

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)
 - Peer Counselor Monthly Report Form (DHHS 3985)
 - Breastfeeding Peer Counselor Program Client Satisfaction Survey (example of an optional form)

Required Local Agency Written Policies and Plans

- A written plan 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)
- A written policy is required for who can issue breastfeeding supplies (Section 5, page 12)
- A written policy is required for the tracking of multi-user breast pumps. (Section 5, page 15)

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 is required for consultation and referral support for breastfeeding peer counselors (Section 6, page 20)
- A written policy is required for message retrieval and management from a BFPC dedicated phone line. (Section 6, page 22)

Breastfeeding Promotion And Support

Local agencies are federally mandated to establish and maintain an environment that supports and encourages women to initiate and continue breastfeeding.

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

Each local agency must create a positive clinic environment that endorses breastfeeding as the preferred method of infant feeding.

- ▶ **Eliminate Visibility Of Formula** At a minimum, each agency must:
 - store supplies of formula, baby bottles, and nipples out-of-sight of participants.
 - avoid passive promotion of formula feeding. Printed materials, posters, audio-visual materials, and office supplies (i.e., cups, pens, note pads, lanyards, badge holders, and mouse pads) should be free of formula product names.
- ▶ **Use Materials That Promote Breastfeeding.** At a minimum, each agency must:
 - incorporate positive, culturally friendly, and consistent breastfeeding messages in all relevant education materials, outreach efforts, and education activities.
 - use materials that are free of formula company advertising (product names, logos).
 - use materials that are free of language that may undermine a mother's confidence in her ability to breastfeed.
- ▶ **Exhibit A Positive Attitude Towards Breastfeeding.** Despite personal beliefs, 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 in the local agency. While many mothers are comfortable breastfeeding in public, others are more comfortable doing so in private. To assist women who prefer privacy when they breastfeed, staff may:
 - **identify a comfortable place in the agency where mothers can go to breastfeed.** This area should be reasonably private and relaxing. Chairs with arms provide added comfort. If this type of "comfortable" space is not available, then staff may identify an office or exam room that women may use to breastfeed in private. Staff should post a sign informing women about the availability of this area should they prefer to breastfeed in private.
 - **establish a room for breastfeeding women.** WIC Program funds can be used to establish a room designated for breastfeeding women. The primary purpose of a

room for breastfeeding women is to provide a private, quiet, and comfortable room for participants (and staff) who prefer to breastfeed in private; who are receiving hands on counseling/lactation management from a breastfeeding educator; and/or who need to pump their breasts when separated from their infant to get relief from over-full breasts or to maintain milk supply.

■ **Assure Participant Access To Breastfeeding Promotion And Support Activities**

Local agencies must ensure that women have access to breastfeeding promotion and support activities throughout the prenatal and postpartum periods. To accomplish this requirement, local agencies must assure that:

- ▶ all pregnant women are provided with information on breastfeeding so they can make informed decisions about infant feeding;
- ▶ breastfeeding promotion and management issues are integrated into prenatal nutrition education, childbirth preparation, and parenting classes; and
- ▶ 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. Partners should include health care providers/systems, businesses/workplaces, faith based organizations, schools and child care facilities. For WIC Programs that have a breastfeeding peer counselor program, the plan should include assuring that relevant partners have knowledge of breastfeeding peer counselors and the services they provide. For resources and ideas about community partnerships, refer to the Nutrition Services Branch website at www.nutritionnc.com

Staff Training

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 preferred method of infant feeding.

Refer also to Section 3 for information on training requirements for the breastfeeding coordinator and to Section 6 for information on training requirements for staff who work with a breastfeeding peer counselor program.

■ Orientation To Breastfeeding Activities

Local agencies are federally mandated to incorporate task-appropriate breastfeeding promotion and support training into orientation for all new WIC staff that will have direct contact with WIC participants including support staff, paraprofessionals, and professionals. Local agencies are encouraged however, to provide this type of orientation to other new agency staff who will have direct contact with WIC participants. This training encourages employees to be familiar with program policies, goals, and philosophy regarding breastfeeding.

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

- clinic environment policies that support breastfeeding (refer to Section 1)
- program goals and philosophy regarding breastfeeding
- task appropriate breastfeeding information, including but not limited to:
 - anticipatory guidance for the breastfeeding infant
 - benefits of and risks of not breastfeeding (informed decision about choice)
 - certification policies for breastfeeding women
 - contraindications to breastfeeding
 - food package and breastfeeding equipment policies for breastfeeding women and infants
 - information for referring pregnant and breastfeeding women to substance abuse and HIV/AIDS testing and/or counseling
 - the breastfeeding peer counselor program including the breastfeeding peer counselor's roles and responsibilities (refer to Section 6), (if applicable to the agency).

■ **Continuing Education For Staff On Breastfeeding**

Local Agencies must facilitate participation in training opportunities on breastfeeding promotion and management issues for all WIC staff and are encouraged to do so for other staff in the agency as well. WIC funds may be used to sponsor an in-house training and to support participation of agency staff in conferences and workshops (local, state, national) that address breastfeeding promotion and management issues.

■ **Breastfeeding Resources For Staff**

- ▶ **References.** Professional references and information on credible help-lines and web links on breastfeeding and lactation management should be readily accessible to clinic 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.
- ▶ **Referral List.** There should be a breastfeeding referral list readily available to clinic 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 breastfeeding coordinator, breastfeeding peer counselor program manager, peer counselors, and International Board Certified Lactation Consultants (IBCLCs) in the community. This list should be updated at least annually and dated at the time of the update.

Breastfeeding Coordinator

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 be a degreed health professional (i.e., nutritionist, registered dietitian, registered nurse, physician, physician assistant and nurse practitioner) who works with the maternal and child population and is knowledgeable of lactation management. A non-degreed health professional who is an International Board Certified Lactation Consultant (IBCLC) may also serve in this role.

■ **Training**

▸ **Required Training For An IBCLC.** The breastfeeding coordinator who is an IBCLC must recertify every five years and must maintain a record of recertification on file in the local agency.

▸ **Required Training For A Non-IBCLC.** The breastfeeding coordinator who is not an IBCLC, must:

- have successfully completed the North Carolina Lactation Educator Training Program. The certificate of completion of this course must be maintained on file in the local agency. If the breastfeeding coordinator does not meet the training requirements prior to assuming the position, the individual has one calendar year from the date of assuming the position to become trained.
- attend 20 hours of continuing education in breastfeeding every 5 years. These hours should be approved by the International Board of Lactation Consultant Examiners (IBLCE) or the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics. The breastfeeding coordinator who is not an IBCLC must maintain a record of certificates of completion with credit hours on file in the local agency for each training.

NOTE: The North Carolina Lactation Educator Training Program is an ILCA/IBLCE accredited course which exceeds the requirement of 20 hours of continuing education.

▸ **Recommended Training.** It is recommended that the breastfeeding coordinator, whether an IBCLC or not, attend the North Carolina Lactation Educator Training Program at least every ten years as part of her/his ongoing training.

■ **Responsibilities**

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

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

- ▶ developing and managing **breastfeeding policies and procedures** for the agency.
- ▶ assuring a **clinic environment that supports breastfeeding**. (Refer to Section 1.)
- ▶ overseeing **staff training** including assuring that staff has access to current references and resources on breastfeeding and lactation management; promoting participation in breastfeeding training opportunities; providing breastfeeding and lactation training through staff orientation and ongoing in-services; and maintaining documentation on file (i.e., names, dates, and certificates of completion) of staff that have completed the North Carolina Lactation Educator Training or passed the International Lactation Consultant Certification Examination.
- ▶ assuring timely and accurate **breastfeeding education/counseling and support for participants** through a wide variety of activities (i.e., counseling participants, offering breastfeeding classes, maintaining supplies of client education materials, establishing referral systems among the appropriate health care providers, coordinating with the breastfeeding peer counselor program.)
- ▶ maintaining a system for the management and accountability of **breastfeeding supplies and equipment**. (Refer to Sections 4 and 5.)
- ▶ planning, implementing and evaluating **breastfeeding promotion and support initiatives**.
- ▶ **establishing, building and maintaining collaborative partnerships** for breastfeeding promotion and support with community health care providers/systems, businesses/workplaces, faith organizations, schools and child care facilities. For resources and ideas about community partnerships, refer to the Nutrition Services Branch website at www.nutritionnc.com

Breast Pumps, Collection Kits, & Breastfeeding Aids

This section describes policies for the use of breast pumps, collection kits, and breastfeeding aids which are allowed for purchase using WIC 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.

NOTE: While local agency WIC funds may be used to purchase the required items, the Nutrition Services Branch usually will bulk purchase the required items on an annual basis on behalf of local agencies and have the items distributed directly to the local agencies.

Only breastfeeding items described in this section may be purchased using WIC Program funds. 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, milk storage bags, micro-steam cleaning bags, slings, nursing cover-ups, and nursing clothing.

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

■ Breast Pumps

- ▶ **Manual Breast Pump (single-user item) (required supply).** This pump may be issued to a woman who needs to pump due to occasional separation from her infant or for help in resolving short-term breastfeeding concerns (e.g., painful fullness, a plugged milk duct, an oversupply of milk, a need to increase milk supply or another reason as determined by staff).

NOTE: Manual breast pumps shall not be given as incentive items. To ensure cost effectiveness, local agencies shall provide instruction on hand expression to all lactating mothers.

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

First Priority

- The infant has a medical condition that:
 - prevents the infant from going to the mother's breast (e.g., prematurity, severe illness, congenital anomalies); or
 - requires pumping in addition to nursing for adequate infant nutrition (e.g. infant with poor suck or failure to thrive).

First Priority continued

- The woman has:
 - a medical condition that prevents her infant from going to her breast; or
 - a need to “pump and dump” (e.g., the woman is hospitalized, has an illness requiring she temporarily stop breastfeeding, has nipple trauma, is using medications, or she has been exposed to chemicals that may be in her breast milk); or
 - a family emergency that requires her to be separated from her breastfeeding infant; or
 - distress from clinical engorgement requiring pumping to soften the breasts.

NOTE: Pumping requirements to resolve clinical engorgement are usually short, often only one day.

Second Priority

- The woman
 - will continue breastfeeding when returning to school or work and will be separated from her infant for more than four (4) hours at one time; or

NOTE: An alternative option for these women is a single-user electric breast pump. Refer to the following discussion about who may receive a single-user electric breast pump.

 - has stopped breastfeeding and now needs or wants to return to breastfeeding (i.e., relactation); or
 - wants to induce lactation (e.g., she plans to/has adopted an infant and wishes to breastfeed).

- **Single-User Electric Breast Pumps (single-user item) (required supply).** This type of pump is useful to maintain a milk supply. A single-user electric breast pump may be issued to a woman who:
 - has been exclusively breastfeeding a minimum of 4 weeks (i.e. she has not offered any infant formula products to her infant), and
 - indicates she is committed to continuing with long term exclusive breastfeeding, and
 - meets one or more of the following qualifying conditions.
 - She is separated from her baby regularly for more than four (4) hours at one time (e.g., full time or close to full-time work or school, infant/mother hospitalization, shared custody).
 - She has multiple infants (at least one must be exclusively 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.)

A woman who meets the criteria for being eligible to receive a single-user electric breast pump may NOT be issued one, if she:

- has been issued a multi-user electric breast pump, but has not yet returned it;
- has requested a replacement single-user electric breast pump, but has not returned the broken or defective one to the local agency in which it was originally issued;
- Note:
 - The participant must contact the manufacturing company to repair or replace a defective single-user electric breast pump if still under warranty
 - The local agency can loan the participant a multi-user electric breast pump until the manufacturer repairs or replaces the single-user electric pump
- has received a single-user electric breast pump from the agency for a prior infant (she may however receive a new collection kit with a subsequent infant) unless there are special circumstances that warrant her receiving a second single-user electric breast pump.
- **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 be loaned to a woman who needs a pump to help maintain an established milk supply but does not qualify for a multi- or single-user electric breast pump and/or does not have ready access to electricity.

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

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

■ **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 woman who is breastfeeding. 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 help correct flat or inverted nipples. There are two parts to a breast

shell; the inner ring and the dome. A pregnant woman with flat or inverted nipples might wear breast shells during her pregnancy. If a problem with flat or inverted nipples continues after delivery, she might wear them between feedings. Breast shells also may be used for sore nipples. This item may be issued upon request or when deemed appropriate based on a clinical assessment.

- ▶ **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. This item may be issued when deemed appropriate based on a clinical assessment and ideally, in consultation with both the woman's and infant's primary health care provider.

- ▶ **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 mother is unable to produce enough milk to meet all of her infant's nutritional needs., relactation, and adoptive mothers who wish to provide breastmilk). This item may be issued when deemed appropriate based on a clinical assessment and ideally, in consultation with the infant's primary health care provider.

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, and breastfeeding aids purchased with WIC funds.

Each local agency must designate a single staff person who has responsibility for overseeing the management and accountability of breastfeeding supplies as outlined in this section. This person should either be an International Board Certified Lactation Consultant (IBCLC) or have successfully completed the North Carolina Lactation Educator Training Program with the certificate of completion of this course 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. In consultation with the designated lactation professional, breastfeeding peer counselors who have been trained in the assembly, use, and cleaning of breastfeeding supplies may issue items to participants in conjunction with the delivery of breastfeeding peer counselor services. Refer to Section 6 for information on the breastfeeding per counselor program.

■ **Maintaining The Inventory Of Breastfeeding Supplies**

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

- ▶ inspect all breastfeeding supplies upon receipt to assure the correct type and quantity was received and without damage.
- ▶ assemble pedal pumps (unless this effort is done at the time of issuance).
- ▶ label each box containing a single-user breast pump with “not for resale” and “single-user only” and label each case containing a multi-user electric with “Property of the North Carolina WIC Program”. Multi-user electric pumps should be labeled using a permanent marker/marketing system.
- ▶ affix the NC fixed asset inventory tag to any multi-user electric breast pump that costs more than \$500.00. Refer to Chapter 12 for information on fixed assets.
- ▶ maintain an inventory system in the Crossroads system including:
 - an entry for each type of **single-user** breastfeeding supply, multi-user electric and pedal pumps. Refer to the Crossroads User Manual on how to set up and use the breastfeeding inventory system in Crossroads. Information to be documented in the Crossroads system for a single-user breastfeeding supply must include:
 - the type of single-user supply and brand name (if applicable)
 - the date of the addition to/removal from inventory,
 - the quantity added to/removed from inventory.

Quarterly Reconciliation of Physical Inventory

Reconcile the amount on hand of each type of breastfeeding supply with the inventory records in the Crossroads system. This reconciliation should be done 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 by being in the agency, on loan to a participant, or out-of-commission (e.g., damaged, lost, stolen).

■ Issuing Breastfeeding Supplies

Each agency must have a written policy for which staff may issue each type of breastfeeding supply. Staff who issue must be knowledgeable of each type of supply they issue, including its assembly, use, and care. Individuals will be able to issue different types of supplies depending on their training and knowledge.

- ▶ **Participant eligibility for a supply.** Staff must determine whether a participant should be issued a breast pump, collection kit, or breastfeeding aid. Refer to Section 4 for information on breastfeeding supplies. Staff should check the detailed care plan or journal of transactions in Crossroads for prior issuance of any breastfeeding supplies to avoid repeated issuance of the same item.

NOTE: A participant's eligibility for breastfeeding supplies is independent of the designated infant feeding option used to assign the WIC food package to the mother-infant dyad.

- ▶ **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 Release Of Liability / Loan Agreement Form**

- **All breastfeeding supplies.** The participant must read and sign the North Carolina release of liability and loan agreement form generated in the Crossroads system under the family service screen for breast pump issuance. A copy of this form should be printed off for the participant and the signed copy should be scanned into the system. Refer to the Crossroads User Manual on how to navigate the breastfeeding inventory system in Crossroads.

- **Single-user breastfeeding supplies.** Participants who receive a manual breast pump, a single-user electric breast pump, nipple shields, or a supplemental feeding device must read and sign a North Carolina release of liability and loan agreement form in the Crossroads system. Staff shall have the participant read, initial each statement, and sign the form. If a participant cannot read, staff must read the North Carolina release of liability and loan agreement form to the participant. The staff person who provides the training on how to use the supply must sign the form. A copy of this signed North Carolina release of liability and loan agreement form must be provided to the participant and the original must be retained and readily retrievable from the Crossroads

system.

- **Multi-user breast pumps.** Participants who are loaned a multi-user breast pump (electric or pedal) must read and sign a North Carolina release of liability and loan agreement form. Staff shall have the participant read, initial each statement, and sign the form. If a participant cannot read, staff must read the information to the participant. The staff person who provides the training on how to use the breast pump must sign the form. A copy of this signed North Carolina release of liability and loan agreement form must be provided to the participant and the original must remain in the Crossroads system.

▸ **Documentation of Issuance of Breastfeeding Supplies.**

- **Issuance Log.**

- *Single-User Supplies.* An issuance log will be automatically maintained in the Crossroads system for each breastfeeding supply item issued. Refer to the Crossroads User Manual on how to issue breastfeeding supplies. Issuance of a breastfeeding supply will be documented in the participant's health record in the Crossroads system under the detailed care plan and in the journal of transactions.

- **Documentation Provided to Primary Care Provider.** Notification of the issuance of a nipple shield and why must be sent to both the infant's and the woman's primary health care provider. Notification of the issuance of a supplemental feeding device and why must be sent to the infant's primary health care provider. Notifications should be scanned and maintained in the participant's health record in the Crossroads system (e.g., documentation may be a copy of the notification, a brief note that states when and where the notification was sent, or another locally designated method of documentation).

Follow-up with participants. Each agency must document follow-up for the breastfeeding dyad. At a minimum, participants who are issued a multi-user breast pump (electric or pedal), single-user electric breast pump, or a supplemental feeding device should be contacted within 72 hours of issuance and as needed thereafter to determine if there are any questions about the use of the supply and to determine if there is continued need for its use. Documentation of this contact should be included in the participant's health record in the Crossroads system in the follow up template under breastfeeding support.

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

▸ **Tracking system for loaned multi-user pumps.** Each local agency must have a written policy with procedures for tracking loaned multi-user pumps which identifies responsible party(ies) and addresses:

- tracking when pumps are due back in accordance with the North Carolina release of liability and loan agreement form,
- 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 what actions are taken for pumps that are not returned according to the North Carolina release of liability and loan agreement form or that are reported as lost or stolen.

NOTE: In developing a system for tracking multi-user pumps, local agencies should not develop policies and/or procedures which impose a burden on the participant who is being loaned a pump. Examples of policies which impose a burden on the participant include requiring a participant to call in to report the pump status on a weekly basis and/or requiring a participant to bring a pump into the agency for a monthly check.

- ▶ **Checking and cleaning returned pumps.** Staff is responsible for the cleaning and maintenance of multi-user breast pumps. Each agency should identify staff that is responsible for checking and cleaning multi-user pumps and train them accordingly.
 - **Immediately upon return of a pump,** staff must at a minimum:
 - check the pump case for all parts,
 - plug the (electric) pump in to ensure it is in good working order,
 - assess the pump for damage/need for repair,
 - document the return of the pump in Crossroads,
 - Provide the participant a return receipt that is generated in the Crossroads system when a multi-user pump is returned.
 - **Within one business day of a pump being returned to the local agency,** staff must clean the motor casing of electric pumps according to manufacturer's instructions. Pumps identified as having a bug infestation should be sealed immediately in a plastic bag. Staff should contact the appropriate pump company for procedures to return a pump to the company to have it cleaned and/or for alternatives instructions for how staff may try to eliminate the bug infestation.
- ▶ **Repairing damaged multi-user electric breast pumps.** If a participant reports a broken or damaged pump, WIC staff shall 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 pump company directly to initiate repair of a damaged or broken pump. Pumps under warranty usually will be repaired by the company at no cost to the local agency. Local agencies are responsible for the cost of repairing pumps no longer under warranty and for any shipping or handling fees associated with the repair. These expenses are allowed WIC Program expenses. Pumps

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

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Breastfeeding Peer Counselor Programs

Breastfeeding peer counselors provide information, encouragement, and support to new mothers. This peer-to-peer support is an essential component to assuring the success of a breastfeeding promotion and support program. Local agencies utilizing WIC Program funds, in whole or in part, to operate a breastfeeding peer counselor (BFPC) program must adhere to Federal and State policies and procedures for the management of this program.

All local agency staff should be provided an orientation on the BFPC program to assure an understanding of the BFPC program in their clinic including the breastfeeding peer counselor's roles and responsibilities and the importance of their role in assuring success of the BFPC program. Refer to Section 2 for information on staff orientation requirements.

■ **Staffing**

- **Breastfeeding Peer Counselor Program Manager.** The local agency must designate an individual 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 be a degreed health professional (i.e., nutritionist, registered dietitian, registered nurse, physician, physician assistant and nurse practitioner) who works with the maternal and child population and is knowledgeable of lactation management. A non-degreed health professional who is an International Board Certified Lactation Consultant (IBCLC) may also serve in this role.
 - **Training.** Breastfeeding peer counselor program managers are required to successfully complete the North Carolina Breastfeeding Peer Counselor Program Manager Training. If the BFPC program manager does not meet the training requirements prior to assuming the position, the individual has one calendar year from the date of assuming the position to become trained. The BFPC program manager must also participate in required BFPC Program quarterly continuing education. A certificate of attendance for each training must be maintained on file in the local agency.
 - **Required training for an IBCLC.** The BFPC program manager who is an IBCLC must recertify every five years and must maintain a record of recertification on file in the local agency.
 - **Required training for a non-IBCLC.** The BFPC program manager who is not an IBCLC, must:
 - have successfully completed the North Carolina Lactation Educator Training Program. The certificate of completion of this course must be maintained on file in the local agency. If the BFPC program manager does not meet the training requirements prior to assuming the position, the individual has one

calendar year from the date of assuming the position to become trained.

- attend 20 hours of continuing education in breastfeeding every 5 years. These hours should be approved by the International Board of Lactation Consultant Examiners (IBLCE) or the Academy of Nutrition and Dietetics (AND). The BFPC program manager who is not an IBCLC must maintain on file in the local agency, a certificate of completion with credit hours for each training.
- **Responsibilities.** The BFPC program manager must have time dedicated in her/his schedule to be actively involved the management and implementation of the BFPC Program. Responsibilities for the BFPC program manager include, but are not limited to:
 - **defining the BFPC Program service delivery model** to assure consistent provision of BFPC Program services;
 - **supervising the breastfeeding peer counselor(s)**, unless another person is so designated;
 - **serving as the designated lactation professional** to whom the breastfeeding peer counselor refers high risk conditions, unless another person is so designated;
 - **implementing quality assurance efforts to assure:**
 - the required contacts are provided by the breastfeeding peer counselor to enrolled BFPC Program participants;
 - the services provided by breastfeeding peer counselors are adequately documented and referrals are appropriate; and
 - **ensuring that a dedicated phone line** with message capability is available for BFPC program staff 24 hours a day, 7 days a week.
- **Breastfeeding Peer Counselor**
 - **Qualifications.** Breastfeeding peer counselors are mothers who are currently breastfeeding or who have done so in the past and who whenever possible have the same or a similar socio-cultural background as the women they support. Breastfeeding peer counselors must be recruited and hired from the WIC target population. Breastfeeding peer counselors should be available to work non-traditional hours and days of the week, such as evenings and weekends, and have access to reliable transportation.
 - **Training.** Breastfeeding peer counselors are required to successfully complete the North Carolina Breastfeeding Peer Counselor Training Program prior to providing breastfeeding peer counselor services. The BFPC must also participate in required BFPC Program quarterly continuing education. A certificate of attendance for each training must be maintained on file in the local agency.

- **Responsibilities.** Core responsibilities of the breastfeeding peer counselor are:
 - **establishing relationships and maintaining regular contact** with prenatal and breastfeeding women enrolled in the breastfeeding peer counselor program by means of phone calls, clinic appointments, home visits, hospital visits, group discussions, or other methods as determined by the agency service delivery model;
 - **providing support and information** to women enrolled in the breastfeeding peer counselor program who are breastfeeding or planning to breastfeed to help prevent, correct and/or manage common breastfeeding problems and to increase the incidence of breastfeeding exclusivity and extended breastfeeding;
 - **issuing breastfeeding supplies** to enrolled BFPC participants in conjunction with the delivery of BFPC services (breastfeeding peer counselors must be trained in the assembly, use, and cleaning of breastfeeding supplies and issue only in consultation with the designated lactation professional); and
NOTE: Breastfeeding peer counselors (BFPC) may not assume primary responsibility for the inventory, issuance and/or maintenance of breastfeeding supplies.
 - **completing required documentation** of services provided.
- **Wage Compensation.** Compensation for breastfeeding peer counselor's work time, training and travel must be provided whether the position is permanent, temporary or contractual. The local agency may provide benefits, according to their local Human Resources policy.

■ **Service Delivery Model**

Each local agency must have a defined BFPC Program service delivery model which assures the provision of consistent and quality breastfeeding peer counselor services to participants enrolled in the BFPC Program. The model used by the local agency may change over time and will affect where, when and how a breastfeeding peer counselor and WIC participant make contact.

- **Where BFPC services will be provided.** Each local agency must determine in which setting(s) a peer counselor 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 participants' home (i.e., home visit).

NOTE: Breastfeeding peer counselors must adhere to the local agency policy for confidentiality. Local agencies which allow breastfeeding peer counselors to work from their home must assure the agency's confidentiality policy addresses home-based services.

- ▶ **When BFPC services will be provided.** Each local agency must determine whether breastfeeding peer counselors will work/provide services during 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). Depending on the model chosen, agencies with more than one BFPC may need to stagger BFPC work schedules to assure coverage during agency hours.
- ▶ **How BFPC services will be provided when a peer counselor is unavailable.** Agencies must determine a back-up plan for providing services to participants enrolled in the BFPC program when the BFPC is not available to do so because she works part-time; is sick or is on approved leave. The agency also must 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.

■ **Consultation and Referral Support for Breastfeeding Peer Counselors**

Each local agency must have a designated lactation professional available to a breastfeeding peer counselor whenever the peer counselor is working. The local agency must also have written policies and procedures for how and when a breastfeeding peer counselor requests consultation from and refers participants to the designated lactation professional. At a minimum, the written policy and procedures must address:

- ▶ the name of the designated lactation specialist from whom a breastfeeding peer counselor seeks consultation and/or refers participants;
- ▶ how and when a breastfeeding peer counselor
 - requests consultation from the designated lactation professional;
 - refers problems that are beyond her scope of practice or that do not resolve within one business day to the designated lactation professional;
- ▶ how and when problems identified by a breastfeeding peer counselor are communicated to the participant's primary health care provider.

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

To receive breastfeeding peer counselor services, participants must be enrolled in the BFPC program. To assure participants receive the full benefit of the breastfeeding peer counselor program, staff should make every effort to enroll women in the BFPC program prenatally. For women enrolled postpartum, the reason for late enrollment must be documented in the BFPC record.

Participants who are enrolled in the BFPC program must read and sign a BFPC Program Letter of Agreement (DHHS 4113). Refer to Attachment 1 for a copy of the BFPC Program Letter of Agreement. Staff shall have the participant read and sign the letter of agreement. If a participant cannot read, staff must read the information to the participant. The staff person

who enrolls the participant must sign the letter of agreement. A copy of the signed letter of agreement must be provided to the participant and the original must be retained in a consistent and readily retrievable manner according to local agency policy.

■ **Breastfeeding Peer Counselor Contacts**

The breastfeeding peer counselor must communicate routinely with women enrolled in the BFPC program. This communication can occur by telephone, through face-to-face individual sessions, and/or through group settings.

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

▸ **Contact Frequency.** The required (noted as such) and recommended breastfeeding peer counselor contacts are outlined below. In the event that the BFPC is unable to reach a participant for a required contact, the BFPC must make at least one additional documented attempt within the required contact interval.

■ *Prenatal Women*

- initial contact within 30 days of enrollment in the breastfeeding peer counselor program (**required contact**)
- monthly thereafter until 2 weeks prior to expected delivery date and then weekly until delivery

■ *Breastfeeding Postpartum Women*

- every 2-3 days in the first week post-delivery and weekly for the remainder of the first month (**required contacts**)
- at least monthly from 2-6 months’ post delivery
- at least once prior to and once after the participant returns to work/school, if applicable

▸ **Documentation of Breastfeeding Peer Counselor Services.** Each breastfeeding peer counselor contact must be documented on the Prenatal or Breastfeeding Peer Counselor Contact section in the Crossroads system. All contacts must be documented in the appropriate section of the BFPC Care Plan Screen. The peer counselor’s assessment and the client contact information must be documented in a Sticky Note. In the instruction section of the Care Plan screen, the peer counselor should document her care plan for the participant and her plan to follow up. If breastfeeding peer counselors do not have access to Crossroads due to reasons such as home or hospital visits, the local agency must assure contacts are documented in Crossroads by the breastfeeding peer counselor within 72 hours of the contact.

▸ **Monthly Activity Reports.** Breastfeeding peer counselors 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” (DHHS 3985). Refer to Attachment 1 for a copy of this form. If a local agency uses a standard agency-wide system for

reporting services provided which includes breastfeeding peer counselor 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 this report to evaluate monthly BFPC activities and for managing the peer counselor caseload.

■ **Dedicated Phone Line**

The local agency must ensure that a dedicated phone line with message capability is available for BFPC program staff 24 hours a day, 7 days a week. Each local agency must have a written policy with procedure to address message retrieval, returning calls, and maintenance of system (i.e., periodic checking by staff to assure the line and messaging system works).

■ **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.

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 (DHHS 3985)*
- 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 in the WIC Program Manual for information on ordering materials from the NSB.*

Instructions For Completing Breastfeeding Peer Counselor Forms (DHHS 4113, and DHHS 3985)

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

Breastfeeding Peer Counselor Monthly Report (DHHS 3985)	
	<ul style="list-style-type: none">▪ Enter Month/Year and Peer Counselor's Name▪ Document activities participated in by week and total for reporting month▪ Document caseload information by week and for reporting month

1. Last Name	First Name	MI
2. Patient Number		
3. Date of Birth	Month	Day
		Year
4. Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> White		
5. Ethnic Origin <input type="checkbox"/> Hispanic Cuban <input type="checkbox"/> Hispanic Mexican American <input type="checkbox"/> Hispanic Other <input type="checkbox"/> Hispanic Puerto Rican <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unreported		
6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
7. 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
- Follow-up with you until you wean your baby
- Refer you to lactation experts or healthcare providers if needed
- Help you
 - ❖ Get a good start with breastfeeding
 - ❖ Make plenty of breast milk for your baby
 - ❖ Learn how to breastfeed when you are in public
 - ❖ Keep breastfeeding when you go back to work or school
 - ❖ Get support from your family and friends
 - ❖ Deal with breastfeeding concerns

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 how and where you would like to be contacted
- Let the peer counselor know if your address or phone number change

Both the breastfeeding peer counselor 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 breastfeeding peer counselor program services and will work with the participant to help her receive the services she needs.

 Signature of Participant

 Signature of Breastfeeding Peer Counselor

 Date

 Date

 Breastfeeding Peer Counselor's Phone Number

DHHS 4113 (05/2010)
 WIC (Review 05/2013)

**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.