

# 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 Counselor Program.

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## **Attachments**

- Attachment 1. Breastfeeding Peer Counselor Program Forms with Instructions
- WIC Breastfeeding Peer Counselor Program Letter of Agreement (DHHS 4113) in English and Spanish
  - Breastfeeding Peer Counselor Monthly Report Form
  - Breastfeeding Peer Counselor Program Client Satisfaction Survey (example of an optional form) in English and Spanish
- Attachment 2. Breastfeeding Peer Counselor Roles and Responsibilities
- Breastfeeding Peer Counselor Scope of Practice
  - Breastfeeding Peer Counselor When to Yield

## **Required Local Agency Written Policies**

- A written policy is required to establish and maintain collaborative community partnerships for breastfeeding promotion and support. (Section 1, page 2)
- A written policy is required for the orientation of new employees to task-appropriate breastfeeding promotion and support activities. (Section 2, page 3-4)
- A written policy on breastfeeding supply issuance. The written policy must outline the training topics and designate the staff members who may issue each type of breastfeeding supply. (Section 5, page 15-16)
- A written policy is required for the tracking of multi-user breast pumps. (Section 5, page 17)

Local Agencies that administer a Breastfeeding Peer Counselor Program (BFPC) funded in whole or part with WIC Program funds must also have the following written policies and plans:

- A written policy outlining the local agency's service delivery model that assures the provision of consistent and quality breastfeeding peer counselor program services (Section 6, pg. 21-23).
- A written policy is required for consultation and referral support for breastfeeding peer counselors (Section 6, page 23).

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## Breastfeeding Promotion And Support

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Local agencies are federally mandated to establish and maintain an environment that supports and encourages women to initiate and continue breastfeeding. All pregnant and breastfeeding parents will be encouraged to exclusively breastfeed without supplementation.

### ■ **Create A Breastfeeding-Friendly Clinic Environment**

Each local agency must create a positive clinic environment that presents exclusive breastfeeding as the norm for all mothers and babies.

- ▶ **Eliminate Visibility Of Formula** At a minimum, each agency must:
  - Store supplies of formula, baby bottles, and bottle nipples/teats out of sight of participants; and
  - Avoid passive promotion of formula feeding or the use of formula. Printed materials, posters, audio-visual materials, and office supplies (i.e., cups, pens, note pads, lanyards, badge holder, mousepads, etc.) should be free of formula/breast milk substitute manufacturer and product names.
- ▶ **Use Materials That Promote Breastfeeding.** At a minimum, each agency must:
  - Visibly represent breastfeeding as the normal way to feed infants through 1 year and beyond through the use of posters, educational materials and/or other visuals in the local agency;
  - Incorporate positive, culturally friendly, and consistent breastfeeding messages in all relevant education materials, outreach efforts, and education activities;
  - Never display, use, or distribute printed materials (i.e., magazines, books, educational materials, incentives), audiovisual materials, social media messages and/or any other materials that promote or market formula/breast milk substitutes, bottles, pacifiers, or nipples/teats (product/company names, logos) to participants or staff unless provided by the State agency;
  - Avoid Continuing Education credits provided by formula/breast milk substitute companies; and
  - Use materials that are free of language that may undermine a mother's confidence in her ability to breastfeed.
- ▶ **Exhibit A Positive Attitude Toward Breastfeeding.** Local agency staff must exhibit a positive attitude toward breastfeeding. Refer to Section 2 for information on training.
- ▶ **Assure That Mothers Are Comfortable Breastfeeding In The Agency.** Staff must make every effort to help mothers feel comfortable breastfeeding anywhere in the local agency.
  - Post signs in all clinic waiting rooms. The local agency must post a sign in each clinic's waiting room(s) that encourages all families to breastfeed anywhere in the local agency. As well as, informs families of the availability of a comfortable, reasonably private and relaxing space for breastfeeding families to breastfeed or pump. The postage of the sign informs all participants of the local agency's commitment to support, promote, and protect breastfeeding.

- Establish a room or space for breastfeeding women. WIC Program funds can be used to establish a room or space designated for breastfeeding families. The primary purpose of a room or space for breastfeeding families is to provide a private, quiet, and comfortable room for participants (and staff) who prefer to breastfeed in private; who are receiving lactation support from qualified breastfeeding staff; and/or who need to express their breast milk.
- **Assure Participant Access To Breastfeeding Promotion And Support Activities**  
Local agencies must ensure that all WIC eligible participants have access to breastfeeding promotion and support activities throughout the prenatal and postpartum periods. To accomplish this, local agencies must:
- Provide all pregnant women with information on breastfeeding including the WIC Program breastfeeding support services (e.g. breastfeeding peer counselor support), so that they can make informed decisions about infant feeding;
  - Integrate breastfeeding promotion and management issues into prenatal nutrition education, childbirth preparation, and parenting classes; and
  - Assure that follow-up counseling and support are offered throughout the postpartum period to women who breastfeed.
- **Establish And Maintain Collaborative Community Partnerships**  
Each local agency must implement and annually update a written plan to establish and maintain collaborative partnerships for breastfeeding promotion and support within the community, particularly those that target or serve the WIC population. Partners should include local hospitals/birthing facilities, local breastfeeding coalitions, health care providers/systems, businesses/workplaces, faith-based organizations, schools and child care facilities. For resources and ideas about community partnerships, refer to the Nutrition Services Branch website at [www.nutritionnc.com](http://www.nutritionnc.com).
- For a local agency that offers the Breastfeeding Peer Counselor (BFPC) Program, the plan should include an assurance that relevant partners have knowledge of the BFPC Program services.

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## Staff Training

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Breastfeeding promotion and support is a core job responsibility for all local agency staff. Initial and ongoing training for agency staff is required to help assure that staff exhibit a positive and supportive attitude about breastfeeding, and actively endorse the provision of human milk as the standard method for infant feeding.

It is a federal requirement that local agency 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.

For more information on training requirements, refer to Section 3 for the Breastfeeding Coordinator and to Section 6 for staff who work with the Breastfeeding Peer Counselor (BFPC) Program.

### ■ Orientation To Breastfeeding Activities

Orientation to breastfeeding activities training encourages local agency staff to be familiar with program policies, goals, and the philosophy regarding breastfeeding.

Local agencies must assure that the required staff participate in orientation to breastfeeding activities within three (3) months of their start date (preferred within the first 30 days). Local agencies are encouraged to offer orientation to breastfeeding activities to non-local agency staff who have direct contact with WIC participants (prenatal health clinic, child health clinic, pregnancy care management, etc.). The orientation training must be completed by one of the local agency's WIC designated breastfeeding experts (refer below).

Each local agency must have a written policy that addresses the following topics for the orientation of new WIC employees:

- ▶ Program goals and philosophy regarding breastfeeding.
  - Incorporate community/national breastfeeding messages including the American Academy of Pediatrics (AAP) and World Health Organization (WHO) breastfeeding policy statements.
- ▶ Communicate the clinic environment and policies that support breastfeeding (refer to Section 1).
- ▶ Task appropriate breastfeeding information, including but not limited to:
  - Education and anticipatory guidance to participants about breastfeeding;
  - Benefits of and risks of not breastfeeding;
  - Impact of infant formula supplementation when it is not medically indicated; and
  - Contraindications to breastfeeding; information for referring participants to substance abuse and HIV/AIDS testing and/or counseling
- ▶ Program operations

- Certification policies for breastfeeding women;
- Food package and breastfeeding equipment policies for breastfeeding women and infants;
- The intake procedure for multi-user pumps upon return (Refer to Section 5); and
- The BFPC Program including the BFPC's roles and responsibilities (if applicable to the local agency, refer to Section 6).
  - All local agency staff must be educated on the local agency's procedure for referring eligible participants to the BFPC Program or equivalent agency breastfeeding resources to ensure breastfeeding services are offered to all participants; and
  - All local agency staff must be familiar with the local agency's service delivery model policy for their provision of BFPC Program services.

### ■ **Continuing Education On Breastfeeding**

- **Required.** Local agency staff are required to provide annual continuing education for all staff to ensure staff competency in breastfeeding promotion and support. The local agency's Breastfeeding Coordinator is responsible for assessing the breastfeeding training needs of their local agency staff and selecting topic(s) on breastfeeding accordingly. Continuing education on breastfeeding may 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), Regional Breastfeeding Coordinators (RBC), 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 RBC 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 local agency staff in conferences and workshops (local, state, and/or national) that provide breastfeeding education.

### ■ **Documentation Of Participation In Orientation To Breastfeeding Activities And Continuing Education On Breastfeeding**

Documentation of the participation by local agency staff in orientation to breastfeeding activities and annual continuing education on breastfeeding should be maintained on file for three (3) years. 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.

### ■ **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.
  
- ▶ **WIC-Designated Breastfeeding Expert.** When local agency staff encounter complex breastfeeding situations outside their scope of practice, it must be deferred to the local agency's identified WIC-Designated Breastfeeding Expert(s). A WIC-Designated Breastfeeding Expert is a staff member who has all the following qualifications:
  - Meets the qualifications of a competent professional authority (Refer to Chapter 6C Section 4);
    - An IBCLC who is serving in the Breastfeeding Coordinator or Breastfeeding Peer Counselor (BFPC) Program Manager role is not required to meet the CPA qualification to be the local agency's WIC-Designated Breastfeeding Expert, if the role was assumed prior to October 2018.
  - Has a minimum of one year of counseling breastfeeding women; and
  - Has completed the North Carolina Lactation Educator Training and all units of the Breastfeeding Supplies Competency Training or is an IBCLC with their certification on file.

When a WIC-Designated Breastfeeding Expert experiences a complex breastfeeding situation, it is encouraged to seek the expertise of the local agency's RBC when necessary.

- ▶ **Referral List.** There should be a breastfeeding referral list readily available to local agency staff so that they know with whom to consult or refer when they have a breastfeeding situation that is beyond their scope of practice. This list may include the local agency's breastfeeding coordinator, BFPC Program manager, BFPCs, and IBCLCs in the community. This list should be updated at least annually and dated at the time of the update.

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## Breastfeeding Coordinator

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Local agencies are federally mandated to designate and train a staff member as a breastfeeding coordinator to manage breastfeeding promotion and support activities within the agency.

### ■ **Qualifications**

The 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 (Refer to Chapter 6C Section 4). It is recommended that a breastfeeding coordinator has program management experience and at least one (1) year of experience counseling breastfeeding women. An International Board Certified Lactation Consultant (IBCLC) who does not meet the qualification for a CPA may also serve in this role, if the role was assumed prior to October 2018.

### ■ **Orientation To The Breastfeeding Coordinator Role**

- **Required.** The breastfeeding coordinator must maintain the applicable documentation of completion on file in the local agency for the following trainings within one (1) year of assuming the role:
  - North Carolina Lactation Educator Training Program and
  - Completed training on breastfeeding supplies issuance (Refer to Chapter 9 Section 5).

### ■ **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.
  - Breastfeeding policy review as offered by the State agency; and
  - 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 must recertify every five (5) years and must maintain a record of recertification on file in the local agency.

*NOTE: The North Carolina Lactation Educator Training Program is an IBLCE accredited course, which exceeds the requirement of 20 hours of continuing education. The BSCT course is a CDR accredited course, which exceeds the requirement of 20 hours of continuing education (if completing all units).*

- **Recommended.** It is recommended that the breastfeeding coordinator completes the North Carolina Lactation Educator Training Program at least once every 10 years as part of her/his ongoing training.

### ■ **Responsibilities**

The breastfeeding coordinator must have time dedicated in her/his schedule to be actively involved in the management and implementation of breastfeeding promotion and support

activities within the agency. Responsibilities for the breastfeeding coordinator include, but are not limited to:

- ▶ Develops and manages breastfeeding policies for the local agency. All revisions must be completed in consultation with the WIC Director if roles are separate;
- ▶ Assures a clinic environment that supports breastfeeding (refer to Section 1);
- ▶ Keeps up-to-date on breastfeeding information and disseminates this as well as State agency and FNS provided information to local agency staff;
- ▶ Monitor local agency breastfeeding rates;
- ▶ Ensures that local agency staff are properly trained on breastfeeding education and support:
  - Assures that staff has access to current references and resources on breastfeeding and lactation management;
  - Oversees all tasks related to breastfeeding trainings by providing or facilitating orientation to breastfeeding activities, breastfeeding supplies issuance, annual continuing education on breastfeeding (refer to Section 2), and any other required breastfeeding trainings or in-services for local agency staff; and
  - Maintains documentation (i.e., names, dates, and certificates of completion) of staff who have completed the required orientation, in-services, and continuing education pertinent to their positions.
- ▶ Assures timely and accurate breastfeeding education/counseling and support for participants through a wide variety of activities.
- ▶ Ensures that breast pump issuance, inventory, and maintenance are logged and monitored on minimum of a quarterly basis (refer to Sections 4 and 5);
- ▶ Oversees the planning, implementation, and evaluation of local agency breastfeeding activities; and
- ▶ Identifies, coordinates, and collaborates with community breastfeeding stakeholders. Refer to Section 1 for further guidance.

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## Breastfeeding Supplies

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This section describes policies for the purchase, use, and appropriate conditions for the issuance of the breastfeeding supplies including breast pumps, collection kits, and breastfeeding aids, which are allowed for purchase using WIC Program funds.

Each item described is identified as either a multi-user or single-user item and as being either a required supply or an optional supply. Local Agencies must maintain an inventory of required items and optional items in the Crossroads system. Items indicated as optional supplies are recommended but not required. The Crossroads system will suggest a pump to the user based on answers supplied to system questions.

Breastfeeding supplies (excluding breast pads, if available) shall not be distributed to participants prenatally. If a postpartum participant who is breastfeeding seeks breastfeeding services but is still certified in Crossroads as pregnant, breastfeeding services should be offered including the issuance of appropriate breastfeeding supplies (It is recommended that their postpartum certification is scheduled while providing breastfeeding services).

**Only breastfeeding items described in this section may be purchased using WIC Program funds.** While local agency WIC Program funds may be used to purchase the required items, the Nutrition Services Branch usually will bulk purchase the required items on at least an annual basis on behalf of local agencies and have the items distributed directly to the local agencies. Items which must not be purchased with WIC funds include but are not limited to topical creams, ointments, hydrogel dressing pads, Vitamin E and other medicinal and herbal items, milk collection containers/bottles, specialized bottle feeders, micro-steam cleaning bags, slings, breastfeeding pillows, nursing cover-ups, and nursing clothing unless purchased for training and demonstration purposes. **However, the provision of breast pumps should not circumvent or take place of appropriate breastfeeding education and support. Pregnant and breastfeeding women need anticipatory guidance, breastfeeding skills, and support from trained breastfeeding staff when issues arise more than any breastfeeding supply the WIC Program can provide.**

Refer to Chapter 12: Fiscal Management for additional information on using WIC funds to purchase breastfeeding supplies.

### ■ Pumps

Local agencies must emphasize the importance of feeding the infant at the breast and promote exclusive breastfeeding as the norm while supporting a woman's decisions and goals. Pumps are mechanical medical devices utilized as tools when there are planned and unplanned interruptions in the breastfeeding relationship. **All pump issuance must include offering breastfeeding support and providing instructions for hand expression.**

- **Single-User Manual Pump (single-user item) (required supply).** This pump may be issued to a 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, or another reason as determined by local agency staff).

- ▶ **Single-User Electric Pumps (single-user item) (required supply).** This pump is useful to maintain a 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 dyad is categorized as **fully breastfeeding per Crossroads at time of pump issuance**;
  - The infant is a minimum of four (4) weeks old at the time of pump issuance;
    - If the participant is *returning to school or work or is participating in a shared custody arrangement* an exception may be made for issuing this pump prior to the four-week (4-week) timeframe. In these instances, the pump may only be issued by one of the local agency’s WIC-Designated Breastfeeding Experts a maximum of two (2) weeks prior to the woman’s scheduled separation and the justification must be documented in the woman’s and infant’s care plan in Crossroads.  
*Note: A Competent Professional Authority who has completed the Breastfeeding Supplies Competency Training Course [BSCT] may issue a single-user electric pump in the absence of one of the local agency’s WIC-Designated Breastfeeding Experts.*
  - The breastfeeding participant states her commitment to the continuation of breastfeeding; and
  - Meets one or more of the following qualifying conditions:
    - She is separated from her infant regularly for more than four (4) hours at one time (e.g., work or school, infant/mother hospitalization, shared custody);
    - She has multiple infants (at least one must be fully breastfeeding);
    - She has an infant with a diagnosed medical, physical or neurological impairment resulting in a weak suck, uncoordinated suck/swallow pattern, inability to suck or to latch on to the breast and/or resulting in a need for pumped breastmilk in addition to actual feeding at the breast to meet the infants’ nutritional needs (e.g., infants with conditions such as cleft lip or palate, Down syndrome, cardiac problems, or cystic fibrosis.); and/or
    - She is exclusively pumping.
      - Educate mothers on the benefits of nursing the infant at the breast while respecting her personal choice or if pumping is medically necessary; and
      - If the mother’s personal goal is to have the infant feed at the breast, she must receive support and counseling to help achieve her personal breastfeeding goal.

*NOTE: A participant meeting all criteria listed for the issuance of a single user electric pump is eligible for this pump **with the birth of each infant.***

A woman who does meet the criteria of eligibility for receiving a single-user electric pump may NOT be issued one if she:

- Has been issued a multi-user electric pump but has not yet returned it.
- Has requested a replacement single-user electric pump but has not returned the broken or defective single-user electric pump.

*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.*

- ▶ **Multiple-User Electric Pump (multi-user item) (required supply).** This type of pump is useful to establish and maintain a milk supply in special circumstances. Multi-user electric pumps may be loaned to a woman who meets the following criteria:

*First-Tier Priority*

- The infant has:
  - A medical condition that prevents the infant from going to the mother's breast (e.g., premature infant [ $\leq 34$  weeks gestation], late premature infant [35-37 weeks gestations], severe illness, congenital anomalies); or
- The woman has:
  - A medical condition that prevents her infant from going to her breast;
  - A need to “pump and dump” (e.g., the woman 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 breastfeeding infant;
  - Distress from clinical engorgement requiring pumping to soften the breasts; and/or
  - A need to pump in addition to nurse at the breast for adequate infant nutrition (e.g., infant with poor suck, unable to sustain latch and feed well at the breast, failure to thrive, or has a medical indication for supplementation).

*Second-Tier Priority*

- The woman:
  - Wants to continue breastfeeding when returning to school or work and will be separated from her infant for more than four (4) hours at one time;  
*NOTE: The first option for these women is a single-user electric pump. Refer to previous guidance on Single-User Electric Pumps.*
  - Has stopped breastfeeding and now needs or wants to return to breastfeeding (i.e., relactate); and/or
  - Wants to induce lactation (e.g., has adopted an infant and wishes to breastfeed).

*NOTE: The first-tier and second-tier priorities should only be implemented if the local agency has a waitlist for multi-user electric pumps.*

- ▶ **Pedal Pumps (multi-user item) (optional supply).** A pedal pump uses foot-power to generate the pumping suction and can be used with a single or double pumping accessory kit. A pedal pump should only be loaned to a participant who states she does not have access to an electrical outlet or requests a pedal pump. Pedal pumps are not intended to establish breast milk supply and issuance should be limited. Pedal pumps and required accessories are no longer manufactured and local agency supply is finite.

■ **Collection Kits (single-user item) (required supply)**

Collection kits may be single or double pumping, and some may be used also as a manual pump. Collection kits that are available in the local agency should be compatible with electric pumps used by the local agency. A participant who has received a multi-user electric pump or a pedal pump from the WIC Program should be issued a compatible collection kit unless she has already received one in the hospital.

■ **Breast Flanges (single-user item) (required supply)**

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.

■ **Breastfeeding Aids**

- ▶ **Breast Pads (single-user item) (optional supply).** Breast pads are used when a woman experiences leaking milk and may be issued to any breastfeeding participant. The cotton pads will help soak up the milk and should be washed and dried on a regular basis to prevent bacterial contamination. Patients should not use pads with plastic backing or a "moisture barrier" because they encourage bacterial and fungal growth (e.g., candidiasis).
- ▶ **Breast Shells (single-user item) (optional supply).** 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. This item may be issued upon request or when deemed appropriate based on a breastfeeding assessment. 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. It is outside the scope of practice for a Breastfeeding Peer Counselor (BFPC) to issue breast shells to a participant.
- ▶ **Nipple Shield (single-user item) (optional supply).** 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. This item may be issued when deemed appropriate based on a breastfeeding assessment completed by an International Board Certified Lactation Consultant (IBCLC) or a WIC-Designated Breastfeeding Expert in consultation with the infant's primary health care provider. It is outside the scope of practice for a BFPC to issue a nipple shield to a participant.
- ▶ **Supplemental Feeding Device (single-user item) (optional supply).** A supplemental feeding device is designed to provide complementary nutrition to an infant while simultaneously breastfeeding through the use of tubing usually attached by tape to the

woman's nipple/areola. A supplemental feeding device may be useful for a woman who is not providing her infant with enough milk (e.g., the infant has sucking problems, the woman is unable to produce enough milk to meet all her infant's nutritional needs, relactation, and adoptive mother who wishes to provide breastmilk). This item may be issued when deemed appropriate based on a breastfeeding assessment completed by an IBCLC or a WIC-Designated Breastfeeding Expert and in consultation with the infant's primary health care provider. It is outside the scope of practice for a BFPC to issue a supplemental feeding device to a participant.

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## **Inventory, Issuance, And Maintenance Of Breastfeeding Supplies**

Local agencies must be accountable for the inventory, issuance, and overall management of all breast pumps, collection kits, breast flanges, and breastfeeding aids purchased with WIC funds.

Each local agency must designate a single staff person who has the responsibility for overseeing the management and accountability of the breastfeeding supplies as outlined in this section, such as the breastfeeding coordinator. This person should either be an International Board Certified Lactation Consultant (IBCLC) or have successfully completed the North Carolina Lactation Educator Training Program and training on breastfeeding supplies issuance (refer below). The courses must be completed within one (1) year of assuming responsibility for overseeing the management and accountability of the breastfeeding supplies and applicable documentation must be maintained on file in the local agency.

*NOTE: Breastfeeding Peer Counselors (BFPC) may not assume primary responsibility for the inventory, issuance and/or maintenance of breastfeeding supplies. Refer to Section 6 for information on the BFPC Program.*

### **■ Maintaining The Inventory Of Breastfeeding Supplies**

Each local agency must document, track, and maintain the inventory of breastfeeding supplies purchased with WIC Program funds. The person responsible for this activity must:

- ▶ Ensure that staff members follow the protocols for the checking and cleaning of returned multi-user breast pumps;
- ▶ Label each multi-user electric breast pump and case with “Property of the North Carolina WIC Program” using a permanent marker/marketing system;
- ▶ Maintain an inventory of single-user and multi-user breastfeeding supplies in the Crossroads system;
- ▶ Refer to the “Crossroads Resources: Inventory” on the Nutrition Services Branch website (<http://www.nutritionnc.com/wic/crossroads.html>) for guidance on Crossroad’s inventory set-up and use; and
- ▶ Quarterly Reconciliation of Physical Inventory. Reconcile the physical inventory with the Crossroads inventory quarterly; in February, May, August, and November. For purposes of the multi-user electric and pedal pumps, staff must assure the items are accounted for in the agency, on loan to a participant, or out-of-commission (e.g., damaged, lost, stolen).

### **■ Issuing Breastfeeding Supplies**

Each local agency must have a written policy on breastfeeding supply issuance. The written policy must outline the training topics and designate the staff members who may issue each type of breastfeeding supply. Staff who issue must be trained and knowledgeable on:

- How to conduct a breastfeeding assessment;
- How to evaluate a participant’s need for each breastfeeding supply (within their scope

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- of practice);
- Which breastfeeding supply the participant is eligible for and what breastfeeding supply will best meet their needs;
  - How to assemble, use, and care for each breastfeeding supply;
  - The Center for Disease Control and Prevention’s (CDC) guidelines for the preparation and storage of breast milk;
  - How manually express breast milk (i.e., hand expression);
  - The local and state policies for breastfeeding supply issuance including required documentation in the breastfeeding woman’s health record;
  - What key information to cover with the participant for each breastfeeding supply including how to:
    - use the breastfeeding supply;
    - clean the breastfeeding supply;
    - manually express milk (hand expression);
    - maintain milk supply including the development a pumping plan (the frequency and duration);
    - prepare and store expressed milk; and
    - return a multi-user pump including the return date.

*NOTE: Staff who issue should complete applicable units of the BSCT course for breastfeeding supplies consistent with their scope of practice.*

- ▶ **Participant eligibility for a supply.** Staff may issue breastfeeding supply when appropriate based on breastfeeding assessment and independent of the breastfeeding dyad’s food prescription. Refer to Section 4 for information on breastfeeding supplies. Staff should check the care plan detail or journal of transactions in Crossroads for prior issuance of breastfeeding supplies to avoid repeated issuance of the same breastfeeding supply.
- ▶ **Participant education.** At the time of issuance, staff must educate each participant receiving a breastfeeding supply on its assembly (if applicable), use and cleaning and provide the participant with a phone number to call for help or support.
- ▶ **Signed “Breastfeeding Supplies Release of Liability and Loan Agreement”.** The participant must read the “Breastfeeding Supplies Release of Liability and Loan Agreement” generated in the Crossroad system for all breastfeeding supplies issued. The participant verifies understanding by initialing each statement and agrees to the terms by signing the Agreement. The staff member who issues the breastfeeding supply must also sign the “Breastfeeding Supplies Release of Liability and Loan Agreement.” Refer to the Nutrition Services Branch website (<http://www.nutritionnc.com/wic/crossroads.htm>) to locate “Breast Pump Issuance” or “Breastfeeding Supplies” resources under Crossroads for Local Agency Staff. If a participant is unable to read, staff must read the Agreement to the participant.
  - The signed Agreement must be scanned into the mother’s Crossroad’s health record and a copy must be provided to the participant.
  - If a certified participant is not available to be issued a breastfeeding supply due to hospitalization of the participant or their infant(s) or the participant is experiencing a

Section 5: INVENTORY, ISSUANCE, & MAINTENANCE OF BREASTFEEDING SUPPLIES

short term medical crisis that requires isolation, it may be issued to the Parent/Guardian 1 or 2 or Caretaker as listed in the participant's Crossroads profile. The staff member must complete all required steps of the issuing and all required follow-up must be with the participant.

▸ **Documentation of Breastfeeding Supplies Issuance**

- **Issuance Log.** An issuance log will be automatically maintained under the care plan detail and the journal of transactions for each breastfeeding supply issued from Crossroads. If the issuance is not completed via the Crossroads inventory, it must be documented in the mother's health record.
- **Documentation Provided to Primary Care Provider.** Notification of the reason for and issuance of a nipple shield and/or supplemental feeding device must be sent to the infant's primary care provider and scanned and maintained under the breastfeeding woman's Crossroads health record.
- **Follow-up with Participants.** At a minimum, participants who are issued a multi-user breast pump, single-user electric breast pump, nipple shield, or supplemental feeding device should be contacted within 72 hours of issuance and as needed thereafter to answer any question or assess need for continued use (multi-user breast pumps only). Documentation of this contact should be included in the participant's health record in the Crossroads system.
  - Staff must document all attempts during the 72-hour timeframe. Two (2) attempts count as one (1) contact.

■ **Tracking And Maintenance Of Multi-User Breast Pumps**

- **Tracking system for loaned multi-user pumps.** Each local agency must have a written policy for tracking loaned multi-user pumps. The policy should designate the staff responsible for tracking loaned multi-user pumps and describe clear procedures for:
- Tracking when pumps are due back in accordance with the Breastfeeding Supplies Release of Liability and Loan Agreement;
  - Contacting a participant about the upcoming return of the pump (or an extension of the loan period);
  - Documenting contacts with participants about pump returns/extensions; and
  - Determining the actions to be taken for pumps that are not returned according to the Breastfeeding Supplies Release of Liability and Loan Agreement or that are reported as lost or stolen.

*NOTE: Policies and/or procedures that impose a burden on the participant are not permitted. Examples of such policies include but are not limited to requiring a participant to call in to report the pump status on a weekly basis, requiring a participant to bring a pump into the agency for a monthly check, and/or delaying issuance of a single user electric breast pump to an eligible participant.*

- **Intake and Cleaning for Returned Multi-User Pumps.** A returned multi-user pump must be accepted at the participant's initial point of contact with any local agency staff. Local

agency staff are also responsible for the cleaning and maintenance of multi-user breast pumps.

- **All local agency staff must be trained to complete intake for returned multi-user pumps, immediately upon return**, all local agency staff:
  - Check 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. Staff should contact the appropriate manufacturer for procedures to return a pump to the manufacturer to have it cleaned.
  - Print the “Multi-User Electric Breast Pump Return Receipt” generated by the Crossroads’ system for participant’s signature. Provide a copy of the signed receipt to the participant.
    - The “Multi-User Electric Breast Pump Return Receipt” is available in the Crossroad system under Family Services, Breastfeeding Support, Breast Pump Return or <http://www.nutritionnc.com/wic/crossroads.htm> under “Breastfeeding Care Plan and Supplies”.
- **Each local agency must identify and train the staff who are responsible for cleaning multi-user pumps, within one business day of a pump being returned to the local agency**, the designated staff must:
  - Clean the motor casing and carrying case of each multi-user pump according to the manufacturer’s instructions;
    - Indicate the date of cleaning and staff member who completed the task.
  - Assemble and run each returned multi-user pump to determine that is working properly;
  - Document the return of the multi-user pump in Crossroads (Family Services, Breastfeeding Support, Breast Pump Return); and
  - Scan the completed and signed “Multi-User Electric Breast Pump Return Receipt” into the participant’s Crossroads’ health record.
- **Repairing multi-user electric breast pumps.** If a participant reports a broken or damaged pump, local agency staff may not issue a replacement pump until the participant returns the broken or defective electric pump to the issuing agency.

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. Pumps that cannot be repaired should be surplus. Refer to Chapter 12 for information on allowable WIC Program expenses and for procedures to surplus equipment.

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## Breastfeeding Peer Counselor Program

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Breastfeeding peer counselors (BFPC) provide information, encouragement, and support to mothers. 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 Section 2).

### ■ Staffing

- ▶ **Breastfeeding Peer Counselor Program Manager.** The local agency must designate a staff member to be the BFPC Program manager.
  - **Qualifications.** The BFPC Program manager 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 (Refer to Chapter 6C Section 4). It is recommended that a BFPC Program manager has program management experience and at least one (1) year of experience counseling breastfeeding women. An International Board Certified Lactation Consultant (IBCLC) who does not meet the qualification for a CPA may also serve in this role, if the role was assumed prior to October 2018.
  - **Orientation to the Breastfeeding Peer Counselor Program Manager Role**
    - **Required.** Within one (1) year of assuming the role, the BFPC Program manager must complete the following trainings and maintain the applicable documentation on file in the local agency for the following trainings:
      - North Carolina Lactation Educator Training Program;
      - Breastfeeding Peer Counselor Program Managers' Core Training as offered by your local agency's Regional WIC Lactation Training Center; and
      - Completed training on breastfeeding supply issuance (Refer to Chapter 9 Section 5).
    - **Continuing Education Required.** The BFPC Program manager 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 Counselor Program Quarterly Continuing Education as offered by your local agency's Regional WIC Lactation Training Center; and
      - Twenty (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.
        - BFPC Program manager who is an IBCLC must recertify every five (5) years and maintain a record of recertification on file in the local agency.
    - **Recommended.** It is recommended that the BFPC Program manager completes the following trainings:
      - North Carolina Lactation Educator Training Program at least once every 10 years as part of her/his ongoing training.

- Breastfeeding Peer Counselor Care Plan Training.
- **Responsibilities.** The BFPC Program manager must have time dedicated in her/his schedule to be actively involved in the management and implementation of the BFPC Program. Responsibilities for the BFPC Program manager include, but are not limited to:
  - Develops and manages breastfeeding policies for the local agency’s BFPC Program. All revisions must be completed in consultation with the WIC Director and breastfeeding coordinator if roles are separate;
  - Provides ongoing supervision and feedback for BFPC(s), unless another person is so designated;
  - Mentors new BFPC(s) by providing routine follow-up and guidance in the early days of the job;
  - Acts on all referrals from BFPCs regarding complex breastfeeding situations beyond their scope of practice and refers to their local agency’s Regional WIC Lactation Training Center as necessary;
  - Keeps up-to-date on breastfeeding information pertinent to the BFPC Program and disseminates this as well as Nutrition Services Branch and FNS-provided information to other local agency staff;
  - Reports on BFPC Program activities to their WIC Director; and
  - Implements quality assurance efforts to confirm:
    - The required contacts with enrolled BFPC Program participants are provided by the BFPC;
    - The services provided by the BFPC are adequately documented and referrals are appropriate; and
    - That a dedicated phone line with message capability is available to reach BFPC Program staff 24 hours a day, 7 days a week.
- **Breastfeeding Peer Counselor**
  - **Qualifications.** A BFPC 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. A paraprofessional is someone who:
      - does not have extended professional training in health, nutrition, or the clinical management of breastfeeding,
      - assist professionals but are not licensed or credentialed as a healthcare, nutrition or lactation consultant professional, and
      - is trained and given ongoing supervision to provide a specific tasks within a defined scope of practice;
    - Able to portray breastfeeding in a positive manner;
    - From the target population (is part of the culture and background of the majority of the participants, speaks the common languages(s), has participated in, is participating in or would be eligible for the WIC Program, etc.); 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 BFPC must meet the criteria of a Bona Fide Occupational Qualification*

*(i.e., men do not meet the USDA's definition of a BFPC).*

- **Orientation To The Breastfeeding Peer Counselor Role**
  - **Required.** The BFPC must maintain a certificate of completion on file for the following trainings:
    - Breastfeeding Peer Counselor Core Training; and
      - A BFPC is required to complete the Breastfeeding Peer Counselor Core Training prior to providing BFPC services.
      - Breastfeeding Peer Counselor Core Training must be completed in entirety before beginning training on the breastfeeding supply issuance.
    - Completed training on breastfeeding supply issuance (Refer to Chapter 9 Section 5).
    - Breastfeeding Peer Counselor Care Plan Training prior to providing BFPC services.
- **Continuing Education**
  - **Required.** The BFPC must maintain certificates of completion on file in the local agency for the following training:
    - Breastfeeding Peer Counselor Quarterly Continuing Education as offered by your local agency's Regional WIC Lactation Training Center.
  - **Recommended.** It is recommended that the BFPC completes the Breastfeeding Peer Counselor Core Training at least once every 10 years as part of her ongoing training.
- **Roles and Responsibilities.** Core responsibilities of the BFPC are to:
  - operate within the scope of practice as defined in Attachment 2 "Breastfeeding 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 exclusivity and duration;
  - issue breastfeeding supplies to enrolled BFPC Program participants in conjunction with the delivery of BFPC Program services (BFPC must be trained in the assembly, use, and cleaning of breastfeeding supplies and issue only in consultation with the WIC-Designated Breastfeeding Expert(s);  
*NOTE: BFPC may not assume primary responsibility for the inventory, issuance and/or maintenance of breastfeeding supplies.*
  - complete required documentation of services provided; and
  - Refer mothers for situations outside scope of practice to the WIC-Designated Breastfeeding Expert(s).

- **Wage Compensation.** If an individual meets the definition of a BFPC and serves within the scope of a BFPC 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.

■ **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 BFPC 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:

- **Where Breastfeeding Peer Counselor Services Will be Provided.** Each local agency must determine the setting(s) where a BFPC 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 BFPCs to work from their home must assure the local agency's confidentiality policy addresses home-based services.*
- **When Breastfeeding Peer Counselor Services Will be Provided.** Each local agency must determine whether BFPCs will work/provide services during local agency hours only, or if they will work on 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 BFPC may need to stagger BFPC work schedules to assure coverage during local agency hours.
- **How Breastfeeding Peer Counselor Services Will be Provided When a Breastfeeding Peer Counselor is Unavailable.** Local agencies must determine a back-up plan for providing services to participants enrolled in the BFPC Program when the BFPC 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 BFPC position becomes vacant.
- **How Breastfeeding 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 BFPCs 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 BFPC 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 BFPC contact;
  - prohibit written communication as the initial BFPC contact between the BFPC 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 BFPCs;
    - asking about the infant’s arrival; and/or
    - answering simple breastfeeding questions.

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

■ **Consultation And Referral Support For Breastfeeding Peer Counselors**

Each local agency must have a WIC-Designated Breastfeeding Expert available to each BFPC whenever the BFPC is working. To identify a complex breastfeeding situation that is outside the Breastfeeding Peer Counselors scope of practice that requires a referral, see Attachment 2 “Breastfeeding Peer Counselor When to Yield.” The local agency must also have a written policy for the consultation and referral support for BFPCs. At a minimum, the written policy must specify:

- How and when a BFPC is trained in the procedure for requesting consultation from the local agency’s WIC-Designated Breastfeeding Expert(s);
- How and when a BFPC requests consultation with and refers participants to the WIC-Designated Breastfeeding Expert(s); and
- The name(s) and position title(s) of the local agency’s WIC- Designated Breastfeeding Expert(s) who will provide consultation and referral support for BFPCs.

■ **Enrolling Participants In The Breastfeeding Peer Counselor Program**

To receive BFPC Program services, participants must be enrolled in the BFPC Program. To assure participants receive the full benefit of the BFPC Program, staff should make every effort to enroll women in the BFPC Program during pregnancy.

To enroll, a participant must read and sign a “BFPC Program Letter of Agreement” (DHHS 4113). Refer to Attachment 1 for copy of the “BFPC Program Letter of Agreement”. If a participant is unable to read, staff must read the information to them. The staff person who enrolls the participant must also sign the “BFPC Program Letter of Agreement”. 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.

■ **Breastfeeding Peer Counselor Contacts**

The BFPC must communicate routinely with women 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

*NOTE: Federal regulations do not allow BFPC contacts to count towards the required WIC nutrition education contacts. Breastfeeding promotion and support is a required benefit of the WIC Program. BFPC mother-to-mother support services are an enhancement to this core WIC requirement.*

- **Contact Frequency.** The minimum required and recommended BFPC contacts are outlined below. In the event the BFPC is unable to reach a participant for a required contact, the BFPC must make at least a second documented attempt to contact the participant within the required contact interval. Two (2) attempts a minimum of two (2) hours apart count as one (1) contact.

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

\*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

- **Dissolution Of The BFPC 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 WIC-Designated Breastfeeding Expert(s) or a CPA.
- ▶ **Documentation Of Breastfeeding Peer Counselor Services.** All contacts or attempted contacts must be documented in the appropriate section of the BFPC Care Plan Screen of the Crossroads system.
- In the Sticky Note section of the BFPC Care Plan Screen, the BFPC must document what the participant reports during the contact.
  - In the Instruction Regarding Breastfeeding section of the Care Plan Screen, the BFPC must document the participant’s plan of care, instructions that align with breastfeeding goals, referral if needed and plans for follow-up. If the BFPC contact is an attempt, document plans for follow up in the Instructions Regarding Breastfeeding section.
  - If the BFPC 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 BFPC within 72 hours of the contact.
- ▶ **Breastfeeding Peer Counselor Monthly Reports.** BFPCs must report the number and type of contacts made on a monthly basis to the BFPC Program manager using the “Breastfeeding Peer Counselor Monthly Report” and the Monthly Breastfeeding Activities Report from Crossroads. Refer to Attachment 1 for a copy of the “Breastfeeding 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 “Breastfeeding Peer Counselor Monthly Report”.
- The BFPC Program manager should use the information in these reports to evaluate monthly BFPC activities and for managing the BFPC caseload. It is recommended that the BFPC Program manager review a minimum of five (5) BFPC Care Plan records in Crossroads monthly to ensure documentation is adequate and 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 1 for an example survey.

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## **Breastfeeding Peer Counselor Forms**

This attachment includes instructions and copies of each of the Breastfeeding Peer Counselor Forms listed below. Refer to Chapter 9, Section 6 for information on the purpose of each of these forms.

- North Carolina WIC Breastfeeding Peer Counselor Program Letter of Agreement (DHHS 4113)\*
- Breastfeeding Peer Counselor Monthly Report
- Breastfeeding Peer Counselor Program Client Satisfaction Survey (*example of an optional form*)

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

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**Instructions For Completing Breastfeeding Peer Counselor Forms**

<b>Breastfeeding Peer Counselor Program Letter of Agreement (DHHS 4113)</b>	
	<ul style="list-style-type: none"><li>▪ Review BFPC program letter of agreement with client</li><li>▪ Ask client to sign, date, and provide their phone number</li><li>▪ Complete breastfeeding peer counselor signature, date, and provide their phone number</li></ul>

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

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



North Carolina Division of Public Health  
Women's and Children's Section  
Nutrition Services Branch  
Breastfeeding Peer Counselor Program

**Breastfeeding 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 phone calls did you make?						
How many clinic visits did you have?						
How many hospital visits did you make?						
How many home visits did you make ?						
How many breastfeeding classes did you facilitate?						
How many support groups did you attend?						
How many other activities did you participate in?						
<b>Monthly Assessment</b>						
List activities and needs from your 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 stopped or decided not to breastfeed?						

DHHS 3985 (Revised 07/18)

**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.

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## **Breastfeeding Peer Counselor Roles and Responsibilities**

This attachment includes handouts of each of the Breastfeeding Peer Counselor Roles and Responsibilities listed below. Refer to Chapter 9, Section 6 for information on the purpose of each of these resources.

- Breastfeeding Peer Counselor Scope of Practice
- Breastfeeding Peer Counselor When to Yield

## **Breastfeeding 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 Coordinator and WIC Designated Breastfeeding Expert (WIC DBE).
- Identify situations outside the Scope of Practice and refer as appropriate in a timely manner.
- Yield to the WIC 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.*

## **Breastfeeding 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 no food

#### *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"*