Chapter Nineteen
Breastfeeding Education and Support
# Chapter Nineteen
## Breastfeeding Education and Support

### Overview

#### Introduction
The Arizona WIC Program is committed to the promotion and support of breastfeeding for all infants unless contraindicated for health reasons.

#### In This Chapter
This chapter is divided into five (5) sections and seven (7) appendices which detail the breastfeeding promotion, breastfeeding education for staff and participants, breast pump distribution and recovery, and the Peer Counselor Program.

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Breastfeeding Education and Support

Section A
Breastfeeding Promotion

Staffing
To ensure that all pregnant, postpartum, and breastfeeding participants are encouraged to breastfeed unless it is contraindicated for health reasons, the State and Local Agency will employ:

- Breastfeeding Promotion Coordinator;
- Breast Pump Coordinator;
- If applicable, Peer Counselor Program Manager;
- Sufficient staff to administer an efficient and effective breastfeeding promotion program;
- At minimum 1 IBCLC per agency, ideally one per clinic.

Local Agency Breastfeeding Designation
Within the new employee training timeline, staff shall complete a two-day WIC-specific basic breastfeeding course. After successful completion of the training and post-test, staff are then qualified to conduct prenatal breastfeeding education, complete basic breastfeeding assessments, issue breast pumps for healthy full term infant breastfeeding dyads and determine food packages for breastfeeding dyads at certification.

Upon completion of the week-long breastfeeding course that provides at least 30 hours of continuing education credit, staff are considered qualified as a "Local Agency Breastfeeding Authority."

Funding
The Federal Regulations require that agencies spend $34.61 per pregnant and breastfeeding woman (multiplied by the average number of pregnant and breastfeeding women) on breastfeeding promotion. Of that, the Local Agencies will target spending $24.61 and the State Agency will spend the remaining $10.

NOTE: The State will monitor the targeted budget through the annual time study.

Resources
The State Agency will identify and/or develop resources and educational materials for use in the Local Agencies.

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Section A
Breastfeeding Promotion (Continued)

WIC Breastfeeding Committee
The Breastfeeding Promotion Coordinators will work with Local Agency Coordinators to develop and implement a strategic plan focusing on activities to increase breastfeeding initiation rates and lengthen breastfeeding duration. Activities may include incentives for breastfeeding promotion, social marketing media messages, World Breastfeeding Week activities, Peer Counselor Programs, Hospital Certifications, and bulletins.

Clinic Environment
Local Agencies shall develop a clean and comfortable clinic environment which endorses breastfeeding as the preferred method of infant feeding, e.g., displaying breastfeeding posters and materials, not displaying formula or formula messages, not displaying bottles or artificial nipples, and providing an area for mothers to breastfeed or pump.

Breastfeeding Messages
Education, materials, classes and displays, which include evidence-based breastfeeding messages, shall be consistent with “Breastfeeding Answers Made Simple” by Nancy Mohrbacher, “Medications and Mothers’ Milk” by Thomas Hale, and “Keep It Simple” by Amy Spangler.

Allowable Breastfeeding Aids
Breastfeeding aids which are allowable and may be provided through the WIC Program include breast pumps, breast shells, nursing pads, breast milk storage bags, and nursing bras.

The purchase of aids should be weighed against the benefits of providing such aids, which provide less direct support for the initiation and continuation of breastfeeding, against the importance of management functions and participant benefits that otherwise could be provided.

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Section A
Breastfeeding Promotion (Continued)

**Allowable-Conditional Aids**

Nursing supplementers and nipple shields shall only be purchased and provided by Local Agencies with an approved policy and procedure for distribution.

The policy and procedure shall be limited to distribution by an International Board Certified Lactation Consultant (IBCLC) who has received appropriate training on the aid and include the plan for follow-up.

The Local Agency policy and procedure shall be submitted to the State WIC Breastfeeding Coordinator prior to purchase or distribution.

**Unallowable Breastfeeding Aids**

Breastfeeding aids which do not support the initiation and continuation of breastfeeding and are not within the scope of the WIC Program cannot be purchased with WIC funds.

Examples of such aids are topical creams, ointments, vitamins, other medicinal items, foot stools, infant pillows, and nursing blouses.

**Allowable Activities**

Activities may include, but are not limited to, “Baby Showers,” hospital visits, crib cards, World Breastfeeding Week (August 1-7) activities and media announcements.

**Note:** Food/beverages served at the activity are not an allowable WIC expense.
Chapter Nineteen
Breastfeeding Education and Support

Section A
Breastfeeding Promotion (Continued)

Management Evaluations
Local Agencies shall perform and document annual evaluations of breastfeeding education, promotion, and support activities using the Clinic Site Breastfeeding Review located in Appendix B of Chapter 15 or in the Local Agencies - Forms section of the Arizona WIC Program website.

The State Agency will evaluate Local Agency breastfeeding promotion, education, support activities, scope of practice assurance, pump program or conduct a breastfeeding financial review annually.

Breastfeeding Referral: Peer Counselor Program
If available, the Local Agency shall offer to enroll all pregnant and breastfeeding participants in the WIC Peer Counselor Program using a Referral to Breastfeeding Peer Counselor Form (Appendix F) or similar document, to be filed for a Management Evaluation.

Breastfeeding Referral: Community
The Local Agency shall give a community-specific referral list that includes breastfeeding resources to all pregnant and breastfeeding participants.

Breastfeeding Hotline
The Arizona 24-Hour Pregnancy and Breastfeeding Hotline shall be included on all referral and outreach breastfeeding materials. The hotline number is 1-800-833-4642.

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A breastfeeding assessment shall be conducted each time a breastfeeding infant has a change in category or in feeding needs. The assessment shall be documented in the Assessment and in the Notes screen using the TGIF format and include the reason for the change, education given, amount of breastfeeding and the number of cans issued if applicable.

The partially nursing infant is eligible to receive breastfeeding support, breastfeeding incentives, and referrals for additional assistance, as well as formula based on need and age. The Local Agency is responsible for accurate food package assignment based on the WIC breastfeeding assessment, as well as complete documentation of amount and type of feeding an infant is receiving.

An infant that is under one (1) month old will be eligible to receive up to 104 ounces of formula, if determined appropriate by a Local Agency Breastfeeding Authority, International Board Certified Lactation Consultant or Registered Dietitian. This provides an opportunity for the mother to receive one-on-one breastfeeding support and follow-up care.

An infant between the age of one (1) month and three (3) months will receive breastfeeding support, breastfeeding incentives and referrals for additional assistance and is eligible for up to 435 ounces of formula.

An infant between the age of four (4) and five (5) months will receive breastfeeding support, breastfeeding incentives, referrals for additional assistance and is eligible for up to 522 ounces of formula.

An infant between the age of six (6) and eleven (11) months will receive breastfeeding support, breastfeeding incentives, referrals for additional assistance, 24 ounces of iron fortified infant cereal, 128 ounces of baby food fruits and vegetables or partial fresh banana substitution and up to 384 ounces of formula.

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Section A
Breastfeeding Promotion (Continued)

Tailored Food Packages for Partially Nursing Infants

A breastfeeding woman is encouraged to breastfeed exclusively for the first 6 months and continue to breastfeed with the introduction of solid foods for at least an additional six (6) months of her infant’s life, according to the American Academy of Pediatrics. The enhanced breastfeeding package, certain incentives, provision of anticipatory guidance and support, and not giving formula has each been proven helpful for successful breastfeeding.

An infant who is receiving both breast milk and infant formula is considered a breastfed infant by national WIC definition. However, knowing that formula decreases milk supply, WIC staff shall accurately tailor the formula food package to supply only the amount that the mother reports giving the infant. For example, an infant who is being supplemented with 2 ounces of formula a day should only be issued one can of powdered formula per month. Whenever a WIC food package is tailored, the current intake is to be documented in the Notes Screen using the appropriate TGIF or SOAP format.
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Breastfeeding Education and Support

Section A
Breastfeeding Promotion (Continued)

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<tr>
<th>Mid-Month Category Change</th>
<th>Description</th>
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<td></td>
<td>If the mother of a breastfeeding infant returns to the clinic with a change in the feeding situation that results in a category change, the Local Agency staff shall retrieve the mother’s unused food instruments:</td>
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<tr>
<td></td>
<td>• If she has redeemed one or more of that month’s food instruments, then conduct a breastfeeding assessment to determine appropriate category, change category for both mom and baby, and issue one (1) can of formula. <strong>Document food package in the Notes Screen using the TGIF format.</strong> Schedule the participant to come in the next month for food instruments and, if appropriate, breastfeeding support.</td>
</tr>
<tr>
<td></td>
<td>• If she has not redeemed any of that month’s food instruments, void the current food instruments, conduct a breastfeeding assessment to determine appropriate category, change category for both mom and baby, and issue food instruments. <strong>Document food package issuance in the Notes Screen using the TGIF format.</strong></td>
</tr>
</tbody>
</table>

Extra support or referral to a breastfeeding educator or peer counselor shall be offered to any breastfeeding mother who requests formula.

Note: Food benefits may not be withheld from the infant because of the mother’s actions.

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Section A
Breastfeeding Promotion (Continued)

Administrative Un-Void: Breastfeeding
Before a food instrument can be un-voided due to changes in breastfeeding, the participant must meet with a breastfeeding expert. The Certified Breastfeeding Authority shall conduct a breastfeeding assessment and document the findings.

Administrative Un-Void: Same Day
If a food instrument is voided at the Local Agency, it can be un-voided the same day by the Local Agency staff that has been assigned the un-void role in HANDS.

Administrative Un-Void: Subsequent Days
If the End of Day (EOD) process has run, then the food instrument will need to be un-voided by the State Agency. To ensure that the un-void request is completed promptly, Local Agency staff shall email the WIC Service Desk with the following information:

- Name of the staff requesting the un-void;
- Agency/Clinic;
- Food instrument serial number(s); and
- Reason for the un-void request.

The WIC Service Desk will send an email confirmation back to the Local Agency once the request is completed.
Chapter Nineteen
Breastfeeding Education and Support

Section B
Breastfeeding Education/Support – Staff

Purpose
Local Agency staff shall be well-trained on normal and abnormal breastfeeding situations to provide high-quality services to the clients of the Arizona WIC Program.

New Staff – Orientation
All new employees shall meet with the Local Agency Breastfeeding Coordinator to get an overview of the Local Agency’s breastfeeding program.

Topics to be included, but not limited to:

- Overview of the “Breastfeeding - Keep It Simple” Book;
- Breastfeeding Supplies;
- Breast Pump Distribution and Recovery Guidelines;
- Breastfeeding Resources and Referrals;
- Role of Peer Counselor Program (if applicable).

New Staff – Introduction
All new employees are required to complete the Introduction to Breastfeeding Learning Management System (TRAIN) course. This online module gives a basic overview of WIC’s support of breastfeeding. It also addresses the most common concerns of new breastfeeding mothers. Additionally, new employees shall have a 2-day WIC Basic Breastfeeding training provided to them by a Local or State Agency IBCLC. This shall be completed within eight (8) weeks of hire and/or when the employee begins to certify pregnant or breastfeeding participants. Upon successful completion of the training and post-test, staff will be able to complete a basic breastfeeding assessment and issue breast pumps.

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<th>Skill Building: Local Agency Breastfeeding Authority</th>
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<td>Within six (6) months of the completion of the staff member’s probationary period, they shall complete a week-long breastfeeding course that provides at least 30 hours of continuing education credit. These courses are typically 5 to 6 days in length.</td>
</tr>
<tr>
<td>The State Agency will offer these types of courses to Local Agency staff annually.</td>
</tr>
<tr>
<td>Local Agencies can choose to send staff to another appropriate course with State Breastfeeding Coordinator approval. This process is designed to ensure that the alternate course is of similar rigor and depth to the State-sponsored course.</td>
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<th>Breastfeeding Authority Skills Application</th>
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<td>One week post-training, all trained staff shall meet with the Local Agency Coordinator to reinforce and apply skills learned during the training.</td>
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<tr>
<th>All Staff – Annual Continuing Education</th>
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<tr>
<td>Staff shall also receive eight (8) hours of continuing education on breastfeeding per fiscal year. This is part of the 24-hour overall annual training requirement. This requirement can be fulfilled through a number of training opportunities, including TRAIN courses, LATCH-AZ meetings, Local Agency staff trainings, and online training courses.</td>
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<thead>
<tr>
<th>All Staff – Skill Building Continuing Education</th>
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<tbody>
<tr>
<td>All staff shall complete a week-long breastfeeding course that provides at least 30 hours of continuing education credit every five (5) years.</td>
</tr>
<tr>
<td>The State Agency will offer these types of courses to Local Agency staff annually.</td>
</tr>
<tr>
<td>Local Agencies can choose to send staff to another appropriate course with State Breastfeeding Coordinator approval. This process is designed to ensure that the alternate course is of similar rigor and depth to the State-sponsored course.</td>
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<td>All breastfeeding training documentation, including the Breastfeeding TRAIN course, should be maintained in the Local Agency training file. See Chapter 7, Section E for documentation of training and requirements for the Local Agency training file. It is highly recommended that Local Agencies utilize TRAIN for delivering, tracking, and managing training/education. TRAIN is able to provide and track both online (e-learning) and instructor-led training to State and Local Agency WIC staff. The system can be accessed 24 hours a day, 7 days a week.</td>
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Breastfeeding Education and Support

### Section C
Breastfeeding Education/Support – Participant

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<th>Purpose</th>
<th>Studies show that education is the single most important indicator to breastfeeding initiation and duration up to six (6) months. Education sessions may be either in individual or group settings.</th>
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<td>Documentation: Participant Breastfeeding Education</td>
<td>Local Agencies shall document the breastfeeding education provided on the Follow-up/Nutrition Education button in the Care Plan screen of the HANDS system for every pregnant or breastfeeding participant and their breastfed infant(s).</td>
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<td>Breastfeeding Education</td>
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<td>Breast milk as the ideal nutrition for infants</td>
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<td>Benefits of breastfeeding (health and other)</td>
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<td><strong>Second Trimester:</strong></td>
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<td>Anatomy and physiology</td>
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<td></td>
<td>Breastfeeding positioning and latch-on technique</td>
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<td>Equipment (including clothing, pumps and storage)</td>
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<td><strong>Third Trimester:</strong></td>
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<td>Common fears, barriers, problems, and myths</td>
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<td>Anticipatory guidance for Maternity Care Practices</td>
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<td><strong>Postpartum:</strong></td>
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<td>Support personalized to individual needs.</td>
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<td>Breastfeeding Classes</td>
<td>Breastfeeding classes shall follow the Together We Can (Reference Chapter 7 page 6) model and be based on competencies developed from Breastfeeding Education section above. Breastfeeding class may count as the second nutrition education contact if it occurs on a subsequent and separate visit than the Certification.</td>
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### Section C
Breastfeeding Education/Support – Participant (continued)

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<th>Breastfeeding – Keep It Simple Book</th>
<th>Every pregnant woman shall be offered at least one (1) copy of the book “Breastfeeding – Keep It Simple”.</th>
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<td>Breastfeeding Bookmarks</td>
<td>The State Agency will periodically develop and distribute bookmarks on various topics to accompany the “Keep It Simple” book. These bookmarks are developed as a result of a need identified by the Breastfeeding Hotline based on high frequency of topic duplication or Local Agency request. State and Local Agencies shall train staff on the bookmarks and identify situations when appropriate to distribute. Bookmarks are available to order from the ADHS Warehouse using the online WIC Order Form.</td>
</tr>
<tr>
<td>Medication / Herbal Supplements</td>
<td>The Arizona WIC Program does not suggest, prescribe, or endorse any medication or herbal supplement to participants. If asked about a specific medication or herbal supplement, staff should refer to the current “Medications and Mothers Milk” book for information. It is strongly recommended that staff copy the information directly from the reference material and give to the participant for review.</td>
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In rare circumstances, a client from another Local Agency may need WIC breastfeeding services on an emergency basis at a clinic or an outreach location. The Local Agency loaning the pump will transfer the client into their own agency, conduct the appropriate breastfeeding assessment and intervention, and assign the pump in HANDS with complete documentation in the TGIF format.

Emergency Breastfeeding Services:

- Breastfeeding assistance to include, but not limited to, latch and position;
- and/or
- Breast Pump Issuance

In order to maintain the continuum of care, when staff provide emergency breastfeeding assistance to another program’s client, the staff should:

- Transfer the client into the Local Agency
- Provide assistance to client;
- Document the visit in the Notes Screen with a TGIF format;
Section D
Breast Pump Distribution and Recovery Guidelines

Policy
Local WIC programs may provide breast pumps to WIC participants as a breastfeeding aid when appropriate and as pumps are available.

Purpose
To support and protect breastfeeding by providing breast pumps to women who need and will use them.

Administrative Costs
Costs for the management of the breast pump program should be charged to the WIC NSA grant under the cost category of “Breastfeeding Promotion.” Applicable costs may include:

- Staff time for management of the program;
- Space to store pumps; and
- Maintenance and sanitation costs.

Breast Pump Coordinator
Local Agencies shall designate one (1) contact person as the breast pump coordinator whose responsibilities shall include:

- Acting as the primary contact for breast pump orders; and
- Overseeing the breast pump inventory.

Ordering Process
Local Agencies can order breast pumps and accessories from the ADHS Warehouse using the online WIC Order Form. Orders will be restricted to one (1) time per month and no more than quantities of three (3) without prior authorization from the State staff.

Type of Available Breast Pumps
Hospital-grade double electric breast pumps (HBP) are available to order from the ADHS Warehouse:

Note: Manual pumps may purchased by the Local Agencies using NSA funds.

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## Section D
### Breast Pump Distribution and Recovery Guidelines (Continued)

<table>
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<tr>
<th>Accessories</th>
<th>These accessories are available to order from the ADHS Warehouse:</th>
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<tr>
<td></td>
<td>• Flanges;</td>
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<tr>
<td></td>
<td>• Kits (HBP);</td>
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<tr>
<td></td>
<td>• Breast milk storage bags;</td>
</tr>
<tr>
<td></td>
<td>• Replacement cases/clips (HBP only);</td>
</tr>
</tbody>
</table>

**Note:** Local Agencies can use NSA funds to purchase additional accessories.

<table>
<thead>
<tr>
<th>Microsteam Bags</th>
<th>Microsteam bags are available to order from the ADHS warehouse. They should be reserved for participants who need to use a breast pump at the clinic and requires/requests a sterile breast pump kit.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>The Local Agency shall follow the manufacturer directions and establish a system of usage as each bag may be used up to 20 times.</td>
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</table>

| Inventory Documentation | The State Pump Logistics Coordinator will document all initial pump inventories for the Local Agency in HANDS. It is the responsibility of the Local Agency Pump Coordinator to manage the inventory at the clinic level in HANDS. |

<table>
<thead>
<tr>
<th>State ID Tag</th>
<th>When hospital-grade breast pumps arrive from the ADHS Warehouse, they shall have a State ID tag adhered to the pump itself. If not, please contact the ADHS Warehouse Manager immediately.</th>
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**Note:** The pump is not eligible for loan without a State ID tag.

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**Section D**

**Breast Pump Distribution and Recovery Guidelines (Continued)**

<table>
<thead>
<tr>
<th>Issuer</th>
<th>Upon successful completion of WIC Basic Training, WIC staff can assess need and issue breast pumps.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Certification</td>
<td>A participant is to be in an active Certification in the WIC Program before a breast pump assessment is completed.</td>
</tr>
<tr>
<td>Breastfeeding Assessment – Pumps</td>
<td>Breast pumps can be provided to participants by staff who have completed WIC Basic Training only after a thorough assessment of the breastfeeding relationship to ensure that a breast pump is the appropriate intervention. The assessment shall be documented in the Notes Screen using the TGIF format and include the reason for the request, education given and the type of pump given.</td>
</tr>
<tr>
<td>Common Circumstances</td>
<td>Breast pumps are commonly provided in the following circumstances:</td>
</tr>
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<td></td>
<td>• Premature infant who is unable to suck adequately;</td>
</tr>
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<td></td>
<td>• Infant with severe feeding problems;</td>
</tr>
<tr>
<td></td>
<td>• Mother who is having difficulty maintaining a milk supply due to maternal or infant illness;</td>
</tr>
<tr>
<td></td>
<td>• Mother of multiple births;</td>
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<tr>
<td></td>
<td>• Mother who is separated from her infant(s) due to hospitalization; and/or</td>
</tr>
<tr>
<td></td>
<td>• Mother who is separated from her infant(s)</td>
</tr>
<tr>
<td>Pump Denial</td>
<td>If upon completion of the breastfeeding assessment, the pump is determined not to be the appropriate intervention, the details of the assessment shall be documented in the Notes Screen.</td>
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Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

Hospital-grade Electric Breast Pump

Hospital-grade breast pumps are the preferred choice for the most mothers. A hospital-grade double electric breast pump may be loaned to a WIC mother when:

- She has maternal medical needs (i.e., severe engorgement, breast surgery, low milk supply);
- She has an infant with a medical need (i.e., prematurity);
- She returns to work or school before one (1) month postpartum; and/or
- The findings from the breastfeeding assessment conclude that the breast pump will help in building or maintaining the milk supply.

Pregnancy

Breast pumps may **not** be issued to physically pregnant women. *Best practice is to certify the mom into an appropriate category after she delivers the baby and issue her the pump after a complete assessment. If a woman is in a valid Certification period as a pregnant participant and has delivered a medically fragile infant, she or the 2nd Authorized Representative or the Proxy may be issued a pump. A complete TGIF note shall document the full breastfeeding assessment. An appropriate TGIF note shall document the assessment as well as when the mother will be recertified in the future. (Refer to Chapter 2 Documentation of Exceptions)*

Prizes, Gifts, Incentives

Breast pumps **cannot** be used as prizes, gifts, or incentives.

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Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

Process of Issuance: Hospital-grade Breast Pump

These steps should be followed when issuing a hospital-grade breast pump:

1. Retrieve breast pump and kit from inventory;
2. Verify that the pump is in working order;
3. Demonstrate how to assemble the breast pump. Take the breast pump apart and have the participant assemble it;
4. Discuss how to maintain an adequate milk supply;
5. Review milk storage guidelines;
6. Discuss directions for cleaning the breast pump;
7. Print the Pump Release Form from the client file. Review “Hospital-grade Breast Pump Release Form” (Appendix B);
8. Obtain signature from participant and scan the document to be saved in the participant’s HANDS file.
9. Document in the Notes Screen of HANDS in TGIF format,
10. Verify the 'pump issued' icon is now displayed in the active record with the current pump due date.

Note: The pump icon is only activated when a pump is Issued, or when the status is changed from Issued to Letter Sent.

Length of Issuance: Hospital-grade Breast Pump

Length of issuance shall not exceed three (3) months.

The participant may keep the breast pump after the Date of Return if desired; a new Hospital-Grade Breast Pump Release Form shall be completed with a signature. The new document will be scanned into the participant’s HANDS file. In the Breast Pump Issuance and Return Screen, update the Reissued Due Date.

Note: The participant does not need to bring the breast pump into the clinic in order to complete the form.

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Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

Process of Return: Hospital-Grade Pump

These steps shall be followed when a participant returns a loaned hospital-grade pump.

1. In the participant file, update the status in the Breast Pump Issuance and Return Screen as Returned.

2. Verify that the pump icon in the active record is deactivated.

3. Fill out the Breast Pump Receipt for Return of Hospital-Grade Double Electric Breast Pump. Remove the white copy (top) scan and save in the clients file in HANDS; the participant receives the pink copy (2nd copy), leave the remaining yellow copy (3rd copy) in the receipt booklet (Appendix B).

4. Follow the appropriate cleaning procedure for all pumps.

5. Update the status to Available when the pump is ready to be returned to current clinic inventory.

Nominal Deposits

Local Agencies cannot require a monetary deposit for a breast pump.

Waiting Lists

Prior to instituting a breast pump waitlist, the Local Agency shall submit a waitlist policy, to be kept on file at the State Agency, to include priority needs assessment, follow-up procedures and estimated timeline for an established waitlist. The State Agency shall be notified within five (5) days of instituting a waitlist within a Local Agency.

Second Nutrition Education Contact

Breast pump education and instruction that occurs subsequent to and separate from the Certification visit may be counted as the second education contact.

Education Style

Breast pump education and instruction may be conducted individually or in a group.

Continued on Next Page
### Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

<table>
<thead>
<tr>
<th>Hospital-grade Breast Pump Cleaning Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always wear protective gear, as recommended by the cleaning agent label. At minimum, wear gloves to protect hands from the chemical disinfectant. Use a commercial disinfectant. Be sure to read and follow all instructions on the cleaning agent. Failure to follow label instructions will mean that the pump is not properly cleaned.</td>
</tr>
</tbody>
</table>

**Directions: Cleaning**

1. Remove the pump from the case.
2. Wet paper towels until saturated with the cleaning solution. Do not pour or spray liquid directly onto the pump.
3. Apply the sanitizer to the inside and outside of the pump case and body of the pump. Make sure the pump stays wet for the recommended length of time, so that germs are killed. *The method for most biocidal effectiveness is a spray saturation of 3 minutes prior to wiping down.*
4. Allow the pump and case to air dry.
5. Place the pump back in the case.

*Continued on Next Page*
Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

**Commercial Disinfectant**
A multi-purpose disinfectant intended for use in cleaning, decontaminating and disinfecting hard non-porous, inanimate surfaces and non-critical instruments in hospitals, laboratories, and other critical care areas where environmental control of cross contamination between treated surfaces is important. The disinfectant shall have a biocidal effectiveness against the following microorganisms:

- *Mycobacterium bovis BCG*
- *Staphylococcus aureus*
- *Pseudomonas aeruginosa*
- *Salmonella choleraesuis*
- *Clostridium difficile (vegetative cells only)*
- *Trichophyton mentagrophytes*
- *Methicillin Resistant Staphylococcus aureus (MRSA)*
- *Vancomycin Resistant Enterococcus faecalis (VRE)*
- *Staphylococcus aureus with reduced susceptibility to vancomycin (VRSA)*
- *Hepatitis B Virus (HBV)*
- *Hepatitis C Virus (HCV)*
- *Herpes Simplex Virus Type 1*
- *Herpes Simplex Virus Type 2*
- *Human Immunodeficiency Virus (HIV-1)*
- *Human Coronavirus (not associated with Severe Acute Respiratory Syndrome or SARS)*
- *Influenza A2 Virus*

The Material Safety Data Sheet (MSDS) for the commercial disinfectants must be posted in the clinic and all employees must be aware of its location.

Continued on Next Page
Quality Assurance – Breast Pumps

In addition to being cleaned, a breast pump needs to be evaluated for efficiency before it can be given out to another participant.

Directions: Efficiency Testing

1. Assemble the pumping kit for single pumping. Cover the hole for the unused side.
2. Attach it to the breast pump.
3. Attach the vacuum gauge to the breast shield.
4. Turn the suction to LOW/MIN and read the value.
   - Lactina: approx 75-100 mmHg
   - Personal pumps: 50 mmHg (letdown mode/expression mode)
5. Turn the suction to HIGH/MAX and read the value.
   - Lactina: approx 240 mmHg
   - Personal pumps: 200 mmHg (letdown mode) and 235 mmHg (expression mode)

Continued on Next Page
Malfunctioning or Broken Hospital-grade Breast Pumps

Breast pumps that are malfunctioning must be tested by Local Agency staff. Client reports must be verified prior to sending a pump back for repair.

**Local Agency staff should:**

1. In the Pump Inventory Screen, select the appropriate pump.
2. Update the pump status in HANDS as Broken and save.
3. Document the problem with the pump in the Comments section of the Pump screen. Examples include arm not moving, cord frayed, not maintaining suction.
4. Remove the pump from the case.
5. Retain the case at the clinic, as it will not be returned by the manufacturer.
6. Place pump in a shipping box.
7. Contact the ADHS Warehouse for a return authorization number and prepaid shipping label.
8. Provide the Warehouse staff with the Hospital-Grade Breast Pump Request for Repair form and include:
   - Contact person's name
   - Agency name
   - Address
   - Phone number
   - Email
9. Ship or hand-deliver the pump to the ADHS warehouse.

Continued on Next Page
Insect Infestation

If the Local Agency suspects that a breast pump may be infested with insects, the Local Agency staff needs to:

1. In the Pump Inventory screen, select the appropriate pump.

2. Update the pump status in HANDS as Pest Infested. Make note of the suspected pump in the Comments section on the Pump screen and save.

3. Place the suspect pump into a bag and seal it;

4. Place the sealed pump into a second bag;

5. Seal the second bag;

6. Place into a shipping box and seal;

7. Write “Infested” on the outside of the shipping box;

8. Contact the ADHS Warehouse for a return authorization number and prepaid shipping label.

9. Ship or hand-deliver to the ADHS warehouse with the Hospital-Grade Breast Pump Request for Repair form and include:
   - Contact person’s name
   - Agency name
   - Address
   - Phone number
   - Email

Continued on Next Page
Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

In order to maintain the continuum of care, when staff provides a breast pump to another program’s client, the staff should follow the same procedure for issuance as outlined under Process of Issuance: Hospital Grade Breast Pump.

1. Document in the Notes screen in the appropriate TGIF type.
2. Follow-up with client as soon as possible and at regular appointment;
3. Accept breast pump and return to inventory.

Continued on Next Page
Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

Transfer of Participants with Breast Pumps Between Local Agencies

The State WIC agency purchases breast pumps for Local Agencies to distribute to participants. These pumps remain assets of the State of Arizona.

If a WIC participant who has a hospital-grade breast pump loaned to her by her Local WIC Agency transfers to a different Local Agency, her new Local Agency shall:

- Accept the breast pump from the participant
- Retain the pump for their Local Agency’s use
- Document the pump’s return in the Breast Pump Issuance and Return Screen.

Transfer of Breast Pumps Between Local Agencies

If a WIC participant who has a hospital-grade breast pump loaned to her by her Local Agency returns the pump at another Local Agency:

- Accept the breast pump from the participant
- Contact the WIC Service Desk with the Pump Serial Number, Family ID number and Participant Name, if available, to transfer pump into the current Local Agency inventory; OR
- Contact the original Local Agency for a pump recovery.

Continued on Next Page
Chapter Nineteen
Breastfeeding Education and Support

Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

Retrieval of Unreturned Hospital-grade Breast Pumps

If a participant fails to return a pump by the due date specified on the “Hospital-grade Breast Pump Release Form”, the Local Agency will attempt to contact the participant (or alternate contact, if necessary) by phone within seven (7) days of the breast pump return due date.

If attempts do not result in the return of the breast pump or a new signed release form, the Local Agency will change the participant to monthly food instrument issuance and mail a letter instructing the participant to return the breast pump. In the Breast Pump and Return Issuance screen, select ‘Letter Sent’ as the pump status. See Appendix B for sample letters in English and Spanish. A copy of the letter should be kept in the Local Agency’s files.

The pump icon display in the active record will remain after the status for the pump is changed to ‘Letter Sent.’

If the participant fails to return the breast pump within 30 days after the letter is mailed and is in an active Certification, the local agency will continue to pursue the return of the breast pump at each visit. Upon return, the participant may resume normal pick-up schedule.

If the participant is no longer in an active Certification, the Local Agency should send a copy of the letter and a copy of the Hospital-grade Breast Pump Release Form to the ADHS Pump Logistics Coordinator. In the Breast Pump and Return Issuance Screen select the checkbox “Referred to State,” fill in the corresponding date of the referred pump, document in the Comments box the name of the referring staff and save. Note: All attempts to retrieve the breast pump should be documented in the Comments box of the Breast Pump Issuance and Return screen.

Continued on Next Page
Lost or Stolen Hospital-grade Breast Pumps

Upon receiving notification from the participant and/or failed attempts to establish contact with a participant, Local Agencies shall immediately report cases of lost/stolen hospital-grade breast pumps to the State Agency; in the participant’s file, select the checkbox ‘Referred to State’ on the Breast Pump Issuance and Return screen. The Local Agency shall assist the State Agency in retrieving the appropriate statements, documentation, or any other relevant correspondence from the participant. Based upon the cooperation and/or information received by the participant, an investigation will be initiated to determine the status for continued program participation.

In the event that a participant reports a hospital-grade breast pump as lost, a statement from the participant (email, handwritten, etc) must be provided to the WIC Program explaining the circumstances surrounding the loss of equipment.

In the event that a participant reports a hospital-grade breast pump as stolen, the participant is encouraged to immediately file a police report. The police report, along with a detailed written statement, should be provided to the WIC program in a timely manner, explaining the circumstances surrounding the loss of equipment.

Local Agencies shall provide the above-mentioned documents to the State office’s Pump Logistics Coordinator and immediately scan the documents into the participant’s active record. Detailed notes documenting this incident should be placed in the Comments box on the Breast Pump Issuance and Return screen as well as in the Notes screen as a General Note. Specific identifiers by the clinic staff (such as one’s initials or full name) should be noted at the end of the pump communication box notes for efficient follow-up by the State office.

Note: The status on the hospital-grade Breast Pump Issuance and Return screen should be changed to Stolen/Lost.

Continued on Next Page
## Chapter Nineteen
Breastfeeding Education and Support

### Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

<table>
<thead>
<tr>
<th><strong>Lost / Stolen Breast Pumps (continued)</strong></th>
<th>Based on the results of the investigation and if it is determined that the participant was negligent, the State Agency reserves the right to issue a claim for restitution against a participant for the full or prorated cost of the issued hospital-grade pump. The Local Agency shall keep participants that are under an investigation on monthly issuance until a personal statement or police report is received or informed otherwise from the State Agency.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sale of Breast Pumps</strong></td>
<td>Participants found to be selling WIC-issued breast pumps for any reason or purpose will be investigated to the fullest extent by the State Agency. Upon confirming the sale of benefits (i.e., breast pump, breast milk bags) for the purpose of personal gain/profit, a participant will be required to pay restitution. The participant will be, at a minimum, held responsible for restitution in the amount that the breast pump was sold for (i.e., a participant posted an advertisement and successfully sells a breast pump for $200.00).</td>
</tr>
<tr>
<td><strong>Attempted Sale of Breast Pumps</strong></td>
<td>Participants found to have attempted the sale of a WIC-issued breast pump will be instructed to immediately return the pump to their Local Agency clinic. Upon return of the pump back to the clinic, the Local Agency will contact the State Agency for further direction on handling the disposal of the pump and/or any pump accessories.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
Chapter Nineteen
Breastfeeding Education and Support

Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

Communication With Participants Under Investigation

The State Agency shall handle communication with a participant regarding any initiated investigation to include, but not be limited to, informal dispute resolutions and terms of restitution.

When appropriate, and at its sole discretion, the State Agency will provide electronic copies of such documents to the Local Agency director for information purposes only.

In the event that a participant contacts the Local Agency to inquire about an ongoing investigation, the participant shall be triaged to the State Agency. The State Agency will maintain the comprehensive details and will have the ability to provide accurate, up-to-date information regarding a case.

Continued on Next Page
Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

Disposal of Personal-use Breast Pumps

Personal-use breast pumps are single-user breast pumps. These pumps may not be loaned or sold to others due to sanitation issues. These cannot be cleaned in a way that prevents cross-contamination from person to person. When the participant has finished using the personal-use breast pump, it can be saved for a subsequent pregnancy or the pump should be discarded rather than sold or given away.

The participant can dispose of the pump herself or bring it to the Local Agency for disposal. If the pump is to be disposed of by the Local Agency, the Local Agency should label it “broken” or disassemble prior to discarding to discourage pilfering from the trash can.

Community Partners

Local Agency programs may distribute hospital-grade electric breast pumps to participants through a third party (i.e., hospital, community clinic, community health nurse). The Local Agency must ensure that the third party:

- Verifies that the participant is enrolled in the WIC program;
- Provides appropriate instruction and education;
- Completes appropriate loan agreements and forwards these forms to the Local Agency for documentation in AIM.

Note: The Local Agency should follow-up with the participant within one (1) week of breast pump distribution.

Referrals

If a Local Agency chooses not to issue breast pumps, it is strongly encouraged that the Local Agency provides participants with referral information on breast pump availability in the community to include other Local WIC Agencies that choose to issue breast pumps.
Overview

“Using Loving Support to Implement Best Practices in Peer Counseling” is a training and technical assistance project designed to assist the national effort by the USDA, Food and Nutrition Service (FNS) to build and enhance peer counseling programs. Combining peer counseling with the ongoing breastfeeding promotion efforts in WIC has the potential to significantly impact breastfeeding rates among WIC participants, and, most significantly, increase the harder-to-achieve breastfeeding duration rates. The long range vision of the USDA/FNS is to institutionalize peer counseling as a core service in WIC.

Goals

The overall goals of all WIC breastfeeding projects in alignment with Healthy People 2020, including the Peer Counseling project, are to:

- Increase the incidence of breastfeeding to 75% of women initiating breastfeeding upon the birth of their babies;
- Increase the duration of breastfeeding to 50% of women for the first 6 months of their baby’s life and 25% of women for the first year of their baby’s life;
- Increase WIC participants’ knowledge of the advantages of breastfeeding; and
- Develop community partnerships to maximize resources and increase effectiveness of community support efforts.

Continued on Next Page
Allowable Costs

Allowable cost determinations for a particular Local Agency will be made within the context of reviewing the Local Agency’s implementation plan to ensure that all components of the “Loving Support Model for a Successful Peer Counselor Program” are included and that an appropriate balance between direct service delivery by peer counselors and the purchase and use of equipment and materials is in evidence.

Examples of allowable costs include:

- Compensation for peer counselors and designated peer counselor managers/coordinators;
- Training;
- Breastfeeding resources directly related to peer counseling;
- Telephone expenses for participant contacts;
- Travel for home and hospital visits;
- Recruitment of peer counseling staff;
- Demonstration materials (i.e., breast pumps for demonstration purposes, videos);
- Written materials to educate WIC participants about the Peer Counselor Program;
- T-shirts, buttons or similar items that identify the peer counselors;
- Furniture; and/or
- Indirect Costs.

Note: General breastfeeding resources for participants and exam fees for staff shall be purchased with WIC NSA funds.

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Chapter Nineteen
Breastfeeding Education and Support

Section E
Arizona WIC Peer Counselor Program (Continued)

State Peer Counselor Program Coordinator
ADHS BNPA will house the Peer Counseling Coordinator who will oversee the implementation of the State Peer Counselor plan and projects. The Coordinator will be someone with formal breastfeeding training, program management experience, personal breastfeeding experience, and experience working with the WIC population. This position will work closely with the State Breastfeeding Coordinator and State WIC program staff. A sample job description is available in Appendix D.

Local Agency Peer Counselor Program Manager
The manager will be someone with formal breastfeeding training (International Board Certified Lactation Consultant preferred), personal breastfeeding experience, experience working with the WIC population, and be familiar with community resources.

Responsibilities include, but are not limited to:

1. Assisting in establishing program goals and objectives;
2. Assisting in establishing Peer Counseling program protocols and policies;
3. Determining Peer Counselor staffing needs;
4. Recruiting and interviewing potential peer counselors in alignment with program policies and standards;
5. Conducting/arranging training of peer counselors;
6. Mentoring new peer counselors during the first six (6) months, providing routine follow-up and guidance in the beginning of their employment;
7. Providing ongoing supervision;
8. Holding monthly meetings with peer counselors;
9. Collecting documentation records and data as appropriate;
10. Monitoring the program, including conducting spot checks;
11. Routinely reporting on the program to supervisor and/or State Breastfeeding Coordinator; and
12. Working with other Peer Counselor supervisors (if available) to assess for ongoing improvements to the program that may be needed.

A sample job description is available in Appendix D.

Continued on Next Page
## Section E
### Arizona WIC Peer Counselor Program (Continued)

| International Board Certified Lactation Consultant (IBCLC) | In order to assist the peer counselors with cases that extend beyond their scope of practice as defined in the Loving Support curriculum, the Local Agency must employ or contract with an International Board Certified Lactation Consultant (IBCLC). A sample job description available in Appendix D.  
**Note:** IBCLCs who strengthen general breastfeeding expertise with WIC staff or participants should receive WIC funding as part of their compensation. |
| --- | --- |
| Peer Counselor Qualifications | Qualifications shall be previous experience with breastfeeding to include at least 3 months of personal breastfeeding, enthusiasm for helping others succeed at breastfeeding, and similarities with the WIC population (including similar age, ethnic background, and language spoken). When possible, peer counselors should be current or previous WIC participants.  
A sample job description is available in Appendix D. |
| Compensation / Reimbursement | Peer counselors will be paid employees, rather than volunteers. Providers must also cover travel expenses for home and hospital visits, required trainings, and reimbursements for telephone and other expenses. |

*Continued on Next Page*
# Accounting for Staff Time Funded By Two (2) or More Programs

OMB Circulars A-87 and 122 require that employees funded by two (2) or more different programs (e.g. WIC and Peer Counselor) are subject to the continuous time reporting documentation requirement.

This requirement states that employees engaged in multiple programs must continuously generate documentation supporting the distribution of their time and effort. Most agencies usually comply through a “Labor Activity Report” (LAR) completed by staff as part of their time sheets. Employees indicate on their time sheets how many hours each day they spent on WIC activities versus Peer counseling activities. Please see Chapter 15 on Audits and Management Evaluations for more details.

In addition, employees partially funded by the WIC Program are subject to the representative time study for their WIC activities in the four (4) functional areas required by WIC. Please see Chapter 13 on Program Costs for more details.

Employees funded only by the Breastfeeding Peer Counselor Program must sign a semi-annual certification that states they worked 100% of their time for the Breastfeeding Peer Counselor Program.

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*Continued on Next Page*
**Section E**  
**Arizona WIC Peer Counselor Program (Continued)**

### Scope of Practice

Peer counselors shall have a combination of personal and practical experience, along with formal training, and evidence-based knowledge that allows them to do the following:

1. Encourage pregnant WIC women to breastfeed;
2. Provide information to prepare pregnant women to breastfeed;
3. Explain ways to prevent common breastfeeding problems and respond to other common concerns;
4. Provide help with getting breastfeeding off to a good start;
5. Provide support and encouragement throughout breastfeeding;
6. Provide suggestions to help mothers solve common breastfeeding problems;
7. Refer mothers to other healthcare providers and other community services when needed; and
8. Promote a breastfeeding-friendly culture in their community by establishing community partnerships to open up and improve communication.

For more information, refer to Appendix E – Peer Counselor Program – Scope of Practice.

### Peer Counselor Job Parameters

Job parameters include, but are not limited to:

- Telephone contacts from peer counselor’s home and clinic;
- Clinic, home, and hospital visits; *Cannot be counted as a second WIC contact.*
- Prenatal/breastfeeding classes; and
- Support groups.

*Continued on Next Page*
## Section E
### Arizona WIC Peer Counselor Program (Continued)

### Limitations
So as not to supplant WIC services, peer counselors shall not:
- Conduct or assist in the Certification of WIC participants;
- Print food instruments;
- Conduct anthropometric or hematologic assessments;
- Provide the second nutrition education contact;
- **Schedule appointments for WIC services**
- **Provide services on the same day as WIC services**
- **Conduct a formal WIC Breastfeeding Assessment;**
- Develop or implement breastfeeding training for WIC staff; or
- Have sole or primary responsibility for breast pump distribution and retrieval.

### Training
Trainings for peer counselors shall include *The Loving Support Through Peer Counseling*.
- WIC clinic staff in peer counseling programs will view the PowerPoint presentation “Peer Counseling: Making a Difference for WIC Families” through the *Loving Support* curriculum at least one time per clinic during each year of the contract.

Additional trainings for peer counselors and WIC staff will include cross-training of peer counselors to familiarize them with WIC services, breastfeeding training for WIC staff, etc.

**Annual Fiscal Year trainings shall include**
- Civil Rights and/or CLAS; (each of the trainings are every other year).

### Program Participation
A WIC participant must agree to participate in the Peer Counselor Program. This is evidenced by the completion of the “Referral to Peer Counselor” form by WIC staff. (Appendix F)

### Documentation
Peer counselors shall use the Peer Counselor Screen in the HANDS system or Peer Counselor Contact Log (Appendix D).

### Confidentiality
Peer counselors shall sign a confidentiality agreement before providing services.

*Continued on Next Page*
## Financial Reporting
Monthly Contractor’s Expenditure Reports (CER) are due on the 15th of each month, reflecting expenses that were incurred in the previous month.

## Quarterly Report
Quarterly Reports are due on the 15th of month following the close of the quarter. (Appendix G).

## Management Evaluations
The Arizona WIC Peer Counselor Program will be evaluated in conjunction with the WIC Management Evaluation.

## Records Retention
Records shall be maintained and available for program audit. Records shall be kept for five (5) years, five (5) months, including the contract year.
Chapter Nineteen
Breastfeeding Education and Support

Appendix A:
Breastfeeding Education and Support – Forms

See Following Pages
Chapter Nineteen
Breastfeeding Education and Support

Boot Camp Competency Guide

Staff have just been immersed in everything breast but are they ready to apply these principles to their daily activities in the clinic? This follow-up guide is intended to check in with staff on their strengths after their recent training and assess where they might still have uncertainties or questions. This is not intended to be all inclusive but offers a basic overview of what materials were covered in the previous week.

• Above all else, what is the #1 rule of infant nutrition?

• Ask staff to describe why each of these is an important factor for a lactating woman.
  - Progesterone
  - Prolactin
  - Oxytocin
  - Lactocytes

• What are the key days for mom to breastfeed or pump in order to best establish her milk supply?
  - Why are those days important?

• Discuss what infant hunger and satiety cues are.
  - What is the best indicator of an infant’s hunger/satiety to share with parents and how does that play into baby behaviors?

• Importance of a breastfeeding assessment.
  - What are the key factors to consider in a breastfeeding assessment?
  - What does normal look like for mom and why is that important?

What is the recommended time to work on latching a baby?

Continued on Next Page
Chapter Nineteen
Breastfeeding Education and Support

Activity: Listed below are three everyday concerns and statements that parents share about why they feel baby is hungry. Ask staff to probe for more information utilizing open-ended questions.

1. My six-week old still isn’t sleeping through the night; he always wakes up hungry.

2. My baby breastfeeds in the morning but is never satisfied by the evening so that’s when I offer formula.

3. I know my baby is hungry because he will fall asleep at the breast so I try and put him down but he wakes up and then wants to eat again.

Discuss some tips to help mom with:
- Engorgement
- Calming a baby
- Increasing milk supply

Tailoring
- Why does WIC tailor food packages?
- How would you determine the most appropriate amount of formula to offer mom?
- How would staff talk with mom about her tailored food package?

Pumping
- What are some reasons to issue a pump?
- What are the important factors to discuss for NICU moms?
- What are the important points to discuss about milk storage?

-Bonus: What is the range of milk volume a mom should be pumping by day 10?

When to yield
- Why is it important to yield to an IBCLC/RD?
- What are some reasons to yield and refer to the IBCLC/RD?
Chapter Nineteen
Breastfeeding Education and Support

Assessment for Breastfeeding Infants Requesting Formula:

(*OPTIONAL to be completed by Local Agency Breastfeeding Authority)

- It takes 1 month to fully establish mother’s milk supply. Milk production is dependent upon how often, long and effectively the baby nurses. If the baby is supplemented with formula, he will go longer between feedings and take less milk while at the breast. Frequent nursing helps to establish a good milk supply early on, as well as providing a variety of health benefits.

- When bottles are given early in the first month of life, a newborn may begin to refuse the breast – nipple preference. For the first few weeks, it is best to let the baby nurse only with mom, until nursing is comfortable and productive for both mom and baby.

Breastfeeding Assessment Form::

1) What was baby’s DOB?___________  Birth Weight?___________  Current Weight?______
   (Infant should be back to birth weight by 1-2 weeks after DOB and continue to gain a ½ pound a week.)

2) How can mom tell baby is hungry (feeding cues)? __________________________________

3) How many times does the baby nurse in a 24 hour period? __________________________

4) How many bowel movements has the baby had in the past 24 hours? __________________

5) How is baby’s latch and positioning?  ___________________________________________

6) Does Mom have any nipple soreness or irritation?  ________________________________

7) Can you hear baby swallowing? _______ Is infant staying awake while nursing? _______
   Is infant content after a feeding? ________________________________________________

8) What is Mom’s goal with breastfeeding? __________________________________________

9) How much formula is Mom requesting? __________________________________________

Determining Supplemental Formula Amounts for the Partially Breastfed Infant:

<table>
<thead>
<tr>
<th>If the infant is getting this much supplemental formula each day (24 HR):</th>
<th>Amount per month to issue:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 3 oz. per day</td>
<td>→</td>
</tr>
<tr>
<td>4 – 6 oz. per day</td>
<td>→</td>
</tr>
<tr>
<td>7 – 9 oz. per day</td>
<td>→</td>
</tr>
<tr>
<td>10 – 12 oz. per day</td>
<td>→</td>
</tr>
<tr>
<td>13 – 15 oz. per day</td>
<td>→</td>
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<tr>
<td>16 – 18 oz. per day</td>
<td>→</td>
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<tr>
<td>19 – 21 oz. Per day</td>
<td>→</td>
</tr>
<tr>
<td>22 – 24 oz. per day</td>
<td>→</td>
</tr>
<tr>
<td>25 – 27 oz. per day</td>
<td>→</td>
</tr>
</tbody>
</table>

Conversion for READY TO FEED: 1 CAN POWDER = 3 bottles of 32 oz RTF
Conversion for CONCENTRATE: 1 CAN POWDER = 4 cans of 13 oz concentrate

*This quantity may exceed the maximum allowed
Chapter Nineteen
Breastfeeding Education and Support

Appendix B:
Breast Pump Distribution and Return – Forms

See Following Pages
Arizona WIC Program
Hospital-Grade Double Electric Breast Pump Release Form

Family ID#: _________________________

Participant’s Name (Mom): ______________________________________________________

Address:_____________________________________________________________________

City/State/Zip: _______________________________________________________________

Primary Phone Number: _____________ Secondary Phone Number: _______________

Alternate Contact Person: _______________________________________________________

Relationship: _______________________________________________________________

Phone Number:________________________________________________________________

I am currently enrolled in the Arizona WIC Program and will continue enrollment by keeping my WIC
appointments.

I understand that it is my responsibility to inform the WIC clinic of any change of address or phone
number.

I have received instruction on assembly, use, disassembly, and cleaning of the breast pump and the
storage and handling of expressed breast milk.

I understand that the Arizona Department of Health Services, the Arizona WIC Program, and its
employees are not responsible for any personal damage caused by the use of this breast pump. I am the
only one responsible.

I understand that it is my responsibility to protect the breast pump from theft and loss. I will handle the
breast pump with care. I will keep the breast pump in a secure area at all times.

I understand that, if the breast pump breaks or malfunctions, I must return the pump to the WIC clinic for
replacement or repair.

I understand that I am the only one authorized to use this pump. I will not loan or sell this pump to
anyone.

I understand that this breast pump is the property of the Arizona WIC Program and, as State property,
must return it to the WIC clinic by the due date or pay the WIC Program back for the cost of the pump
(up to a maximum of $400.00).

WIC Participant Signature: _____________________________________ Date: ____________

Issuer (WIC Staff): _____________________________________ Title: ___________________

Date to be returned: _________________________________ Date issued: ______________

Issuing Local Agency/Clinic: _____________ Breast Pump Serial Number: ______________

This section for Breast Pump Transfers only:

Agency Initiating Transfer: _________________________________________ Date: _____________

Agency Acknowledgement of Transfer: _______________________________ Date: _____________
Programa WIC de Arizona
Forma de Entrega de la Bomba Extractora de Leche Materna, Doble y Eléctrica, de Uso Hospitalario

Identificación familiar #: _________________________

Nombre de la Participante (Mamá): ______________________________________________________

Domicilio: _______________________________________________________________

Ciudad/Estado/C.P.: __________________________________________________________

Núm. de Teléfono Principal: _____________ Núm. de Teléfono Secundario: _______________

Otra Persona que sirva de Contacto: ______________________________________________________

Relación: ___________________________________________________________

Num.de Teléfono: _________________________________________________________

Actualmente estoy registrada en el Programa WIC de Arizona y continuaré registrada si cumplo con mis citas de WIC.

Entiendo que es mi responsabilidad informar a la clínica de WIC de cualquier cambio de domicilio o número de teléfono.

Entiendo que es mi responsabilidad proteger la bomba extractora de robo y pérdida. Manejaré la bomba extractora con cuidado. Mantendré siempre la bomba extractora en un área segura.

Entiendo que, si la bomba extractora se rompe o descompone, tengo que devolverla a la clínica WIC para que la replacen o reparen.

Entiendo que yo soy la única autorizada para usar esta bomba. No debo prestar o vender esta bomba a nadie.

Entiendo que esta bomba extractora es propiedad del Programa WIC de Arizona y, como propiedad del Estado, la tengo que devolver a la clínica de WIC para la fecha indicada pagar al Programa WIC por el costo de la bomba (hasta un máximo de $400.00).

WIC Firma del Participante: _____________________________________   Fecha: ____________

Prestada por (Personal de WIC): ____________________________________ Título: _______________

Fecha para devolverla: _________________________________Fecha expedida: ______________

Agencia/Clínica Local que la prestó: _____________ Núm. de serie de bomba extractora: ___________

Esta sección es sólo para transferencia de bombas extractora:

Reconocimiento de Transferencia de la gencia: _____________________________________________

Fecha enviada a la Agencia que la prestó: ________________________________________________

ARIZONA WIC PROGRAM
POLICY AND PROCEDURE MANUAL 19-49
ORIGINAL: MARCH 1997
REVISION: OCTOBER 2014
Chapter Nineteen
Breastfeeding Education and Support

Arizona WIC Program
Receipt for Return of Hospital-Grade
Double Electric Breast Pump

Participant’s Name: _________________________________
Family ID Number: _________________________________
Breast Pump Serial Number: __________________________
Received By: ________________________________________
Date of Return: ________________
Local Agency: ____________________
Clinic: ________________________

White Copy - WIC Clinic Copy
Pink Copy - Participant Copy
Yellow Copy - WIC Clinic Copy

WIC-261 (REV. 05/14)
Appendix C:
Breast Pump Distribution –
Request for Return of Hospital-Grade Electric Breast Pump
English and Spanish

See Following Pages
Sample Letter – Request for Return of Electric Breast Pump: English

Use Local Agency Letterhead

Date

Name
Address
City, State, Zip Code

Dear Ms. ___________________,

This is a formal written request for the return of the hospital-grade electric breast pump that we loaned you on ________ (date). We do hope that you and your baby have benefitted from our loan program. It is important that we receive this electric breast pump as soon as possible as we have a limited number of electric breast pumps for a large number of WIC moms. Please note that another mother may be waiting for this breast pump.

As you are aware, in the loan agreement you signed on _________ (see enclosed copy of Loan Agreement), you agreed to return the breast pump by ____________ (due date) or reimburse the WIC Program for the value of the breast pump if it was not returned.

It is asked at this time that you please return the breast pump no later than _______ (date) or we will be forced to forward this matter to the State WIC office for collection and further investigation into this matter.

If, for some reason, you no longer have your issued breast pump or some other circumstance exists, please contact us immediately for further direction.

Thank you for your prompt attention and cooperation in this matter. If you have any questions, please contact me at ________________ (phone number).

Sincerely,

Name of Contact at WIC Agency
Sample Letter – Request for Return of Electric Breast Pump: Spanish

Use Local Agency Letterhead

Date

Name
Address
City, State, Zip Code

Estimada Sra. ________________,

Esta es una petición formal para que devuelva la bomba eléctrica para extraer leche materna tipo hospital que le prestamos el ________ (date). Esperamos que usted y su bebé se hayan beneficiado de nuestro programa de préstamo. Es importante que recibamos esta bomba eléctrica para extraer leche lo más pronto posible, ya que contamos con un número limitado de estos aparatos y son muchas las mamás de WIC que lo necesitan. Por favor tenga en cuenta que otra mamá como usted puede estar esperando esta bomba.

Como usted ya sabe, en el acuerdo que usted firmó el __________, (por favor vea la copia del acuerdo incluida) usted prometió devolver la bomba para el____________ (due date) o reembolsar al Programa WIC por el valor de la bomba si no la regresaba.

Le pedimos que por favor devuelva la bomba para extraer leche a más tardar el ________ (date) o nos veremos forzados a poner este asunto en manos de la Oficina Estatal de WIC para que ellos la recolecten o inicien una investigación respecto a este asunto.

Si por alguna razón usted ya no tiene esta bomba de extracción de leche o existe otro tipo de circunstancia, por favor comuníquese con nosotros de inmediato para indicarle qué hacer.

Le agradecemos la oportuna atención a este asunto y su cooperación. Si tiene alguna pregunta, por favor llámeme al ________________ (phone number).

Atentamente,

Name of Contact at WIC Agency
Chapter Nineteen
Breastfeeding Education and Support

Appendix D:
Peer Counselor Program – Sample Job Descriptions

See Following Pages
Sample Job Description:
Local WIC Agency Peer Counselor Coordinator/Supervisor

General Description:
The Local WIC Agency breastfeeding peer counselor coordinator manages the breastfeeding peer counseling program at the local WIC agency level, and may provide direct supervision of peer counselors.

Qualifications:
- Has demonstrated experience in program management.
- Has demonstrated expertise in breastfeeding management and promotion.
- Has credentials of an International Board Certified Lactation Consult (IBCLC) or has other lactation management training (e.g., CLS, CLC, CLE) or State-approved training in lactation management.
- Has a minimum of one year experience counseling breastfeeding women.

Training:
- Receives State-approved training in breastfeeding management.
- Participates in continuing education about breastfeeding annually.

Supervision:
The Local WIC Agency Breastfeeding Peer Counselor Coordinator/Supervisor is supervised by the ________________________________

Duties:
The Local WIC Agency Breastfeeding Peer Counselor Coordinator/Supervisor manages the WIC peer counseling program at the local WIC agency level, including:
1. Assists in establishing program goals and objectives for the local agency.
2. Identifies gaps in breastfeeding resources and services both within the WIC local agency and within the community that can be addressed through the WIC peer counseling program.
3. Identifies sites for peer counseling services to be provided.
Sample Job Description:

Local WIC Agency Peer Counselor Coordinator/Supervisor, continued

4. Promotes the peer counseling program with local clinic staff and community organizations and providers.
5. Collaborates with community organizations such as hospitals and private physician clinics, to integrate peer counseling services.
6. Determines peer counselor staffing needs.
7. Conducts activities to recruit potential peer counselors.
8. Interviews potential peer counselors in alignment with program policies and standards.
9. Provides, or arranges for, training for new peer counselors.
10. Arranges for continuing education of peer counselors.
11. Mentors new peer counselors during the first six months, providing routine follow-up and guidance in the early days of the job.
12. Provides ongoing supervision.
13. Conducts spot checks of peer counselor contacts.
15. Provides training of local WIC clinic staff.
16. Provides training for peer counselor supervisors.
17. Monitors program budget.
18. Collects documentation records and data as appropriate.
19. Arranges for appropriate evaluation and monitoring of program activities.
20. Works with local agencies to determine program improvements and long-term program needs.
21. Routinely reports on the program to supervisor and/or State Breastfeeding Coordinator.
22. Follows other guidelines established by the State and local agency.
Sample Job Description: State WIC Peer Counselor Coordinator/Manager

General Description:
The State level WIC breastfeeding peer counselor coordinator manages the breastfeeding peer counseling program on a State agency level.

Qualifications:
- Has demonstrated experience in program management
- Has demonstrated expertise in breastfeeding management and promotion
- Has credentials of an International Board Certified Lactation Consult (IBCLC) or has other lactation management training (e.g., CLS, CLC, CLE) or State-approved training in lactation management
- Has a minimum of one year experience counseling breastfeeding women

Training:
- Receives State-approved training in breastfeeding management.
- Participates in continuing education about breastfeeding annually.

Supervision:
The State WIC Peer Counselor Coordinator/Manager is supervised by the ________________ ____________.

Duties:
The State WIC Peer Counselor Coordinator/Manager manages the WIC peer counseling program on a State agency level, including:

1. Assists in establishing State program goals and objectives.
2. Assists in establishing standardized State peer counseling program protocols and policies, documentation forms, etc.
3. Provides guidance on program data collection systems.
4. Assists in identifying locations for peer counseling program implementation or expansion.
5. Promotes the peer counseling program with local agencies.
Sample Job Description: State WIC PC Coordinator/Manager, continued

6. Provides training for local peer counseling coordinators and supervisors.
7. Assists local agencies in determining peer counselor staffing needs.
8. Assists in allocating funding for local agency peer counseling program activities.
9. Provides guidance and technical assistance to local agencies establishing peer counseling programs to assure program goals are met.
10. Monitors program activities at the local level.
11. Provides training for local WIC clinic staff on the program goals and objectives.
12. Arranges for training of peer counselors.
13. Arranges for appropriate evaluation of program activities.
14. Works with local agencies to determine program improvements and long-term program needs.
15. Follows State agency guidelines.
16. May also provide direct program management at the local level, including:
   • Interview potential peer counselors in alignment with program policies and standards
   • Mentor new peer counselors during the first six months, providing routine follow-up and guidance in the early days of the job.
   • Provide ongoing supervision.
   • Conduct spot checks of peer counselor contacts.
   • Hold monthly meetings with peer counselors.
   • Provide training of peer counselors and local staff.
   • Monitor the program.
   • Promote the peer counseling program with local providers and WIC participants.
Chapter Nineteen
Breastfeeding Education and Support

Sample Job Description: WIC Breastfeeding Peer Counselor

General Description:

- A WIC Breastfeeding Peer Counselor is a paraprofessional support person who gives basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers.

Qualifications:

- Has breastfed at least one baby (does not have to be currently breastfeeding).
- Is enthusiastic about breastfeeding and wants to help other mothers enjoy a positive experience.
- Can work about 10 hours a week.
- Has a telephone and is willing to make phone calls from home.
- Has reliable transportation.

Training:

- Attends a series of breastfeeding classes. Nursing babies are welcomed.
- Observes other peer counselors or breastfeeding experts helping mothers breastfeed.
- Reads assigned books or materials about breastfeeding.

Supervision: The peer counselor is supervised by the ____________________________

Specific Duties of the WIC Peer Counselor:

1. Attends breastfeeding training classes to become a peer counselor.
2. Receives a caseload of WIC mothers and makes routine periodic contacts with all mothers assigned.
3. Gives basic breastfeeding information and support to new mothers, including telling them about the benefits of breastfeeding, overcoming common barriers, and getting a good start with breastfeeding. She also helps mothers prevent and handle common breastfeeding concerns.
4. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC Program.
5. May counsel women in the WIC clinic.
6. Is available outside the WIC clinic and the usual 8 to 5 working schedule to new mothers who are having breastfeeding problems.
7. Respects each mother by keeping her information strictly confidential.
8. Keeps accurate records of all contacts made with WIC mothers.
Sample Job Description: WIC Breastfeeding Peer Counselor, continued

9. Refers mothers, according to clinic-established protocols, to:
   • WIC nutritionist or breastfeeding coordinator.
   • Lactation consultant.
   • Mother’s physician or nurse.
   • Public health programs in the community.
   • Social service agencies.

10. Attends and assists with prenatal classes and breastfeeding support groups.

11. Attends monthly staff meetings and breastfeeding conferences/workshops as appropriate.

12. Reads assigned books and materials on breastfeeding that are provided by the supervisor.

13. May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

I understand the above job responsibilities, and agree to perform these duties as assigned.

_____________________________________________________________________________

WIC Breastfeeding Peer Counselor Date
Chapter Nineteen
Breastfeeding Education and Support

Sample Job Description: WIC Lactation Consultant

General Description:
A WIC Lactation Consultant holds the International Board Certified Lactation Consultant (IBCLC) credential issued by the International Board of Lactation Consultant Examiners, which enables the IBCLC to handle more complex breastfeeding problems, provide in-service education on lactation for hospital and professional staff, and provide program oversight.

Qualifications:
- Holds current certification with the IBCLC credential issued by the International Board of Lactation Consultant Examiners.
- Is enthusiastic about breastfeeding and wants to help other mothers enjoy a positive experience.
- Has demonstrated leadership and training skills.
- Can work full-time or part-time depending on the needs of the WIC agency.
- Has a telephone and is available to accept referrals outside the usual WIC clinic hours.
- Has access to a computer and is proficient in basic computer software and/or feels comfortable learning new software used by the agency.
- Has reliable transportation and a valid driver’s license.
- Has good customer service skills, relating to persons of diverse ethnic and cultural backgrounds, and communicating in a professional, courteous, and tactful manner.
- Is able to remain calm and exercise judgment in unusual or stressful situations.
- Optional: bilingual in English and Spanish.

Supervision:
The WIC lactation consultant is supervised by the ____________________________

Duties:
The WIC Lactation Consultant:

1. Provides follow-up breastfeeding support to WIC participants:
   - Receives referrals from peer counselors, senior peer counselors, WIC staff, and local providers of mothers experiencing complex maternal and infant breastfeeding problems beyond their scope of practice.
   - Assesses breastfeeding situations and provides counseling to high-risk mothers and infants.
   - Counsels high-risk mothers needing breast pumps or other equipment for complex breastfeeding situations.
   - Provides timely follow-up services by telephone, home visits, WIC clinic visits, and/or hospital visits.
Sample Job Description: WIC Lactation Consultant, continued

- Is available outside the usual 8 to 5 working hours to new mothers experiencing breastfeeding problems.
- Follows the IBCLC Scope of Practice as issued by the International Board of Lactation Consultant Examiners.
- Communicates with health professionals regarding high risk cases, and refers mothers with medical concerns beyond the IBCLC Scope of Practice.
- Respects each client by keeping her information strictly confidential.
- Keeps accurate records of all contacts made with WIC clients.

2. Provides training and education in lactation management.
   - Provides initial and ongoing breastfeeding training for peer counselors.
   - Provides breastfeeding training for WIC staff, and in-service education for hospital staff and local health care professionals.
   - May teach breastfeeding classes and support groups for pregnant and breastfeeding mothers, or mentor peer counselors leading group meetings.

3. Mentors and supervises peer counselors.
   - Mentors new peer counselors through shadowing opportunities and ongoing guidance.
   - May monitor peer counselor contacts with new mothers.
   - May serve as the peer counselor supervisor.

4. Serves as a liaison between WIC and the community.
   - Serves as a liaison between the WIC agency and the hospital to facilitate peer counseling services at the hospital or to provide rounds with new mothers.
   - Provides training and oversight to peer counselors providing basic breastfeeding services in the local hospital, if applicable.
   - Conducts outreach with community organizations to promote WIC breastfeeding and peer counseling services.
   - Coordinates breastfeeding promotion activities in WIC and in the community.

5. Provides other duties as appropriate.
   - Attends monthly staff meetings and WIC clinic staff meetings.
   - Records and collects data required by the State or local agency.

6. Maintains IBCLC credential and breastfeeding knowledge and skills through continuing education and IBCLC recertification.
Appendix E:
Peer Counselor Program – Scope of Practice

See Following Pages
Chapter Nineteen
Breastfeeding Education and Support

Scope of Practice for the WIC Peer Counselor

A peer counselor provides basic breastfeeding information, encouragement and support to WIC participants and performs within the peer counselor scope of practice.

Perform in a professional manner in all aspects of the peer counselor role.

- Respect the participant's privacy, dignity and confidentiality.
- Respect and respond sensitively to cultural attitudes and practices of participants and the community.
- Work within the policies and procedures of the WIC program.
- Maintain records according to legal requirements and ethical practices.
- Recognize when assistance is needed and consult with the supervisor, Breastfeeding Coordinator and/or Peer Counselor Coordinator and other lactation specialists.
- Identify situations outside the Scope of Practice and refer as appropriate in a timely manner.
- Yield to the WIC designated breastfeeding expert (such as the local agency breastfeeding coordinator, local agency WIC coordinator, or International Board Certified Lactation Consultant [IBCLC]) for situations out of breastfeeding peer counselor Scope of Practice.
- Acquire ongoing breastfeeding education to maintain and build knowledge and skills.

Encourage and support participants to breastfeed.

- Use participant-focused communication techniques to best meet participant needs.
- Help participants identify the support available to them and educate family members.
- Help women identify their breastfeeding concerns, barriers, and solutions.
- Teach the reasons to breastfeed and the risks of not breastfeeding.
- Teach the importance of exclusive breastfeeding in the early weeks.
- Teach participants about the WIC food packages for breastfeeding mothers.
- Assist in infant feeding classes and peer support groups.
- Be available to WIC participants outside of usual clinic hours and outside of the clinic environment.
- Refer mothers to resources for support.
- Promote breastfeeding in the community, workplace, and health care system.
- Support breastfeeding participants from pregnancy through growth spurts, introducing solid foods, and weaning.
Scope of Practice for the WIC Peer Counselor, continued

Teach basic breastfeeding to participants and help them when difficulties occur.

- Teach basic, evidence-based techniques that help ensure a successful start in breastfeeding, including milk production, skin-to-skin care, positioning and latch, and milk expression and storage.
- Identify signs of the normal course of breastfeeding, including breastfeeding frequency and duration, infant feeding cues, and normal infant weight gain and stooling patterns.
- Provide anticipatory guidance to help prevent the occurrence of problems.
- Provide guidance to mothers regarding non-evidence-based breastfeeding information they receive.
- Help mothers plan for a return to work/school that supports the continuation of breastfeeding.
- Provide basic and timely problem-solving and support.
- Yield mothers experiencing difficulties to the Local Agency Breastfeeding Authority or IBCLC.

Adapted from Scope of Practice for Peer Counselors materials from Michigan, California and Virginia WIC.
Chapter Nineteen
Breastfeeding Education and Support

When To Yield

When peer counselors identify any of the following problems or situations, they must immediately consult their WIC designated breastfeeding expert (such as the local agency breastfeeding coordinator, local agency WIC coordinator, or International Board Certified Lactation Consultant [IBCLC]) to discuss the best plan for supporting the mother and infant, including the referrals that are appropriate. The peer counselor will continue to provide support while the designated expert or health care provider (HCP) is addressing the issue, unless the supervisor or peer determines that it is best to discontinue peer support.
Chapter Nineteen
Breastfeeding Education and Support

When To Yield, continued

Pregnancy Issues
- Spotting or bleeding
- Excessive vomiting or nausea
- Swelling
- Contractions, suggesting premature labor
- Baby stops moving
- Other troublesome medical situations

Baby Concerns
- Baby is born preterm or low birth weight
- Baby is sick
- Baby has fewer than 6 wet diapers and 3 stools per 24 hours in the first month after the baby is 4 days old
- Baby fails to gain weight or gains weight slowly:
- Baby loses more than 7% of birth weight
- Birth weight is not regained by 2 weeks postpartum
- Weight gain is less than 4.5 ounces per week
- Baby has difficulty latching or remaining latched after several attempts
- Baby appears unhappy at the breast or refuses to breastfeed
- Baby is still hungry after feedings despite 24 hours of increased frequency and duration of breastfeeding
- Breastfeedings typically last more than 45 minutes
- Baby is jaundiced
- Baby has a congenital defect such as cleft lip/palate or Down Syndrome
- Baby has restricted tongue movement from a tight frenulum

Mother Concerns
- Mother has engorgement or plugged ducts that are not resolved after 24 hours
- Mother has a fever (suggesting possible mastitis)
- Mother has nipple discomfort that does not improve after 24 hours
- Mother is supplementing with formula before the baby is 1 month old and wants to increase her milk production or reduce/eliminate formula supplements
- Mother has been formula feeding the baby since birth and now wants to breastfeed
- Mother is exclusively pumping her milk and now wants to put her baby to breast
- Mother wants to breastfeed an adopted baby
- Mother is breastfeeding more than one baby
- Mother wants to breastfeed but has been advised NOT to by her HCP
- Mother finds a lump in her breast
Chapter Nineteen
Breastfeeding Education and Support

When To Yield, continued

Illness in Mother or Baby

- Mother or baby have symptoms of thrush/yeast infection
- Mother or baby are vomiting or have diarrhea
- Mother or baby are hospitalized
- Mother has symptoms of mastitis
- Mother has a physical handicap
- Mother or baby has a chronic or acute illness
- Hepatitis B or C, tuberculosis, CMV, or chicken pox
- Renal, liver, intestinal, heart problems, or cystic fibrosis
- Metabolic disorder such as diabetes mellitus
- Mother has been diagnosed with AIDS/HIV

Other Medical Situations

- Mother has been prescribed medications that have not been approved for breastfeeding by current established authorities such as the AAP or Lactmed
- Mother has prior breast surgery (breast implants, breast reduction, biopsy, breast cancer), chest surgery, or trauma
- Mother has had gastric bypass surgery
- Mother has a history of PCOS, hypothyroidism, or other hormonal conditions that could affect breastfeeding

Nutrition

- Mother has nutrition questions
- Mother is nutritionally at risk for underweight, has bulimia or anorexia
- Mother has no food

Social

- Mother appears depressed
- Physical abuse of the mother or another family member is suspected
- Mother is abusing or suspected of abusing alcohol or street drugs (such as heroin, marijuana, meth, cocaine, etc.)

Other

- Mother or baby have any other medical problems that are outside the peer counselor scope of practice
- Mother feels there is a problem that needs a referral
- Peer counselor feels there is a situation that needs to be addressed by a lactation expert
- Mother is not following suggestions given by the peer counselor

Adapted from the Minnesota WIC Program, “Yield List”
Chapter Nineteen
Breastfeeding Education and Support

Appendix F:
Peer Counselor Program – Forms

See Following Pages
Chapter Nineteen
Breastfeeding Education and Support

Sample Referral to Breastfeeding Peer Counselor

Name: ____________________________________________

Address: _____________________________________________________________________________

Phone: ( ) ___________________________ Age: ________________________________

Due Date or Baby’s DOB: _________________________________________________

_____ Pregnant, interested in receiving more breastfeeding information.

_____ Currently breastfeeding, interested in more breastfeeding information.

_____ Currently breastfeeding, interested in follow-up with breastfeeding. Explain: __________________________________________

_____ Currently breastfeeding, interested in follow-up with breast pump.

_____ Other: __________________________________________________________________________

Signature: ____________________________ Date: __________________

Referred by: ____________________________ Date: __________________
Chapter Nineteen
Breastfeeding Education and Support

Sample Interview Guide
WIC BREASTFEEDING PEER COUNSELOR

Allow applicants a few minutes to read over the WIC Breastfeeding Peer Counselor Job Description, and give a brief overview of the job responsibilities she can expect.

1. Tell me more about the comments on your application regarding ________
   (Refer to application comments you want to know more about.)

2. Describe any experiences you have had talking to other mothers about breastfeeding.

3. What would you say to a pregnant woman who was undecided about wanting to breastfeed her new baby?

Personal Breastfeeding Experience(s)

4. Tell me about your own breastfeeding experience(s). What did you enjoy most?

5. What part of breastfeeding was most challenging for you? How did you deal with those challenges?

Employment as a Peer Counselor

6. What are you looking forward to most about being a peer counselor?
Chapter Nineteen
Breastfeeding Education and Support

Sample Interview Guide
WIC BREASTFEEDING PEER COUNSELOR, CONTINUED

7. As a breastfeeding peer counselor, you will be talking with WIC mothers about breastfeeding. How will you feel about:

    * Probe:* Talking with someone you do not know?

    Talking with women who might have different cultural, ethnic, or educational backgrounds than yours?

    Keeping information confidential?

8. How does/did your family feel about your breastfeeding?

    * Probe:* What things did your partner say about it?

    What did other family members say?

9. What days/times can you come to classes to learn how to be a peer counselor?

10. Please clarify any challenges reported on your application that might make it hard for you to attend training classes or do the job.

11. Are there other challenges that might make it difficult for you to be a peer counselor?

    * Probe:* Have you thought about how you might be able to work at home?

12. What questions do you have about the job?
SamplePeer Counselor Client Contact Log

Mother’s name: __________________________  Mother’s Client ID#: ______________________

Address: ________________________________  City: ________________________________

State: _______  Zip: _______  Breastfed ever? _______  Due date: __/___/_____

Baby’s date of birth: ________/____/____  Baby’s name: ____________________________

Baby’s birth wt. _________  Discharge wt. _________  Two week wt. _________

Prenatal Contacts

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<tr>
<th>Date</th>
<th>Type of Contact</th>
<th>Content (check areas discussed)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Type of contact: 1=phone  2=home visit  3=group class  4=mail  5=clinic visit  6=hospital visit  7=other
## Chapter Nineteen
Breastfeeding Education and Support

Sample Peer Counselor Client Contact Log (continued)

### Postpartum Contacts

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<td></td>
<td>Baby sick</td>
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<td>Breastfeeding barriers</td>
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<td></td>
<td></td>
<td>Breast infection</td>
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<td></td>
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<td></td>
<td>Diet</td>
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<td></td>
<td>Engorgement</td>
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<td>Growth Spurt</td>
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<td>Medical situation/medication use</td>
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<td>Nursing schedule</td>
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<td></td>
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<td>Premature infant</td>
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<td>Referral to Lactation Consultant</td>
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</table>

Type of contact:  1=phone   2=home visit   3=group class   4=mail   5=clinic visit   6=hospital visit 7=other
## Chapter Nineteen
Breastfeeding Education and Support

### Sample Peer Counselor Client Contact Log (continued)

<table>
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**BF**=breastfeeding  
**BoF**=bottle feeding  
**B**=baby  
**M**=mother  
**PC**=peer counselor  
**LC**=lactation consultant  
**C/S**=caesarean section  
**FN**=flat nipple  
**IN**=inverted nipple  
**L/O**=latch on  
**PO**=position  
**REF**=referral, referred, referring  
**SN**=sore nipple  
**MER**=milk ejection reflex  
**NSVD**=normal single vaginal delivery  
**N**=prenatal  
**PPM**=postpartum  
**EBM**=expressed breast milk  

**Peer Counselor Name**  
**Date Client Exited the Program**
Chapter Nineteen
Breastfeeding Education and Support

Appendix G:
Peer Counselor Program – Quarterly Report Format

See Following Pages
Chapter Nineteen
Breastfeeding Education and Support

Arizona WIC Breastfeeding Peer Counseling Program Quarterly Report
*To be submitted 3 times as an ongoing program, 1 time as an annual report.

Agency:
Reporting Dates:

Personnel:
List all personnel that have received Peer Counseling grant funds, their duties, service areas, and any changes during this reporting period.

Training:
Include trainings presented/attended by Breastfeeding Peer Counseling (BFPC) staff during this reporting period.

WIC Coordination:
List any activities that included staff from both programs and any meetings that have occurred to discuss coordination during this reporting period.

Tasks:
List all tasks being performed by the BFPC staff during this reporting period.

Participant Contacts:
Quantify the number of contacts that have occurred in each of the service areas or in correlation with the tasks during this reporting period.

Referrals:
List the referrals received and made during this reporting period.

Outreach:
List all activities during this reporting period.

Budget:
Give an overview of purchases during this reporting period. Be sure to include concerns related to your budget (i.e., underspending).

Goals for next quarter:
List areas of the program that are slated for growth or expansion in the next month. Be sure to incorporate the progress of these items in the next report.

Other:
Anything that is pertinent but does not fit into the above categories.
Chapter Nineteen
Breastfeeding Education and Support

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Administrative Un-Void, 19-10
Lost or Stolen Hospital-grade Breast Pumps, 19-31
sale of a WIC-issued breast pump, 19-32