comments |
|--|-----------------|--|
| Durable Goods | | |
| Computer and Laptops | No | Coded to indirect costs. These items are used for multiple cost centers. |
| Office equipment | No | Coded to indirect costs. These items are used for multiple cost centers. |
| Incentives and Educational Materials to Promote Breastfeeding | | |
| Breastfeeding educational materials such as pamphlets and DVDs | Yes** | PGC2100 funds or PGC2101 funds with State Approval |
| Breast pumps and breastfeeding aids for mothers and demonstration purposes | Yes | PGC2100 funds or PGC2101 funds with State Approval |
| Incentive items distributed to encourage breastfeeding | Yes | PGC2100 funds or PGC2101 funds with State Approval |

| Item or Service | Allowable Costs | Comments |
|--|-----------------|--|
| Personnel and Compensation | | |
| Salaries and compensation for Regional Breastfeeding Coordinators | Yes | |
| Salaries and compensation for lactation referrals | No | PGC2100 funds |
| Staff Training and Resources | | |
| Recruitment of Regional Breastfeeding Coordinators | Yes | |
| Travel for Regional Breastfeeding Coordinators | Yes | |
| Registration for meetings or conferences for International Board Certified Lactation Consultants (IBCLC) | Yes | PGC2100 or PGC2101 funds |
| Breastfeeding resources for WIC staff | Yes | PGC2100 funds or PGC2101 funds with State Approval |
| International Board Certified Lactation Consultant (IBCLC), Certified Lactation Specialist (CLS), or Certified Lactation Counselor (CLC) exam fees | No | |
| International Board Certified Lactation Consultant (IBCLC), Certified Lactation Specialist (CLS), and Certified Lactation Counselor (CLC) association membership fee | No | |
| Program Advertising and Promotion | | |
| Pamphlets and similar materials to promote breastfeeding | Yes** | With State Approval |
| Media campaigns, e.g., bus placards, to advertise breastfeeding | Yes** | With State Approval |

| Item or Service | Allowable Costs | Comments |
|---|-----------------|--|
| Ads that promote breastfeeding in general. | Yes** | PGC2100 funds or PGC2101 funds with State Approval |
| T-Shirts, buttons, and similar items | Yes | With State Approval |
| Miscellaneous | | |
| Food | No | |
| Second, nutrition education contacts | No | |
| Childcare | No | |
| Cribs or other materials and equipment for infants of staff or peer counselors who bring their babies to work | 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 that have the WIC logo or the Shape the Future: Breastfeed logo must be reviewed and approved by the State WIC Office.

Policy 506

Breastfeeding Promotion and Support via Technology

POLICY

All local WIC agencies shall offer breastfeeding promotion, education, and counseling to all WIC participants, parents, and caregivers according to federal regulations, state guidelines, and program goals. These services may be provided in-person or remotely through voice calls, texting, and other technology platforms. The use of non-secure, non-HIPAA-compliant platforms that are familiar to WIC participants can increase access to WIC breastfeeding services.

PURPOSE

To increase participant access to WIC breastfeeding services and outline the acceptable use of non-secure technology platforms such as, but not limited to, Facebook, YouTube, WhatsApp, iMessage, Meta Messenger, FaceTime, Zoom, Google Meets, TextNow, etc., as well as the use of secure technology platforms such as Business Zoom.

RELEVANT REGULATIONS

7 CFR 246.11(c)(7)(i) – (iv) – Breastfeeding Promotion and Support Standards

7 CFR 246.11(e)(1) – Encouragement of Breastfeeding

United States Department of Agriculture, Food and Nutrition Services, Nutrition Service Standards

United States Department of Agriculture, Food and Nutrition Services, Breastfeeding Policy and Guidance

PROCEDURES

Consent for Non-Secure Services

- A. Participant Acknowledgment and Consent for Non-Secure Services
 1. Peer Counselors
 - a. If the WIC Staff Breastfeeding Peer Counselor utilizes a non-secure service, the WIC Peer Counselor must obtain verbal consent after reading the risk information to the participant.
 - b. Since these interactions are non-clinical peer support, this consent may be granted at the beginning of the Peer Counselor-Participant relationship and last for one year from that date.
 - c. This consent may be renewed after one year or revoked by the participant at any time.
 - d. The WIC Breastfeeding Peer Counselor shall document:
“Participant/Parent/Caretaker/Guardian (select as appropriate) understands and consents to all virtual visits being completed by _____ “in the participant’s medical record.
 2. WIC Health Professional or Designated Breastfeeding Expert
 - a. If the WIC-Certifying Health Professionals and Designated Breastfeeding Experts (DBE) utilize a non-secure service, the WIC-Certifying Health Professional/ DBE must obtain verbal consent after reading the risk information to the participant.
 - b. Since contact with WIC-Certifying Health Professionals and DBEs is clinical, consent shall be obtained at the beginning of each interaction conducted through a non-secure method.
 - c. The WIC-Certifying Health Professionals or DBE shall document:
“Participant/Parent/Caretaker/Guardian (select as appropriate) understands and consents to the virtual visits being completed by _____ on _____ (date)” in the participant medical record.
- B. The following information should be read to the participant before obtaining consent:

1. With providing consent to services via _____ platform, we would like you to be aware that:
 - a. Using _____ will allow us to provide you with breastfeeding support and education without requiring you to come into the clinic.
 - b. _____ will allow us to have a breastfeeding appointment through audio call or video conferencing.
 - c. It will allow you to send questions and receive responses using the messaging technology (if applicable)
 - d. We will make every attempt to keep your health information private and secure.
 - e. Allowing us to use _____ can come with risks to your privacy and security of your health information, which may include viruses on your phone or computer, unauthorized access, or accidental disclosure.
 - f. If you have any questions about using _____ for your appointment/visit, you may ask at any time.
 - g. You may revoke your consent to use of this service at any time.

Individual Support

- A. Any form of communication other than in-person, texting via cellular phone plans, voice calls via landlines or cellular plans, or HIPAA-compliant forms of some applications are all considered non-secure and non-HIPAA compliant.
- B. Despite the risk to protected patient information, some participants may prefer to receive breastfeeding support via instant messaging applications, texting applications, voice calling applications, and video conferencing applications.
 - a. Support may be provided by the participant's preferred method after following the procedure for *Consent for Non-Secure Services* outlined above.
 - b. For complicated issues requiring the assistance of the WIC DBE, in-person services should be provided, if possible.
 - c. Individuals providing services shall not use their personal accounts. Set up an account that can only be used professionally and cannot be accessed by another individual.
 - i. Example: Instead of using a personal account that may be listed under "Jane Smith", create a professional account listed as "Jane Smith – KY County WIC" or "Jane Smith – Breastfeeding Support."
 - ii. Professional individual accounts will be deactivated once the individual is no longer employed as WIC breastfeeding support staff.

Group Support

- A. Classes
 - a. Participants voluntarily participate in group education (in person or online) with the general knowledge that other people may see them and that the information they share is not private.
- B. Online Communities
 - a. Online communities, such as online breastfeeding support groups, may be facilitated by peer counselors, the peer counselor supervisor, the breastfeeding coordinator, and/or the DBE.
 - b. Online communities must follow the best practices outlined in the social media Policy for Breastfeeding Peer Program and Social Media Policy for Breastfeeding Education.
 - c. Participants shall voluntarily join or sign up for group support. For online communities, the participant must first acknowledge that the forum is not private or secure either by Participant Acknowledgment and Consent for Non-Secure Services described above or by clicking on and accepting the community rules and acknowledgment statements before being approved to join the group.

General Promotion and Education

A. Platforms and Accounts

- a. Social Media platforms may be used to promote breastfeeding and provide general breastfeeding education.
- b. Platforms that facilitate broad information dissemination instead of individual engagement may be the best choices and most time-efficient to manage. Examples are YouTube, Facebook (Page), and Instagram, with the comments turned off as much as each application allows.
- c. Accounts used for promotion and education should be official work accounts, not private accounts, or profiles.
 - i. Once the WIC agency no longer employs an account administrator, they must pass account management to someone else within the agency. If the account cannot be passed to an employee, it must be deactivated.

B. Messaging

- a. Messaging must be consistent with WIC messaging, which primarily follows messaging and guidance from the USDA, the Center for Disease Control (CDC), and the American Academy of Pediatrics.
- b. Messaging shall:
 - i. Stay on the topic of breastfeeding.
 - ii. Be framed in a positive voice.
 - iii. Be consistent with DPH messaging.
 - iv. Remain within the moderator's Scope of Practice.
 - v. Responding to comments:
 - 1. Individual counseling is not permitted in public forums. If individual counseling is needed, encourage the person to contact support in a direct method.
 - 2. Utilize steps 2 and 3 of the 3-Step Counseling strategy. (Ask-Affirm-Educate). Do not ask more questions or engage in arguments. Affirm the person's feelings or point of view and direct them to where they can find more information.
- c. See attachment for approved sources of messaging and content.

C. Consent

- a. Consent is not required. Participants engage or comment of posted media at their own discretion.
- b. Consent such as photo or video releases are required for anyone (adult or minor) who is featured in content.

Section 500 Appendices Breastfeeding Promotion and Support

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**HEALTH DEPARTMENT
BREAST PUMP
VERIFICATION OF INFORMED CONSENT**

Breastfeeding is a normal part of the childbearing process and the feeding of an infant. Breastfeeding care includes responsibility for the management of essentially healthy women and infants throughout the period of Breastfeeding.

The Certifying Health Professional/Designated Breastfeeding Expert (DBE) providing this management/care through the Health Department's Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a health professional. Sound scientific/medical resources and continued educational updates and training in human lactation/breastfeeding are combined with educational backgrounds in health fields as well as skills and experience in breastfeeding care.

Occasionally, problems arise during breastfeeding. However, the health, nutritional, and economic benefits of breastfeeding far outweigh most problems that may arise. Usually, difficulties are minor in nature and do not require medical care.

If my condition or my baby's should change from normal, medical treatment from my primary obstetrical or pediatric care provider may be required. In the course of breastfeeding, situations which require consultation with the primary care providers include but are not limited to mastitis (breast infections) or infant illness (including failure to thrive). The latter can be due to underlying health problems totally unrelated to feeding method.

I understand that although breastfeeding is a normal process and no problems are anticipated, they can arise. I also understand that these problems are rarely serious. The Certifying Health Professional/DBE will utilize skills and experience to help mothers be successful at breastfeeding for however long they choose. In order to provide the best care and appropriate referrals, mothers need to provide the Certifying Health Professional/DBE with correct information and notify them of any problems related to breastfeeding. I also understand that following appropriate recommendations provided by the lactation expert will help in achieving success at breastfeeding.

I understand that the Certifying Health Professional/DBE is not liable for primary medical care or diagnosis. This is the responsibility of the primary care providers. Any conditions or problems that can affect the well-being of the mother and/or baby will be referred by the Certifying Health Professional/DBE; however, I understand that it is the family's responsibility to seek medical care and treatment when applicable and I will seek such care and treatment in these instances.

Patient's Signature

Date

Certifying Health Professional/
DBE Signature

Date

**KENTUCKY WIC PROGRAM
BREAST PUMP ASSESSMENT AND INFORMATION CHECKLIST
FOR MANUAL AND SINGLE USER BREAST PUMPS**

Mother's Name: _____ D.O.B.: _____

Household #: _____ Medical Card #: _____

Address: _____

Telephone #s: (Home) _____ (Work) _____ (Cell) _____

Insurance Type: _____ Delivery Date of Pump: _____

Baby's Name: _____ D.O.B.: _____

Birth Weight: _____ Birth Length: _____

Agency/Site, if originating agency is different from agency where mother is certified:

Medical Information/Comments:

_____ (Please use back of page if needed)

Date 1st Contact: _____ **Week 1 Phone Contact:** _____

Date(s) follow-up contact(s): _____

| INFORMATION CHECKLIST | COMMENTS |
|--|----------|
| 1. Provided breast pump and kit | |
| 2. Proper use of breast pump | |
| 3. Assembly and disassembly of breast pump | |
| 4. Proper breast pump cleaning | |
| 5. Demonstration of proper assembly and disassembly of pump | |
| 6. Hand expression | |
| 7. Importance of putting baby to breast (if possible) | |
| 8. Frequency of pumping sessions | |
| 9. Location of pumping sessions | |
| 10.Length of pumping sessions | |
| 11.Collection of breast milk | |
| 12.Storage of breast milk | |
| 13.Warming and feeding breast milk | |
| 14.Manufacturer's instruction sheet provided | |
| 15. Instruct participant to complete and mail warranty registration card | |
| 16. Advise participant to contact pump manufacturer for troubleshooting | |
| 17. Participant understands attempting to sell/selling pump is considered program abuse. | |

**KENTUCKY WIC PROGRAM
ELECTRIC BREAST PUMP AGREEMENT**
{Agency/Site}

I _____ agree to use the _____
(client name) (name of pump)

Breast Pump serial #: _____ as instructed.

I understand that this pump is for my use only and that neither the pump nor the collection kit can be given or shared with anyone else because of the risk of disease transmission. I agree to contact the WIC Program immediately to report any problems I have while using the pump.

I understand that I am using the pump at my own risk and will hold harmless the _____ Local Agency, health department staff, and WIC Program.

I understand that I am to complete and mail the pump warranty card to the pump manufacturer.

I understand that attempting to sell or selling is considered WIC Program abuse, and will be investigated. **I understand I may be asked to reimburse the program for the value of a pump that is sold.**

I have been instructed on how to properly use, assemble and clean the breast pump.

WIC Participant Signature: _____

Telephone #: (Home/Cell) _____

Email address: _____

Local Agency Staff Signature _____

Date _____

Rev. 10/15

INSTRUCTIONS FOR COMPLETING MANUAL AND SINGLE USER ELECTRIC BREAST PUMP LOGS

Local agencies must inventory manual (if on hand) and single user electric breast pumps. The following are sample Breast Pump Logs that may be used to track the issuance and inventory of breast pumps that are provided to WIC participants. The logs must be retained for three (3) full federal fiscal years after last issuance.

| | |
|--|--|
| Serial Number/ WIC Inventory Tag Number: | Enter either the breast pump serial number or the WIC Inventory tag number of the breast pump that is being issued. Serial number should maintained on log or filed in case of a recall or pump malfunction. |
| Date Issued: | Enter the date of the breast pump issuance. |
| Person Issued: | Enter the name of the breastfeeding mother that is received the breast pump. Use the PEF label that is provided when the issuance of a single user breast pump is entered into the Patient Services Reporting System (PSRS). |
| Number in Inventory: | Enter the number of single user breast pumps left in the clinic inventory. |
| Date of Physical Inventory: | Enter the date the assigned person conducting the physical inventory. |
| Signature of Person Verifying Inventory: | Enter the signature of the person conducting the physical inventory. |
| Comments: | Enter any additional comments. |

Rev. 10/15

Manual Breast Pump Log

| Number of Breast Pumps | Date Issued / Person Issued | Number in Inventory | Date of Physical Inventory | Signature of Person Verifying Inventory | Comments |
|------------------------|-----------------------------|---------------------|----------------------------|---|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Single User Electric Breast Pump Log

| Number of Breast Pumps | Date Issued / Person Issued (Use PEF Label) | Number in Inventory | Date of Physical Inventory | Signature of Person Verifying Inventory | Comments |
|------------------------|---|---------------------|----------------------------|---|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Rev. 07/08

**INSTRUCTIONS FOR COMPLETING BREASTFEEDING MANAGEMENT/
CARE ASSESSMENT/INFORMATION CHECKLIST FOR
NIPPLE SHIELDS**

This checklist is to be used when a nipple shield is being issued to a client. The information contained on this checklist should be obtained from all clients that are receiving a nipple shield. The checklist is to be filed in the medical record.

| | |
|-----------------------------------|---|
| Mother's Name: | Enter the name of the breastfeeding mother. |
| D.O.B.: | Enter the mother's date of birth. |
| Household #: | Enter the mother's household number. |
| Medical Card #: | Enter the mother's medical card number, if applicable. |
| Address: | Enter the mother's address. |
| Telephone #'s: | Enter all applicable telephone numbers for the mother. |
| Issue Date of Shield: | Enter the date that the breastfeeding mother received the nipple shield. |
| Baby's Name: | Enter the name of the breastfeeding infant. |
| D.O.B.: | Enter the infant's date of birth. |
| Birth Weight: | Enter the infant's weight at birth. |
| Birth Length: | Enter the infant's length at birth. |
| Agency/Site: | Enter the agency/site if it is different from the agency where the breastfeeding mother was certified. |
| Medical Information/ Comments: | Enter any additional medical information or comments applicable to the breastfeeding management and care of the participant. |
| Date 1 st Contact: | Enter the date the first contact was made with the mother. |
| Week 1 Phone Contact: | Enter the date of the first week phone follow-up contact. |
| Date(s) follow-up Contact(s): | Enter the dates of any additional follow-up contacts. |
| Information Checklist: | Complete the information checklist to ensure the breastfeeding mother has received complete and accurate information. Write any additional comments in the checklist as well. |

Rev. 10/13

**KENTUCKY WIC PROGRAM
BREASTFEEDING MANAGEMENT/CARE ASSESSMENT/INFORMATION CHECKLIST
FOR NIPPLE SHIELDS**

Mother's Name: _____ D.O.B.: _____

Household #: _____ Medical Card #: _____

Address: _____

Telephone #s: (Home) _____ (Work) _____ (Cell) _____

Issue Date of Nipple Shield: _____

Baby's Name: _____ D.O.B.: _____

Birth Weight: _____ Birth Length: _____

Agency/Site, if originating agency is different from agency where mother is certified:

Medical Information/Comments:

(Please use back of page if needed)

Date 1st Contact: _____ Week 1 Phone Contact: _____

Date(s) follow-up contact(s): _____

| INFORMATION CHECKLIST | COMMENTS |
|----------------------------------|----------|
| 1. Provided nipple shield | |
| 2. Proper use of nipple shield | |
| 4. Proper nipple shield cleaning | |

Rev. 10/13

INSTRUCTIONS FOR COMPLETING NIPPLE SHIELD LOG

This is a sample Nipple Shield Log that may be used to track the issuance and inventory of nipple shields that are provided to WIC participants. The logs must be retained for three (3) full federal fiscal years after last issuance.

| | |
|---|---|
| Date Issued: | Enter the date of the nipple shield issuance. |
| Participant Name: | Enter the name of the breastfeeding mother that received the nipple shield. |
| Certifying Health Professional/ Lactation Specialists Issuing: | Enter the signature of the health professional issuing the nipple shield. |
| Number in Inventory: | Enter the number of nipple shields left in the clinic inventory. |
| Date of Physical Inventory: | Enter the date the assigned person conducting the physical inventory. |
| Signature of Person Verifying Inventory: | Enter the signature of the person conducting the physical inventory. |
| Comments: | Enter any additional comments. |

Rev. 10/13

NIPPLE SHIELD LOG

| Date Issued | Participant Name | Signature of Certifying Health Professional/Lactation Specialists Issuing | Number in Inventory | Date of Physical Inventory | Signature of Person Verifying Inventory | Comments |
|-------------|------------------|---|---------------------|----------------------------|---|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Certifying Health Professional Signature

Date

**LOCAL AGENCY
BREASTFEEDING FRIENDLY POLICY
{SAMPLE}**

The goals of these policies are:

- To promote and create internal and external environments that support and promote breastfeeding.
- To increase breastfeeding initiation and duration among Kentuckians in order to meet or exceed the Healthy People 2020 goals of 81.8% of infants initiating breastfeeding and the 2030 goal of increasing the proportion of infants who are breastfed at least one year to 54.16%.
- To increase exclusive breastfeeding duration among Kentuckians in order to meet or exceed the Healthy People 2030 goals of 42.4% of infants exclusively breastfeeding at six (6) months.

1. Breastfeeding will be promoted as the normal and optimal feeding method for infants through:

- Welcoming mothers to nurse their infants in any location where they are comfortable. If a mother requests a private location to breastfeed or express her milk, take the mother to a private area such as the breastfeeding room (if available) or an empty clinic room. KRS 211.755 states that a mother may breastfeed her baby or express breast milk in any location, public or private, where the mother is otherwise authorized to be.
- Freeing the clinic area, lobby, stair wells and elevators of posters, ink pens, pads of paper and other promotional items that bear the names or logos of companies that manufacture infant formula.
- Keeping all formula in a storage closet out of view of clients.
- Placing any formula being given by the clinic to formula feeding infants in bags before distribution.
- Excluding the distribution of educational materials that are produced by a company that manufactures infant formula from the clinic. The only exception is to providing information regarding a WIC contract brand formula.
- Not accepting formula samples from formula representatives or manufacturers.
- Complying with the 2010 Patient Protection and Affordable Care Act's amendment to Section 7 of the Fair Labor Standard Act, through allowing employees who are currently breastfeeding:
 - To utilize their unpaid lunch and break time, as desired to express milk or nurse their infant on or off site; and
 - To nurse their infant or express milk in their personal office, an empty clinic room or any other private, clean location that is not a bathroom and is free from intrusion that the employee and the administration agree upon.

2. Breastfeeding will be promoted through staff training:

- All staff members will be trained on this policy as part of employee orientation.
- All staff members will be trained on the importance of breastfeeding which include:
 - Breast milk is the best food for the infant. It has everything an infant needs to grow and develop;
 - Breastfeeding helps protect infants from illness. Breastfed infants have fewer ear infections and stomach problems such as diarrhea and vomiting;
 - Breastfeeding may reduce the breastfeeding mother's risk of breast and uterine cancer;
 - Breastfeeding burns calories. Weight loss after pregnancy may be easier for the mother if she is breastfeeding;
 - Breastfeeding employees miss work less often than mothers who formula fed their infants; and

- Breastfeeding support also leads to lower turnover rates and high employee productivity and loyalty.
- Clinic staff who certify participants for the WIC Program will be trained to provide assessment, referrals and appropriate support of the mother's breastfeeding plans and educational needs throughout the prenatal and postpartum period.
- Designated health professional staff will be trained on assembly, cleaning, and issuance of breast pumps. See guidelines for Providing Breast Pumps in the WIC and Nutrition Manual, Clinical Nutrition Section.

3. Health professionals will support breastfeeding mothers and infants by:

- Supporting mothers in establishing and reaching their breastfeeding goals through:
 - Informing all mothers of the importance of holding their babies in Kangaroo Care (skin-to-skin contact) immediately following birth and to remain in Kangaroo Care for at least the first hour;
 - Advising mothers to ask for help with breastfeeding within the first hours after delivery;
 - Informing mothers that newborns do not need food or drink other than breast milk unless medically indicated; and
 - Referring mothers to other lactation services such as classes or support groups available in the community as appropriate.
- Encouraging breastfeeding at all nutrition contacts beginning with prenatal enrollment.
- Referring breastfeeding problems to an International Board-Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC), Certified Lactation Specialist (CLS) or Breastfeeding Peer Counselor or allow adequate time for assessment, evaluation, and assistance to resolve breastfeeding problems during clinic visit.
- Addressing breastfeeding concerns in a timely manner.
- Utilizing Breastfeeding Peer Counselors to support WIC prenatal and breastfeeding women, if applicable. Refer to Breastfeeding Peer Counselor Scope of Duty in the Breastfeeding Peer Counselor Section of the WIC and Nutrition Manual.
- Promoting the WIC food package incentives for breastfeeding women enrolled in the WIC Program. This promotion should begin during prenatal visits.

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