



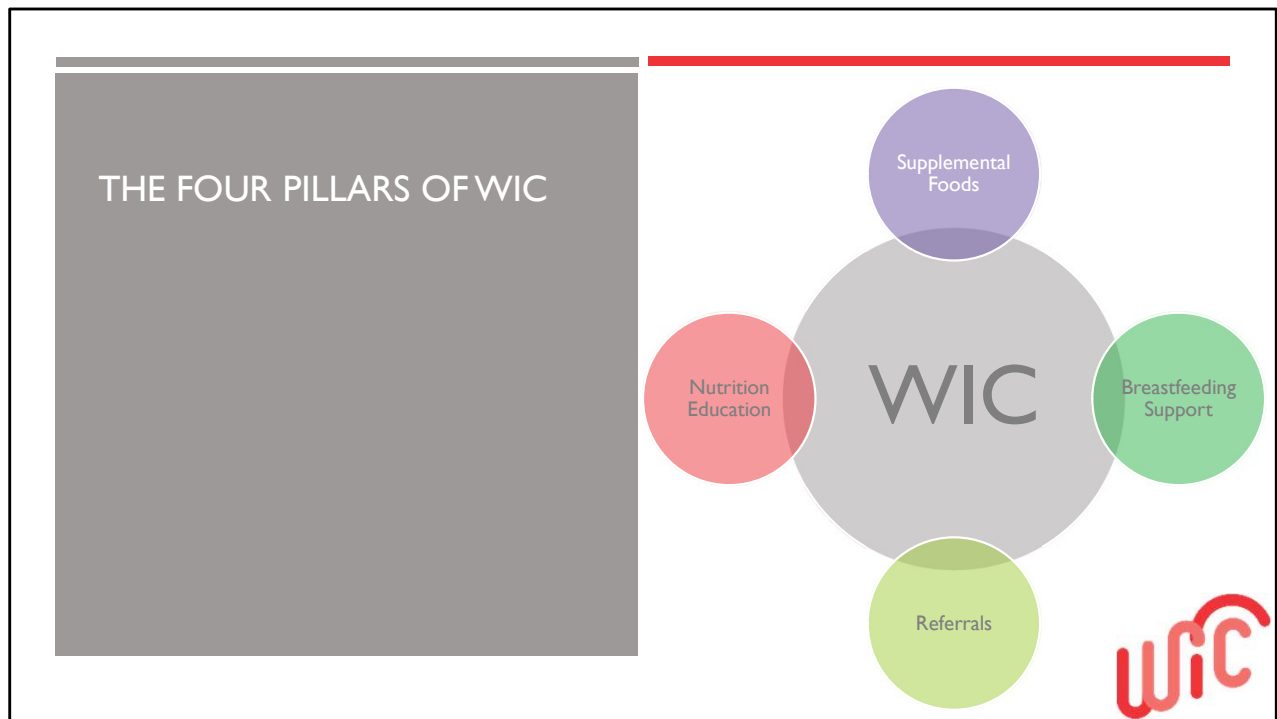
NORTH CAROLINA

**WIC BASIC TRAINING:
BREASTFEEDING PROMOTION & SUPPORT**

MODULE 8

- Welcome to Module 8 of WIC Basic Training! In this module we'll cover breastfeeding promotion and support in the North Carolina WIC Program and beyond.

Module last updated – November 2019



As you recall, WIC is a federal supplemental nutrition program designed to help families improve their health outcomes through focusing on four primary pillars. The four pillars are comprised of nutrition education, supplemental foods, referrals, and breastfeeding support.

<<CLICK>>

Today, we'll be addressing the breastfeeding support pillar.

AGENDA

Describe

- Describe the various supportive roles and responsibilities of WIC staff in protecting, promoting, and supporting breastfeeding

Discuss

- Discuss breastfeeding orientation and continuing education requirements for all staff

Outline

- Outline the requirements to establish and maintain a breastfeeding-friendly local agency environment

Review

- Review the WIC participant categories and the tailoring of food packages for the breastfeeding dyad

Summarize

- Summarize available breastfeeding supplies and requirements for inventory, issuance, and maintenance

- This module will provide information about breastfeeding and how to encourage and support breastfeeding in the North Carolina WIC Program. We hope that by the end of this presentation you will be able to:
 - Describe the various supportive roles and responsibilities of WIC staff in protecting, promoting, and supporting breastfeeding
 - Discuss breastfeeding orientation and continuing education requirements for all staff who interact with WIC applicants and participants
 - Outline the requirements to establish and maintain a breastfeeding-friendly local agency environment
 - You will also be able to:
 - Review the WIC participant categories and how to tailor food packages for the breastfeeding dyad; and
 - Summarize available breastfeeding supplies and requirements for inventory, issuance, and maintenance.
 - For your reference, this module primarily reviews Chapter 9 from the WIC Program Manual covering “Breastfeeding Program Management”. Please refer to Chapter 9 for more information, as needed.
- **CLICK**** Let’s begin with first element of today’s webinar – supportive roles and responsibilities that WIC staff have in protecting, promoting, and supporting breastfeeding.

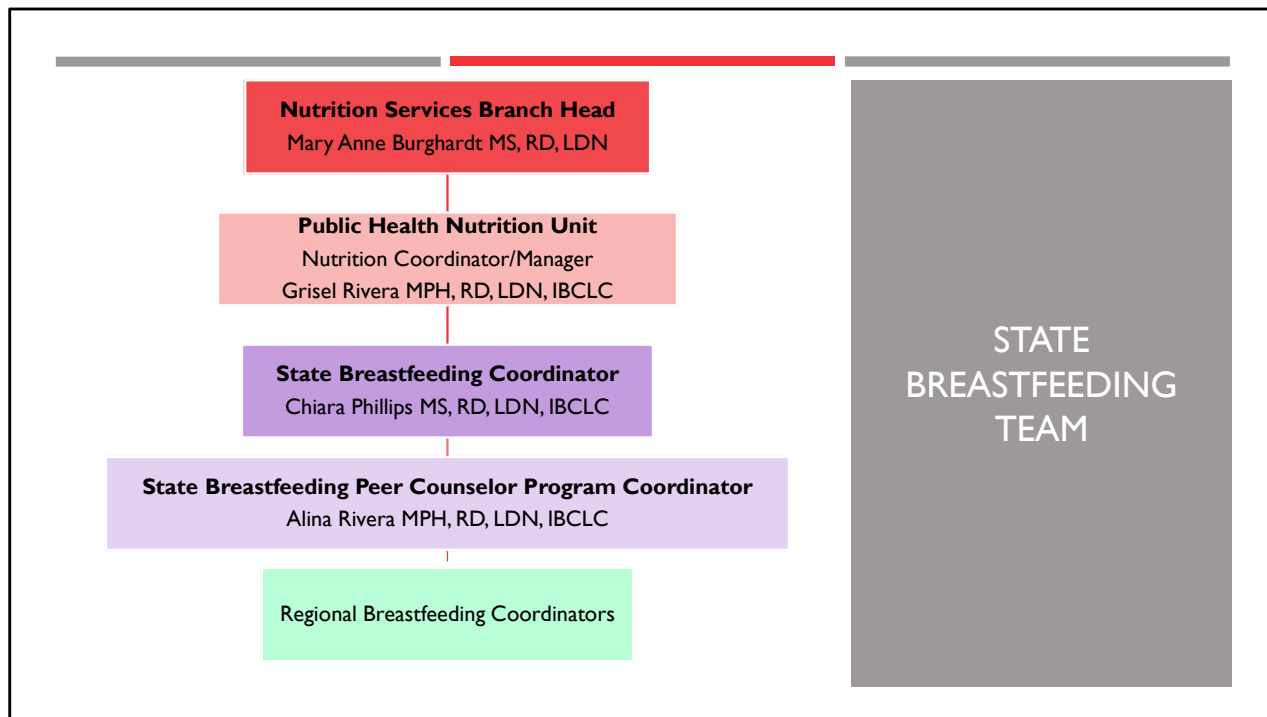


The WIC Program highlights Breastfeeding Promotion and support as an integral part of WIC services with intention to increase the initiation, duration and exclusivity of breastfeeding among women enrolled in the Program. Please watch the video from the National WIC Association, a non-profit education and advocacy arm for the WIC program.

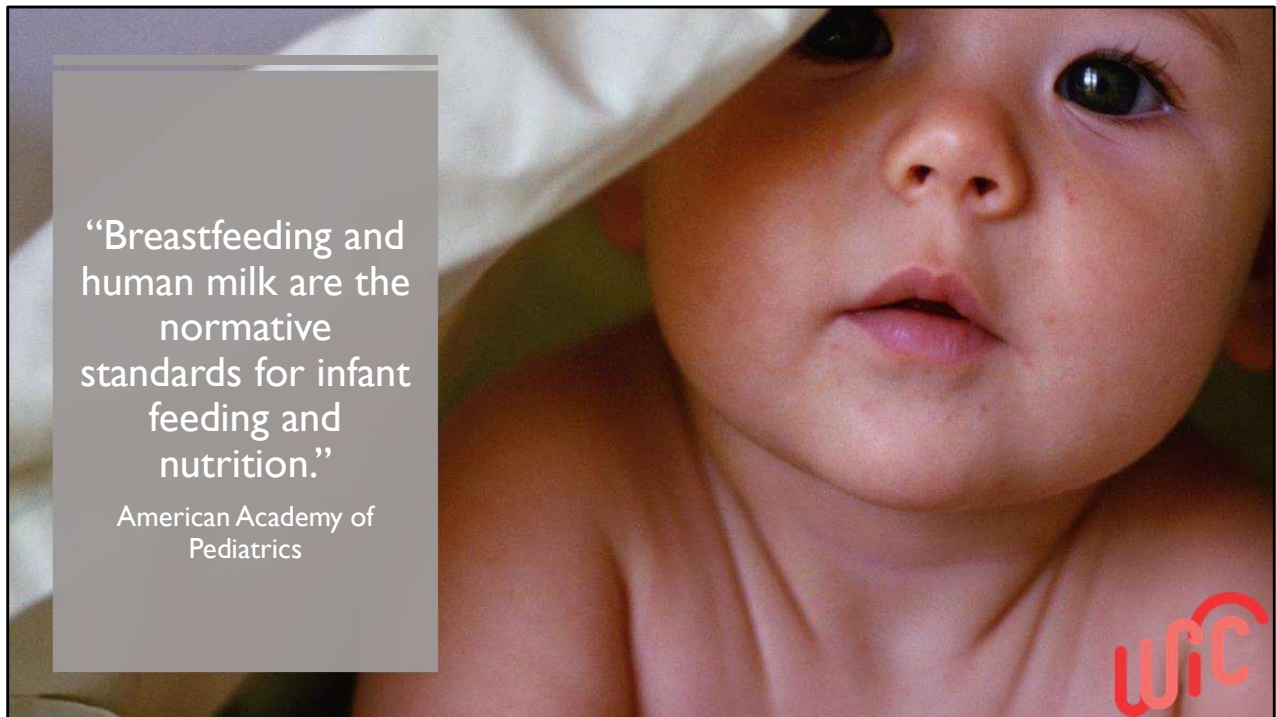
<https://www.youtube.com/watch?v=LucQu4vvNLQ>

It takes **a village**





In North Carolina, the WIC Program is administered through the Division of Public Health’s Nutrition Services Branch. The slide above shows the breastfeeding support and promotion team within the Nutrition Services Branch.



“Breastfeeding and human milk are the normative standards for infant feeding and nutrition.”

American Academy of Pediatrics

- The primary objective of breastfeeding promotion and support is to assure that mothers are supported to breastfeed their children as long as mutually desired.
 - The WIC program concurs with the American Academy of Pediatrics who succinctly states that “Breastfeeding and human milk are the normative standards for infant feeding and nutrition”
- In the WIC program, breastfeeding specifically exclusive breastfeeding providing only human milk should always be seen and promoted as the normal infant feeding method.

Photo credit: S:\NSB\Resources\PHOTOS-CLIPART\People\Preg & babies vol.113 (NSB) 113071

BREASTFEEDING MATTERS

“Nursing is not just a parenting decision; it’s **after-care**. Bodies that have given birth are designed to recover by lactating, and when that process is interrupted, their health suffers.”



- Breastfeeding has health benefits for both the baby and the mother. For a mother, breastfeeding helps their body heal from childbirth by releasing a hormone called oxytocin that initiates uterine contraction, which leads to the discontinuation of uterine bleeding and shrinks the uterine back to its normal size and shape. Breastfeeding lowers a mother’s risk of ovarian and breast cancer, osteoporosis, heart disease, and diabetes to name a few of the benefits.
- All parents deserve the right to receive breastfeeding education and support. Women’s bodies are designed to breastfeed and even if a pregnant woman is undecided or not interested in breastfeeding, she deserves accurate breastfeeding information to make an informed decision. WIC Regulations require that breastfeeding education and support is part of every nutrition contact for pregnant and breastfeeding women. Please be aware, a non-breastfeeding woman may still have lactation questions or she may still be in the complementation phase, deciding whether breastfeeding is the right decision for her family.

Source: <https://www.elle.com/culture/career-politics/a22101877/trump-breastfeeding-opposition-world-health-assembly/>

Photo credit: AsianInfantBreastfeeds Fotolia_31734703_Subscription_XXL.jpg

EXCESS HEALTH RISKS ASSOCIATED WITH NOT BREASTFEEDING

Outcome	Excess Risk* (%)
Among full-term infants	
Acute ear infection (otitis media)	100
Eczema (atopic dermatitis)	47
Diarrhea and vomiting (gastrointestinal infection)	178
Hospitalization for lower respiratory diseases (first year)	257
Asthma, with family history	67
Asthma, no family history	35
Childhood obesity	32
Type 2 diabetes mellitus	64
Acute lymphocytic leukemia	23
Acute myelogenous leukemia	18
Sudden infant death syndrome	56



- In 2011, The Surgeon General published “The Surgeon General’s Call to Action to Support Breastfeeding” that compared the excess health risks associated with not breastfeeding. The Surgeon General’s report reaffirmed the public health necessity for the promotion and support of breastfeeding.
 - In all outcomes among full-term infants, there is an excess health risk to not breastfeeding as shown by this table.

EXCESS HEALTH RISKS ASSOCIATED WITH NOT BREASTFEEDING

Outcome	Excess Risk* (%)
Among preterm infants	
Necrotizing enterocolitis	138
Among mothers	
Breast cancer (for each year of breastfeeding)	4
Ovarian Cancer	27

Office of the Surgeon General (US); Centers for Disease Control and Prevention (US); Office on Women's Health (US).
Rockville (MD): [Office of the Surgeon General \(US\)](#); 2011.



- For vulnerable premature infants, formula feeding is associated with higher rates of necrotizing enterocolitis.
- Attention was also given to the women; breast and ovarian cancer risk are higher for women who have never breastfed than those who have breastfed for some time period.
 - Additionally, in the case of breast cancer, there is an inverse relationship between breastfeeding duration and risk of breast cancer meaning that excess risk for certain types of breast cancer decrease with each year of total breastfeeding.

CONTRAINDICATIONS TO BREASTFEEDING



Absolute

- Galactosemia
- HIV/AIDS
- T-Cell Lymphotropic Disease (HTLV Type I or II)
- Untreated Brucellosis
- Tuberculosis
- Herpes
- Current Substance Abuse

Temporary

- Breast Abscess
- Varicella
- CMV Infection
- Group B Strep: Infant Only



- We've reviewed the immediate and long-term health benefits for each the breastfeeding infant and mother. There ARE situations when breastfeeding is contraindicated for either infant or maternal health concern.
- Conditions for which breastfeeding is **always** contraindicated for the protection of the mom or infant are:
 - Galactosemia
 - HIV/AIDS
 - T-Cell Lymphotropic Disease (I Or II)
 - Untreated Brucellosis
 - Tuberculosis
 - Herpes
 - Active Substance abuse
- Conditions which may **temporarily** suspend breastfeeding:
 - Breast Abscess
 - Varicella
 - CMV Infection
 - Group B Strep: Only if the infant is experiencing respiratory stress due to Group B Strep infection.


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BREASTFEEDING SUPPORT AND THE WIC PROGRAM

The WIC Program is federally mandated to promote and support breastfeeding

- The WIC Program has a long history in the promotion and support of breastfeeding since its inception in 1975.
- It is the only program that is federally mandated to support breastfeeding.
- The requirements discussed in this webinar are mandated by the federal government.



I MAKE MILK.
What's your superpower?

**ENVIRONMENTS
INFLUENCE
BEHAVIORS**

When breastfeeding is protected, promoted, and supported, parents are 2.5 times more likely to breastfeed

- The protection, promotion, and support of breastfeeding begins with the creation of an environment that promotes breastfeeding as the normal infant feeding method. As well as, a clinic who views breastfeeding as more than a parenting decision, but as after-care for all mothers.
 - WIC understands that the development of a positive breastfeeding environment contributes to a mother's confidence and success with breastfeeding. Research has taught us that when breastfeeding is protected, promoted, and supported, parents are 2.5 times more likely to breastfeed.
- Each clinic is tasked with the responsibility of cultivating an environment that promotes exclusive breastfeeding as the normal infant feeding method as outlined in Chapter 9, Section 1 of the NC WIC Program Policy Manual.
- Breastfeeding impacts the health spanning generations, therefore it is rightly a public health focus and a pillar of the WIC Program.

Photo credit: NWA I Make Milk low res Web Image.jpg

** Request high resolution image from NWA** 10/28/19

BREASTFEEDING RECOMMENDATIONS

“Exclusive breastfeeding is recommended up to 6 months of age with continued breastfeeding along with appropriate complementary foods up to 2 years of age or beyond.”

-World Health Organization



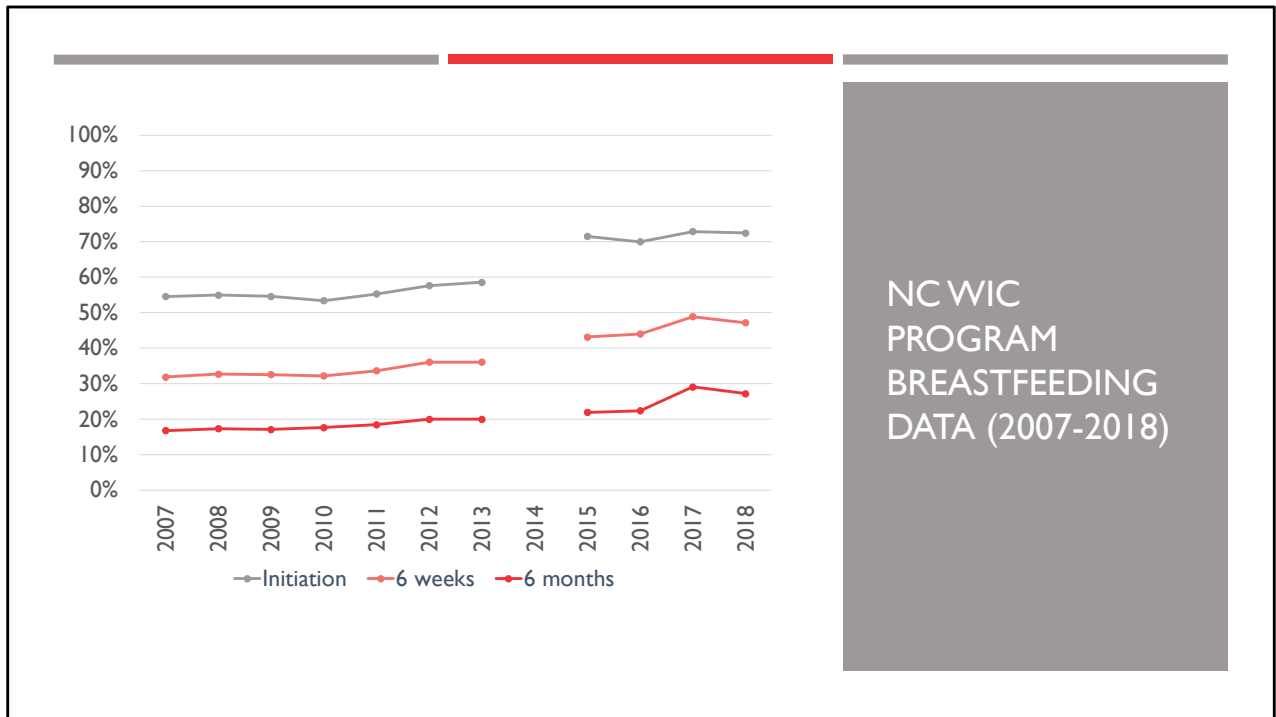
- The global research and data continue to shape the development of policies and supporting statements from professional organizations. WHO recommend exclusive breastfeeding up to 6 months of age with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.
- A long list of other national and professional organizations agree that breastfeeding is the normal way to nourish and nurture an infant. The WIC Program concurs that exclusive breastfeeding must be supported and parents should be supported to breastfeed for as long as mutually desired. It is also important to note, that breastfeeding beyond one year continues to provide indispensable health benefits to families and should be protected and promoted. Please note that the average age of weaning across the world is 4.5 years.

Participant Poster_Breastfeeding.png

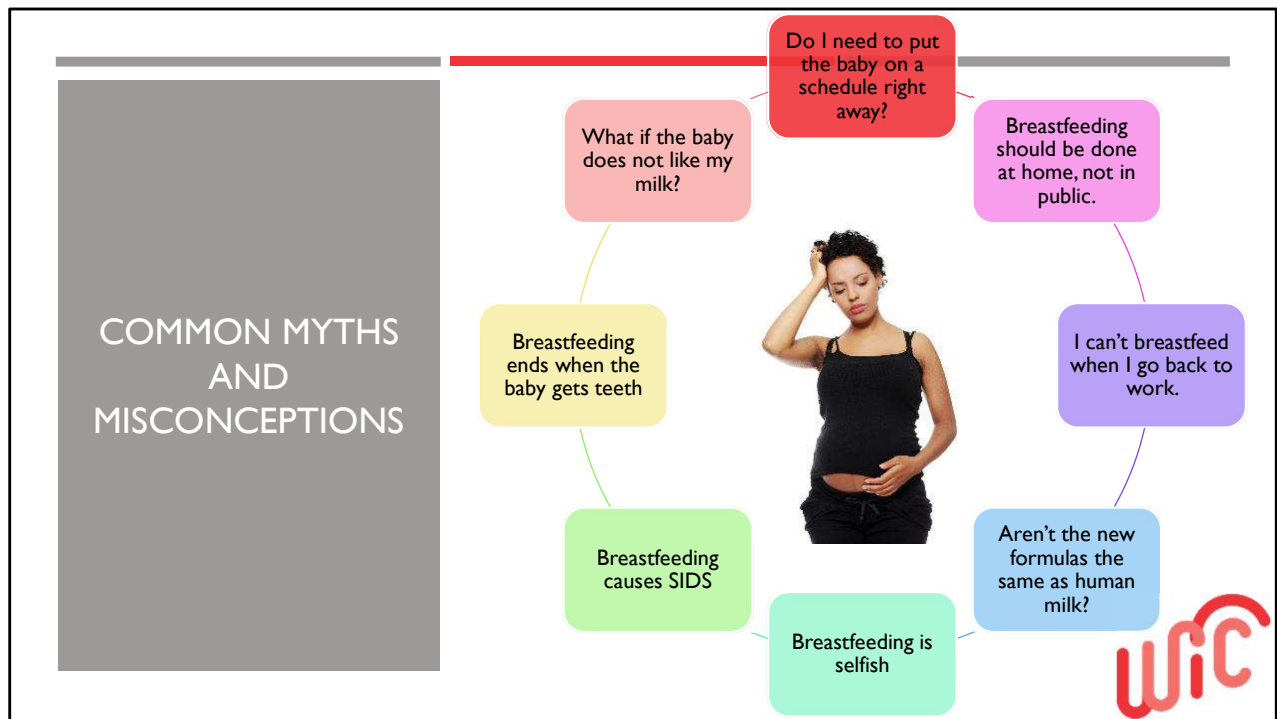


BREASTFEEDING
RATES ARE
INCREASING

- North Carolina has made improvement in the rates of mothers who are initiating breastfeeding, continuing to breastfeed, and are providing only breast milk to their children. However, NC remains at or below the national average for breastfeeding initiation, duration, and exclusivity rates. There is still work to be completed and WIC is part of the solution to allowing mothers who make the decision to breastfeed be successful.
- *Adobe Photo Stock: 187934821*

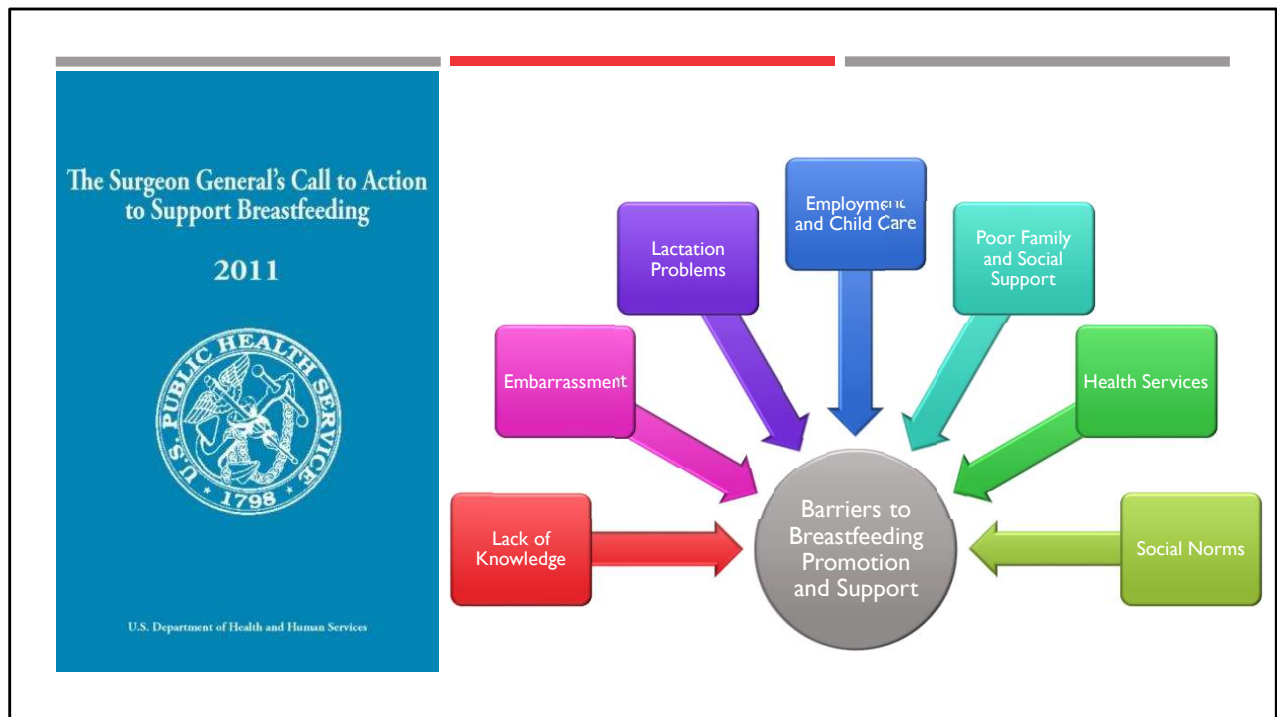


- Today, breastfeeding data is collected from our management information system, Crossroads beginning in 2015.
- The 2018 Fiscal Year Data shows that 72.74% of parents participating in the North Carolina WIC Program initiated breastfeeding. At six weeks, 47.17% of infants were breastfeeding an average of at least one time a day, and at 6 months 27.2% of infants were breastfeeding .
 - WIC is continuing to follow a positive trend, but there is still work to be done and it begins with you.

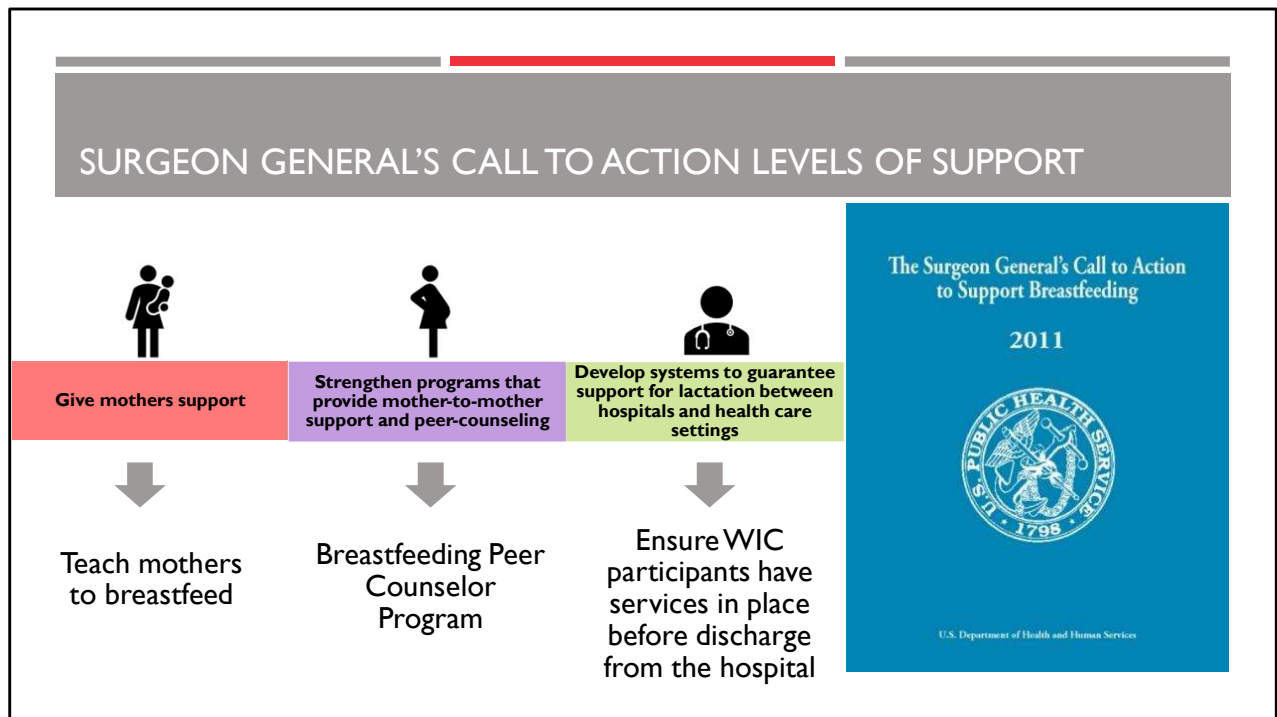


- It is critical that there be a source of accurate and up-to-date information within a support system. WIC part of our participant's support network.
- Many common myths associated with breastfeeding include:
 - Infants need to be placed on a schedule right away;
 - Breastfeeding should only happen in the privacy of home;
 - Returning to work means the end of breastfeeding;
 - The new formulas on the market are the same as human milk;
 - Breastfeeding is selfish because nobody else can feed the baby;
 - Breastfeeding causes SIDS;
 - When the baby gets teeth, breastfeeding is over; and
 - The baby might not like your milk
 - And many, many more.
- As a WIC staff member, it is important that you are able to guide families through these common misconceptions and myths and support them with accurate information and resources. Talk to your supervisor or WIC Director if you need resources to learn more about breastfeeding.

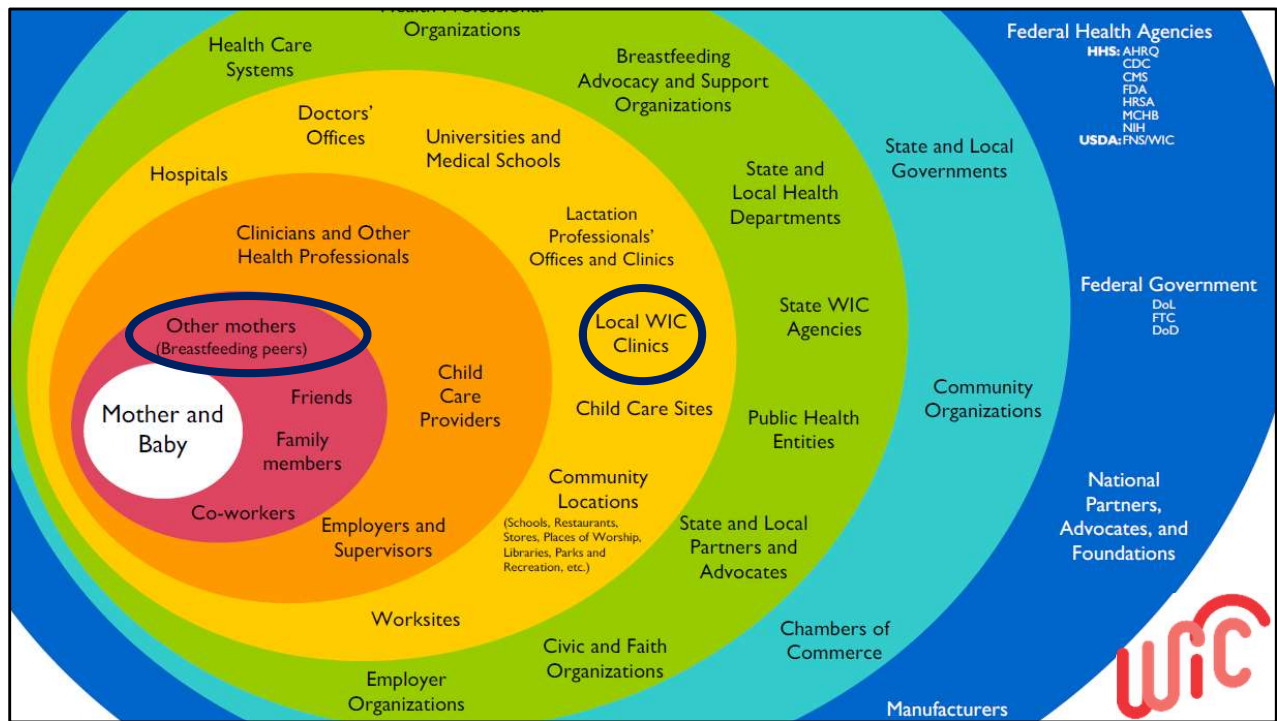
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- On January 21, 2011, the Surgeon General, Dr. Regina Benjamin, released the Call to Action to Support Breastfeeding. The focus of this document is specifically on breastfeeding support. Many myths and misconceptions surrounding breastfeeding are shared with the mom and family as well-meaning advice, based on cultural beliefs or practices, or the product of successful media campaigns that lead mothers and families to believe that breastfeeding isn't the best option. As addressed in the Call to Action, without breastfeeding support, the barriers to breastfeeding may become too large to overcome. Some of these barriers include but are in no way limited to;
 - A general lack of breastfeeding knowledge extending to include healthcare providers with limited clinical breastfeeding knowledge;
 - Embarrassment;
 - Current or past lactation problems, both actual and perceived;
 - Employment and child care locations where there may be a lack of a commitment to breastfeeding;
 - Poor family and social support which become stronger barriers when amplified by cultural beliefs and practices that do not support breastfeeding;
 - Health services which lack a commitment to breastfeeding education and support in the community; and
 - Social norms, including media and marketing which influences the belief that breastfeeding is not the best option



- The Call to Action highlighted twenty (20) actions addressing various levels of support for breastfeeding. In relationship to WIC services and clients, we will focus on Action 1, 3, and 8.
- Action 1 is to give mothers the support they need to breastfeed their babies, this includes teaching mothers how and when to breastfeed.
 - In WIC, partner with maternal health, reproductive health; health care providers; pregnancy resource centers to enroll participants during pregnancy.
- Action 3 is to strengthen programs that provide mother-to mother support and peer counseling. North Carolina WIC has established the Breastfeeding Peer Counseling program as a core service available to women participating in WIC.
- And Action 8, is to develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community. In order to support this action at WIC, we work to establish and implement policies and programs to ensure that participants in WIC have services in place before they are discharged from the hospital.



- When it comes to breastfeeding, moms need support from their family, friends, and WIC. But they also need support from their communities. From hospital systems and retail stores to child care centers and faith-based groups, everyone has a role to play in making breastfeeding the easiest, most convenient way for a mom to feed her baby.
- The image shows all the individuals, environments, and policy that have impact a family's decision to start and continue to breastfeed.
- It takes all of us working together to create a breastfeeding-friendly network and allows families to meet their individual breastfeeding goal.

AGENDA

Describe

- Describe the various supportive roles and responsibilities of WIC staff in protecting, promoting, and supporting breastfeeding

Discuss

- Discuss breastfeeding orientation and continuing education requirements for all staff

Outline

- Outline the requirements to establish and maintain a breastfeeding-friendly local agency environment

Review

- Review the WIC participant categories as they relate to breastfeeding and appropriate food packages

Summarize

- Summarize available breastfeeding supplies and requirements for inventory, issuance, and maintenance

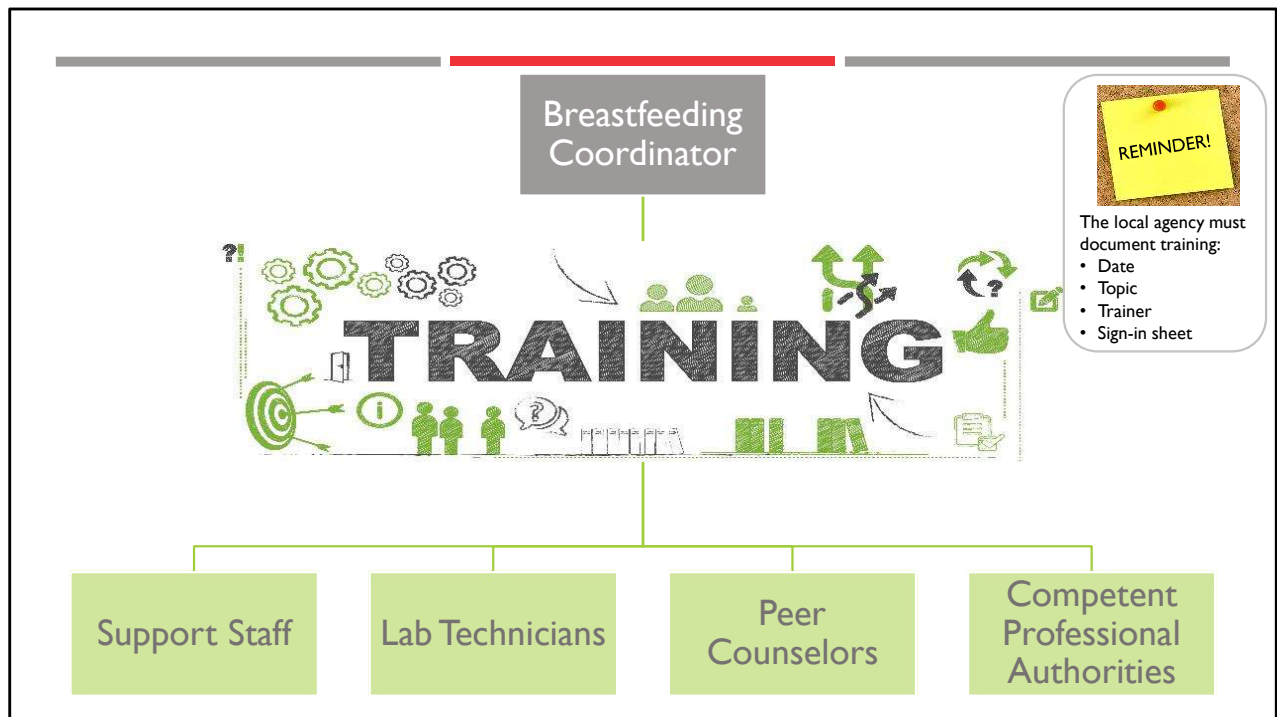
Now that you're more familiar with the many, many roles that WIC staff play in protecting, promoting, and supporting breastfeeding, ****CLICK**** let's move on to the required breastfeeding orientation and continuing education requirements for all WIC staff.

POSITIVE REINFORCEMENT

- At every visit with every pregnant and breastfeeding participant, the message of support and promotion must be reiterated



- As WIC staff, we provide critical support that can influence a mother’s breastfeeding success. With positive reinforcement and support, we can encourage moms as they travel through their breastfeeding journey. At **every** visit with **every** pregnant and breastfeeding participant, the message of support and promotion must be reiterated.
- To establish and maintain this positive and informed breastfeeding environment that supports breastfeeding mothers and presents breastfeeding as the standard feeding method, we must ensure staff training is thorough and consistent. As it is stated in section 2 of Chapter 9 in the WPM, “initial and ongoing training for agency staff is required to help assure the staff exhibit a positive and supportive attitude about breastfeeding and actively endorse the provision of human milk as the standard method of infant feeding.”
- HandsMakeTree Fotolia_43954981_Subscription_XXL.jpg



- Not all WIC clinics and clinic staff roles look the same. However, it is the responsibility of the **breastfeeding coordinator** in each local WIC agency to ensure that new staff receive proper orientation to program policies, goals, and philosophies regarding breastfeeding. All WIC staff are required to complete breastfeeding orientation within three months of hire. Following initial orientation, it is also the responsibility of the breastfeeding coordinator to ensure annual breastfeeding education and support training (WPM Chapter 9, section 2 reviews Staff Training and articulates requirements).
- <<CLICK>>
- Unless documented, the training is unable to be verified. So, do remember to document every training by recording of the training date, agenda and title of the training, name of the trainer, and sign-in sheets.

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BREASTFEEDING ORIENTATION REQUIREMENTS



Program goals and philosophy regarding breastfeeding



Communicate the clinic environment and policies that support breastfeeding



Task appropriate breastfeeding information



Program operations



At a minimum, new staff member's breastfeeding orientation should cover the four topics outlined in the WIC Program Manual.

- Program goals regarding breastfeeding
 - Includes that breastfeeding is the normative standard for infant feeding and all women should be provided with accurate breastfeeding education to make an informed decision
- Communicate the clinic environment and policies that support breastfeeding,
- Discuss how each clinic staff has a pivotal role in the cultivation and maintenance of a breastfeeding friendly clinic.
 - Education and anticipatory guidance, benefits and risks of not breastfeeding, and impact of formula supplementation when it is not medically indicated, and contraindications to breastfeeding
- And lastly program operations, including
 - Food package, consider - for the breastfeeding dyad
 - How to refer to the breastfeeding peer counselors and how your local agency provides breastfeeding peer counselor services.

WHO IS A BREASTFEEDING PEER COUNSELOR?

- A mother who has personal experience with breastfeeding;
- A paraprofessional;
- Able to portray breastfeeding in a positive manner;
- From the target population;
- Available to work non-traditional hours and days of the week

- Since 2005, the North Carolina WIC Program has offered the Breastfeeding Peer Counselor Program. The Program employs BFPCs who meet a specific criteria of qualifications. A BFPC is:
 - A mother who has personal experience with breastfeeding, having breastfed at least one child;
 - A paraprofessional whose work history does not include extensive professional training;
 - 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.



BREASTFEEDING PEER COUNSELORS

- Serve as role models
- Teach mothers about breastfeeding and provide counseling
- Provide encouragement and guidance
- Provide referrals
- Receive training from the Nutrition Services Branch



- Breastfeeding Peer Counselors provide support to WIC Participants by:
 - Serving as role models
 - Some women have never seen another woman breastfeed her baby or have never talked to another mom about breastfeeding. BFPC have breastfed their infants and share their experiences with WIC participants, it is mom-to-mom support.
 - Teaching mothers about breastfeeding and providing counseling
 - Breastfeeding peer counselors focus on helping participants breastfeed successfully. They provide one-on-one support and telephone counseling, and they may assist with group classes. Peer counselors provide valuable breastfeeding assistance to reinforce WIC's breastfeeding message.
 - They provide encouragement and guidance
 - They provide information to pregnant women about what they can expect during the first days and weeks of their baby's life. Peer counselors will help participants during the first days of breastfeeding. They also provide follow-up counseling on the phone, text, email, or in the clinic.
 - They receive training from the Nutrition Services Branch
 - Breastfeeding Peer counselors have more than personal experience. They take a 20 to 30 hour training course that includes breastfeeding basics, counseling skills, and making referrals. If you have questions or concerns, they can help.

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WHY ARE PEER COUNSELORS SUCCESSFUL?

- Life experiences draw people together
- Parenting is unifying
- All parents have valuable knowledge to share
- Many mothers express a desire to connect to others prior to the birth of their child

- There are many reasons why peer counselors are successful. A few of the reasons reported include:
 - People naturally seek out individuals with similar life experiences.
 - Women are drawn to other women with whom they share life experiences, particularly those experiences related to parenting.
 - Most women remember what it felt like to be a new mother and how much they had to learn.
 - Many women want a connection with other mothers to help them get ready for or navigate parenthood.
- Peer counselors are invaluable partners who help women gain confidence in their abilities to breastfeed. Find out what type of peer support is available for pregnant and breastfeeding mothers in your WIC Agency and/or in your community.
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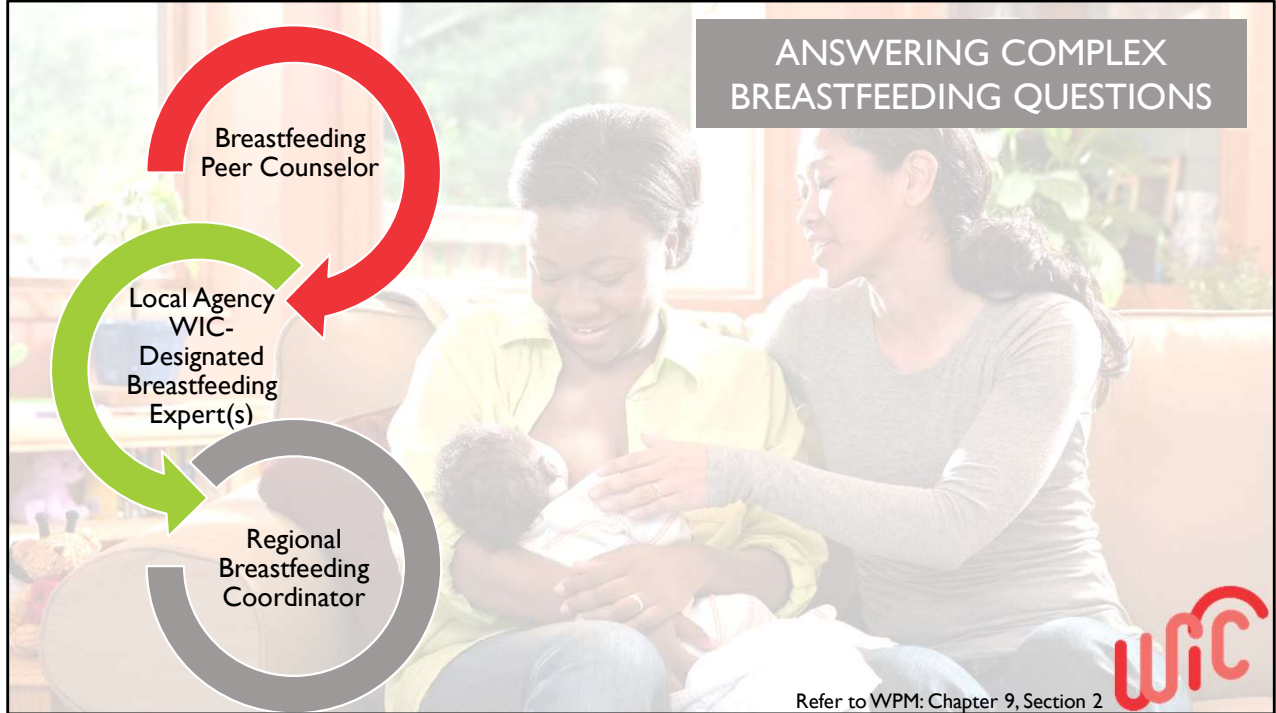
BREASTFEEDING
SUPPORT IS
EVERYONE'S
RESPONSIBILITY

- **Anyone** can/should refer **any** participant to your agency's breastfeeding peer counselor(s)



- Breastfeeding support is everyone's responsibility in the WIC Program and we all have a role.
 - This is why as part of breastfeeding orientation for all WIC staff , it must include education on the procedure for how to refer any participant to the breastfeeding peer counselor program.
 - All staff can and should refer participants to your agency's breastfeeding peer counselor(s). They are an essential part of the WIC Program.

Photo Credit: AA baby breastfeeding Fotolia_25588655_Subscription_XL.jpg



- When a peer counselor encounters a breastfeeding situation that they identify is outside their scope of practice or is a common problem that has not resolved within 24 hours, the situation should be escalated to one of the local agency's WIC Designated Breastfeeding Experts or DBEs. For more information on who qualifies as the DBE see, Chapter 9, Section 2 of the WIC Program Manual.
- The DBE determines the recommended care plan and coordinates with the peer counselor. Depending on the situation, the DBE may contact the mother or may request the peer counselor to make follow-up contact.
- If the DBE determines the situation is beyond their scope of practice and further guidance is necessary, the DBE should escalate the concern to their assigned Regional Breastfeeding Coordinator.
 - Please note that the chain of escalation varies dependent on the situation.

WIC Works Photos: Asian PC-AA bf2.tif

- As you can see on this map, North Carolina is organized into six (6) Perinatal Regions as delineated by the bold line and each Regional Breastfeeding Coordinator for that region is indicated. Find your county on this map to determine your perinatal region and corresponding Regional Breastfeeding Coordinator, whom is available as a resource for breastfeeding support.
- Each Region offers the Breastfeeding Peer Counselor (BFPC) core training biannually in addition to conducting quarterly trainings for all BFPC and their managers. **It is a requirement that the Breastfeeding Peer Counselors (BFPCs) and Breastfeeding Peer Counselor Managers attend these quarterly trainings!**
- Also illustrated on this map are the Regional Nutrition Consultants' areas of coverage. Whereas the RBC's offer breastfeeding support and assistance, questions related to the WIC Program including breastfeeding policy must be directed to your RNC.

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Summarize

- Summarize available breastfeeding supplies and requirements for inventory, issuance, and maintenance

Moving on, ****CLICK**** let's outline the requirements and principles for establishing a breastfeeding friendly environment in your local agency.

THE POWER OF A POSITIVE COMMENT



INSTEAD OF:

- Are you going to breast or bottle feed?
- Do you need any formula “just in case”?
- Do you need formula today?

USE POSITIVE MESSAGES:

- What have you heard about breastfeeding?
- Please call us if you have any questions
- Do you want to talk to the breastfeeding peer counselor before you leave today?

- Anyone can initiate a conversation about breastfeeding or encourage women that they can achieve their goal of breastfeeding. All staff including front line staff, lab techs, CPAs, and WIC Directors have an important role in ensuring that your local agency maintains a breastfeeding friendly environment. Never underestimate the power of a positive comment.
- It is important to utilize positive messaging and open-ended questions.
 - For example:
 - How is breastfeeding going? Your baby looks great.
 - Do you want to talk to the breastfeeding coordinator before you leave today?
- A tip to providing positive support is to utilize the 3-step counseling strategy:
 - Ask open-ended questions and probe. Open-ended questions are a safe way to begin a conversation with a participant.
 - Some questions you may ask a mom may be: “What are your thoughts about breastfeeding?” or, “What are you most looking forward to about breastfeeding your baby?” or, “How do you think WIC can help you the most in regards to breastfeeding your baby?”
 - Affirm the mother’s feelings. Breastfeeding can be overwhelming for new moms. A

participant should be affirmed that their questions and experience are valid and worthy. Never make a participant feel bad or guilty for their feelings regarding breastfeeding.

- Last, educate mothers on best practices, what to expect, and where to look for help when they need it.

Photo Credit: W Mom and Child Breastfeeding3_Fotolia_1667882.jpg

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A BREASTFEEDING-FRIENDLY ENVIRONMENT

Assessing your WIC clinic:

- Do you know where your written breastfeeding policies are?
- Do you know who the Breastfeeding Coordinator is?
- Is your clinic breastfeeding friendly?
- Knowledge and attitudes of providers and staff

- WIC strives to remove barriers and support breastfeeding moms. There are many things a WIC clinic can do to conduct a “self-assessment”. For example, Do you know where your written breastfeeding policies are? Do you know who the Breastfeeding Coordinator is? Is your clinic breastfeeding friendly? Are there posters around that encourage breastfeeding and are free of formula company marketing?
- It’s important that your staff knows how to support a breastfeeding woman. All agency staff must maintain a positive attitude regarding breastfeeding despite their personal experiences or beliefs.
- It is everyone’s responsibility to provide a positive atmosphere in your clinic, which includes making breastfeeding mothers feel welcome, comfortable, and supported.

CheckBoxes Fotolia_34846078_Subscription_XXL.jpg



Eliminate visibility of breast milk substitutes

- Store all formula, bottles etc. out of sight
- Avoid passive promotion of formula feeding

Use materials that promote breastfeeding

- Incorporate positive, culturally friendly, consistent breastfeeding messaging

Exhibit a positive attitude towards breastfeeding

Ensure that mothers are comfortable breastfeeding in the agency

- Post signs in waiting rooms
- Establish a room or space for breastfeeding women

Ensure participant access to breastfeeding promotion and support

- All prenatal clients receive information on WIC services, breastfeeding promotion, and management issues
- Follow-up counseling and support offered throughout postpartum period

Establish and maintain collaborative community partnerships

- To be revised annually
- Indicate in revision assurance that relevant partners have knowledge of the BFPC Program services

Refer to WPM: Chapter 9, Section 1



- What does it mean to have a breastfeeding friendly clinic?
- WIC State and local agencies are required by federal WIC Program regulations to create policies and procedures to ensure breastfeeding support and assistance are provided.
- Steps to take in your clinic include:
 - Eliminate the visibility of formula. This includes storing formula, bottles, and nipples out of sight, as well as avoiding unnecessary distractions that may accidentally send a different message to mothers. We prohibit the use of printed materials, posters, and office supplies – such as pens, note pads, lanyards, mousepads, etc. that have formula branding.
 - Use materials that promote breastfeeding. As much as possible, visibly promote breastfeeding as the normal way to feed infants through 1 year and beyond with posters and educational materials. Visuals should incorporate positive, culturally friendly, and consistent breastfeeding messages. Use materials that are free of language that may undermine a mother's confidence in her ability to breastfeed.
 - All local agency staff must exhibit a positive attitude toward breastfeeding.
 - Ensure that mothers are comfortable breastfeeding in the agency. Local agencies must post signs in clinic waiting rooms that encourage families to breastfeed anywhere in the agency, as well as the availability of a comfortable, reasonably

private and relaxing space to be used for breastfeeding or pumping. WIC Program funds can be used to establish a room or space designated for breastfeeding families.

- Ensure access to breastfeeding promotion and support activities. This can be accomplished by:
 - Providing pregnant women with information on breastfeeding and WIC Program breastfeeding support services, so that moms can make an informed decision about infant feeding.
 - Integrating breastfeeding promotion and management 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.
- Last, 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.
- As a reminder, no formula sales representatives should be in WIC clinic period.
- Refer to WIC Program Manual Chapter 9, Section 1 for more details and requirements in breastfeeding promotion and support.

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BREASTFEEDING ANYWHERE, ANYTIME

“...a woman may breastfeed in any public or private location where she is otherwise authorized to be, irrespective of whether the nipple of the mother’s breast is uncovered during or incidental to the breastfeeding.”

N.C. Gen. Stat. § 14-190.9

Message:
Parents can breastfeed anywhere and especially at WIC. Parents must be supported to breastfeed their child where they feel most comfortable.

- The WIC Program is a partner and advocate for the normalization of breastfeeding, which includes breastfeeding in public. Women should be made aware of their right to breastfeed their child wherever they feel most comfortable. As previously mentioned, each WIC clinic is responsible for the insurance that mothers are comfortable breastfeeding in their clinic by the postage of signs informing them of their right and the establishment of a breastfeeding space for parents that feel more comfortable nursing in private.
- Additionally, North Carolina supports a parent’s right to breastfeed in any public or private location. The message we desire for our participants to receive is, “Parents can breastfeed anywhere and especially at WIC. Parents must be supported to breastfeed their child where they feel most comfortable.”
 - It is the parent’s decision about where they feel most comfortable breastfeeding and find their comfort zone.

Photo Credit: breast feeding Fotolia_143681032_Subscription_XL.jpg



- WIC has the influence to make changes that support breastfeeding. Let's watch a short video of how WIC helped to normalize breastfeeding in their rural community.



<https://www.youtube.com/watch?v=XVDOJelulVY>

RECOMMENDATIONS

- Encourage activities that create breastfeeding-friendly communities.
- Encourage breastfeeding-friendly workplaces.
- Encourage breastfeeding-friendly child care facilities.
 - Help facilities learn how to promote, protect and support breastfeeding.
- Make referrals and connect mothers *(required)*
 - Breastfeeding Coordinator
 - Health care providers trained in breastfeeding
 - Breastfeeding Peer Counselor
 - North Carolina Breastfeeding Coalition
 - Others in your community!

Resources for Support

[The North Carolina Breastfeeding Coalition](#)

[Breastfeeding-Friendly Child Care Designation program](#)

[La Leche League](#)



- Here are some recommendations building collaborative community partnerships.
- We want to encourage activities that create breastfeeding-friendly communities and support breastfeeding-friendly workplaces.
- Encourage breastfeeding-friendly child care facilities. Help facilities in your community learn how to promote, protect, and support breastfeeding.
- Connect with local and state coalitions such as the North Carolina Breastfeeding Coalition or your local La Leche League chapter. Part of supporting breastfeeding moms in your agency is to make referrals and know the resources in your community. Learn the breastfeeding resources available to you and to WIC mothers..
- If you're feeling particularly inspired and want to get more involved, consider joining a local coalition or connect with your Regional Breastfeeding Coordinator to learn more about the resources in your community.

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AGENDA

Describe

- Describe the various supportive roles and responsibilities of WIC staff in protecting, promoting, and supporting breastfeeding

Discuss

- Discuss breastfeeding orientation and continuing education requirements for all staff

Outline

- Outline the requirements to establish and maintain a breastfeeding-friendly local agency environment

Review

- Review the WIC participant categories as they relate to breastfeeding and appropriate food packages

Summarize

- Summarize available breastfeeding supplies and requirements for inventory, issuance, and maintenance

As I'm sure you're noticing, breastfeeding support, promotion and protection are woven into the fabric of much of the WIC program. ****CLICK**** we're now going to review how breastfeeding relates to the food package prescribed for the breastfeeding dyad.



- WIC's Fully Breastfeeding Food Package provides incentives to breastfeed. Fully breastfeeding moms get the greatest quantity and most variety of food.

Photo Credit: FrutsVegetables_Fotolia_43873996_Subscription_XXL.jpg

Food Packages

- Fully Breastfeeding
- Partially Breastfeeding
- Fully Formula



(Non-breastfeeding woman's food benefits end at 6 months)

- CPAs are responsible for tailoring the food package to meet the supplemental nutritional needs of the postpartum mother and their infant. The breastfeeding food package was designed to provide incentives for the initiation and continuation of breastfeeding, and minimize early supplementation with infant formula to help mothers establish milk supply.
- Breastfeeding mothers whose infants receive formula from WIC are to be supported to breastfeed to the maximum extent possible with least amount of supplementation of infant formula.

ISSUING FOOD PACKAGES TO THE BREASTFEEDING DYAD

- Begin prenatally, provide anticipatory guidance
- Conduct breastfeeding assessments
- Provide counseling and support for the breastfeeding dyad
- Refer to breastfeeding peer counselors or other community resources
- Provide positive reinforcement
- Tailor the food package to meet, but not exceed the infant's nutritional needs
- Respect personal decision making

- When a breastfeeding mother requests formula or wishes to increase the amount of infant formula.
 - CPAs should conduct a breastfeeding assessment to determine why a breastfeeding mother is making this request;
 - Counseling and support should be provided to the breastfeeding mother;
 - Offer referrals to WIC peer counselors and community resources;
 - Provide breastfeeding families positive reinforcement;
 - The USDA requires that if there is a maternal request or medically necessary need for formula that a CPA tailors the amount of formula to meet, but not exceed the infant's nutritional needs.
- At the heart of all decisions, is choice. We should respect the mother's personal decisions. Help the mother achieve her personal goals.

AGENDA

Describe

- Describe the various supportive roles and responsibilities of WIC staff in protecting, promoting, and supporting breastfeeding

Discuss

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Summarize

- Summarize available breastfeeding supplies and requirements for inventory, issuance, and maintenance

****CLICK**** The final section of the presentation will summarize some of the many breastfeeding support resources available to you as well as provide a brief review of the breastfeeding supplies and requirements for breastfeeding supply inventory, issuance, and maintenance.



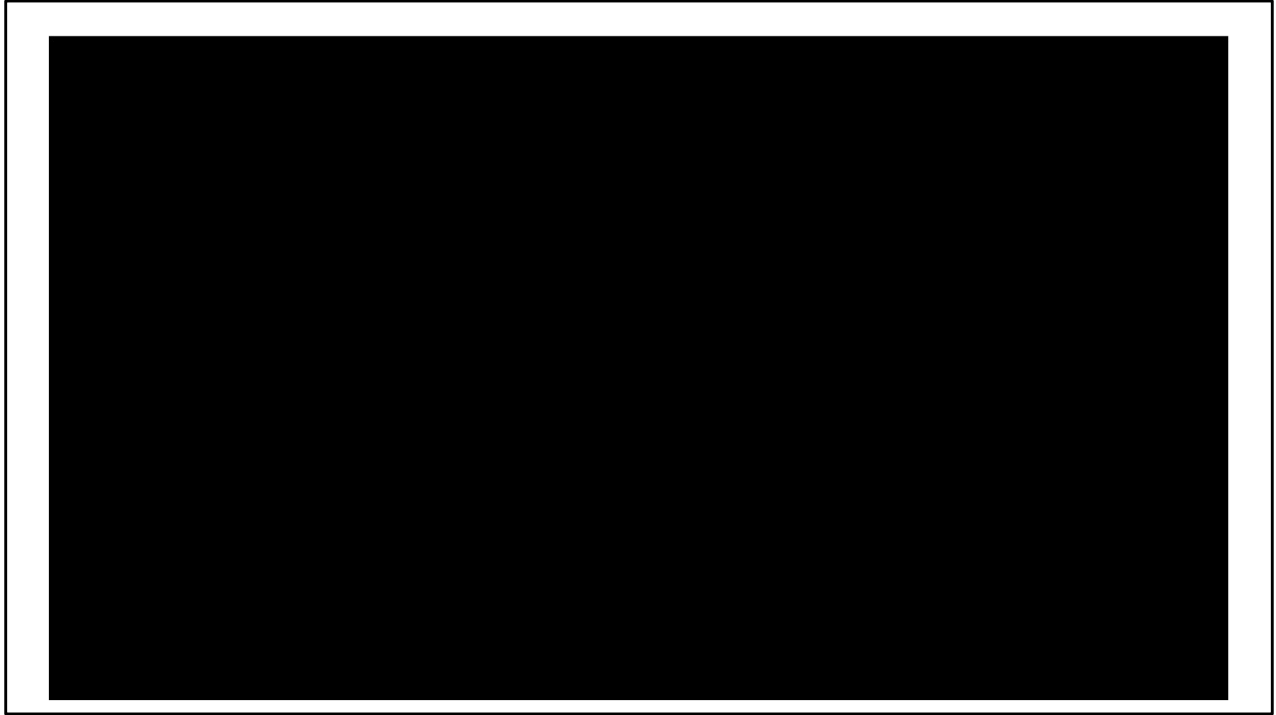
U.S. DEPARTMENT OF AGRICULTURE

WIC BREASTFEEDING SUPPORT

LEARN TOGETHER. GROW TOGETHER.

<https://wicbreastfeeding.fns.usda.gov/>

- Breastfeeding support is provided through prenatal and postpartum breastfeeding education, peer-to-peer support, breastfeeding classes, and more.



WIC BREASTFEEDING SUPPORT



- Accurate breastfeeding information
- Trained breastfeeding peer counselor who offer advice, respond to questions and concerns, and help build breastfeeding confidence
- Access to experts who can address breastfeeding challenges
- Issuance of breastfeeding food packages
- Resources for parents' support networks, including materials and information for dads and grandparents
- Referrals to community resources including support groups
- Encouragement
- Creation of a breastfeeding friendly clinic environment

- At WIC, we are able to meet our participants' needs and support them during breastfeeding.
 - WIC Breastfeeding Support is:
 - Accurate breastfeeding information;
 - Trained breastfeeding peer counselors;
 - Access to experts;
 - Issuance of breastfeeding food packages;
 - Resources for parents' support networks;
 - Referrals to community resources;
 - Encouragement; and
 - Creation of a breastfeeding friendly clinic environment
- Each staff member has a role in supporting breastfeeding.



- Breastfeeding support is an essential component of the WIC Program. However, it is important to know that breast pumps are not a program benefit and are not considered WIC Breastfeeding Support. <<<Click>>>
 - The issuance of a breast pump is not breastfeeding support. Pumps and breastfeeding aids are tools that can help maintain breastfeeding when the mother and infant are separated or they are experiencing challenges, but when not appropriately issued they can negatively impact breastfeeding leading to early cessation of breastfeeding.

Photo Credit: 20 breastpump fotolia 122217360.jpg

NC BREASTFEEDING SUPPLIES

- **Breast Pumps** *State approved brands only*
- **Collection Kits** (single-user items)
State approved brands only
- **Breastfeeding Aids** (single-user items)



Refer to WPM: Chapter 9, Section 5

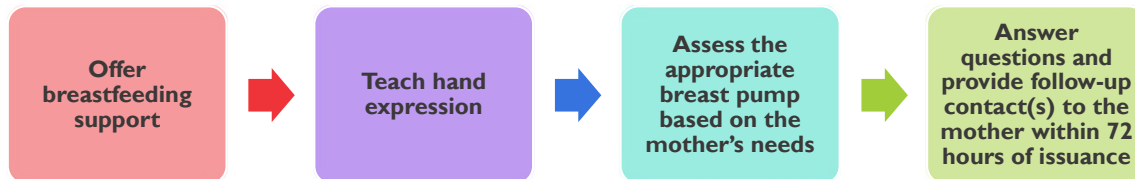
Green = required supply Yellow = optional supply



- While breast pumps and breastfeeding aids are not a program benefit, local agencies are required to maintain an inventory of certain breastfeeding supplies. Required breastfeeding supplies include breast pumps and collection kits. The types of breast pumps required include manual breast pumps, multi-user electric breast pumps, and single user electric breast pumps. The required breastfeeding supplies may only be state approved brands.
- At the discretion of each local agency, an inventory of breastfeeding aids defined as breast pads, breast shells, nipple shields, and supplemental feeding device may also be maintained.
- The criteria for the inventory, issuance, and maintenance for each breastfeeding supplies is outlined in chapter 9 of the WIC program manual. The WIC Program manual states that breastfeeding supplies excluding breast pads if available may 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.

- Ask your WIC Director or Breastfeeding Coordinator how this is handled in your agency. Learn what your role is in helping to connect mothers with the necessary resources including NSB's Breastfeeding Supplies Competency Training Course.
- Fotolia_110580310_Subscription_XXL

COMPETENCIES FOR ISSUANCE



- Any staff who issues a mother a breast pump should be knowledgeable about the mother's breastfeeding situation.
 - At a minimum, the mother should be offered breastfeeding support through education, assistance, and counseling
 - All mothers should be educated in manual hand expression. The staff member must assess the appropriate breast pump for the mother's need (including correct flange size).
 - Answer questions and provide follow-up contacts to the mother
 - The mother should also be educated both through verbal and written instruction on how to assemble, use, and clean their pump as well as how to safely collect, store, warm, and feed human milk to their infant.
 - Finally, the staff member should assist the mother in the development of a pumping plan if necessary. This way the mother can feel confident in her abilities and her plan to breastfeed.

CHECKING AND CLEANING OF RETURNED MULTI-USER PUMPS

- A returned multi-user pump **must be accepted at the initial point of contact** by any clinic staff
- Each local agency should identify and train the staff who are responsible for cleaning multi-user within one business day of a pump being returned to the local agency
 - Complete return into Crossroads



- WIC program staff are responsible for the checking in of a returned multi-user pump. Returned multi-user pumps must be accepted by the staff member who has the initial point of contact with them. In many WIC agencies, the initial point of contact for a participant will be the front desk staff.
 - WIC Program staff cannot reject the return of a multi-user pump or require that the participant waits until a designated staff member is available.
- Immediately upon return of a multi-user breast pump, staff must at a minimum must accept the breastfeeding pump, inspect for all parts, and provide the participant with a breast pump return receipt. The receipt is available in the Crossroads system and on the Nutrition Services Branch website.
 - After the checking in process has been completed the local agency should assure that the pump cleaned and returned to the Crossroads and physical inventory within one business day by the appropriately trained staff member.

REVIEW

Whether or not you **were** breastfed...

Whether or not you **have** breastfed...

YOU CAN SUPPORT BREASTFEEDING!
BE PROACTIVE in a REACTIVE ENVIRONMENT!!!

Each of us has a responsibility to
promote, protect, and support
breastfeeding!



- In summary, we appreciate everyone who makes breastfeeding work and remember, whether or not you were breastfed, whether or not you have breastfed, you can support breastfeeding! Be proactive in a reactive environment. Each of us has a responsibility to promote, protect, and support breastfeeding!

USDA NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



- On this slide you see the full USDA Non-Discrimination Statement. This should be in use on each agency website where WIC is mentioned. The only acceptable short statement to be used for WIC is “This institution is an equal opportunity provider.” Refer to WPM, Chapter 4: Civil Rights for additional information.

QUIZ

A score of 70% or higher on the quiz is required for successful completion and to receive a training certificate.

You may take the quiz as many times as you need to.

Print the certificate at the end of each module and submit the printed certificates with the training checklist to your supervisor.

Please complete the evaluation at the end of each module.



Now let's test your knowledge with a short quiz.

A score of 70% or higher on the assessment questions is required for successful completion and to receive a training certificate. Print the certificate at the end of each module and submit the printed certificates with the training checklist to your supervisor. Please complete the evaluation at the end of each module.

WHAT IS THE NORMATIVE STANDARD FOR INFANT NUTRITION?

- A) Exclusive breastfeeding
- B) Any breastfeeding
- C) Formula feeding
- D) Breastfeeding and formula feeding

Correct! Exclusive breastfeeding, or the provision of only human

Incorrect

breastfeeding as the normative

Correct - Click anywhere or press Control Y to continue

Incorrect - Click anywhere or press Control Y to continue

Your answer:

You did not answer this question completely

You must answer the question before continuing

Submit

Clear

BREASTFEEDING PROVIDES HEALTH BENEFITS TO BOTH THE MOTHER AND THE INFANT.

- A) True
- B) False

Correct - Click anywhere or press ControlY to continue

Incorrect - Click anywhere or press ControlY to continue

Your answer:
You did not answer this question completely

You must answer the question before continuing

Submit

Clear

MOTHERS ARE 2.5 TIMES MORE LIKELY TO BREASTFEED WHEN:

- A) She has a breast pump
- B) There is a "safety can" of formula available
- C) When the infant is born full-term (39wks and 0/7 days to 40wks and 6/7 day gestation)
- D) She is in an environment where breastfeeding is protected, promoted, and supported

Correct - Click anywhere or press Control Y to

Incorrect - Click anywhere or press Control Y to

cont
Your answer:

You did not answer this question completely

You must answer the question before continuing

Submit

Clear

THE WIC PROGRAM PROVIDES A BREASTFEEDING FRIENDLY CLINIC ENVIRONMENT.WHICH OPTION DOES NOT SUPPORT A BREASTFEEDING FRIENDLY CLINIC ENVIRONMENT?

- A) The elimination of the visibility of breastmilk substitutes
- B) Assuring participants feel comfortable breastfeeding in the clinic
- C) Telling a participant who is experiencing challenges with breastfeeding that you didn't breastfeed your children and they are fine
- D) Offering encouragement and referrals for breastfeeding support

Correct - Click anywhere or press ControlY to

Incorrect - Click anywhere or press ControlY to

cont
Your answer:

You did not answer this question completely

You must answer the question before continuing

Submit

Clear

WHICH IS NOT WIC BREASTFEEDING SUPPORT?

- A) Accurate evidence based breastfeeding information
- B) Access to breastfeeding experts
- C) Referrals to the breastfeeding peer counselor program and community support groups, etc.
- D) Issuance of a breast pump

Correct - Click anywhere or press Control Y to

Incorrect - Click anywhere or press Control Y to

cont
Your answer:

You did not answer this question completely

You must answer the question before continuing

Submit

Clear

QUIZ

Questions Correct	{correct-questions}
Total Questions	{total-questions}
Accuracy	{percent}
Number of Quiz Attempts	{total-attempts}

Question Feedback/Review Information Will Appear Here

Continue

Review Quiz

Certificate of Course Completion

This is to certify that _____

has successfully completed WIC Basic Training, Module 8: Breastfeeding Promotion and Support.

May 28, 2020

Supervisor Signature





If you have any questions, please contact your WIC Director, training supervisor, or Regional Nutrition Consultant.

Thank you for the opportunity to share about the approach North Carolina has taken to protect, promote, and support breastfeeding within the establishment of the Regional WIC Lactation Training Centers. Now we will be accepting any questions you may have.
Photo credit: Fotolia_42129884_Allatamento

EVALUATION
[CLICK HERE](#) TO COMPLETE THE EVALUATION

https://www.surveymonkey.com/r/WBT_Module8_Breastfeeding