

5.20 West Virginia BEST START Breastfeeding Program

POLICY:

The purpose of the West Virginia BEST START Breastfeeding Program is to increase the frequency and duration of breastfeeding among women in the WIC Program per set goals cited in the annual West Virginia State Plan.

DEFINITIONS:

Breastfeeding: The practice of feeding breast milk to an infant on the average of at least once per day.

PROCEDURE:

A. Program Objectives:

1. To identify, recruit and train women with successful breastfeeding experience as Breastfeeding Peer Counselors.
2. To promote breastfeeding among WIC participants through the placement of a sufficient number of Breastfeeding Peer Counselors at designated WIC sites.
3. To plan, administer, monitor and evaluate the Breastfeeding Peer Counselor Training Program to ensure Program growth stability, efficiency and effectiveness within the community. The Breastfeeding Peer Counselor Training Program will be tailored to meet the needs of the WIC community and the capabilities of the Local Agency.
4. To foster greater participation in breastfeeding promotion efforts between public and private health professionals. This may be accomplished through the active participation of WIC personnel and Breastfeeding Peer Counselors in routine activities and in expanded outreach efforts of Breastfeeding Peer Counselors to include hospitals and health clinics and the respective personnel of these institutions.
5. To identify and overcome barriers to breastfeeding among WIC participants through the development of intervention strategies.

B. Breastfeeding Coordinator Staffing and Job Description (see Attachment #1 5.20)

1. Each Local Agency must have at least one (1) Breastfeeding Coordinator.
2. Qualifications of the Breastfeeding Coordinator:
 - WIC Competent Professional Authority (CPA) or an International Board Certified Lactation Consultant (IBCLC) Certified Lactation Certification Training (CLC) or (CLE) or State approved training in lactation management.

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- Experience in breastfeeding, teaching and coordination preferred
 - To treat all client information in a confidential nature (see **Attachment #3 5.20**)
3. Summary of responsibilities:
- a. Coordinate and implement the Breastfeeding Peer Counselor Training Program which includes but is not limited to:
 - Quarterly Breastfeeding support and training for the local WIC staff
 - Quarterly Breastfeeding Peer Counselor training
 - Monthly communication with site Breastfeeding Peer Counselors. Contact may be made by phone for those Breastfeeding Peer Counselors at another site location.
 - b. Coordinate the operations of the Breastfeeding Peer Counselors which includes but is not limited to:
 - Quarterly review of **Breastfeeding Peer Counselor Client Contact Log (WIC-49)**
 - Quarterly chart reviews on Breastfeeding Peer Counselor follow-up documentation
 - c. Evaluate and report results to the Local Agency WIC Director which includes but is not limited to:
 - Monthly review of Breastfeeding Peer Counselor Hours
 - Monthly submission of Breastfeeding Peer Counselor Service Hours (see , **Attachment #4 5.20 Breastfeeding Peer Counselor Service Hours**) to the State Breastfeeding Coordinator

C. Breastfeeding Peer Counselor Staffing

- 1. The Local Agency is required to provide Breastfeeding Peer Counselor services at each WIC clinic as determined by the caseload of pregnant and breastfeeding women.
 - a. Breastfeeding Peer Counselor service hour requirements will be determined by the State Agency at the beginning of each fiscal year. Dependent upon caseload, the Local Agency will increase the number of Breastfeeding Peer Counselors to provide

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- sufficient coverage by providing Breastfeeding Peer Counselor service hours at each WIC clinic.
- b. A complete description and evaluation of this caseload assignment will be reported in the Progress Report and the Breastfeeding Promotion and Education Plan submitted annually to the State Breastfeeding Coordinator.
 - c. A Breastfeeding Peer Counselor working in the county in which she lives is desirable. This enables the Breastfeeding Peer Counselor to be familiar with the community. This also facilitates phone accessibility for participant contacts.
2. The State WIC Agency will provide partial funding of calculated required Peer Counselor service hours, for the fiscal year.
- a. This funding is contingent upon the Local Agency providing at least the minimum required Peer Counselor service hours for the fiscal year within the Local Agency and providing Peer Counselor services at each site. Funding for each year will be contingent upon compliance during the previous fiscal year.
 - b. The Local Agency should attempt to stay above the minimum required hours in the event of sick leave, annual leave, or temporary staff shortage of Peer Counselors in order to meet the amount of required services hours for the fiscal year.
 - c. Local Agency Breastfeeding Coordinators will be required to submit monthly documentation of Peer Counselor service hours.
 - d. If the Local Agency's monthly documentation of Peer Counselor service hours shows a deficit for any given month, it will be the responsibility of the Local Agency to make-up those service hours before the end of the fiscal year.
3. Qualifications of the Breastfeeding Peer Counselor (**see Attachment #2 5.20 Breastfeeding Peer Counselor Job Description**):
- Positive past or present breastfeeding experience;
 - Past or present participation in the WIC Program preferred
 - Ability to discuss and demonstrate breastfeeding aids
 - Possess good communication skills
 - To treat all client information in a confidential nature (**see Attachment #3 5.20**)

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4. Summary of responsibilities:

Provides information, as delineated in the West Virginia Breastfeeding Peer Counselor Training Program, encouragement and support to pregnant and breastfeeding women identified in the Local Agency.

5. Newly hired WIC CPAs will receive Breastfeeding Peer Counselor Training Program material during orientation or will attend the next scheduled Breastfeeding Peer Counselor Training Program.

D. Initial Prenatal Contact

1. A **minimum** of one (1) contact will be made by the Breastfeeding Peer Counselor, preferably during WIC certification.

2. During this contact, the Breastfeeding Peer Counselor will:

- < Discuss the woman's interest in breastfeeding and whether she harbors fears or anxieties about breastfeeding
- < Dispel any inappropriate fears or anxieties that she may have
- < Identify barriers which may exist
- < Determine the level of support for breastfeeding
- < Give the woman appropriate materials based upon identified barriers as reported by the WIC participant

3. When the Breastfeeding Peer Counselor is not able to meet the women for the initial prenatal contact, the WIC CPA will complete the task delineated above during the first WIC nutrition education contact during the initial certification. The CPA will:

- < Discuss the Peer Counselor Program with the participant
- < Discuss the importance of following medical advice, keeping prenatal and WIC appointments and following prenatal dietary guidelines
- < Ensure that the participants are scheduled for the breastfeeding class

E. Follow-up Prenatal Contacts

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1. One (1) group nutrition education class about breastfeeding techniques will be offered to each pregnant participant prior to delivery.
 - a) The class will be taught by the Breastfeeding Coordinator, WIC CPA or Breastfeeding Peer Counselor trained by the Breastfeeding Coordinator. Other instructors will be approved by the State Agency Breastfeeding Coordinator.
 - b) The class will be a WIC nutrition education contact and be documented in the **STORC Nutrition Education Scheduler** using nutrition education topic code #33, "Prenatal BF Class." Documentation of the contact will be generated off of the **STORC Nutrition Education Scheduler**. A participant who refuses to attend or who is not able to attend the class will be provided with an appropriate breastfeeding handout.
 - c) The Breastfeeding Peer Counselor will be present, if possible.
 - d) The educator will ensure that participant information is documented on the **Infant Feeding Response Card (WIC-47)** and:
 - < Verify the address and phone number of the participants. Obtain phone numbers of friends, relatives or neighbors, if appropriate
 - < Screen participants for those who will most likely breastfeed following delivery by documenting "Great Idea", "Not Sure" or "Not for Me" to the question: "How do you feel about breastfeeding?"
 - < Give **Breastfeeding Counselor Identification Cards (WIC-48)** with the WIC clinic phone number to those women attending the class
 - e) During each group Breastfeeding class, the educator will:
 - < Clarify misconceptions, questions or concerns that the participant may have; and
 - < Give the woman an appropriate breastfeeding handout.
 - f) The educator will strive to teach basic breastfeeding information and techniques with priority given to topics marked with an asterisk (*):
 - < *How the breast makes milk as a physiological process of pregnancy and childbirth
 - < *Participant comments, question and concerns
 - < *Breastfeeding benefits for the woman and child

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- < Clothing to wear for breastfeeding discreetly
 - < Nipple assessment, preparation and care
 - < *Proper positioning
 - < *Latching on and letting go for effective emptying of the breast and prevention of soreness
 - < The letdown reflex
 - < Normal engorgement and problem prevention
 - < Nursing schedule
 - < *Ways to tell that baby is getting enough milk during the first month because of motor activity, moist oral cavity, at least four (4) wet diapers and three (3) to four (4) stools per day, regain birth weight by two (2) to three (3) weeks
 - < *Social support services, including the WIC Breastfeeding Peer Counselor, La Leche League and hospital/clinic organized support groups, if available; and
 - < Dealing with hospital policy and personnel
- g) The Breastfeeding Coordinator may decide whether to schedule breastfeeding classes for mixed groups of prenatal and breastfeeding postpartum women, or keep the groups separated in order to focus on specific information needs. The Breastfeeding Peer Counselor will be in attendance when possible to foster a positive attitude toward breastfeeding.
2. Monthly follow-up prenatal contacts will be made at least during the 3rd trimester by the Breastfeeding Peer Counselor.
- a) All prenatal contacts and referrals will be documented using the **Peer Counselor Client Contact Log (WIC-49)** which will be submitted to the Breastfeeding Coordinator for review and recommendation.
- < Referrals include but are not limited to Physicians, La Leche League, Community Support Groups, etc

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- < Referrals will be made as needed concerning any breastfeeding issue or problem.

- b) **The WIC Program Referral Form (WIC-35)** will be completed when making referrals to the participant's health care provider.
 - < A copy of the completed form will be maintained in the participant's chart
 - < A copy will be sent to the participant's health care provider
 - < Medical referrals made by a Breastfeeding Peer Counselor do not have to be documented in STORC

- c) Contacts may be made in person during a clinic visit, group class, by phone or by mail if a phone is not available.

- d) Refer to the **Follow-up Prenatal Mailing (WIC-50)**, for topics to cover:
 - < Basic support and encouragement
 - < What to expect when in the hospital
 - < Appropriate clothing, i.e. nursing bra
 - < Nursing schedules, i.e. to nurse as soon as possible and frequently

- 4. Pregnant participants will be encouraged to call their Breastfeeding Peer Counselor, WIC CPA or La Leche League volunteer, if available, during all prenatal contacts with any concerns or questions they may have.

F. Initial Postpartum Contact

1. Frequency and method of client contacts with postpartum women:
 - Initial postpartum contact will be made after delivery or initiation of breastfeeding between 3-5 days but no later than 7 days postpartum dependent upon client reported actual delivery date.

2. The Breastfeeding Peer Counselor will obtain a list of names of breastfeeding women who have notified the WIC clinic by phone each week.

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3. For the remaining women who had not notified the WIC clinic by phone or by mail, a contact will be made by the Breastfeeding Peer Counselor by phone, if available, or by mail with the **Five-Day Postpartum Mailing (WIC-51)**.

4. Using the VENA approach, during this initial postpartum contact, the Breastfeeding Peer Counselor will strive to:
 - < Document all postpartum contacts and referrals using the **Peer Counselor Client Contact Log (WIC-49)**. This form will be kept by the Breastfeeding Peer Counselor until the WIC participant has been terminated, has ceased breastfeeding, or no longer wishes to be contacted. At that time, the form is to be filed in the participant's chart.

 - < Encourage the scheduling of certification appointments within three (3) weeks postpartum or initiation of breastfeeding

 - < Reinforce positive aspects of breastfeeding and the woman's positive feelings about it and give her encouragement and support

 - < Ensure that she has an appropriate Breastfeeding handout

 - < Discuss the infant's nursing patterns, including the frequency and duration of each feeding

 - < Explain problem prevention by reviewing basic breastfeeding techniques, such as, proper attachment, correct positioning, successful "let-down" reflex, nursing on both breasts during each feeding, frequent feedings

 - < Discuss normal engorgement as mature milk comes in

 - < Discuss possible solutions within the scope of the West Virginia Breastfeeding Peer Counselor Training Program to problems identified by the woman, for example, sore nipples, inadequate milk supply

 - < Stress the adequacy of breast milk as the sole source of nutrition and of the importance not to routinely supplement with formula

 - < Stress the importance of seeking help early by calling her Breastfeeding Peer Counselor, WIC CPA or La Leche League volunteer, if available. The Breastfeeding Peer Counselor may give, at her discretion, the breastfeeding woman her home phone number during this contact

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5. When postpartum contacts are made at hospitals, the Breastfeeding Peer Counselors/Coordinators may use either attachment #5, **Breastfeeding Peer Counselor Hospital Client Contact Evaluation** or attachment #6, **Breastfeeding Peer Counselor Hospital Lactation Specific Client Contact** in order to guide and document the contact.

< Completed forms are to review by the Local Agency Breastfeeding Coordinator

G. Follow-up Postpartum Contacts

1. Additional follow-up contacts by the Breastfeeding Peer Counselor by phone or face-to-face will be made following delivery or initiation of breastfeeding:
- Follow-up contacts will be made every 2-3 days for breastfeeding women with breastfeeding problems.
 - Contacts will be made during the first month postpartum for women without breastfeeding problems at seven (7) to ten (10) days and again at three (3) weeks postpartum.
 - Contacts will be made for postpartum breastfeeding women who are at both 3 months and 6 months postpartum.

Note: Mailings will be made when the Breastfeeding Peer Counselor is not able to make the contact in person or by phone.

2. Using the VENA approach, during the seven (7) to ten (10) day contact, the Breastfeeding Peer Counselor will strive to:
- < Document the contact on the **Breastfeeding Peer Counselor Contact Log (WIC-49)**.
 - < Ensure that a WIC appointment for certification as a breastfeeding woman has been scheduled
 - < Reinforce positive aspects of breastfeeding and her positive feelings about it. Give her encouragement and support
 - < Discuss possible solutions, within the scope of the West Virginia Breastfeeding Peer Counselor Training Program, to problems identified by the woman
 - < Review how to assess that the baby is getting enough milk and the frequency and appearance of normal stools

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- < Discuss growth spurts, including appropriate weight loss in the first week for the newborn infant
- < Stress the importance of seeking help early by calling her Breastfeeding Peer Counselor and WIC CPA; and
- < Inform the woman of optional WIC support groups for breastfeeding women, the La Leche League or other community support groups, if available

*Note: Refer to the **Seven to Ten-Day Postpartum Mailing (WIC-52)**, if the contact is made by mail.*

3. Using the VENA approach, during the three (3) week contact, the Breastfeeding Peer Counselor will strive to:

- < Document the contact on the **Breastfeeding Peer Counselor Contact Log (WIC-49)**
- < Discuss the infant's progress, including any problems within the scope of the West Virginia Breastfeeding Peer Counselor Breastfeeding Training Program, previously identified
- < Review the woman's personal situation, including: her plans to return to work or school; how she feels physically and emotionally; whether she has a social support system at home, within her family and among friends
- < Discuss pumping techniques or manual expression of milk and storage, if appropriate
- < Discuss supplementation and/or adequacy of breast milk as a sole source of nutrition for an infant's first four (4) to six (6) months
- < Discuss how to nurse discreetly
- < Stress the importance of seeking help early by calling her Breastfeeding Peer Counselor or WIC CPA
- < Inform the woman of optional WIC support groups for breastfeeding women, if available. Inform the woman of the La Leche League or other community support groups, if available

Note: Mailings are optional

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4. When the Breastfeeding Peer Counselor is not present during the woman's breastfeeding certification appointment, the WIC CPA will ensure that she has an appropriate breastfeeding handout. The WIC CPA will discuss appropriate topics on breastfeeding as outlined above. The WIC CPA is not responsible for the phone contacts or mailings which are done by a Breastfeeding Peer Counselor.

5. Using the VENA approach, during the three (3) and (6) month contact, the Breastfeeding Peer Counselor will strive to:
 - < Document her overall personal experience with breastfeeding on the **Breastfeeding Peer Counselor Contact Log (WIC 49)**

 - < Discuss the infant's progress, including any problems within the scope of the West Virginia Breastfeeding Peer Counselor Breastfeeding Training Program, previously identified. Encourage and compliment the woman

 - < Review the woman's personal situation, including: her plans to return to work or school; how she feels physically and emotionally; whether she has a social support system at home, within her family and among friends

 - < Discuss supplementation and/or adequacy of breast milk and storage, if appropriate

 - < Discuss teething

 - < Encourage the woman to call when she is ready to wean

 - < Inform the woman of optional WIC focus groups for breastfeeding women, if available. Inform the woman of La Leche League or other community support groups, if available

Note: Mailings are optional.

Note: Questions regarding nutrition requirements for the lactating woman and breastfed infant will be referred to a WIC CPA.

6. When the infant has been weaned, "age at weaning" will be documented in the **STORC Behavior Screen** during the six (6) month follow-up appointment for the infant or the certification appointment as a child, up to eighteen (18) months of age.

H. Optional STORC Documentation by the Breastfeeding Peer Counselor

1. Documentation on the **Breastfeeding Peer Counselor Contact Log (WIC-49)** is mandatory, even if documentation is also entered into STORC.

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2. Contacts with the Breastfeeding Peer Counselor will not count as nutrition education contacts unless the Breastfeeding Peer Counselor covers the suggested topics for the Prenatal Group Breastfeeding Class as outlined above in section E.

< Scenario A: The Breastfeeding Peer Counselor would document on the **STORC Nutrition Education Screen** education topic code #33, "Prenatal BF Class" into STORC.

Note: Group prenatal breastfeeding classes are preferred to individualized contacts as the class may facilitate discussion between the attendees and encourage future breastfeeding.

I. Optional WIC Support Groups

1. The Local Agency may offer an optional WIC focus group facilitated by a Breastfeeding Peer Counselor for breastfeeding women and infants.
2. The support group contact may count as a WIC nutrition education contact and will be documented in the **STORC Nutrition Education Screen**.
3. The purpose of the support group is:
 - < To provide a postpartum support group
 - < To allow the breastfeeding women to set the agenda
 - < To allow breastfeeding women to share experiences with each other
 - < To set a positive attitude/model for others to emulate
 - < To address common problems and concerns

J. Positive Clinic Environment

It is important to portray breastfeeding as the preferred infant feeding method with a clinic environment in support of initiation/continuation of breastfeeding through the following methods:

- < Display attractive and culturally appropriate breastfeeding posters and pictures
- < Make breastfeeding pamphlets available in the waiting area
- < Remove print materials and office supplies containing formula product names
- < Provide a private area for breastfeeding counseling
- < Provide a private area for breastfeeding

REFERENCES:

1. WIC Regulations 246.2, Definitions
2. WIC Regulations 246.7, Certification of Participants

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3. FNS Instruction 803-16, Participation of Breastfeeding Women and Their Infants
4. Position NAWD, Guidelines for Breastfeeding Promotion and Support in the WIC Program, 1994
5. SFP 96-005, Non-Birth Mothers Certified as Breastfeeding Women
6. Using Loving Support to Manage Peer Counseling Programs

ATTACHMENTS:

1. Breastfeeding Coordinator Job Description
2. Breastfeeding Peer Counselor Job Description
3. Confidentiality Statement
4. Monthly Documentation of Peer Counselor Hours
5. Breastfeeding Peer Counselor Hospital Client Contact Evaluation
6. Breastfeeding Peer Counselor Hospital Lactation Specific Client Contact