

Chapter 9

Breastfeeding Program Management

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Breastfeeding promotion and support is a core function of the WIC Program. This chapter describes policies and procedures related to the management of breastfeeding promotion and support activities within the WIC Program and within the WIC Breastfeeding Peer Counseling (BFPC) program.

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Required Local Agency Written Policies

The local agency must have a policy for breastfeeding consultation and referral for WIC staff. The policy must identify the point of contact, contact information, and contact method for each breastfeeding situation based on the WIC staff role. Refer to Attachment 1 for a consultation and referral policy template. (Section 1, pg. 3-4)

Local Agencies that accept BFPC program funding must have a written policy outlining the local agency’s service delivery model that assures the provision of consistent and quality breastfeeding peer counseling program services (Section 7, pg. 26-28).

Breastfeeding Promotion And Support

Local agencies are federally mandated to establish and maintain an environment that supports and encourages families to initiate and continue breastfeeding. The WIC program safeguards the health of women, infants, and children by encouraging and protecting breastfeeding. Exclusive breastfeeding is the normative infant feeding standard. The WIC program is responsible for ensuring that families are making infant feeding decisions based on complete and impartial information.

The WIC program supports the American Academy of Pediatrics recommendation of exclusive breastfeeding (defined as no other drink or food is given to the infant besides breast milk [includes direct feeding, expressed breast milk, or donor breast milk]) for about six (6) months, with continued breastfeeding while gradually introducing appropriate complementary foods for two (2) years or longer as mutually desired by the dyad. All WIC staff must promote exclusive breastfeeding as the normative infant feeding standard.

■ **Ensure Participant Access To Breastfeeding Promotion And Support Services**

Each local agency must ensure that all WIC-eligible individuals have access to breastfeeding promotion and support services throughout the prenatal and postpartum periods through:

- ▶ Mentoring and training all staff to become knowledgeable about breastfeeding appropriate with their position;
- ▶ Advertising breastfeeding promotion and support services to all pregnant and breastfeeding families;
- ▶ Fostering community partnerships to ensure timely responses, seamless care, and consistent breastfeeding messages;
- ▶ Ensuring timely access to competently trained breastfeeding staff at each local agency clinic; and
- ▶ Supporting exclusive breastfeeding through assessment, evaluation, and assistance.

■ **Breastfeeding-Friendly Clinic Environment**

A positive breastfeeding environment demonstrates to families the importance that the WIC Program places on breastfeeding, as well as fosters and enhances staff efforts in promoting breastfeeding. At a minimum, each clinic (including satellite operations and mobile sites) must:

- ▶ **Use Materials That Promote Breastfeeding.** All written and audiovisual materials must:
 - Display culturally appropriate posters, signs, banners, bulletin boards, and/or pictures of breastfeeding in areas visible to all WIC participants that help families become more comfortable with the idea of breastfeeding;
 - Integrate consistent breastfeeding messages in all relevant nutrition education

- materials, activities, and outreach efforts; and
 - Do not use language that may undermine a participant’s confidence in their ability to breastfeed.
- ▶ **Positive Communication About Breastfeeding.** Local agency processes should integrate breastfeeding as an important and routine part of WIC Program services. All WIC staff must:
- Present exclusive breastfeeding as the norm for all families;
 - Ask all pregnant women open-ended questions about and educate on exclusive breastfeeding at each contact during their pregnancy.
 - *Example: Would you please tell me what you have heard about breastfeeding?*
 - Ask all breastfeeding and postpartum women open-ended questions about breastfeeding at the initial postpartum certification and continue to ask breastfeeding women at subsequent visits.
 - *Example: How can we help you with breastfeeding today?*
 - Share the benefits of the fully breastfeeding food package with all pregnant and breastfeeding women (regardless of their assigned food package); and
 - Demonstrate a positive attitude towards breastfeeding despite personal beliefs.
- ▶ **Ensure That Families Are Comfortable Breastfeeding In The Agency.** Staff must make every effort to help families feel comfortable breastfeeding anywhere in the local agency. Each clinic (including satellite operations or mobile sites) must:
- Post clear signage in the waiting area/room that encourages families to breastfeed anywhere at any time and informs them of the availability of a private space to breastfeeding or express human milk, if requested.
 - Provide a minimum of one (1) room or space designated for breastfeeding families. The designated room or space is for individuals who prefer to breastfeed in private, who are receiving lactation counseling from qualified breastfeeding staff, and/or need to express their human milk. The designated room or space should be shielded from view, free from any intrusion of others, and have an electric outlet available.
 - Confirm WIC staff are aware of and can access options for private breastfeeding room/space, so families can quickly access when requested.
- ▶ **Eliminate Visibility Of Breast Milk Substitutes.** A breast milk substitute is defined by the World Health Organization (WHO) as any food being marketed or otherwise presented as a partial or total replacement for human milk, even if the product is not suitable for that purpose. This includes infant formula, follow-on formula, infant milks marketed as food for special medical purposes, baby foods, bottles/teats and related equipment. **No local agency or WIC staff should be used for the purpose of marketing/promoting breast milk substitutes.** At a minimum, each clinic (including satellite operations or mobile sites) must:
- Keep all breast milk substitutes products and sponsored nutrition education materials out of the sight of WIC program participants;
 - Avoid passive promotion of breast milk substitutes. Printed materials, posters, audio-visual materials, and office supplies (i.e., cups, pens, note pads, lanyards, badge holder, mousepads, etc.) should be free of breast milk substitute manufacturer and

- product names and logos;
- Do not display, use, or distribution of printed materials (i.e., magazines, books, educational materials, incentives), audiovisual materials, social media messages and/or any other materials that promote or market breast milk substitutes to participants or staff unless provided by the State agency;
- Avoid in-service and continuing education provided by breast milk substitute manufacturers and representatives; and
- Breast milk substitute manufacturer’s representatives should not have direct or indirect contact with WIC program participants.

■ **Consultation And Referral**

The local agency must have a policy for breastfeeding consultation and referral for WIC staff. The policy must be readily available to WIC staff and the policy should be updated as changes occur (at least annually) and dated at the time of the update. Refer to Attachment 1 for a consultation and referral policy template.

- At minimum, the policy must clearly outline for each clinic (including satellite operations or mobile sites):
 - WIC staff roles;
 - Situations requiring a consultation or referral:
 - When WIC staff encounter breastfeeding situations outside their scope of practice, they must make the appropriate referral for their position. All referrals and consultations must be documented in the WIC participant’s health record in Crossroads.
 - Consult Attachment 4 “Peer Counselor When to Yield” to identify complex breastfeeding situations that may merit a referral.
 - Contact persons receiving the referral or the request for consultation (i.e., WIC staff can refer to local agency directory or community partner referral list);
 - Point of contact
 - Organization name(s), contact person(s), and contact information for community partners serving WIC participants (e.g., International Board Certified Lactation Consultant [IBCLC] in the community, Regional Lactation Trainer, healthcare providers, etc).
 - Contact method for referrals and consultation requests (e.g., in the clinic, phone call, virtual platform, or referral forms)
- The Breastfeeding Peer Counseling (BFPC) program depends on ongoing referrals from WIC staff and community organizations to provide BFPC program services. A referral program within the local agency workflow and community enhances BFPC program success.
- Each local agency’s WIC director, breastfeeding coordinator, and peer counselor program manager, and WIC designated breastfeeding expert(s) must participate community engagement meetings as offered by the regional WIC Lactation Area Training Centers for Health (LATCH) to assess effectiveness of the local agency’s workflow for internal/external referral for breastfeeding support, opportunities for

collaboration, cross-local agency information sharing of best practices.

Staff Training

Breastfeeding promotion and support are core job responsibilities for all WIC staff. Breastfeeding orientation, continuing education, and training specific to the WIC staff member's role are required to ensure that all WIC staff exhibit a positive and supportive attitude toward and actively endorse the provision of human milk as the standard method for infant feeding.

It is a federal requirement that WIC staff who interact with program applicants/participants and the staff supervisor are required to participate in task-appropriate breastfeeding promotion and support training including orientation to breastfeeding activities and annual continuing education on breastfeeding.

■ Orientation To Breastfeeding Activities for All WIC Staff

Required. New WIC staff (including contractors) must complete training and orientation and retain documentation of completion for the following prior to any independent direct contact with applicants/participants.

NOTE: Students and contractors must complete prior to starting in the WIC Program.

- ▶ Level 1: WIC Breastfeeding Curriculum (NC WIC Staff Only); and
- ▶ Local agency breastfeeding program operations

At a minimum, local agency breastfeeding program operations must cover the following topics:

- ▶ Intake procedure for multi-user pumps upon return (Refer to Section 6);
- ▶ Location and how to access each private breastfeeding space (Refer to Section 1);
- ▶ Review and provide a copy of the local agency's Consultation and Referral Policy (Refer to Section 1);
- ▶ Breastfeeding Peer Counseling program including the peer counselor's roles and responsibilities (refer to Section 7).
- ▶ Local agency's procedure for referring eligible participants to the Breastfeeding Peer Counseling program or equivalent local agency breastfeeding resources to ensure breastfeeding services are offered to all participants; and
- ▶ Local agency's service delivery model policy for their provision of Breastfeeding Peer Counseling program services (refer to Section 7).

■ Continuing Education For All WIC Staff

Required. WIC staff are required to provide annual continuing education for all staff to ensure staff competency in breastfeeding promotion and support. Continuing education on breastfeeding should differentiate by the level of competency required and/or needed based

on the local agency staff function, responsibility, and previously acquired training. Continuing education on breastfeeding may be offered in one or more educational platforms (i.e., group session, individually, online, etc.). Continuing education must be provided by an expert in the field of lactation, which includes the local agency's WIC Designated Breastfeeding Expert(s) (DBE), Regional Lactation Trainer (RLT), or an International Board Certified Lactation Consultants (IBCLC). Any online or conferences selected must be approved by the International Board of Lactation Consultant Examiners. Continuing education approved by the Commission on Dietetic Registration is permissible if related to breastfeeding. The State agency encourages local agencies to utilize their RLT to meet this requirement.

Recommended. Local agencies are encouraged to facilitate participation in additional training opportunities on breastfeeding promotion and support for all staff. WIC funds may be used to sponsor participation of WIC staff in conferences and workshops (local, state, and/or national) that provide breastfeeding education.

■ **Orientation to Breastfeeding Activities For Competent Professional Authorities**

Required. Competent Professional Authorities (CPAs) are required to support normal breastfeeding, including early practices to get breastfeeding off to a good start, positioning and latch, and support mothers from pregnancy through weaning. CPAs must complete and provide documentation for the following training within one (1) year of their start date:

- ▶ WIC Lactation Camp (Level 2 and 3)
 - Level 1: WIC Breastfeeding Curriculum (NC WIC Staff Only) is required for all WIC staff (including contractors) and a prerequisite for WIC Lactation Camp (Level 2 and 3).

Recommended. It is recommended that CPAs complete WIC Lactation Camp or the North Carolina Lactation Educator Training Program at least once every 10 years as part of their ongoing training.

■ **Documentation Of Participation In Orientation And Continuing Education**

The documentation should at a minimum include the date, trainer name, agenda, and sign-in sheet. When this documentation is not available, a certificate of completion is sufficient.

- ▶ **Retention of Documentation.** Local agencies must retain documentation for:
 - Orientation. The duration of the WIC staff's employment.
 - Continuing Education. Maintained on file for three (3) years

■ **Breastfeeding Resources For Staff References**

Professional references and information on credible helplines and web links on breastfeeding and lactation management should be readily accessible to staff. Local agencies should ensure that only current references and resources are available and that outdated materials are removed and recycled according to local agency policy.

Breastfeeding Coordinator

Local agencies are federally mandated to designate and train a WIC staff member as a breastfeeding coordinator to oversee breastfeeding promotion and support activities within the local agency and community. It is encouraged that local agency breastfeeding coordinators work in partnership with their local agency WIC-Designated Breastfeeding Experts (DBEs), if the roles are different, to assist in the management and implementation of breastfeeding promotion and support activities.

■ Qualifications

Required. A breastfeeding coordinator must be employed by the local agency and may or may not work primarily with the WIC Program. The person in this role must meet the qualifications for a Competent Professional Authority (CPA) (Refer to Chapter 6C Section 4).

- Meets the qualifications of a CPA.
 - A DBE who does not meet the qualification of a CPA may also serve in this role if the role was assumed prior to October 2018.

Preferred. A breastfeeding coordinator:

- Is an International Board Certified Lactation Consultant (IBCLC) or exam-eligible;
- Has experience in program management; and
- Has, at a minimum, one (1) year experience in counseling breastfeeding parents.

■ Orientation To The Breastfeeding Coordinator Role

Required. A breastfeeding coordinator must complete and provide documentation for:

- Training on breastfeeding supplies issuance within one (1) year of assuming the role (Refer to Section 5)

NOTE: A Breastfeeding Coordinator must also complete and provide documentation for breastfeeding orientation specific to their role as a CPA.

■ Continuing Education

Required. The breastfeeding coordinator must maintain a record of certificates with credit hours on file in the local agency for each continuing education training completed.

- Attend 20 hours of continuing education in breastfeeding every five (5) years. These hours should be approved by the International Board of Lactation Consultant Examiners (IBCLE). Continuing education approved by the Commission on Dietetic Registration (CDR) is permissible if related to breastfeeding.
 - A breastfeeding coordinator who is an IBCLC may provide evidence of current IBCLC certification in lieu of documentation of the 20 hours of continuing education in breastfeeding.

■ Responsibilities

The breastfeeding coordinator must have sufficient time dedicated in their schedule to be actively involved in the management and implementation of breastfeeding promotion and

support activities. Responsibilities include, but are not limited to:

- ▶ Oversee the planning, implementation, and evaluation of local agency breastfeeding activities.
 - Work with local agency management and staff to identify ways to integrate breastfeeding promotion and support activities as a standard part of WIC Program clinic services.
 - Ensure timely and accurate breastfeeding education/counseling and support for participants.
 - Identify and address any systematic barriers within the local agency or greater community.
 - Develop, implement, and maintain the local agency's consultation and referral policy in consultation with your WIC Director, Peer Counselor Program Manager, and DBE. (Refer to Section 1).
 - Participate in community engagement meetings as offered by the regional WIC Lactation Area Training Centers for Health (LATCH).
- ▶ Ensure that WIC staff are properly trained on breastfeeding education and support:
 - Maintain documentation (i.e., names, dates, and certificates of completion) of WIC staff who have completed the required orientation(s), in-service, and continuing education pertinent to their positions.
 - Oversee all tasks related to breastfeeding trainings by providing or facilitating orientation to breastfeeding activities (Section 2), breastfeeding supplies issuance (Section 5), annual continuing education on breastfeeding (Section 2), and any other required breastfeeding trainings or in-services for WIC staff.
 - Ensure that staff has access to current references and resources on breastfeeding management.
- ▶ Identify, coordinate, and collaborate with community breastfeeding stakeholders (Refer to Chapter 10, Section 5).
 - The Local Agency's Retention and Outreach Plan must include at least one goal specific to breastfeeding promotion and support activities targeted to pregnant or breastfeeding women. All activities in support of the goal must be tracked as part of the WIC Program Outreach Activity Log.
- ▶ Monitor local agency breastfeeding rates.
 - Local agency breastfeeding rates are tracked annually by:
 - Breastfeeding initiation and duration (6 weeks and 6 months); and
 - Issuance of the fully and partially breastfeeding food packages.
- ▶ Keep current on breastfeeding program management policies, procedure, and resources. Disseminate this information to local agency WIC staff as applicable.
- ▶ Monitor local agency's compliance to breastfeeding program management policies and procedures including the maintenance of a breastfeeding friendly clinic environment.
 - When programmatic deficiencies or practices that undermine breastfeeding are

identified, it is the responsibility of the Breastfeeding Coordinator in partnership with other WIC staff to provide technical assistance and follow-up to ensure programmatic compliance.

- Manage the issuance, inventory, and maintenance of breastfeeding supplies and ensure adequate documentation by monitoring on quarterly basis at minimum. (Sections 5 and 6).

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WIC Designated Breastfeeding Expert

WIC Designated Breastfeeding Experts (DBEs) provide breastfeeding expertise and care for breastfeeding when WIC staff face situations outside their scope of practice. Local agencies are federally mandated to designate and train one or more WIC staff member(s) as a DBE for each clinic, including satellite operation or mobile sites. Each clinic must have a WIC DBE to accept referrals and provide timely response to pregnant and breastfeeding participants experiencing problems outside the scope of practice of the peer counselor or Competent Professional Authority (CPA).

■ **Qualifications**

Required. A DBE must be employed by the local agency and may or may not work primarily with the WIC Program. This individual must meet the qualifications for a CPA as indicated in Chapter 6C, Section 4, or be certified as an International Board Certified Lactation Consultant (IBCLC).

Recommended. A minimum of one (1) year of experience counseling breastfeeding dyads.

■ **Orientation To The WIC Designated Breastfeeding Expert Role**

Required. A DBE must successfully complete and provide documentation for all required trainings within one (1) year of assuming the role. At a minimum, the DBE must complete the following trainings:

- WIC Breastfeeding Support Curriculum Levels 1-4
 - WIC Breastfeeding Support Level 1 training;
 - WIC Breastfeeding Support 2 & 3; and
 - WIC Breastfeeding Support Level 4 training
- Training on breastfeeding supplies issuance (Section 5).

■ **Continuing Education**

Required. The DBE must maintain documentation of the following continuing education on file:

- WIC Designated Expert Continuing Education as offered by your local agency's regional WIC Lactation Area Training Centers for Health (LATCH).
- A minimum of 20 hours of continuing education in breastfeeding every five (5) years. These hours should be approved by the International Board of Lactation Consultant Examiners (IBLCE). Continuing education approved by the Commission on Dietetic Registration (CDR) is permissible if related to breastfeeding.
 - A DBE who is an IBCLC may provide evidence of current IBCLC certification in lieu of documentation of the 20 hours of continuing education in breastfeeding.

■ **Responsibilities**

The local agency ensures that the DBE(s) performs the following roles and responsibilities.

Responsibilities include, but are not limited to:

- ▶ Provide follow up breastfeeding support to participants.
- ▶ Act on all referrals from other WIC staff regarding complex breastfeeding situations beyond their scope of practice.
 - Participate in quarterly forums with the regional WIC Lactation Area Training Centers for Health (LATCH).
- ▶ Assess and counsel breastfeeding dyads with complex breastfeeding situations and develop appropriate care plans to help address concerns.
- ▶ Make referrals for specialized support breastfeeding dyads might need beyond the WIC Program. This includes, but is not limited to occupational therapist, hospital/private practice/community lactation consultants, and other health care providers.
- ▶ Provide anticipatory guidance to pregnant women if a prenatal concern that could impact breastfeeding success is identified by another WIC staff.
- ▶ Oversee the issuance of breastfeeding aids, including, but not limited to:
 - ▶ Confirm eligibility of breastfeeding participants who receive the partially breastfeeding food package to receive a single user electric pump when they are supplementing with infant formula.
 - ▶ If available and determined helpful by a breastfeeding assessment: issue nipple shields and supplemental feeding devices as a short-term solution and ensure that these breastfeeding aids are utilized in an evidenced-based and safe manner.
- ▶ Assist the breastfeeding coordinator in the management and implementation of the local agency's breastfeeding promotion and support activities.
- ▶ Provide breastfeeding orientation and continuing education in collaboration with the local agency breastfeeding coordinator.

Breastfeeding Supplies

This section describes policies for the purchase, use, and appropriate conditions for the issuance of the required and optional breastfeeding supplies. Refer to Chapter 12: Fiscal Management for additional information on using WIC Program funds to purchase additional breastfeeding supplies.

■ Breastfeeding Supply Categories

Local agencies must emphasize the benefits of feeding the infant at the breast and promote exclusive direct breastfeeding as the norm while supporting a participant's decisions and goals. **The provision of breastfeeding supplies should not circumvent or take place of appropriate breastfeeding education and support. Pregnant and breastfeeding participants need anticipatory guidance, breastfeeding skills, and support from trained breastfeeding staff when issues arise more than any breastfeeding aid or accessory the WIC Program can provide.**

Each breastfeeding supply identified in this section is categorized by:

- ▶ Aid or Accessory
 - Aid: devices that directly support the efforts of some breastfeeding women who may need assistance to remove milk from the breast and/or to provide human milk to their infants, such as pumps, supplemental nursing systems, and nipple shields.
 - Accessory: Devices or products that, while not directly aiding the removal of milk from the breast, may facilitate breastfeeding, such as breast shields or breast pads.
- ▶ Multi-user or single user; and
 - Multi-user: a breastfeeding aid, which is designed to decrease the risk of contamination between different individuals.
 - Single user: a breastfeeding aid or accessory that cannot be effectively cleaned or disinfected between uses by different individuals, so it cannot be shared.
- ▶ Required or optional
 - Required: local agencies must maintain an inventory of the identified, manufacturer specific breastfeeding aid or accessory as provided by the birthing hospitals and neonatal intensive care units serving the WIC participants of the local agency.
 - Optional: local agencies are encouraged, but not required to maintain an inventory of the breastfeeding aid or accessory.

Local agencies may only purchase required breastfeeding aids from manufacturers approved by the Community Nutrition Services Section (CNSS). While local agencies may use WIC Program funds to purchase required breastfeeding aids, the Community Nutrition Services Section does an annual bulk purchase of all required breastfeeding aids to support each local agency.

■ Breastfeeding Aids

- ▶ **Pumps**. Pumps are medical devices regulated by the U.S. Food and Drug Administration used to mechanically express human milk from the breast. Pumps can be used to establish, maintain, or increase a parent's milk supply and to relieve plugged/clogged

milk ducts or engorged breasts, etc.

- **Single User Manual Pump (single-user item) (required).**

This pump may be issued to any participant who needs to pump due to occasional separation from her infant or for help in resolving short-term breastfeeding concerns (e.g., painful fullness, an oversupply of milk, milk suppression/weaning, or another reason as determined by local agency staff).

- **Single User Electric Pumps (single-user item) (required).**

This pump is useful to maintain an established milk supply. A single-user electric pump may be issued to a participant who meets ALL the criteria below:

- The breastfeeding participant has given birth within the last 12 months;
- The breastfeeding participant does not have another source (e.g., health plan) for obtaining a pump OR they are unable to successfully obtain a pump from another source that is adequate and timely for their needs;
- The breastfeeding participant states her commitment to the continuation of breastfeeding; and
- The breastfeeding dyad has been issued the:
 - **fully breastfeeding food package per Crossroads at time of pump issuance;** or
 - **partially breastfeeding food package per Crossroads at time of pump issuance with infant formula provided for one or more of the following reasons:**
 - The infant(s) has a prescription for human milk fortifier; or
 - The infant(s) or breastfeeding participant has a medically necessary reason for supplementation as approved by your local agency's WIC designated breastfeeding expert and outlined within Attachment 2.

A breastfeeding participant who meets the criteria of eligibility for receiving a single-user electric pump may NOT be issued one if:

- The multi-user electric pump is preferred or necessary for the establishment of a milk supply.
- An issued a multi-user electric pump has not been returned.
- A replacement single-user electric pump has been requested but the broken or defective single-user electric pump has not been received.

NOTE: The participant must contact the manufacturing company to repair or replace a defective single-user electric pump if still under warranty. The local agency can loan the participant a multi-user electric pump until the manufacturer repairs or replaces the single-user electric pump.

- The participant or health care provider, in consultation with the participant, has requested the use of a multi-user pump.

- **Multiple-User Electric Pump (multi-user item) (required).**

This type of pump is useful to establish and maintain a milk supply when the infant is not able to feed directly at the breast and the breastfeeding participant is relying solely on a pump to establish or maintain their milk supply. Multi-user electric pumps may be loaned to a breastfeeding participant who meets the following criteria:

- The infant has:
 - A medical condition that prevents the infant from going to the mother's breast (e.g., prematurity as defined in nutrition risk code 142, severe illness,

- congenital anomalies); or
- The breastfeeding participant:
 - Has a medical condition that prevents the infant from going to the breast;
 - Is receiving the partially breastfeeding food package and does not meet the requirement for a single-user electric pump. Some examples for the issuance of a multi-user electric pump may include:
 - A need to “pump and dump” (e.g., the woman breastfeeding participant is hospitalized, has an illness requiring she temporarily stop breastfeeding, is using short-term contraindicated medications, or she has been exposed to chemicals that may be in her breast milk);
 - A family emergency that requires her to be separated from her infant > 24 hours; and/or
 - Distress from clinical engorgement requiring pumping to soften the breasts; and/or
 - Has stopped breastfeeding and now needs or wants to return to breastfeeding/relactate; and/or
 - Wants to induce lactation (e.g., has adopted an infant and wishes to breastfeed).

A breastfeeding participant who reports that their multi-user pump is broken or defective may NOT be issued a replacement multi-pump until the broken or defective multi-user pump has been returned to the issuing local agency.

- **Multi-User Pedal Pumps (multi-user item) (optional)**

A pedal pump is powered by a foot pedal. Pedal pumps and corresponding attachments for the collection kit are no longer manufactured and local agency supply is finite. If available, pedal pump may only be loaned to a breastfeeding participant who meets one or more of the following criteria:

- requests a pedal pump; or
- does not have access to a power source due to personal misfortune or natural disaster.

- **Single User Collection Kits (single-user item) (required)**

Collection kits may be single or double pumping, collection kits may be included with the pump (single-user pumps) or may be individual collection kits. The individual collection kits available in the local agency should be compatible with the multi-user pumps provided by the local agency. A participant who has received a multi-user pump should be issued a compatible collection kit unless she has already received one.

- **Single User Breast Flanges (single-user item) (required)**

A breast flange is a plastic device that fits directly around the nipple forming a seal on the areola, which during pumping creates a vacuum to allow milk extraction. A correctly sized breast flange is required for safe and effective milk extraction via a manual or electric pump. Local agencies should maintain an inventory of all compatible breast flange sizes not provided as part of the manufacturer’s collection kit. A participant who receives a breast pump and/or collection kit from the WIC Program must be sized and receive the appropriate breast flange size.

▶ **Single User Nipple Shield (single-user item) (optional).**

A nipple shield is a thin silicone device designed to be worn over the nipple and areola to help facilitate latch. A nipple shield is used most often when the infant is unable to draw the nipple and areola deep into his/her mouth and is considered a temporary solution until the infant's latch is more effective. The available evidence does not demonstrate that nipple shields are safe in the long term for milk supply, infant weight, or duration of breastfeeding. If available, nipple shields should be used only after other methods to achieve successful breastfeeding have been attempted. Rarely are nipple shields appropriate in the first 24 hours of attempting breastfeeding. Refer to Attachment 2 for indications for a nipple shield.

▶ **Single User Supplemental Feeding Device (single-user item) (optional).**

A supplemental feeding device is designed to provide supplementary nutrition to an infant while simultaneously breastfeeding using tubing usually attached by tape to the nipple/areola complex. This device permits continued stimulation of the breast during periods of supplementation. No single device for supplementation has been shown to be better for infants, and some infants may respond better to one device than another.

■ **Breastfeeding Accessories**

▶ **Breast Pads (single-user item) (optional).**

Breast pads go inside a bra and soak up leaking milk that can show through clothes. The breast pad must be washable or disposable without plastic or waterproof liners. Breast pads with plastic or waterproof liners are not permitted because they encourage bacterial and fungal growth such as candidiasis.

▶ **Breast Shells (single-user item) (optional).**

Breast shells are worn over the nipple and areola and may be used to allow air circulation for sore and/or damaged nipples. There are two parts to a breast shell: the inner ring and the dome. There is no scientific evidence to support the use of breast shells for flat or inverted nipples, therefore breast shells may not be issued for this purpose.

Issuance, Inventory, And Maintenance Of Breastfeeding Supplies

Local agencies are accountable for the inventory, issuance, and overall management of all breastfeeding supplies. The local agency's breastfeeding coordinator is responsible for the inventory, issuance, and maintenance of breastfeeding supplies as outlined in this section. While individual tasks may be designated to one or more local agency staff members, the responsibility is still that of the local agency's breastfeeding coordinator.

All clinics, including satellite operations and mobile sites, must maintain a minimum inventory of breastfeeding supplies and have at least one WIC staff available to issue all required breastfeeding aids. If the required minimum inventory is not stored at the clinics (including satellite operations and mobile sites) the local agency must demonstrate that participants have access to the required breastfeeding aids without the need for additional travel.

■ **Pump Issuance**

The requirements in this section extend to collection kits and breast flanges unless specifically stated otherwise.

- ▶ **Eligibility.** Pumps may be issued to a certified WIC participant who is breastfeeding (refer to Glossary and Abbreviations for definition) independent of a participant's WIC category or food prescription with exception of the single-user electric pump, which may consider the participant's current food prescription. Competent Professional Authorities (CPAs) and WIC-Designated Breastfeeding Experts (DBEs) determine the appropriate type of pump based on an individual breastfeeding assessment.

NOTE: Issuance must be based on the breastfeeding assessment, WIC Program policy, and participant needs. The type of pump issued may not be based on local agency convenience (issuance of a single-user electric pump when a multi-user electric pump is indicated or requested by a participant or health care provider) or concerns about the retrieval of a pump.

- ▶ **Staff Competencies.** Each local agency must have at least one or more WIC staff member(s) available to issue pumps at each clinic including satellite operation and mobile sites. After the CPA or DBE has completed a breastfeeding assessment and determined the appropriate supply, pumps may be issued by any WIC staff who have completed current Community Nutrition Services Section (CNSS) training requirements as outlined in Attachment 3.

NOTE: CNSS training requirements for pump issuance are subject to change based on new recommendations, evidence, or products. It is the responsibility of each local agency to ensure that staff are up to date on training requirements.

- ▶ **Participant education.** At a minimum, the WIC staff member must:
 - Emphasize the importance of feeding the infant at the breast;
 - Teach hand expression;
 - Develop a plan with the breastfeeding participant for pumping (frequency, location, length of pumping session, etc.);
 - Give verbal and written instructions on the proper assembly, use, and cleaning of the

pump;

- Size and provide the appropriate breast flange;
- Have the breastfeeding participant demonstrate/describe the proper use of the pump and that they can assemble and disassemble it;
- Provide verbal and written instructions on how to safely collect, store, warm, and feed human milk;
- Instruct on what to do if the pump breaks or does not work;
- Communicate the due date (multi-user pumps only); and
- Provide a phone number to call for help or support.

NOTE: Education should be participant centered. WIC staff should assess the participant's knowledge and tailor the education to their individual needs.

▶ **Follow-Up.** At a minimum, participants who are issued a:

- **Single-user pump:** must be contacted within 72 hours of pump issuance and as needed thereafter to answer any questions.
- **Multi-user pump:** All participants issued a multi-user pump should be provided close follow-up to help them reach their desired goals. The WIC staff must communicate the expected return date for the multi-user pump both verbally and in writing, documenting in Crossroads if the loan period is extended. At minimum, the participant must be contacted:
 - Within 72 hours of multi-user pump issuance;
 - A minimum of every three (3) months or more frequently, if needed, until the multi-user pump is returned. Each participant's appropriate contact interval is determined by their breastfeeding assessment.

Local agency follow-up and loan extensions can be provided via any form of verbal or written communication with the participant. Pump recipients are more likely to succeed at breastfeeding when there is ongoing follow-up.

NOTE: Refer to "Overdue Multi-User Pumps" for contact requirements specific when multi-user pumps become overdue. Overdue multi-user pump contacts are designed for pump retrieval while follow-up during the agreed upon rental period is designed for the provision of breastfeeding support. Local agencies are not permitted to add any additional procedures/policies that impose a burden on the participant, such as on-site monthly pump checks.

- ▶ **Liability.** The participant and WIC staff member must read and sign the "Breastfeeding Supplies Release of Liability and Loan Agreement" generated by Crossroads. A copy of the completed Agreement must be provided to the participant and the original should be scanned into the participant's health record.
- ▶ **Documentation.** Issuance must be documented in Crossroads including, but not limited to the breastfeeding assessment, completion of all sections of the breast pump issuance screen, follow-up (including attempts), and loan extensions for multi-user pumps.
- ▶ **Contingency plan.** In the event supply issuance cannot be conducted with the participant (incarceration, hospitalization, quarantine, etc.), issuance may be conducted and requirements completed with the Parent/Guardian 1 or 2 or Caretaker as listed in the

family's Crossroads profile. Follow-up(s) should be with the participant, if possible.

■ Nipple Shield and Supplemental Feeding Device Issuance

▸ **Eligibility.** Nipple shields and supplemental feeding devices may be issued to a certified WIC participant who is breastfeeding (refer to Glossary and Abbreviations for definition). This is independent of the participant's WIC category or their food prescription. DBEs determine a participant's eligibility for a nipple shield or supplemental feeding device during an individual breastfeeding assessment with physical presence.

▸ **Staff Competencies.** WIC staff who issue these breastfeeding aids must meet the qualification of a DBE.

NOTE: Each local agency is required to have one or more DBE(s) available to each clinic (including satellite operations and mobile sites) even if the local agency opts to not provide either nipple shields or supplemental feeding devices.

▸ **Participant education.** At a minimum, the DBE must:

- Educate the participant on the purpose of the breastfeeding aid;
- Teach hand expression;
- Give participant verbal and written instructions on the proper assembly, use, and cleaning;
- Develop a plan with the participant for use (monitoring, maintenance of optimal milk supply, and weaning from the breastfeeding aid)
- Have the breastfeeding participant demonstrate/describe the proper use of breastfeeding aid;
- Ensure proper fit (*nipple shield only*);
- Give verbal and written instructions on what type of fluids may safely be utilized (*supplemental feeding device only*);
- Instruct on what to do if the breastfeeding aid breaks or does not work; and
- Provide a phone number to call for help or support.

NOTE: Education should be participant centered. WIC staff should assess the participant's knowledge and tailor the education to their individual needs.

▸ **Follow-Up.** Participants who are issued either breastfeeding aid should be provided close follow-up to help them reach their desired goal. At minimum, the participant must be contacted:

- Within 72 hours of issuance; and
- Every two weeks thereafter for as long as they state their use of the breastfeeding aid.
 - Follow-up may be discontinued if no response after two bi-weekly contacts have been completed.

▸ **Liability.** The participant and WIC staff member must read and sign the "Breastfeeding Supplies Release of Liability and Loan Agreement" generated by Crossroads. A copy of the completed Agreement must be provided to the participant and the original should be scanned into the participant's health record.

- ▶ **Documentation.** Issuance must be documented in Crossroads including, but not limited to the breastfeeding assessment, completion of all sections of the breast pump issuance screen, and follow-up (including attempts).

■ Breast Pad and Breast Shell Issuance

- ▶ **Eligibility.**
 - **Breast Shell:** breast shells may be issued to a certified WIC participant who is breastfeeding (refer to Glossary and Abbreviations for definition) This is independent of the participant's WIC category or their food prescription. CPAs and DBEs determine a participant's eligibility for a breast shell based on an individual breastfeeding assessment.
 - **Breast Pads:** Breast pads may be issued to a certified WIC participant who is breastfeeding per the WIC Program definition, refer to the Glossary and Abbreviations or is pregnant. This is independent of the participant's WIC category or their food prescription. CPAs, DBEs, or Peer Counselors determine a participant's eligibility for breast pads based on a participant's stated need.
- ▶ **Staff Competencies.** Each local agency must have at least one or more WIC staff member(s) available to issue breastfeeding accessories at each clinic (satellite operations and mobile sites). The breastfeeding accessories may be issued by any WIC staff who have completed current CNSS training requirements as outlined in Attachment 3.
NOTE: CNSS training requirements for breastfeeding accessory issuance are subject to change based on new recommendations, evidence, or products. It is the responsibility of each local agency to ensure that staff are up to date on training requirements.
- ▶ **Participant education.** At a minimum, the WIC staff must:
 - Educate the participant on the purpose of the breastfeeding accessory;
 - Teach hand expression;
 - Give the verbal and written instructions on the proper assembly, use, and cleaning/disposal of the breastfeeding accessory;
 - Instruct on what to do if the breastfeeding accessory breaks or does not work; and
 - Provide a phone number to call for help or support.*NOTE: Education should be participant centered. WIC staff should assess the participant's knowledge and tailor the education to their individual needs.*
- ▶ **Liability.** The participant and the WIC staff must read and sign the "Breastfeeding Supplies Release of Liability and Loan Agreement" generated by Crossroads. A copy of the completed Agreement must be provided the participant and the original should be scanned into the participant's health record.
- ▶ **Contingency plan.** In the event that issuance cannot be conducted with the participant (incarceration, hospitalization, quarantine, etc.), issuance may be conducted and requirements completed with the Parent/Guardian 1 or 2 or Caretaker.

- ▶ **Documentation.** Issuance must be documented in Crossroads including, but not limited to the breastfeeding assessment (if applicable) and completion of all sections of the breast pump issuance screen.

■ Inventory

Each local agency must maintain a secure and perpetual inventory of all the local agency's breastfeeding supplies. At a minimum, the local agency must:

- ▶ Maintain an inventory of all breastfeeding supplies in Crossroads;
 - Single user inventory: each breastfeeding aid and accessory must be classified by their product name and total number of individual unit available for issuance.
 - Multi-user inventory: each breastfeeding aid must be classified by their product name, their individual serial number, and their status.
- ▶ Single-user breastfeeding supplies must be stored in original, unopened, individual packaging until issued to a participant;
- ▶ Label each multi-user electric pump and case with "Property of the North Carolina WIC Program" using a permanent marker/marketing system;
- ▶ Complete a quarterly reconciliation of physical inventory. Reconcile the physical inventory with the Crossroads inventory quarterly, in February, May, August, and November. WIC staff must ensure that all breastfeeding supplies are accounted for in the local agency, on loan to a participant, overdue pump letters, or out-of-commission (e.g., damaged, lost, stolen).

■ Maintenance Of Multi-User Pumps

- ▶ **Intake.** A returned multi-user pump must be accepted at the participant's initial point of contact with any WIC staff. WIC staff are also responsible for the cleaning and maintenance of multi-user pumps. All WIC staff must be trained the procedure for accepting returned multi-user pumps.
 - **Immediately upon return**, WIC staff must:
 - Inspect for all parts and document if anything is missing or broken;
 - Evaluate for a possible bug infestation; and
 - Pumps identified as having a bug infestation should be sealed immediately in a plastic bag. Refer to "Repairs" below for further instructions.
 - Print the "Multi-User Electric Breast Pump Return Receipt" generated by Crossroads for participant's signature. Provide a copy of the signed receipt to the participant.
- ▶ **Cleaning.** WIC staff must clean all multi-user pumps, within one (1) business day of return to the local agency. The WIC Program cannot always guarantee what environment the multi-user pump may have been subject to and therefore thorough cleaning between users is required. WIC staff must:
 - Clean the motor casing and carrying case according to the manufacturer's instructions;

Section 6: ISSUANCE, INVENTORY & MAINTENANCE OF BREASTFEEDING SUPPLIES

- Maintain a multi-user pump cleaning log, refer to Attachment 3 for minimum cleaning log requirements and a sample cleaning log.
 - Assemble and run each returned multi-user pump to determine that is working properly; and
 - Document the return of the multi-user pump in Crossroads including scanning the completed “Multi-User Electric Pump Return Receipt” into the participant’s health record.
- ▶ **Repairs.** Local agencies are responsible for contacting the manufacturer to initiate repair of a damaged or broken multi-user electric breast pump. Local agencies are responsible for the cost of breast pump repairs not under manufacturer’s warranty and for any shipping or handling fees associated with the repair. These expenses are allowable WIC Program expenses. Document the multi-user pump status in Crossroads. When multi-user pumps cannot be repaired, refer to disposing of surplus equipment in Chapter 12: Fiscal Management.
- ▶ **Overdue Multi-User Pumps.** Local agencies should take reasonable steps to ensure that they have accurate contact information for the participant including contact the secondary contact from the “Breastfeeding Supplies Release of Liability and Loan Agreement”. All contacts and attempts must be documented in Crossroads.
- ▶ In the event, that a multi-user pump is not returned by the communicated returned date. At a minimum, the local agency must adhere to the following process:
- Return date to two (2) weeks: WIC staff should make a minimum of one (1) contact.
 - Quarterly Inventory: As part of the quarterly inventory process, the local agency’s breastfeeding coordinator (or designee) will conduct a review the “Breastfeeding Supplies Release of Liability and Loan Agreement” forms with overdue pump return dates for the previous quarter. Participants identified with overdue pumps must be mailed a written letter with attached copy of the signed “Breastfeeding Supplies Release of Liability and Loan Agreement”, sent by certified mail. A copy of the mailed letter should be scanned into the breastfeeding woman’s Crossroads’ record. Refer to Attachment 3 for a sample letter.
 - Optional: If an email address is provided consider emailing a copy of the letter and the “Breastfeeding Supplies Release of Liability and Loan Agreement” form to the email address provided.
 - Ten (10) business days after the certified mailed letter: if the local agency has not been able to get into contact with the participant, no further attempts should be made. When all required attempts to retrieve overdue multi-user pumps are unsuccessful or the pump has been reported as lost or stolen report the pump during the quarterly inventory process,
 - Update the multi-user pump status in Crossroads and refer to Chapter 12: Fiscal Management for additional requirements related to surplus equipment.
 - Enter “A State Defined Alert” titled “Pump Not Returned”, in the “Alert Text” enter the agreed upon return date, pump manufacturer, type, issuance date, and serial number in the Family Alert screen. WIC staff should inquire about the pump status at each appointment and document the inquiry within the Family Alert,

including date of inquiry and staff member name. If the participant indicates that the pump has been lost, then the WIC staff member may document in the Family Alert and deactivate the “Family Alert”.

- Local agencies should take steps to avoid inquiries by multiple staff members at the same appointment. Best practice would be to assign one (1) WIC staff member to inquire on pump status such as WIC staff member scheduling the appointment who can remind the WIC participant to bring the pump to the appointment.

NOTE: Local agencies are not permitted to add any additional procedures that impose a burden on the participant including the filing of a police report, withholding food benefits, etc.

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Breastfeeding Peer Counseling Program

The breastfeeding peer counseling (BFPC) program is designed and funded to advance the unique benefit to provide mother-to-mother breastfeeding support. BFPC program trains paraprofessional peer counselors (PC's) to provide basic breastfeeding education to WIC Program participants who are pregnant or breastfeeding. It is an evidence-based intervention which has been proven to increase breastfeeding initiation, duration, and exclusivity rates. The BFPC program provides an important adjunct to WIC Program services. PC's receive formal training to provide information, encouragement, and support to participants with normal breastfeeding. This mother-to-mother support is an essential component to ensure the success of a breastfeeding promotion and support program.

Local agencies utilizing WIC Program funds, in whole or in part, to operate a BFPC program must adhere to Federal and State policies and procedures for the management of this program. All staff should be oriented to the BFPC program upon hire (refer to Chapter 9, Section 2).

■ Staffing

- **Peer Counselor Program Manager.** The local agency must designate a staff member to be the peer counselor program manager.

- **Qualifications.**

Required. The peer counselor program manager (PCPM) must be employed by the local agency and may or may not work primarily with the WIC Program. A PCPM must:

- Meet the qualifications of a Competent Professional Authority (CPA) (Refer to Chapter 6C Section 4).
- A WIC Designated Breastfeeding Expert (DBE) who does not meet the qualification of a CPA may also serve in this role if the role was assumed prior to October 2018.

Preferred. A PCPM:

- Is an International Board Certified Lactation Consultant (IBCLC) or exam-eligible.
- Has experience in program management; and
- Has, at a minimum, one (1) year experience in counseling breastfeeding parents.

- **Orientation to the Peer Counselor Program Manager Role.**

Required. The PCPM must complete and provide documentation for the following training within one (1) year of their start date:

- WIC Breastfeeding Support Staff Roles: Peer Counselor Management;
- Peer Counselor Care Plan Training; and
- DBE Boot Camp (Level 4).
 - Level 1: WIC Breastfeeding Curriculum (NC WIC Staff Only) and WIC Lactation Camp (Level 2 and 3) are prerequisites for DBE Boot Camp (Level 4).

- **Continuing Education.**

Required. The PCPM must maintain a record of the certificates with credit hours on

file in the local agency for each continuing education training completed for the following.

- Breastfeeding Peer Counseling Program Quarterly Continuing Education as offered by your local agency’s WIC Lactation Area Training Center for Health (LATCH);
- **Roles and Responsibilities.** The PCPM must have time dedicated in their schedule to perform the following roles and responsibilities:
 - Contribute to the development of program goals and objectives for the local agency peer counseling program.
 - Conduct a needs assessment to identify gaps in breastfeeding resources and services within the local agency and community that the WIC breastfeeding peer counseling program can address.
 - Oversee training and continuing education for peer counselors.
 - Oversee the planning, management, implementation, and evaluation of local agency peer counseling activities and policies.
 - Keep current with up-to-date breastfeeding information and disseminates this as well as Community Nutrition Services Section (CNSS) provided information to other local agency staff.
 - Mentor new peer counselors, providing routine follow-up and guidance in the early days of the job.
 - Provide ongoing supervision and feedback for peer counselors.
 - Routinely monitors the required participant contacts made by the PC to participants enrolled the BFPC program;
 - Ensure the services provided by the PC are adequately documented and per policy through spot checks or chart reviews as appropriate;
 - Hold monthly meetings, at minimum, with PC to review caseload, case studies, and evaluate effectiveness of PC service delivery model
 - Ensure a dedicated phone line with message capability is available to reach BFPC program staff 24 hours a day, 7 days a week.
 - Report on peer counseling program activities to supervisor and CNSS.
 - Coordinate with local community stakeholders such as hospitals and health care providers to enhance effectiveness of the peer counseling program.
 - Participate in community engagement meetings as offered by the LATCH.

NOTE: Adequate supervision is defined as having at least a 0.25 full time employee (FTE) supervisor for every 3-5 peer counselors.

▸ **Peer Counselor**

- **Qualifications.** A Peer Counselor (PC) is:
 - a mother who has personal experience with breastfeeding, having breastfed at least one child a minimum of 6 weeks;
 - a paraprofessional whose work history does not include extensive professional training and who:
 - does not have extended professional training in health, nutrition, or the clinical management of breastfeeding,
 - assists professionals but is not licensed or credentialed as a healthcare, nutrition or lactation consultant professional, and

- is trained and given ongoing supervision to provide specific tasks within a defined scope of practice;
 - able to portray breastfeeding in a positive manner;
 - from the target population which may mean sharing in the culture and background of the majority of participants; speaking the common language(s); having participated or participating in or eligible for the WIC Program; and
 - available to work non-traditional hours and days of the week, such as evenings and weekends, and have access to reliable transportation.
- NOTE: A PC must meet the criteria of a Bona Fide Occupational Qualification (i.e., men do not meet the USDA's definition of a PC).*
- **Orientation To The Peer Counselor Role.**
Required. Prior to providing PC services, the following trainings must be complete and maintain a certificate of completion on file in the local agency for the following trainings:
 - WIC Breastfeeding Curriculum: Level 2 for Peer Counselors Only; and
 - Peer Counselor Care Plan Training.
 - **Continuing Education.**
Required. The PC must maintain certificates of completion on file in the local agency for the following training:
 - Breastfeeding Peer Counseling Quarterly Continuing Education as offered by your local agency's LATCH.
- Recommended.** It is recommended that the PC completes the WIC Breastfeeding Support Level 2 training at least once every 10 years as part of her ongoing training.
- **Roles and Responsibilities.** Roles and responsibilities of the PC are to:
 - Operate within the scope of practice as defined in Attachment 4 "Peer Counselor Scope of Practice";
 - Support normal breastfeeding for new moms and babies;
 - Work in a professional way that respects the dignity of the mother, the WIC Program staff, and other staff at locations where peer counseling services are provided;
 - Establish relationships and maintain regular contact with pregnant and breastfeeding women enrolled in the BFPC program in accordance with the local agency's service delivery model policy;
 - Contact methods may include, but are not limited to clinic appointments, phone calls, home visits, hospital visits, group discussions, or other methods as determined by the local agency.
 - Provide support and information to pregnant and breastfeeding women enrolled in the BFPC program to help prevent, correct and/or manage common breastfeeding problems and to increase breastfeeding initiation, duration and exclusivity;
 - Issue breastfeeding supplies as determined by the local agency;
 - Complete required documentation in Crossroads of services provided; and
 - Refer mothers for situations outside scope of practice to the DBE(s).

Federal regulations do not allow PC contacts to count towards the required WIC nutrition education contacts. Breastfeeding promotion and support is a required

benefit of the WIC Program. PC mother-to-mother support services are an enhancement to this core WIC requirement.

- **Wage Compensation.** If an individual meets the definition of a PC and serves within the scope of a PC for the WIC Program on a permanent, temporary, or contractual basis, they must receive adequate compensation for their work time, training, and travel as outlined in the FNS-approved peer counseling model and may not be volunteers. The local agency may provide benefits according to their local Human Resources policy.

- **Enrolling Participants In The Breastfeeding Peer Counseling Program**

Participants must be enrolled prior to receiving the BFPC program services. WIC staff should make every effort to enroll participants during pregnancy to ensure they receive the full benefit of the BFPC program.

To enroll, a participant and WIC staff must sign and date a “BFPC Program Letter of Agreement” (Attachment 4). WIC staff enrolling a participant must explain the PC services, identify the participant’s preferred contact methods, and explain how to opt in and out of preferred contact methods. A copy of the signed “BFPC Program Letter of Agreement” is to be provided to the participant and the original must be scanned into the participant’s health record in Crossroads.

- **Service Delivery Model Policy**

Each local agency must have a defined BFPC program service delivery model policy which assures the provision of consistent and quality PC services to participants enrolled in the BFPC program. The policy must be communicated with all local agency staff upon hire and as it is updated. At a minimum the service delivery model policy must include:

- **How To Refer Participants to the BFPC Program.** Each local agency must determine how and when WIC staff will refer pregnant and breastfeeding participants to the BFPC program. WIC staff must notify the PC within two business days of enrollment to ensure timely contacts during the prenatal and early postpartum periods.

- **Where Peer Counselor Services Will be Provided.** Each local agency must determine the setting(s) where a PC will work and/or provide services. Possible settings include within the agency, in their home (i.e., home-based office), at a hospital (i.e., visit after delivery), and in a participant’s home (i.e., home visit).

NOTE: BFPCs must adhere to the local agency policy for confidentiality. Local agencies that allow PCs to work from their home must assure the local agency’s confidentiality policy addresses home-based services.

- **When Peer Counselor Services Will be Provided.** Each local agency must determine whether PCs will work/provide services during local agency hours only, or if they will work evenings and weekends; and if so, with what limitations (e.g., cannot take calls before 8:00 AM or after 9:00 PM). Local agencies with more than one PC may need to stagger PC work schedules to assure coverage during local agency hours.

- ▶ **How Peer Counselor Services Will be Provided When a Breastfeeding Peer Counselor is Unavailable.** Each local agency must determine a back-up plan for providing services to participants enrolled in the BFPC program when the PC is not available. The local agency must also have a plan for the continued provision of breastfeeding support to participants enrolled in the BFPC program in the event the PC position becomes vacant.

- ▶ **How Peer Counselors Will Communicate With Participants.** Each local agency is required to have a dedicated phone line with message capability that is available for BFPC program staff 24 hours a day, 7 days week. When PCs are not able to complete their contacts face to face or over the phone, a local agency must determine additional technology platform(s) that the PC may utilize to communicate with participants enrolled in the BFPC program or interested in BFPC program services.
NOTE: All platforms must maintain participant confidentiality in accordance with the local agency's confidentiality policy.

For each identified technology platform including the required dedicated phone line with message capability, the local agency must:

- state the procedure for message retrieval, returning messages, and maintenance of the system (i.e., periodic checking by staff to assure each approved system is working properly);
- describe how the local agency offers the participant the chance to opt in or out of each technology platform and where the participant's acceptance/refusal is documented;
- prohibit the use of **personal electronic devices and user accounts**; and
- establish requirements and limitations of communicating within technology platforms that utilize written communication (text message, social media, email, etc.):
 - require that all written communication is accurate and straightforward, including punctuation, spaces, only easily understood abbreviations included on the local agency's approved abbreviation list, and prohibit images or icons (i.e., emojis) from replacing words;
 - exclude automated written communication (i.e., automated text message) as a PC contact;
 - prohibit written communication as the initial PC contact between the PC and the enrolled participant;
 - limit the use of written communication to include:
 - short simple check-ins;
 - sharing tips about breastfeeding, infant development, or sending encouraging messages;
 - following-up on referrals;
 - inviting participants to classes;
 - scheduling or reminding participants of appointments with the PCs;
 - asking about the infant's arrival; and/or
 - answering simple breastfeeding questions.

When questions or education require more than a simple message, the PC response must be done in person or by other verbal communication (phone, videoconferencing, etc.).

■ **Peer Counselor Contacts**

The PC must communicate routinely with WIC participants enrolled in the BFPC program. The permissible work settings, work hours, and modes of communication are outlined in each local agency’s service delivery model policy. A contact is two-way communication between the PC and the WIC participant in the BFPC program. Contact attempts must be a minimum of two (2) hours apart.

- **Contact Frequency.** The minimum required and recommended PC contacts are outlined below.

Category	Required Contacts	Recommended Contacts
Pregnant Women	<ul style="list-style-type: none"> • <u>Initial contact</u>: within 30 days of enrollment in the BFPC Program and • <u>2 weeks prior to a woman’s expected delivery date.</u> 	<ul style="list-style-type: none"> • <u>After initial contact to 37 weeks gestation</u>: contact monthly • <u>38 to >40 weeks gestation</u>: contact weekly
Breastfeeding Women	<ul style="list-style-type: none"> • <u>Delivery to 1 week postpartum</u>: Contact every 2-3 days* and • <u>> 1 week postpartum until 1 month postpartum</u>: Contact weekly** 	<ul style="list-style-type: none"> • <u>1 month postpartum up to 6 months postpartum</u>: Contact monthly • <u>Prior to returning to school/work</u>: Contact once

*Contacts within the 1st week post delivery are required every 2-3 days; i.e., 2 contacts minimum required

**Contacts are required weekly for 2nd through 4th weeks post-delivery; i.e., 3 contacts minimum

■ **Termination Of The Program Letter Of Agreement**

Participants are enrolled in the BFPC program until:

- The breastfeeding dyad discontinues breastfeeding;
- The participant experiences a miscarriage prior to the onset of milk production or successfully suppresses their milk supply after fetal death;
- The participant requests to end participation in the BFPC program; or
- The infant’s first birthday.
 - All breastfeeding questions after the infant’s first birthday should be referred to one of the local agency’s DBE or a CPA.

NOTE: The inability to contact the participant by the preferred contact method provided is not a permissible reason to terminate the individual from the BFPC program. All efforts should continue to contact the participant.

■ **Documentation Of Peer Counselor Services**

All contacts or attempted contacts must be documented in the appropriate section of the

“Breastfeeding Peer Counselor Care Plan Screen” of the Crossroads system.

- ▶ If the PC does not have ready access to Crossroads due to reasons such as home or hospital visits, the local agency must assure contacts are documented in Crossroads by the PC within 72 hours of the contact.

■ **Peer Counselor Monthly Reports**

PCs must meet with the PCPM monthly, at a minimum, to review caseload, case studies, and evaluate effectiveness of the PC service delivery model. The PC must report the number and type of contacts made on a monthly basis to the PCPM using the “Breastfeeding Peer Counselor Monthly Report” and the “Monthly Breastfeeding Activities Report” from Crossroads. Refer to Attachment 4 for a template of the “Peer Counselor Monthly Report.” If a local agency uses a standard agency-wide system for reporting services provided which includes BFPC program services, the reporting system must include the information requested on the “Peer Counselor Monthly Report”.

- ▶ The PCPM should use the information in these reports to evaluate monthly activities and for managing the PC caseload. It is recommended that the PCPM review a minimum of five (5) “Breastfeeding Peer Counselor Care Plan” records in Crossroads monthly to ensure documentation is adequate and the PC is working within the scope of practice.

■ **Participant Satisfaction Survey (optional)**

Participant satisfaction surveys may be useful for gathering information to strengthen the BFPC program. Refer to Attachment 4 for an example survey.

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Local Agency Breastfeeding Consultation and Referral Policy
(Local Agency Name)
(Clinic Name)

WIC Staff Roles	Situation	Point of Contact	Contact Information	Contact Method
Peer Counselor (PC)	Normal breastfeeding questions or problems that do not resolve in 24 hours	DBE	Jenny Breastfeeding, DBE Jenny.Breastfeeding@dbe.org 919-867-5309 Office: Six Forks Campus 2-1-B6	Urgent Referrals/Consultants: In-person communication (if available) or phone (leave a message with participant name, ID, and short description of issue) Referrals/Consultant: Complete local agency breastfeeding referral request
Peer Counselor (PC)	Normal breastfeeding questions or problems that do not resolve in 24 hours	DBE		
	Complex breastfeeding problems	DBE		
	Nutrition or food package	CPA		
	Medical concerns for mother or infant	CPA/DBE		
Competent Professional Authority (CPA)	Refer/enroll pregnant and breastfeeding WIC participants to the Breastfeeding Peer Counselor Program	PC		
	Peer to peer breastfeeding education and support	PC		
	Complex breastfeeding problems	DBE		
	Medical concerns for mother or infants	Healthcare provider		
WIC designated breastfeeding expert (DBE)	Resolved breastfeeding problems	PC		
	Peer to peer breastfeeding education and support	PC		
	Complex breastfeeding	Community		

**Local Agency Breastfeeding Consultation and Referral Policy
(Local Agency Name)
(Clinic Name)**

WIC Staff Roles	Situation	Point of Contact	Contact Information	Contact Method
	Nutrition and food package	CPA		
	Medical concerns for mother or infant	Healthcare provider		
Other WIC Staff	All breastfeeding questions and concerns	PC		
	Peer to peer breastfeeding education and support	PC		
	Nutrition and food package	CPA		
	Medical concerns for the pregnant or breastfeeding participant or infant	CPA/DBE		

Indications For Medical Necessity For Supplementation

The status of the infant requiring supplementation should be determined by a healthcare provider and/or WIC designated breastfeeding expert and any decisions should be made on a case-by-base basis for the indications outlined in the table below. The indication for supplementation is diagnosed by the participant’s healthcare provider and documented by a clinical assessment or laboratory evidence. The below chart is for term infants.

The following is the preferred order to consider when there are indications for supplementation:

1. Expressed breast milk
2. Human donor milk
3. Infant formula

Definitions:

Supplementary feedings: Additional fluids provided to a breastfed infant before 6 months (recommended duration of exclusive breastfeeding). These fluids may include donor human milk, infant formula, or other breast milk substitutes (e.g., glucose water).

Term infant: In this protocol “term infant” also includes early-term infants (gestational age 37–38 6/7 weeks).

Hypoglycemia: condition in which your blood sugar (glucose) level is lower than normal.

Hyperbilirubinemia: Higher-than-normal amount of bilirubin in the blood. Bilirubin is a substance formed when red blood cells break down. Also known as jaundice.

<i>WIC Category</i>	Indications for Supplementation	Clinical or Laboratory Evidence
Infant	Asymptomatic hypoglycemia	<ul style="list-style-type: none"> ▪ Laboratory blood glucose measurement and clinical assessment by healthcare provider
	Inadequate milk intake	<ul style="list-style-type: none"> ▪ Clinical assessment of dehydration documented by healthcare provider
		<ul style="list-style-type: none"> ▪ Clinical assessment to determine weight loss greater than 8-10% when feeding is not going well
		<ul style="list-style-type: none"> ▪ Delayed bowel movements: <ul style="list-style-type: none"> ○ Fewer than four (4) stools on day four (4) of life or ○ Continued meconium stools on day 5

	Hyperbilirubinemia (Jaundice)	<ul style="list-style-type: none"> ▪ Poor breast milk intake despite intervention ▪ Laboratory bilirubin measurement and clinical assessment by healthcare provider
	Inborn error of metabolism (e.g. galactosemia)	<ul style="list-style-type: none"> ▪ Laboratory measurement in birthing facility and/or healthcare provider office
Breastfeeding Woman	Delayed onset of stage II of lactation (secretory activation)	<ul style="list-style-type: none"> ▪ Phase II of milk (transitional milk) delayed 3-5 days (72-120 hours) ▪ Inadequate intake by infant
	Primary glandular insufficiency	<ul style="list-style-type: none"> ▪ Clinical assessment by healthcare provider to show abnormal breast shape, poor breast growth during pregnancy, or minimal indications of secretory activation
	Breast pathology or prior breast surgery	<ul style="list-style-type: none"> ▪ Clinical assessment by healthcare provider to show poor milk production
	Certain Medications	<ul style="list-style-type: none"> ▪ Clinical assessment by healthcare provider to determine medication and breastfeeding compatibility
	Temporary separation without breast milk available	<ul style="list-style-type: none"> ▪ Clinical assessment by healthcare provider
	Intolerable pain during feedings unrelieved by intervention	<ul style="list-style-type: none"> ▪ Clinical assessment by healthcare provider

Indications For Silicone Nipple Shield

Definition. A nipple shield is a flexible silicone nipple worn over the lactating parent's nipple during a feeding. Nipple shields allow for stimulation to the nipple and areola. This device should be considered a short-term solution and should be used under the guidance of a WIC designated breastfeeding expert (DBE).

Nipple shields should be used only after other methods to achieve successful breastfeeding have been attempted. Rarely are nipple shields appropriate in the first 24 hours of attempting breastfeeding. Nipple shields may be provided after client instruction is given, a breastfeeding assessment to include observation of a feeding session at the breast is complete, and a follow-up plan is made prior to client leaving the local agency.

Indications for use of nipple shield include:

- A. Latch difficulty:
 - a. Nipple anomalies (flat, inverted)
 - b. Nipple pain and damage
 - c. Mismatch between small infant mouth and large nipples
 - d. Artificial nipple preference (bottle, pacifiers)
 - e. To transition and infant from bottle to breast
 - f. Infant with weak, disorganized or dysfunctional suck (preterm, neurological problems)
 - g. Infant with high or low muscle tone
 - h. Overactive milk ejection reflex or overproduction of milk
 - i. Tongue tie

- B. Infant oral cavity issues:
 - a. Cleft palate
 - b. Bubble palate
 - c. Lack of fat pads (preterm, small for gestational age)
 - d. Recessed jaw

- C. Infant with upper airway issues:
 - a. Tracheomalacia
 - b. Laryngomalacia

- D. Other potential indications, when all other interventions have been unsuccessful (i.e. adjust latch and position), include:
 - a. Participant has sore nipples
 - b. Participant has damaged nipples
 - c. Painful latch

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Issuance, Inventory, and Maintenance of Breastfeeding Supplies

This section outlines the documents pertinent to management of the local agency's breastfeeding supplies. Local agencies must maintain a breastfeeding supplies inventory of all required and optional supplies. For each breastfeeding supply, the local agency must adhere to Community Nutrition Services Section (CNSS) policies for issuance and maintenance of the inventory. This attachment includes:

- Staff Competency Checklist for Breastfeeding Supplies Issuance
- Local Agency Protocols and Breastfeeding Supplies Agenda Template
- Multi-User Pump Cleaning Log Template
- Overdue Multi-User Pump Notification Sample Letter

Staff Competency Checklist for Breastfeeding Supplies Issuance

WIC staff who issue breastfeeding supplies must complete each training requirement outlined below.

WIC Staff Name: _____ Role: _____

Local Agency Name: _____

Required Training	Date Completed	Documentation
Breastfeeding Supplies Competency Training Unit 1: Milk Expression		<input type="checkbox"/> Certificate
Breastfeeding Supplies Competency Training Unit 2: Hand Expression		<input type="checkbox"/> Certificate
Single User Electric Pump Ameda Mya Joy Training		<input type="checkbox"/> Certificate
Single User Electric Pump Medela Pump In Style with Max Flow		<i>No documentation available</i>
Local Agency Protocols and Breastfeeding Supplies		<input type="checkbox"/> Agenda <input type="checkbox"/> Sign-in Sheet
Crossroads Resources Breast Pump Issuance		<i>No documentation available</i>
Crossroads Resources Breast Pump Return in Crossroads		<i>No documentation available</i>
Crossroads Resources Breastfeeding Supplies		<i>No documentation available</i>

When documentation is available for training completion, it must be included with the checklist.

Local Agency Protocols and Breastfeeding Supplies Agenda

This agenda provides a list of all required topics for issuance of breastfeeding supplies pertaining to local agency protocols.

Trainer : _____

Date : _____

Agenda Topics

- Purpose, use, demonstration, and cleaning of:
 - Manual pumps
 - Multi-user pumps
- Inventory
 - Physical location
 - Access
 - Storage requirements
 - Organization
 - Quarterly physical inventory
- Multi-User Pumps
 - Intake
 - Cleaning
 - Follow-up
 - Overdue multi-user pumps
- Documentation
 - Crossroads
 - Issuance
 - Follow-up
 - Issuance
 - Overdue Pump
 - Return
 - Cleaning
 - Reconciling of inventory
 - Broken, Surplused, Out for Maintenance Pump
 - Overdue Multi-User Pumps
 - Reminder prior to pump return
 - Overdue pump contact
 - Certified mail

Multi-User Pump Cleaning Log

Each local agency for each clinic (including satellite operation and mobile sites) should maintain a cleaning log to document the cleaning of each returned multi-user pump.

Local Agency Name: _____ Clinic Name: _____

Manufacturer/Description	Serial Number	Return Date	Clean Date	Staff Name
<input type="checkbox"/> Ameda Elite <input type="checkbox"/> Medela Lactina <input type="checkbox"/> Medela Lactina PLUS <input type="checkbox"/> Medela Symphony				
<input type="checkbox"/> Ameda Elite <input type="checkbox"/> Medela Lactina <input type="checkbox"/> Medela Lactina PLUS <input type="checkbox"/> Medela Symphony				
<input type="checkbox"/> Ameda Elite <input type="checkbox"/> Medela Lactina <input type="checkbox"/> Medela Lactina PLUS <input type="checkbox"/> Medela Symphony				
<input type="checkbox"/> Ameda Elite <input type="checkbox"/> Medela Lactina <input type="checkbox"/> Medela Lactina PLUS <input type="checkbox"/> Medela Symphony				

<Enter Local Agency Letterhead Here>

Hello <Enter Participant Name>,

Congratulations on your baby. You have done such a wonderful job to care for your baby including providing your baby with your breast milk. Breastfeeding provides benefits to the parent, baby, and the community. We applaud your efforts to provide breastmilk.

Our records show that as part of your breastfeeding journey the <Enter Local Agency and Clinic Name> loaned you a multi-user breast pump. The multi-user pump is <Enter manufacturer and model name> and the following serial number <Enter Serial Number> can be found on the multi-user pump.

The multi-user pump was due back to the WIC clinic on [Click or tap to enter a date.](#)

The multi-user pump is now overdue, and the WIC Program requires the return on the breast pump as soon as possible, so that it may be issued to another breastfeeding family who needs it. Many North Carolina families depend on the WIC Program as a source of breastfeeding support including the availability of breast pumps. There are many families who have sick babies where the parent's milk is lifesaving, and they require a breast pump to provide their milk.

In order for the WIC Program to keep supporting families in need, please return the loaned multi-user pump to <Enter Local Agency Clinic Name> at <Enter Street Address and City Name>. Our clinic is open <Enter days and hours of operation>. If these days and times conflict with your schedule, please call or text <Enter name and number> to schedule alternative options for return of the multi-user pump.

If you still require use of the multi-user pump, please contact the name and number above to discuss a pump extension.

Thank you for allowing the WIC Program to be part of your breastfeeding journey. We look forward to hearing from you.

Sincerely,

<Staff Name>

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Breastfeeding Peer Counseling Program Forms

This attachment includes copies of each of the Peer Counselor Roles and Responsibilities and copies and instructions for Breastfeeding Peer Counseling Program Forms listed below. Refer to Chapter 9, Section 7 for information on the purpose of each of these forms.

- Peer Counselor Scope of Practice
- Peer Counselor When to Yield
- North Carolina WIC Breastfeeding Peer Counselor Program Letter of Agreement (DHHS 4113)*
- Peer Counselor Monthly Report
- Breastfeeding Peer Counseling Program Client Satisfaction Survey (*example of an optional form*)

** Form may be ordered from the Community Nutrition Services Section (CNSS) using the CNSS Requisition Form (DHHS 2507). Refer to Chapter 1, Section 7 in the WIC Program Manual for information on ordering materials from the CNSS.*

Peer Counselor Scope of Practice

A peer counselor provides basic breastfeeding information, encouragement and support to WIC participants and performs within the peer counselor scope of practice.

Perform in a professional manner in all aspects of the peer counselor role.

- Respect the participant's privacy, dignity and confidentiality.
- Respect and respond sensitively to cultural attitudes and practices of participants and the community.
- Work within the policies and procedures of the WIC program.
- Maintain records according to legal requirements and ethical practices.
- Recognize when assistance is needed and consult with the supervisor, Breastfeeding Coordinator and/or Peer Counselor Program Manager and WIC Designated Breastfeeding Expert (DBE).
- Identify situations outside the Scope of Practice and refer as appropriate in a timely manner.
- Yield to the DBE for situations out of breastfeeding peer counselor Scope of Practice.
- Acquire ongoing breastfeeding education to maintain and build knowledge and skills within Scope of Practice.

Encourage and support participants to breastfeed.

- Use participant-focused communication techniques to best meet participant needs.
- Help participants identify the support available to them and educate family members.
- Help women identify their breastfeeding concerns, barriers, and solutions.
- Teach the reasons to breastfeed and the risks of not breastfeeding.
- Teach the importance of exclusive breastfeeding in the early weeks.
- Teach participants about the WIC food packages for breastfeeding mothers.
- Assist in infant feeding classes and peer support groups.
- Be available to WIC participants outside of usual clinic hours and outside of the clinic environment.
- Refer mothers to resources for support.
- Promote breastfeeding in the community, workplace, and health care system.
- Support breastfeeding participants from pregnancy through growth spurts, introducing solid foods, and weaning.

Teach basic breastfeeding to participants and help them when difficulties occur.

- Teach basic, evidence-based techniques that help ensure a successful start in breastfeeding, including milk production, skin-to-skin 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.
- Provide anticipatory guidance to help prevent the occurrence of problems.

- Provide guidance to mothers regarding non-evidence-based breastfeeding information they receive.
- Help mothers plan for a return to work/school that supports the continuation of breastfeeding.
- Provide basic and timely problem-solving and support.
- Yield mothers experiencing difficulties to the WIC designated breastfeeding expert.

Adapted from Scope of Practice for Peer Counselors materials from Michigan, California and Virginia WIC.

Peer Counselor When to Yield

When peer counselors identify any of the following problems or situations, they must immediately consult their WIC Designated Breastfeeding Expert (DBE) to discuss the best plan for supporting the mother and infant. The peer counselor will continue to provide support while the DBE or medical expert is addressing the issue, unless the supervisor or peer counselor determines that it is best to discontinue peer support.

Pregnancy Issues the Mother Reports

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

Baby Issues

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 increased frequency and duration of breastfeeding
8. Breastfeeding typically last more than 45 minutes
9. Baby has signs of jaundice
10. Baby has a congenital defect such as cleft lip/palate or Down Syndrome
11. Baby has restricted tongue movement from a tight frenulum

Mother Concerns

1. Mother has engorgement or plugged ducts that do not resolve with basic suggestions after 24 hours
1. Mother has a fever (suggesting possible mastitis or abscess)
2. Mother has nipple discomfort that does not improve with basic suggestions after 24 hours

3. Mother is supplementing with formula before the baby is 1 month old and wants to increase her milk production or reduce/eliminate formula supplements
4. Mother has been formula feeding the baby since birth and now wants to breastfeed
5. Mother is exclusively pumping her milk and now wants to put her baby to breast
6. Mother wants to induce lactation or relactate after discontinuing breastfeeding (e.g., she desires to breastfeed an adopted baby)
7. Mother is breastfeeding more than one baby
8. Mother wants to breastfeed but has been advised NOT to by her HCP
9. Mother finds a lump in her breast

Illness in Mother or Baby

1. Mother and/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 a breast infection (such as mastitis or abscess)
5. Mother has a physical disability
6. Mother or baby has a chronic or acute illness such as:
 - Hepatitis B or C, tuberculosis, CMV, or chicken pox
 - Renal, liver, intestinal, heart problems, or cystic fibrosis
 - Metabolic disorder such as diabetes mellitus
 - Hormonal concerns such as Polycystic Ovary Syndrome or thyroid dysfunctions
7. Mother has been diagnosed with HIV/AIDS

Other Medical Situations

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

Nutrition

1. Mother has nutrition questions
2. Mother is nutritionally at risk for underweight, has bulimia or anorexia
3. Mother has food insecurity

Social

1. Mother reports concerns of depression
2. Physical abuse of the mother or another family member is reported or suspected

3. Mother reports use of alcohol or street drugs (such as heroin, marijuana, meth, cocaine, etc.)

Other

1. Mother or baby have any other medical problems that are beyond the normal course of breastfeeding and therefore 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
4. Mother is not following suggestions given by the peer counselor

Adapted from the Minnesota WIC Program, "Yield List"

Instructions For Completing Breastfeeding Peer Counselor Forms

Breastfeeding Peer Counselor Program Letter of Agreement (DHHS 4113)	
	<ul style="list-style-type: none">▪ Review BFPC program letter of agreement with client▪ Ask client to sign, date, and identify preferred contact method▪ Complete WIC staff signature, date, and provide their phone number

Peer Counselor Monthly Report	
	<ul style="list-style-type: none">▪ Enter Month/Year and Peer Counselor's Name▪ Document activities participated in by week and total for reporting month▪ Document caseload information for the last day of the reporting month

1. Name (Last, First)

2. Family ID	F														
3. Date of Birth		Month	Day	Year											
4. Expected or Actual Delivery Date		Month	Day	Year											
5. County of Residence															

N.C. Department of Health and Human Services
 Women's and Children's Health Section
 Nutrition Services Branch

**Breastfeeding Peer Counselor Program
 Letter of Agreement**

The WIC breastfeeding peer counselor program wants you to be successful with breastfeeding your baby. To help you be successful, a breastfeeding peer counselor will:

- Contact you during pregnancy and the early days of breastfeeding
- Be available to help you with breastfeeding until you wean your baby
- Refer you to lactation experts or healthcare providers if needed
- Help you:
 - ✦ Make plenty of breast milk for your baby
 - ✦ Get a good start with breastfeeding
 - ✦ Learn how to breastfeed your baby anywhere
 - ✦ Get support from your family and friends
 - ✦ Address your breastfeeding concerns
 - ✦ Keep breastfeeding when you go back to work or school

Your part in breastfeeding peer counselor services is to:

- Tell the peer counselor about your needs during pregnancy and after your baby is born
- Let the peer counselor know if your address or phone number change
- Let the peer counselor know how and where you would like to be contacted:

Contact Method(s)	Provide Your Contact Information
<input type="checkbox"/> Telephone	
<input type="checkbox"/> Text Message (if applicable)	
<input type="checkbox"/> Video Conference (if applicable)	
<input type="checkbox"/> Email (if applicable)	
<input type="checkbox"/> Other: _____ <small>Specify Contact Method(s)</small>	

Both the WIC Program Staff and the participant must read and sign this letter of agreement to begin breastfeeding peer counselor program services.

I understand my part and wish to get breastfeeding peer counselor program services.

I understand my part of the breastfeeding peer counselor program services and will work with the participant to help receive the services desired.

Signature of Participant

Signature of WIC Program Staff

Date

Date

Breastfeeding Peer Counselor's Phone Number

1. Name (Last, First)												
2. Family ID	F											
3. Date of Birth	Month			Day			Year					
4. Expected or Actual Delivery Date	Month			Day			Year					
5. County of Residence												

Departamento de Salud y Servicios Humanos de Carolina del Norte
 Sección de la Salud de las Mujeres y los Niños
 Unidad de Servicios de Nutrición

Carta de Acuerdo para Participar en el Programa de Consejeras de Lactancia

El programa WIC de consejeras de lactancia desea que usted tenga éxito amamantando a su bebé. Para ayudarle a tener éxito, una consejera de lactancia:

- Le contactará durante su embarazo y en los primeros días en que usted amamante a su bebé
- Estará disponible para ayudarla con el amamantamiento hasta que destete a su bebé
- Le referirá a expertos en lactancia o a proveedores de atención médica si es necesario
- Le ayudará a:
 - ◇ Tener suficiente leche para su bebé
 - ◇ Lograr el apoyo de sus familiares y amigos
 - ◇ Iniciar la lactancia en forma adecuada
 - ◇ Enfrentar sus inquietudes sobre la lactancia
 - ◇ Aprender cómo amamantar a su bebé en cualquier parte
 - ◇ Continuar la lactancia cuando regrese a su trabajo o a la escuela

Sus responsabilidades con respecto a los servicios de las consejeras de lactancia son las siguientes:

- Informar a la consejera de lactancia acerca de sus necesidades durante el embarazo y luego del nacimiento de su bebé
- Informar a la consejera de lactancia sobre cualquier cambio en su dirección o su número telefónico
- Informar a la consejera de lactancia de cómo y dónde desea que le contacten:

Método de Contacto	Proporcione Su Información de Contacto
<input type="checkbox"/> Teléfono	
<input type="checkbox"/> Mensaje de texto (si aplica)	
<input type="checkbox"/> Videoconferencia (si aplica)	
<input type="checkbox"/> Correo electrónico (si aplica)	
<input type="checkbox"/> Otra: _____ <small>Especificar método de contacto</small>	

Tanto el personal del programa de WIC como la participante deben leer y firmar esta carta de acuerdo a fin de iniciar los servicios del programa de consejeras de lactancia.

Entiendo mis responsabilidades y deseo recibir los servicios del programa de consejeras de lactancia.

Entiendo mis responsabilidades con respecto al programa de consejeras de lactancia y trabajaré con la participante a fin de ayudarle a recibir los servicios que desee.

Firma de la participante

Firma del personal del Programa WIC

Fecha

Fecha

Número telefónico de la consejeras de lactancia

Peer Counselor Monthly Report

Directions: Peer Counselors will use this report to record the number and type of contacts made to prenatal and breastfeeding women. Count each mother as one visit. Fill in the numbers weekly and total at the end of the month. At the end of the month, the peer counselor program manager will print and attach the "Monthly Breastfeeding Activities Report" from Crossroads and use this information for reporting and evaluating the monthly activities of the breastfeeding peer counselor program.

Month/Year _____		Peer Counselor's Name _____				
Question	Week 1	Week 2	Week 3	Week 4	Week 5	Total
How many attempts did you make?						
How many follow-up contacts did you make?						
How many initial prenatal did you make?						
How many second prenatal did you make?						
How many <u>week 1</u> postpartum contacts did you make?						
How many <u>week 2</u> postpartum contacts did you make?						
How many <u>week 3</u> postpartum contacts did you make?						
How many <u>week 4</u> postpartum contacts did you make?						
Monthly Assessment						
List activities and needs from your Peer Counselor Program Manager						
What is your current caseload as of the last day of this reporting month?						
Of this current caseload, how many women are pregnant?						
Of this current caseload, how many are breastfeeding?						
During this month, how many women enrolled in the Breastfeeding Peer Counselor Program?						
During this month, how many women stopped or decided not to breastfeed?						
During this month, how many times was a referral made to DBE, CPA, and/or others?						

Revised 04/28/2022

**Breastfeeding Peer Counselor Program
Client Satisfaction Survey**
(example)

Please let us know if the breastfeeding peer counselor program was helpful to you by answering these questions.

Today's Date: _____

1. Did your peer counselor help you decide to breastfeed?..... o Yes o No

2. How long did you breastfeed this baby? _____ days/weeks/months

3. Were you able to breastfeed your baby as long as you wanted to?..... o Yes o No
If no, why? _____

4. Was your peer counselor available when you needed help?..... o Yes o No
Comments _____

5. Would you encourage other women to breastfeed?..... o Yes o No

6. How would you describe the breastfeeding peer counselor program?
o Very helpful o Helpful o Somewhat helpful o Not helpful o No comment

7. What was the most helpful part about this program? _____

8. Would you refer other women to the breastfeeding peer counselor program? o Yes o No

9. Do you have any suggestions to improve this program?..... o Yes o No
If yes, please explain _____

10. Would you be interested in becoming a breastfeeding peer counselor?..... o Yes o No
If yes, please let your peer counselor know of your interest.

Your Peer Counselor's Name: _____

Comments _____

Thank you for using the breastfeeding peer counselor program.

Programa de Consejeras de Lactancia
Encuesta de Satisfacción del Cliente
(Ejemplo)

Por favor déjenos saber si el programa de consejeras de lactancia le fue beneficioso, conteste las siguientes preguntas:

Fecha: _____

1. ¿La consejera de lactancia le ayudó a decidirse a amamantar a su bebé?.. o Sí o No

2. ¿Por cuánto tiempo amamantó a su bebé? _____ días/semanas/meses

3. ¿Pudo usted amamantar a su bebé todo el tiempo que usted deseó?..... o Sí o No

Si contesto no, ¿por qué? _____

4. ¿La consejera de lactancia estuvo disponible cuando usted necesitó ayuda? o Sí o No

Comentarios _____

5. ¿Animaría a otras mujeres a que amamantaran a sus bebés? o Sí o No

6. ¿Cómo describiría el programa de consejeras de lactancia?

o Muy útil o Útil o Con alguna utilidad o Nada útil o No tengo comentario

7. ¿Cuál fue la parte de más útil de este programa? _____

8. ¿Recomendaría a otras mujeres al programa de consejeras de lactancia? o Sí o No

9. ¿Tiene alguna sugerencia para mejorar este programa?..... o Sí o No

De responder "sí", explique: _____

10. ¿Le interesaría convertirse en una consejera de lactancia? o Sí o No

De tener interés, informe a su consejera de lactancia.

Nombre de su consejera de lactancia: _____

Comentarios _____

Le agradecemos que utilice el programa de consejeras de lactancia.