Chapter 9
Breastfeeding Program Management

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Required Local Agency Written Policies
▪ A written policy is required to establish and maintain collaborative community partnerships for breastfeeding promotion and support. (Section 1, page 2)
▪ A written policy is required for the orientation of new employees to task-appropriate breastfeeding promotion and support activities. (Section 2, pages 3-4)
▪ A written policy is required for who can issue breastfeeding supplies. (Section 5, pages 15-16)
▪ A written policy is required for the tracking of multi-user breast pumps. (Section 5, page 17)

Local Agencies that administer a Breastfeeding Peer Counselor Program (BFPC) funded in whole or part with WIC Program funds must also have the following written policies and plans:
▪ A written policy is required for consultation and referral support for breastfeeding peer counselors. (Section 6, pages 22-23)
▪ A written policy is required for the allowable use of an approved web-based text message service for contacts between BFPCs and enrolled BFPC participants (if applicable). (Section 6, page. 24)
▪ A written policy is required for message retrieval and management from a BFPC dedicated phone line. (Section 6, page 25)
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 supports and facilitates breastfeeding as the normal feeding method for infants and children.

▪ Eliminate Visibility Of Formula At a minimum, each agency must:
  ▪ Store supplies of formula, baby bottles, and bottle nipples/teats out of sight of participants; and
  ▪ Avoid passive promotion of formula feeding or the use of formula. Printed materials, posters, audio-visual materials, and office supplies (i.e., cups, pens, note pads, land yards, badge holder, mousepads, etc.) should be free of formula/breast milk substitute product names.

▪ Use Materials That Promote Breastfeeding. At a minimum, each agency must:
  ▪ Visibly represent breastfeeding as the normal way to feed infants through 1 year and beyond through the use of posters, educational materials and/or other visuals in the local agency;
  ▪ Incorporate positive, culturally friendly, and consistent breastfeeding messages in all relevant education materials, outreach efforts, and education activities;
  ▪ Avoid the display, use, or distribution of magazines, books, educational materials, incentives, and/or any other materials that promote or market formula/breast milk substitutes, bottles, pacifiers, or nipples/teats (product/company names, logos) to participants or staff unless provided by the State agency; and
  ▪ Use materials that are free of language that may undermine a mother’s confidence in her ability to breastfeed.

▪ Exhibit A Positive Attitude Toward Breastfeeding. Local agency staff must exhibit a positive attitude toward breastfeeding. Refer to Section 2 for information on training.

▪ Assure That Mothers Are Comfortable Breastfeeding In The Agency. Staff must make every effort to help mothers feel comfortable breastfeeding anywhere in the local agency.

  ▪ Post signs in all clinic waiting rooms. The local agency must post a sign in each clinic’s waiting room(s) that encourages all families to breastfeed anywhere in the local agency. As well as, informs families of the availability of a comfortable,
reasonably private and relaxing space for breastfeeding families to breastfeed or pump. The postage of the sign informs all participants of the local agencies commitment to support, promote, and protect breastfeeding.

- **Establish a room or space for breastfeeding women.** WIC Program funds can be used to establish a room or space designated for breastfeeding families. The primary purpose of a room or space for breastfeeding families is to provide a private, quiet, and comfortable room for participants (and staff) who prefer to breastfeed in private; who are receiving lactation support from qualified breastfeeding staff; and/or who need to express their breast milk.

- **Assure Participant Access To Breastfeeding Promotion And Support Activities**
  Local agencies must ensure that all WIC eligible participants have access to breastfeeding promotion and support activities throughout the prenatal and postpartum periods. To accomplish this, local agencies must:
  
  - Provide all pregnant women with information on breastfeeding including the WIC Program breastfeeding support services (e.g. breastfeeding peer counselor support), so that they can make informed decisions about infant feeding;
  
  - Integrate breastfeeding promotion and management issues into prenatal nutrition education, childbirth preparation, and parenting classes; and
  
  - Assure that follow-up counseling and support are offered throughout the postpartum period to women who breastfeed.

- **Establish And Maintain Collaborative Community Partnerships**
  Each local agency must implement and annually update a written plan to establish and maintain collaborative partnerships for breastfeeding promotion and support within the community, particularly those that target or serve the WIC population. Partners should include local hospitals/birthing facilities, local breastfeeding coalitions, health care providers/systems, businesses/workplaces, faith-based organizations, schools and child care facilities. For resources and ideas about community partnerships, refer to the Nutrition Services Branch website at [www.nutritionnc.com](http://www.nutritionnc.com).

  - For a local agency that offers the Breastfeeding Peer Counselor (BFPC) Program, the plan should include an assurance that relevant partners have knowledge of the BFPC Program services.
Staff Training

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

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

**Orientation To Breastfeeding Activities**

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 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. The orientation training must be completed by one of the local agency’s designated breastfeeding expert (refer below). The local agency must maintain a record of all completed staff orientation and training. The local agency must complete orientation to breastfeeding activities for all staff within three (3) months of start date (preferred within the first 30 days).

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

- Program goals and philosophy regarding breastfeeding.
  - Incorporate community/national breastfeeding messages including the American Academy of Pediatrics (AAP) and World Health Organization (WHO) breastfeeding policy statements.
  - Communicate the clinic environment and policies that support breastfeeding (refer to Section 1).

- Task appropriate breastfeeding information, including but not limited to:
  - Education and anticipatory guidance to participants about breastfeeding;
  - Benefits of breastfeeding (informed decision about choice);
  - Impact of infant formula supplementation when it is not medically indicated;
  - Certification policies for breastfeeding women;
Food package and breastfeeding equipment policies for breastfeeding women and infants;

Contraindications to breastfeeding; information for referring participants to substance abuse and HIV/AIDS testing and/or counseling; and

The BFPC Program including the BFPC’s roles and responsibilities (refer to Section 6), (if applicable to the agency).
  - All local agency staff must be educated on the local agency’s procedure for referring eligible participants to the BFPC Program or equivalent agency breastfeeding resources to ensure breastfeeding services are offered to all participants.

Continuing Education For Staff On Breastfeeding

Required. The local agency is required to provide continuing education for all staff to ensure staff competency in breastfeeding promotion and support on an annual basis. The local agency must maintain documentation of the in-service training including date, topic(s), trainer name, and sign-in sheet. The State agency encourages local agencies to utilize their Regional Breastfeeding Coordinator to meet this requirement.

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

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.

WIC-Designated Breastfeeding Expert. When WIC staff encounter complex breastfeeding situations outside their scope of practice, it must be deferred to the local agency’s identified WIC-Designated Breastfeeding Expert(s). A WIC-Designated Breastfeeding Expert(s) is a staff member who has all the following qualifications:

- Meets the qualifications of a competent professional authority (Refer to 7 C.F.R. § 246.2 Competent professional authority);
  - An International Board Certified Lactation Consultant (IBCLC) who is serving in the Breastfeeding Coordinator or Breastfeeding Peer Counselor (BFPC) Program Manager role is not required to meet the CPA qualification to be the local agency’s WIC-Designated Breastfeeding Expert.
• Has a minimum of one year of counseling breastfeeding women; and

• Has completed the North Carolina Lactation Educator Training and all units of the Breastfeeding Supplies Competency Training or is an IBCLC with their certification on file.

When the WIC-Designated Breastfeeding Expert experiences a complex breastfeeding situation, it is encouraged that when necessary to seek the expertise of your local agency’s Regional Breastfeeding Coordinator.

• **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’s breastfeeding coordinator, BFPC Program manager, BFPCs, and IBCLCs in the community. This list should be updated at least annually and dated at the time of the update.
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 meet the qualifications for a Competent Professional Authority (Refer to 7 C.F.R. § 246.2 Competent professional authority). It is recommended that a breastfeeding coordinator has program management experience and at least one (1) year of experience counseling breastfeeding women. An International Board Certified Lactation Consultant (IBCLC) who does not meet the qualification for a CPA may also serve in this role, if assuming the role prior to October 2018.

- **Orientation To The Breastfeeding Coordinator Role**
  - **Required.** The breastfeeding coordinator must maintain a certificate of completion on file in the local agency for the following trainings within one (1) year of assuming the role:
    - North Carolina Lactation Educator Training Program; and
    - All units of the Breastfeeding Supplies Competency Training (BSCT) course.

- **Continuing Education**
  - **Required.** The breastfeeding coordinator must maintain a record of certificates of completion with credit hours on file in the local agency for each continuing education training.
    - Breastfeeding policy review as offered by the State agency; and
    - Attend 20 hours of continuing education in breastfeeding every five (5) years. These hours should be approved by the International Board of Lactation Consultant Examiners (IBCLE) or the Commission on Dietetic Registration (CDR) of the Academy of Nutrition and Dietetics.
      - Breastfeeding coordinator who is an IBCLC must recertify every five (5) years and must maintain a record of recertification on file in the local agency.

*NOTE: The North Carolina Lactation Educator Training Program is an ILCA/IBLCE and CDR accredited course, which exceeds the requirement of 20 hours of continuing education. The BSCT course is a CDR accredited course, if completing units 1-7, also exceeds the requirement of 20 hours of continuing education.*

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

**Responsibilities**

The breastfeeding coordinator must have time dedicated in her/his schedule to be actively involved in the management and implementation of breastfeeding promotion and support activities within the agency. Responsibilities for the breastfeeding coordinator include, but are not limited to:

- Develops and manages breastfeeding policies for the local agency. All revisions must be completed in consultation with the WIC Director if roles are separate.

- Assures a clinic environment that supports breastfeeding (Refer to Section 1).

- Keeps up-to-date on breastfeeding information and disseminates this as well as State agency and FNS-provided information to other local agency staff.

  - Monitor local agency breastfeeding rates.

- Ensures that local agency staff is properly training on breastfeeding education and support:

  - Assures that staff has access to current references and resources on breastfeeding and lactation management;

  - Promotes participation in breastfeeding training opportunities by providing breastfeeding and lactation training through staff orientation to breastfeeding activities for all staff (refer to Section 2), and required in-services; and

  - Maintains documentation (i.e., names, dates, and certificates of completion) of staff who have completed the required orientation, in-services, and continuing education pertinent to their positions (e.g., the North Carolina Lactation Educator Training, passed the International Lactation Consultant Certification Examination, required orientation training, and required annual in-service on breastfeeding).

- Assures 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).

- Ensures that breast pump issuance, inventory, and maintenance are logged and monitored on minimum of a quarterly basis (Refer to Sections 4 and 5).

- Oversees the planning, implementation, and evaluation of local agency breastfeeding activities.
Identifies, coordinates, and collaborates with community breastfeeding stakeholders. Refer to “Section 1: Establish and Maintain Collaborative Community Partnerships” for further guidance.
Breastfeeding Supplies

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

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

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

Only breastfeeding items described in this section may be purchased using WIC Program funds. While local agency WIC Program funds may be used to purchase the required items, the Nutrition Services Branch usually will bulk purchase the required items on at least an annual basis on behalf of local agencies and have the items distributed directly to the local agencies. Items which must not be purchased with WIC funds include but are not limited to topical creams, ointments, hydrogel dressing pads, Vitamin E and other medicinal and herbal items, milk collection containers/bottles, specialized bottle feeders, micro-steam cleaning bags, slings, nursing cover-ups, and nursing clothing for participant use.

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

**Breast Pumps**

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

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

- **Single-User Electric Breast Pumps** (single-user item) **(required supply)**. This pump is useful to maintain a milk supply. A single-user electric breast pump may be issued to a participant who meets ALL the criteria below:
The breastfeeding participant has given birth within the last 12 months;
- **NOTE:** A participant meeting all criteria listed for the issuance of a single user electric breast pump is eligible for this breast pump with the birth of each infant.

The breastfeeding dyad is categorized as fully breastfeeding per Crossroads at time of breast pump issuance:

The infant is a minimum of four (4) weeks old at breast pump issuance;
- If the participant is returning to school or work or is participating in a shared custody arrangement an exception may be made for issuing this breast pump prior to the four-week (4-week) timeframe. The breast pump may only be issued by one of the local agency’s WIC-Designated Breastfeeding Experts (A Competent Professional Authority who has completed the Breastfeeding Supplies Competency [BSCT] may issue in the absence of one of the local agency’s WIC-Designated Breastfeeding Experts.) a maximum of 2 weeks prior to the woman’s scheduled separation and the justification must be documented in the woman’s and infant’s care plan in Crossroads.

The breastfeeding participant states her commitment to the continuation of breastfeeding; and

Meets one or more of the following qualifying conditions:
- She is separated from her infant regularly for more than four (4) hours at one time (e.g., work or school, infant/mother hospitalization, shared custody).
- She has multiple infants (at least one must be fully breastfeeding).
- She has an infant with a diagnosed medical, physical or neurological impairment resulting in a weak suck, uncoordinated suck/swallow pattern, inability to suck or to latch on to the breast and/or resulting in a need for pumped breastmilk in addition to actual feeding at the breast to meet the infants’ nutritional needs (e.g., infants with conditions such as cleft lip or palate, Down syndrome, cardiac problems, or cystic fibrosis.)
- She is exclusively pumping
  - Educate mothers on the benefits nursing the infant at the breast while respecting her personal choice.
  - If the mother’s personal goal is to have the infant feed at the breast, she must receive support and counseling to help achieve her personal breastfeeding goal.

A woman who does meet the criteria of eligibility for receiving 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 single-user electric breast pump.
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.

**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. Multi-user electric breast pumps may be loaned to a woman who meets the following criteria:

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

**First-Tier Priority**

- The infant has a medical condition that:
  - Prevents the infant from going to the mother’s breast (e.g., premature infant [≤34 weeks gestation], late premature infant [35-37 weeks gestations], severe illness, congenital anomalies); or
  - Requires pumping in addition to nursing for adequate infant nutrition (e.g. infant with poor suck, failure to thrive, or a medical indication for supplementation).

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

**Second-Tier Priority**

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

**Pedal Pumps (multi-user item) (optional supply).** A pedal pump uses foot-power to generate the pumping suction and can be used with a single or double pumping accessory kit. A pedal pump should only be loaned to a participant who states she does not have access to an electrical outlet or requests a pedal pump. Pedal pumps are not intended to establish breast milk supply and issuance should be limited. Pedal pumps and required accessories are no longer manufactured and local agency supply is finite.
Collection Kits (single-user item) (required supply)
Collection 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 participant 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 breastfeeding participant. The cotton pads will help soak up the milk and should be washed and dried on a regular basis to prevent bacterial contamination. Patients should not use pads with plastic backing or a "moisture barrier" because they encourage bacterial and fungal growth (e.g., candidiasis).

- **Breast Shells (single-user item) (optional supply).** Breast shells are worn over the nipple and areola and may be used to allow air circulation for sore and/or damaged nipples. There are two parts to a breast shell; the inner ring and the dome. This item may be issued upon request or when deemed appropriate based on a clinical assessment. There is no scientific evidence to support the use of breast shells for flat or inverted nipples, therefore breast shells may not be issued for this purpose.

- **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 completed by an International Board Certified Lactation Consultant (IBCLC) or a WIC-Designated Breastfeeding Expert in consultation with the primary health care provider for both the woman and the infant.

- **Supplemental Feeding Device (single-user item) (optional supply).** A supplemental feeding device is designed to provide complementary nutrition to an infant while simultaneously breastfeeding through the use of tubing usually attached by tape to the woman’s nipple/areola. A supplemental feeding device may be useful for a woman who is not providing her infant with enough milk (e.g., the infant has sucking problems, the woman is unable to produce enough milk to meet all her infant’s nutritional needs, relactation, and adoptive mother who wishes to provide breastmilk). This item may be issued when deemed appropriate based on a clinical assessment completed by an IBCLC or a WIC-Designated Breastfeeding Expert and 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 the breastfeeding supplies as outlined in this section, such as the breastfeeding coordinator. This person should either be an International Board Certified Lactation Consultant (IBCLC) or have successfully completed the North Carolina Lactation Educator Training Program and all units of the Breastfeeding Supplies Competency Training (BSCT) course. The courses must be completed within one (1) year of assuming responsibility for overseeing management and accountability of the breastfeeding supplies and each certificate must be maintained on file in the local agency.

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

- **Maintaining The Inventory Of Breastfeeding Supplies**
  Each local agency must document, track, and maintain the inventory of breastfeeding supplies purchased with WIC Program funds. The person responsible for this activity must:

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

- **Issuing Breastfeeding Supplies**
  Each agency must have a written policy that designates the staff who may issue each type of breastfeeding supply. Staff who issue must be trained and knowledgeable on each type of supply they issue, including its assembly, use, and care.

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

- **Participant eligibility for a supply.** Staff may issue a breast pump, collection kit, or breastfeeding aid when appropriate based on clinical assessment and independent of the mother’s or infant’s food prescription. Refer to Section 4 for information on breastfeeding supplies. Staff should check the care plan detail or journal of transactions in Crossroads for prior issuance of breastfeeding supplies to avoid repeated issuance of the same breastfeeding supply.

- **Participant education.** At the time of issuance, staff must educate each participant receiving a breastfeeding supply on its assembly (if applicable), use and cleaning and provide the participant with a phone number to call for help or support.

- **Signed “Breastfeeding Supplies Release of Liability and Loan Agreement”**. The participant must read the “Breastfeeding Supplies Release of Liability and Loan Agreement” generated in the Crossroad system for all breastfeeding supplies issued. The participant verifies understanding by initialing each statement and agrees to the terms by signing the Agreement. The staff member who issues the breastfeeding supply must also sign the “Breastfeeding Supplies Release of Liability and Loan Agreement.” Refer to the Crossroad User Manual, “Breast Pump Issuance” or “Breastfeeding Supplies” for guidance on the Nutrition Services Branch website (http://www.nutritionnc.com/wic/crossroads.htm). If a participant is unable to read, staff must read the Agreement to the participant.

  - The signed Agreement must be scanned into the mother’s Crossroad’s health record and a copy must be provided to the participant.
  
  - If a certified participant is not available to be issued a breastfeeding supply due to hospitalization of the participant or their infant(s) or the participant is experiencing a short term medical crisis that requires isolation, it may be issued to the Parent/Guardian 1 (PG1), Parent/Guardian 2 (PG2), or Caretaker as listed in the participant’s Crossroads profile. The staff member must complete all required steps of the issuing process with the PG1, PG2, or Caretaker. All required follow-up must be with the participant.

- **Documentation of Breastfeeding Supplies Issuance**

  - **Issuance Log.** An issuance log will be automatically maintained under the care plan detail and the journal of transactions for each breastfeeding supply issued from Crossroads. If the issuance is not completed via the Crossroads inventory, it must be documented in the mother’s health record.

  - **Documentation Provided to Primary Care Provider.** Notification of the reason for and issuance of a nipple shield must be sent to both the mother’s and the infant’s primary care providers and scanned and maintained under the participant’s Crossroads health record. Notification of the reason and issuance of a supplemental feeding device must be sent to the infant’s primary care provider and scanned and maintained under the participant’s Crossroads health record.
Follow-up with Participants. At a minimum, participants who are issued a multi-user breast pump, single-user electric breast pump, nipple shield, or supplemental feeding device should be contacted within 72 hours of issuance and as needed thereafter to answer any question or assess need for continued use (multi-user breast pumps only). Documentation of this contact should be included in the participant’s health record in the Crossroads system.

- Staff must document all attempts during the 72-hour timeframe. Two (2) attempts count as one (1) contact.

■ Tracking And Maintenance Of Multi-User Breast Pumps

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

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

- Checking and Cleaning Returned Multi-User Pumps. Local agency staff are responsible for cleaning and maintenance of multi-user breast pumps. Each local agency should identify and train staff who are responsible for checking and cleaning multi-user breast pumps.

- Immediately Upon Return of a Multi-User Breast Pump, staff must at a minimum:
  - Check for all parts and document if anything is missing or broken;
  - Evaluate for a possible bug infestation; and
  - Pumps identified as having a bug infestation should be sealed immediately in a plastic bag. Staff should contact the appropriate manufacturer for procedures to
return a pump to the manufacturer to have it cleaned and/or for alternatives instructions for how staff may try to eliminate the bug infestation.

- Print the “Multi-User Electric Breast Pump Return Receipt” generated by the Crossroads’ system for participant’s signature. Provide a copy of the signed of the “Multi-User Electric Breast Pump Return Receipt” to the participant.
  - The “Multi-User Electric Breast Pump Return Receipt” is available in the Crossroad system under Family Services, Breastfeeding Support, Breast Pump Return or [http://www.nutritionnc.com/wic/crossroads.htm](http://www.nutritionnc.com/wic/crossroads.htm) under “Breastfeeding Care Plan and Supplies”.

- **Within one business day of a pump being returned to the local agency**, staff must:
  - Clean the motor casing and carrying case of each multi-user pump according to the manufacturer’s instructions;
  - Indicate the date of cleaning and staff member who completed the task.
  - Assemble and run each returned multi-user breast pump to determine that is working properly;
  - Document the return of the multi-user breast pump under Family Services, Breastfeeding Support, Breast Pump Return; and
  - Scan the completed and signed “Multi-User Electric Breast Pump Return Receipt” into the participant’s Crossroads’ health record.

- **Repairing multi-user electric breast pumps.** If a participant reports a broken or damaged pump, WIC Program staff may not issue a replacement pump until the participant returns the broken or defective electric pump to the issuing agency.

Local agencies are responsible for contacting the manufacturer to initiate repair of a damaged or broken multi-user electric breast pump. Local agencies are responsible for the cost of breast pump repairs not under manufacturer’s warranty and for any shipping or handling fees associated with the repair. These expenses are allowable WIC Program expenses. Pumps that cannot be repaired should be surplused. Refer to Chapter 12 for information on allowable WIC Program expenses and for procedures to surplus equipment.
Breastfeeding Peer Counselor Programs

Breastfeeding peer counselors (BFPC) provide information, encouragement, and support to mothers. This mother-to-mother support is an essential component to ensure the success of a breastfeeding promotion and support program. Local agencies utilizing WIC Program funds, in whole or in part, to operate a BPFC Program must adhere to Federal and State policies and procedures for the management of this Program. All staff should be oriented to the BFPC Program upon hire (refer to Section 2).

Staffing

- **Breastfeeding Peer Counselor Program Manager.** The local agency must designate a staff member to be the BFPC Program manager.

  - **Qualifications.** The BFPC Program manager must be employed by the local agency and may or may not work primarily with the WIC Program. The person in this role must meet the qualifications for a Competent Professional Authority (Refer to 7 C.F.R. § 246.2 Competent professional authority). It is recommended that a BFPC Program manager has program management experience and at least one (1) year of experience counseling breastfeeding women. An International Board Certified Lactation Consultant (IBCLC) who does not meet the qualification for a CPA may also serve in this role, if assuming the role prior to October 2018.

  - **Orientation to the Breastfeeding Peer Counselor Program Manager Role**
    - **Required.** The BFPC Program manager must maintain the certificates of completion on file in the local agency for the following trainings within one (1) year of assuming the role:
      - North Carolina Lactation Educator Training Program;
      - Breastfeeding Peer Counselor Program Managers’ Core Training; and
      - All units of the Breastfeeding Supplies Competency Training course.

  - **Continuing Education**
    - **Required.** The BFPC Program manager must maintain a record of the certificates of completion with credit hours on file in the local agency for each continuing education training.
      - Breastfeeding Peer Counselor Program Quarterly Continuing Education as offered by your local agency’s Regional WIC Lactation Training Center; and
      - Attend 20 hours of continuing education in breastfeeding every five (5) years. These hours should be approved by the International Board of Lactation
Consultant Examiners (IBCLE) or the Commission on Dietetic Registration (CDR) of the Academy of Nutrition and Dietetics.

- BFPC Program manager who is an IBCLC must recertify every five (5) years and maintain a record of recertification on file in the local agency.

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

- **Responsibilities.** The BFPC Program manager must have time dedicated in her/his schedule to be actively involved in the management and implementation of the BFPC Program. Responsibilities for the BFPC Program manager include, but are not limited to:

  - Develops and manages breastfeeding policies for the local agency’s BFPC Program. All revisions must be completed in consultation with the WIC Director and breastfeeding coordinator if roles are separate;

  - Provides ongoing supervision and feedback for BFPC(s), unless another person is so designated;

  - Mentors new BFPC(s) by providing routine follow-up and guidance in the early days of the job;

  - Acts on all referrals from BFPCs regarding complex breastfeeding situations beyond their scope of practice and refers to their local agency’s Regional WIC Lactation Training Center as necessary;

  - Keeps up-to-date on breastfeeding information pertinent to the BFPC Program and disseminates this as well as State agency and FNS-provided information to other local agency staff;

  - Reports on BFPC Program activities to their WIC Director; and

  - Implements quality assurance efforts to confirm:

    - The required contacts with enrolled BFPC Program participants are provided by the BFPC;

    - The services provided by BFPC are adequately documented and referrals are appropriate; and

    - That a dedicated phone line with message capability is available to reach BFPC Program staff 24 hours a day, 7 days a week.

- **Breastfeeding Peer Counselor**
▪ **Qualifications.** A BFPC is a mother who has personal experience with breastfeeding, having breastfed at least one child and is a paraprofessional (as described in the Loving Support® Model) from the target population. BFPCs should be available to work non-traditional hours and days of the week, such as evenings and weekends, and have access to reliable transportation.

▪ **Orientation To The Breastfeeding Peer Counselor Role**

  – **Required.** The BFPC must maintain a certificate of completion on file for the following trainings:

    ➢ Breastfeeding Peer Counselor Core Training within six (6) months of assuming the role; and

    ➢ Units 1-4 of the Breastfeeding Supplies Competency Training within one (1) year of assuming the BFPC role.

▪ **Continuing Education**

  – **Required.** The BFPC must maintain certificates of completion on file in the local agency for the following training:

    ➢ Breastfeeding Peer Counselor Quarterly Continuing Education as offered by your local agency’s Regional WIC Lactation Training Center.

▪ **Responsibilities.** Core responsibilities of the BFPC are:

  – **To establish relationships and maintain regular contact** with pregnant and breastfeeding women enrolled in the BFPC Program in accordance with the local agency’s service delivery model policy:

    ➢ Contact methods may include, but are not limited to clinic appointments, phone calls, home visits, hospital visits, group discussions, or other methods as determined by the local agency.

  – **To provide support and information** to pregnant and breastfeeding women enrolled in the BFPC Program to help prevent, correct and/or manage common breastfeeding problems and to increase breastfeeding exclusivity and duration;

  – **To issue breastfeeding supplies** to enrolled BFPC Program participants in conjunction with the delivery of BFPC Program services (BPFC must be trained in the assembly, use, and cleaning of breastfeeding supplies and issue only in consultation with the WIC-designated breastfeeding expert); and

    **NOTE:** BFPC may not assume primary responsibility for the inventory, issuance and/or maintenance of breastfeeding supplies.

  – **To complete required documentation** of services provided.
Wage Compensation. If an individual meets the definition of a BFPC and serves within the scope of a BFPC for the WIC Program on a permanent, temporary, or contractual basis, they must receive adequate compensation for their work time, training, and travel as outlined in the Loving Support® Model and may not be volunteers. 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 BFPC 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 BFPC and a participant enrolled in the BFPC Program make contact.

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

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

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

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

Consultation And Referral Support For Breastfeeding Peer Counselors
Each local agency must have a WIC-designated breastfeeding expert available to each BFPC whenever the BFPC is working. The local agency must also have a written policy for the consultation and referral support for BFPCs. At a minimum, the written policy must specify:

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

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

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

To enroll, a participant must read and sign a “BFPC Program Letter of Agreement” (DHHS 4113). Refer to Attachment 1 for copy of the “BFPC Program Letter of Agreement”. If a participant is unable to read, staff must read the information to them. The staff person who enrolls the participant must also sign the “BFPC Program Letter of Agreement”. A copy of the signed “BFPC Program Letter of Agreement” is to be provided to the participant and the original must be scanned into the participant’s health record in Crossroads.

**Breastfeeding Peer Counselor Contacts**

The BFPC must communicate routinely with women enrolled in the BFPC Program. This communication can occur by telephone, text message (if approved by the State agency), through face-to-face individual sessions, and/or through group settings.

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

**Contact Frequency.** The minimum required and recommended BFPC contacts are outlined below. In the event the BFPC is unable to reach a participant for a required contact, the BFPC must make at least a second documented attempt to contact the participant within the required contact interval.

<table>
<thead>
<tr>
<th>Category</th>
<th>Required Contacts</th>
<th>Recommended Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Women</td>
<td><strong>Initial contact:</strong> within 30 days of enrollment in the BFPC Program</td>
<td><strong>After initial contact to 37 weeks gestation:</strong> contact monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>38 to &gt;40 weeks gestation:</strong> contact weekly</td>
</tr>
<tr>
<td>Breastfeeding Women</td>
<td><strong>Delivery to 1 week postpartum:</strong> Contact every 2-3 days and <strong>&gt; 1 week postpartum until 1 month postpartum:</strong> Contact weekly</td>
<td><strong>1 month postpartum to 6 months postpartum:</strong> Contact monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Prior to returning to school/work:</strong> Contact once</td>
</tr>
</tbody>
</table>

**Dissolution of the BFPC Program Letter of Agreement.** Participants are enrolled in
the BFPC Program until:

- The breastfeeding dyad has weaned;
- The participant experiences a miscarriage or fetal death;
- The participant requests to end participation in the BFPC Program; or
- The infant’s first birthday.
  - All breastfeeding questions after the infant’s first birthday should be referred to one of the local agency’s WIC-designated breastfeeding experts or a CPA.

Documentation Of Breastfeeding Peer Counselor Services. All contacts or attempted contacts must be documented in the appropriate section of the BFPC Care Plan Screen of the Crossroads system. BFPC’s assessment and the client contact information must be documented in the Sticky Note. In the instruction section of the care plan screen, the BPFC should document the participant’s plan of action and follow-up. If the BPFC does not have ready access to Crossroads due to reasons such as home or hospital visits, the local agency must assure contacts are documented in Crossroads by the BFPC within 72 hours of the contact.

Text Messaging Policy (if applicable). The local agency may outsource to a company for a web-based text message service. BFPC Program funds may not be utilized for this service. The web-based text message service must adhere to all protocols of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its updates, offer two-way text communication, and allow the participant to easily opt in or out of the text message service. A local agency who utilizes this media must have a text message policy approved by their local agency’s HIPAA compliance officer and their Regional Nutrition Consultant. The text message policy at a minimum must:

- Prohibit staff from using agency or personal cell phones to text WIC Program participants;
- State the intent for use of the text message service;
- Describe how participants may opt in or out of the text message service;
- State the procedure for text message retrieval, returning text messages, and maintenance of system; and
- Exclude text message communication as the initial contact between the participant and the BFPC.

Breastfeeding Peer Counselor Monthly Reports. BFPCs must report the number and type of contacts made on a monthly basis to the BFPC Program manager using the “Breastfeeding Peer Counselor Monthly Report” (DHHS 3985) and the Monthly Breastfeeding Activities Report from Crossroads. Refer to Attachment 1 for a copy of
the “Breastfeeding Peer Counselor Monthly Report”. If a local agency uses a standard agency-wide system for reporting services provided which includes BFPC Program services, the reporting system must include the information requested on the “Breastfeeding Peer Counselor Monthly Report”. The BFPC Program manager should use the information in these reports to evaluate monthly BFPC activities and for managing the BFPC caseload.

- **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 the procedure for message retrieval, returning calls, and maintenance of the 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.
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Breastfeeding Peer Counselor Forms

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

- North Carolina WIC Breastfeeding Peer Counselor Program Letter of Agreement (DHHS 4113)*
- Breastfeeding Peer Counselor Monthly Report (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, Section 7 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)

<table>
<thead>
<tr>
<th>Breastfeeding Peer Counselor Program Letter of Agreement (DHHS 4113)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Review BFPC program letter of agreement with client</td>
</tr>
<tr>
<td>▪ Ask client to sign, date, and provide their phone number</td>
</tr>
<tr>
<td>▪ Complete breastfeeding peer counselor signature, date, and provide their phone number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Breastfeeding Peer Counselor Monthly Report (DHHS 3985)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Enter Month/Year and Peer Counselor’s Name</td>
</tr>
<tr>
<td>▪ Document activities participated in by week and total for reporting month</td>
</tr>
<tr>
<td>▪ Document caseload information for the last day of the reporting month</td>
</tr>
</tbody>
</table>
Breastfeeding Peer Counselor Program
Letter of Agreement

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

- Contact you during pregnancy and the early days of breastfeeding
- Be available to help you with breastfeeding until you wean your baby
- Refer you to lactation experts or healthcare providers if needed
- Help you
  - Get a good start with breastfeeding
  - Make plenty of breast milk for your baby
  - Learn how to breastfeed your baby anywhere
- 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

______________________________  ______________________________
Participant’s Phone Number        Breastfeeding Peer Counselor’s Phone Number

DHHS 4113 (12/2017)
WIC (Review 12/2017)
White Copy – Agency   Yellow Copy – Participant

This institution is an equal opportunity provider.
Carta de acuerdo para participar en el programa de consejeras pares de lactancia materna

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

- Le contactará durante su embarazo y en los primeros días en que usted amamante a su bebé
- Estará disponible para ayudarle con el amamantamiento hasta que destete a su bebé
- Le referirá a expertos en lactancia materna o a proveedores de atención médica si es necesario
- Le ayudará a:
  - iniciar la lactancia materna en forma adecuada
  - tener suficiente leche para su bebé
  - aprender cómo amamantar a su bebé en cualquier parte
  - continuar la lactancia cuando regrese a su trabajo o a la escuela
  - lograr el apoyo de sus familiares y amigos
  - enfrentar las inquietudes sobre la lactancia materna

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

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

Tanto la consejera par de lactancia materna como la participante deben leer y firmar esta carta de acuerdo a fin de iniciar los servicios del programa de consejeras pares de lactancia materna.

Entiendo mis responsabilidades y deseo recibir los servicios del programa de consejera pares de lactancia materna.

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

____________________________
Firma de la participante

____________________________
Firma de la consejera par de lactancia materna o personal autorizado

____________________________
Fecha

____________________________
Fecha

____________________________
Número telefónico de la participante

____________________________
Número telefónico de la consejera par de lactancia materna

Esta institución es un proveedor que ofrece igualdad de oportunidades.
Breastfeeding Peer Counselor Monthly Report

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

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Peer Counselor's Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many phone calls did you make?</td>
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<td></td>
</tr>
<tr>
<td>How many clinic visits did you have?</td>
<td></td>
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<td></td>
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<tr>
<td>How many hospital visits did you make?</td>
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</tr>
<tr>
<td>How many home visits did you make?</td>
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<tr>
<td>How many breastfeeding classes did you facilitate?</td>
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<tr>
<td>How many support groups did you attend?</td>
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</tr>
<tr>
<td>How many other activities did you participate in?</td>
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</tbody>
</table>

**Monthly Assessment**

<table>
<thead>
<tr>
<th>Question</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>List activities and needs from your program manager:</td>
<td></td>
</tr>
<tr>
<td>What is your current caseload as of the last day of this reporting month?</td>
<td></td>
</tr>
<tr>
<td>Of this current caseload, how many women are pregnant?</td>
<td></td>
</tr>
<tr>
<td>Of this current caseload, how many are breastfeeding?</td>
<td></td>
</tr>
<tr>
<td>During this month, how many women stopped or decided not to breastfeed?</td>
<td></td>
</tr>
</tbody>
</table>

DHHS 3985 (Revised 07/18)
Breastfeeding Peer Counselor Program
Client Satisfaction Survey
(example)

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

Today's Date: ____________________

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

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

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

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

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

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

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

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

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

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

Your Peer Counselor's Name:_______________________________________________
Comments_________________________________________________________________

Thank you for using the breastfeeding peer counselor program.
Programa de Consejeras de Lactancia
Encuesta de Satisfacción del Cliente
(Ejemplo)

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

1. ¿La consejera de lactancia le ayudó a decidirse a amamantar a su bebé? o Sí o No
2. ¿Por cuánto tiempo amamantó a su bebé? ______________________ dias/semans/meses
3. ¿Pudo usted amamantar a su bebé todo el tiempo que usted deseó?............ o Sí o No
Si contestó no, ¿por qué? _____________________________________________
4. ¿La consejera de lactancia estuvo disponible cuando usted necesitó ayuda? .... o Sí o No
Comentarios _______________________________________________________

5. ¿Animaría a otras mujeres a que amamantaran a sus bebés? ................. o Sí o No
6. ¿Cómo describiría el programa de consejeras de lactancia?
   o Muy útil o Útil o Con alguna utilidad o Nada útil o No tengo comentario
7. ¿Cuál fue la parte de más útil de este programa? ______________________

8. ¿Recomendaría a otras mujeres al programa de consejeras de lactancia? ...... o Sí o No
9. ¿Tiene alguna sugerencia para mejorar este programa?.................... o Sí o No
De responder “Sí”, explique:__________________________________________

10. ¿Le interesaría convertirse en una consejera de lactancia?............. o Sí o No
De tener interés, informe a su consejera de lactancia.
Nombre de su consejera de lactancia: __________________________________
Comentarios _______________________________________________________

Le agradecemos que utilice el programa de consejeras de lactancia.