

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 five (5) 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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Overview (Continued)

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Breastfeeding Education and Support

Section A

Breastfeeding Promotion

Staffing	<p>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:</p> <ul style="list-style-type: none">• Employ a designated Breastfeeding Promotion Coordinator; and• Ensure that sufficient staff is available to administer an efficient and effective breastfeeding promotion program.
Funding	<p>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.</p> <p>Note: The State will monitor the targeted budget through the annual time study.</p>
Resources	<p>The State Agency will identify and/or develop resources and educational materials for use in the Local Agencies.</p>
WIC Breastfeeding Committee	<p>The Breastfeeding Promotion Coordinators will work with Local Agency Coordinators in developing a strategic plan 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.</p>
Clinic Environment	<p>Local Agencies shall develop a 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.</p>

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Section A

Breastfeeding Promotion (Continued)

Breastfeeding Messages

Education, materials, classes, and displays, which include evidence-based breastfeeding messages, shall be consistent with “Breastfeeding Answers Made Simple” by Nancy Mohrbacher.

Allowable Breastfeeding Aids

Breastfeeding aids which are allowable and may be provided through the WIC Program include breast pumps, breastshells, nursing supplementers, 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.

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 nipple shields, 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.

Management Evaluations

Local Agencies shall perform and document annual evaluations of breastfeeding education, promotion, and support activities.

The State Agency will evaluate Local Agency breastfeeding promotion, education, and support activities or conduct a breastfeeding financial review annually.

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Section A

Breastfeeding Promotion (Continued)

Breastfeeding Referrals

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

Breastfeeding Hotline

The Arizona Pregnancy and Breastfeeding Hotline shall be included on all referral and outreach breastfeeding materials.

The hotline number is 1-800-833-4642.

Partially Nursing Infant Food Package Benefits

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.

An infant that is under one (1) month old will be eligible to receive up to 104 ounces of formula, if determined appropriate by an 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 have 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 certifiers will take care to 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.

Mid-Month Category Change

If the mother of an exclusively breastfeeding infant returns to the clinic with a change in the feeding situation and requests formula, the Local Agency staff shall retrieve the mother's unused food instruments:

- 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. Schedule the participant to come in the next month for food instruments and, if appropriate, breastfeeding support.
- 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.

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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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 or peer counselor. The breastfeeding expert or peer counselor 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 AIM.

**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 both the Program Integrity and MIS teams at the State Agency 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 State Agency will send an email confirmation back to the Local Agency once the request is completed.

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Section B

Breastfeeding Education - 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).

This should be completed before the employee begins to certify pregnant or breastfeeding participants

New Staff - Introduction All new employees are required to complete the Introduction to Breastfeeding Learning Management System (LMS) 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. This should be completed within eight (8) weeks of employment.

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Breastfeeding Education and Support

Section B

Breastfeeding Education - Staff (Continued)

New Staff – Skill Building

Within six (6) months after the completion of the staff member's probationary period, they shall complete a week-long breastfeeding course that provides at least 35 hours of continuing education credit. These courses are typically 5 to 6 days in length.

The State Agency will offer these types of courses to Local Agency staff annually.

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.

Local Agency Breastfeeding Authority

Upon completion of the week-long breastfeeding course that provides at least 35 hours of continuing education credit, staff are considered qualified to be considered a "Local Agency Breastfeeding Authority". This designation allows them to conduct breastfeeding assessments, issue breast pumps, determine food packages for breastfeeding dyads, and other breastfeeding related tasks.

All Staff – Annual Continuing Education

Staff shall also receive eight (8) hours of continuing education on breastfeeding per fiscal year. This is part of the 48-hour overall annual training requirement. This requirement can be fulfilled through a number of training opportunities, including LMS courses, LATCH-AZ meetings, Local Agency staff trainings, and online training courses.

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Section B

Breastfeeding Education - Staff (Continued)

All Staff – Skill Building Continuing Education

All staff shall complete a week-long breastfeeding course that provides at least 35 hours of continuing education credit every five (5) years.

The State Agency will offer these types of courses to Local Agency staff annually.

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.

Documentation Of Staff Breastfeeding Education

All breastfeeding training documentation, including the Breastfeeding LMS course, should be maintained in the Local Agency training file. See Chapter 7, Sections E for documentation of training and requirements for the Local Agency training file. It is highly recommended that Local Agencies utilize LMS for delivering, tracking, and managing training/education. LMS 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.

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Section C

Breastfeeding Education – Participant

Purpose	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.
Documentation of Participant Breastfeeding Education	Local Agencies shall document the breastfeeding education provided on the Follow-up/Nutrition Education button in the Care Plan screen of the AIM system for every pregnant or breastfeeding participant and their breastfed infant(s).
Breastfeeding Education	<p>Suggested topics of discussion to offer:</p> <p>First Trimester: Breast milk as the ideal nutrition for infants Benefits of breastfeeding (Health and other)</p> <p>Second Trimester: Anatomy and physiology Breastfeeding positioning and latch-on technique Equipment (including clothing, pumps and storage)</p> <p>Third Trimester: Common fears, barriers, problems, and myths. Anticipatory guidance for Maternity Care Practices</p> <p>Postpartum: Support personalized to individual needs.</p>
Breastfeeding Classes	Breastfeeding class may count as the second nutrition education contact if it occurs on a subsequent and separate visit than the Certification.
Breastfeeding – Keep It Simple Book	Every pregnant woman shall receive at least one (1) copy of the book “Breastfeeding – Keep It Simple.”

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Section C

Breastfeeding Education – Participant (Continued)

Breastfeeding Bookmarks

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.

Medication/ Herbal Supplements

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 “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.

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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; <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• 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.
Types of Available Breast Pumps	These breast pumps are available to order from the ADHS Warehouse: <ul style="list-style-type: none">• Hospital-grade double electric breast pumps (HBP); and• Personal-use double electric breast pumps (PBP). <p>Note: Manual pumps may purchased by the Local Agencies using NSA funds.</p>

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Section D

Breast Pump Distribution and Recovery Guidelines (Continued)

Accessories

These accessories are available to order from the ADHS Warehouse:

- Flanges;
- Kits (HBP);
- Breast milk storage bags;
- Cooler bags;
- Replacement cases/clips (HBP only);
- Car Adapters (PBP only).

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

Inventory Documentation

Upon receipt of hospital-grade breast pumps, the Local Agency will start a "Hospital-grade Breast Pump Log" (Appendix A) for each pump.

Note: The Local Agency will fill out a log for all existing inventory in order to streamline inventory.

State ID Tag

When hospital-grade breast pumps arrive from the ADHS Warehouse, they should have a State ID tag adhered to the pump itself. If not, please contact the ADHS Warehouse Manager immediately.

Note: The pump is not eligible for loan without a State ID tag.

Issuer

Local Agency designated breastfeeding authority, including an IBCLC/CBC/CLE/CLC or nutritionist, can assess need and issue breast pumps.

Active Certification

A participant is to be in an active Certification in the WIC Program before a breast pump assessment is completed.

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Breast Pump Distribution and Recovery Guidelines (Continued)

Assessment Breast pumps can be provided to participants only after a thorough assessment of the breastfeeding relationship to ensure that a breast pump is the appropriate intervention. Assessments can only be conducted by the Local Agency Breastfeeding Authority.

Common Circumstances Breast pumps are commonly provided in the following circumstances:

- Premature Infant who is unable to suck adequately;
- Infant with severe feeding problems;
- Mother who is having difficulty maintaining a milk supply due to maternal or infant illness;
- Mother of multiple births;
- Mother who is separated from her infant(s) due to hospitalization; and/or
- Mother who is separated from her infant(s) due to work or school.

Hospital-grade Electric Breast Pump 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 maintaining the milk supply.

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Section D

Breast Pump Distribution and Recovery Guidelines (Continued)

**Personal-use
Electric
Breast Pump**

Personal-use electric breast pumps may **only** be issued to a WIC mother in the following circumstances:

- Participant is separated from her infant for more than 20 hours per week due to school or work **and**;
- Infant is exclusively breastfeeding when the breast pump is issued **and**;
- Infant is no less than four (4) weeks old, **and**;
- The findings from the breastfeeding assessment conclude that the breast pump will help in maintaining an already well-established milk supply.

Pregnancy

Breast pumps may **not** be issued to pregnant women.

**Prizes, Gifts,
Incentives**

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

**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. Complete "Hospital-grade Breast Pump Log" (Appendix A);
4. Demonstrate how to assemble the breast pump. Take the breast pump apart and have the participant assemble it;
5. Discuss how to maintain an adequate milk supply;
6. Review milk storage guidelines;
7. Discuss directions for cleaning the breast pump;
8. Review "Hospital-grade Breast Pump Release Form" (Appendix A);
9. Obtain signature from participant; and
10. Document in Communications button of the Family screen of the AIM system.

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Breast Pump Distribution and Recovery Guidelines (Continued)

Length of Issuance: Hospital-grade Breast Pump Length of issuance should not exceed three (3) months. If a participant wishes to continue to use the breast pump, another Breast Pump Release Form needs to be completed.

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

Process of Issuance: Personal-use Breast Pump These steps should be followed when issuing a personal-use breast pump:

1. Retrieve breast pump from inventory and verify all components are included;
2. Complete “Personal-use Breast Pump Log” (Appendix A);
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. Review “Personal-use Breast Pump Release Form” (Appendix A);
8. Obtain signature from participant; and
9. Document in Communications section of the Family screen of the AIM system.

Nominal Deposits Local Agencies **cannot** require a monetary deposit for a breast pump.

Waiting Lists Local Agencies will have a designated waiting list for electric breast pump loans.

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.

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Breast Pump Distribution and Recovery Guidelines (Continued)

Education Style	Breast pump education and instruction may be conducted individually or in a group.
Hospital-grade Breast Pump Cleaning Procedures	<p>Always wear protective gear, as recommended by the cleaning agent label. At minimum, wear gloves to protect hands from the chemical disinfectant.</p> <p>Use a commercial disinfectant such as Cavicide. 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.</p> <p>Directions: Cleaning</p> <ol style="list-style-type: none">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.4. Allow the pump and case to air dry.5. Place the pump back in the case. <p>Note: 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.</p>

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Section D

Breast Pump Distribution and Recovery Guidelines (Continued)

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 250 mmHg
 - ◆ Personal pumps: 200 mmHg (letdown mode) and 235 mmHg (expression mode)

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Section D

Breast Pump Distribution and Recovery Guidelines (Continued)

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.

If the pump is within its warranty period, it must be returned to the pump manufacturer for repair.

Local Agency staff should:

- 1) Document the pump serial number.
- 2) Document the problem with the pump. Examples include arm not moving, cord frayed, not maintaining suction.
- 3) Remove the pump from the case.
- 4) Retain the case at the clinic, as it will not be returned by the manufacturer.
- 5) Place pump in a shipping box.
- 6) Contact the ADHS Warehouse for a return authorization number and prepaid shipping label.
- 7) Provide the Warehouse staff with:
 - ◆ Contact person's name
 - ◆ Agency name
 - ◆ Address
 - ◆ Phone number
 - ◆ Email
- 8) Ship the pump back to the manufacturer using the prepaid shipping label.
- 9) Make note of the date of return on the "Hospital-grade Breast Pump Log" (Appendix A).

If the pump is no longer under warranty, the breast pump shall be returned to the State office. Pumps can be hand delivered, or shipped back to the ADHS Warehouse.

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Section D

Breast Pump Distribution and Recovery Guidelines (Continued)

Insect Infestation

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

1. Document the serial number of the suspect pump;
2. Place the suspect pump into a bag and seal it;
3. Place the sealed pump into a second bag;
4. Seal the second bag;
5. Place into a shipping box and seal;
6. Write "Infested" on the outside of the shipping box;
7. Contact the ADHS Warehouse for a return authorization number and prepaid shipping label.
8. Provide the warehouse staff with:
 - Contact person's name
 - Agency name
 - Address
 - Phone number
 - Email
9. Ship the pump back to the manufacturer using the prepaid shipping label.
10. Make note of date of return to the State office on the "Hospital-grade Breast Pump Log" (Appendix A).

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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. 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 status on the Hospital-grade Breast Pump Log should be changed to “L” for Letter Sent.

If the participant fails to return the breast pump within 30 days after the letter is mailed, the Local Agency should send a copy of the letter and a copy of the “Hospital-grade Breast Pump Release Form” to the ADHS WIC Program Integrity team for further investigation.

The status on the Hospital-grade Breast Pump Log should be changed to “S” for Referred to State for Investigation.

Note: All attempts to retrieve the breast pump should be documented in the Notes section of the Family screen.

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Breast Pump Distribution and Recovery Guidelines (Continued)

Lost or Stolen Hospital-grade Breast Pumps

Local Agencies will immediately report cases of lost/stolen hospital-grade breast pumps to the State Agency upon receiving notification from the participant and/or after failed attempts to establish contact with the participant. 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 Program Integrity team and maintain copies in the Local Agency's files. Detailed notes documenting this incident should be placed in the Communications button on the Family screen in the AIM system. Specific identifiers by the clinic staff (such as one's initials or full name) should be noted at the end of the notes for efficient follow-up by the State office.

Note: The status on the hospital-grade Breast Pump Log should be changed to "M" for lost or stolen.

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Breast Pump Distribution and Recovery Guidelines (Continued)

Lost/Stolen Breast Pumps

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 informed otherwise from the State Agency.

Sale of Breast Pumps

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, breast pump charger) 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).

Attempted Sale of Breast Pumps

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.

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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.

Note: In the event that the State Agency requests documents from a clinic (i.e., signed Rights and Obligations form, signature receipts, etc.), the Local Agency is required (based on contractual conditions) to provide the documents within the timeline provided.

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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 Agencies that choose to issue breast pumps.

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Section E

Arizona WIC Peer Counselor Program

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, 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.

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Chapter Nineteen

Breastfeeding Education and Support

Section E

Arizona WIC Peer Counselor Program (Continued)

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;
- Furniture; and/or
- Indirect Costs.

Note: General breastfeeding resources and materials for staff and participants should be purchased with WIC NSA funds.

Allowable - Conditional

Shirts that identify the staff as peer counselors are an allowable program expense only after all breastfeeding support service needs have been met.

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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, 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.

**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.

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Breastfeeding Education and Support

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).

**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.

**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.

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Chapter Nineteen

Breastfeeding Education and Support

Section E

Arizona WIC Peer Counselor Program (Continued)

**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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Chapter Nineteen

Breastfeeding Education and Support

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, 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.
-

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;
 - Prenatal/breastfeeding classes; and
 - Support groups.
-

Limitations

As not to supplant WIC services, peer counselors shall not:

- Conduct or assist in the Certification of WIC participants;
 - Conduct anthropometric or hematologic assessments;
 - Provide the second nutrition education contact; or
- Have sole responsibility for breast pump distribution and retrieval
-

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Chapter Nineteen

Breastfeeding Education and Support

Section E

Arizona WIC Peer Counselor Program (Continued)

Training	<p>Trainings for peer counselors shall include <i>The Loving Support Through Peer Counseling</i>.</p> <ul style="list-style-type: none">• WIC clinic staff in peer counseling programs will view the PowerPoint presentation “Peer Counseling: Making a Difference for WIC Families” through the <i>Loving Support</i> curriculum at least one time per clinic during each year of the contract. <p>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.</p>
Documentation	<p>Peer counselors shall use the Peer Counselor Contact Log (Appendix D) or similar document to record all contacts.</p>
Confidentiality	<p>Peer counselors shall sign a confidentiality agreement before providing services.</p>
Financial Reporting	<p>Monthly Contractor’s Expenditure Reports (CER) are due on the 15th of each month, reflecting expenses that were incurred in the previous month.</p>
Quarterly Report	<p>Quarterly Reports are due on the 15th of month following the close of the quarter. The report requirements can be found in Appendix E.</p>
Management Evaluations	<p>The Arizona WIC Program Integrity team will evaluate the Peer Counselor Program in conjunction with the WIC evaluation.</p>
Records Retention	<p>Records shall be maintained and available for program audit. Records shall be kept for five (5) years total, including the contract year.</p>

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Breastfeeding Education and Support

Appendix A

Breast Pump Distribution – Forms

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Breastfeeding Education and Support

Arizona WIC Program
Personal-Use Pump Log

Serial Number/ State ID	Family ID#	Last Name	Infant's Birthdate	Issue Date	Issuer

Chapter Nineteen Breastfeeding Education and Support

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

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 this breast pump is for my use only. I will not loan or sell this breast pump to anyone. I understand that loaning or selling this breast pump is a crime and will result in the reimbursement of the breast pump cost and/or criminal prosecution.

_____ I understand that this breast pump is the property of the Arizona WIC Program and, as State property, I 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: _____

Local Agency/Clinic: _____ Breast Pump Serial Number: _____ Family ID#: _____

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Breastfeeding Education and Support

Arizona WIC Program Personal-Use Double Electric Breast Pump Release Form

_____ 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 lock the pump in my car when traveling, either in the trunk or out of sight. I will keep the breast pump in a secure area at home.

_____ I understand that this breast pump is for my use only. I will not loan or sell this breast pump to anyone. I understand that loaning or selling this breast pump is a crime and will result in the reimbursement of the breast pump cost and/or criminal prosecution.

WIC Participant Signature: _____ Date: _____

Issuer (WIC Staff): _____ Title: _____

Date issued: _____

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Breastfeeding Education and Support

Appendix B

Breast Pump Distribution – Request for Return of Hospital-Grade Electric Breast Pump English and Spanish

Chapter Nineteen

Breastfeeding Education and Support

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

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Breastfeeding Education and Support

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

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Breastfeeding Education and Support

Appendix C

Peer Counselor Program – Sample Job Descriptions

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Breastfeeding Education and Support

Sample Job Description WIC BREASTFEEDING PEER COUNSELOR

Title: WIC 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 welcome).
- Observes other peer counselors or lactation consultants helping mothers breastfeed.
- Reads assigned books or materials about breastfeeding.

Supervision:

The peer counselor is supervised by the _____.

Specific Duties:

The WIC Peer Counselor:

1. Attends breastfeeding training classes to become a peer counselor.
2. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC program.
3. May counsel women in the WIC clinic.
4. Receives a caseload of WIC clients and makes routine periodic contacts with all clients assigned.
5. 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.
6. Is available outside usual 8am to 5pm working hours to new mothers who are having breastfeeding problems.
7. Respects each client by keeping her information strictly confidential.
8. Keeps accurate records of all contacts made with WIC clients.

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Breastfeeding Education and Support

SAMPLE JOB DESCRIPTION WIC BREASTFEEDING PEER COUNSELOR, CONTINUED

9. Refers mothers, according to clinic-established protocols, to the:
 - WIC nutritionist or breastfeeding coordinator.
 - Lactation consultant.
 - The 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

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Breastfeeding Education and Support

SAMPLE JOB DESCRIPTION

WIC BREASTFEEDING PEER COUNSELOR SUPERVISOR/COORDINATOR

Title: WIC PEER COUNSELOR SUPERVISOR/COORDINATOR

General Description:

The supervisor of WIC Breastfeeding Peer Counselors manages the Breastfeeding Peer Counseling Program on a State or Local 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 certification in lactation management (i.e., CLE, CLC) or State-approved training in lactation management.
- Has a minimum of one (1) year experience in counseling breastfeeding women.

Training

- Receives State-approved training in breastfeeding management.
- Participates in continuing education about breastfeeding annually.
- Receives “Using *Loving Support* to Manage Peer Counseling Programs” training.

Supervision:

The peer counselor supervisor is supervised by the _____.

Duties:

The WIC Peer Counselor Supervisor manages the WIC Peer Counseling Program on a State or Local Agency level, including:

1. Assists in establishing program goals and objectives.
2. Assists in establishing Peer Counseling Program protocols and policies.
3. Determines peer counselor staffing needs.
4. Recruits and interviews potential peer counselors in alignment with program policies and standards.
5. Arranges for training of peer counselors.
6. Mentors new peer counselors during the first six months, providing routine follow-up and guidance in the beginning of their employment.
7. Provides ongoing supervision.
8. Holds monthly meetings with peer counselors.
9. Collects documentation records and data as appropriate.

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Breastfeeding Education and Support

SAMPLE JOB DESCRIPTION WIC BREASTFEEDING PEER COUNSELOR SUPERVISOR/COORDINATOR, (CONTINUED)

10. Monitors the program, including conducting spot checks.
11. Routinely reports on the program to supervisor and/or State Breastfeeding Coordinator.
12. Works with other peer counselor supervisors (if available) to assess for ongoing improvements to the program that may be needed.

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

WIC Breastfeeding Peer Counselor Supervisor/Coordinator

Date

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Breastfeeding Education and Support

SAMPLE JOB DESCRIPTION WIC SENIOR BREASTFEEDING PEER COUNSELOR

Title: WIC SENIOR BREASTFEEDING PEER COUNSELOR

General Description:

A WIC Senior Breastfeeding Peer Counselor is a paraprofessional support person who provides both basic and more advanced breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers, and assists new peer counselors in their job.

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.
- Has demonstrated expertise in breastfeeding counseling and management through previous experience as a breastfeeding peer counselor, or through additional lactation training and experience.
- Can work about 10-20 hours a week.
- Has a telephone and is willing to make phone calls from home.
- Has reliable transportation.

Training

- Participates in all training programs of peer counselors, including attending formal training sessions, observing other peer counselors or lactation consultants helping mothers, and reading assigned books or materials about breastfeeding.
- Attends additional training conferences or workshops on breastfeeding as appropriate.
- Reads additional books and materials about breastfeeding as appropriate.

Supervision:

The senior peer counselor is supervised by the _____.

Duties:

The WIC Senior Breastfeeding Peer Counselor:

1. Attends breastfeeding training classes in lactation management.
2. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC program.
3. May counsel women in the WIC clinic.
4. Receives a caseload of WIC clients and makes routine periodic contacts with all clients assigned.

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Breastfeeding Education and Support

5. Provides information and support for women in managing common maternal and infant breastfeeding problems that may occur.

SAMPLE JOB DESCRIPTION WIC SENIOR BREASTFEEDING PEER COUNSELOR, CONTINUED

6. Receives referrals from peer counselors and WIC clinic staff regarding more advanced level follow-up needed with new mothers.
7. Is available outside usual 8am to 5pm working hours to new mothers who are having breastfeeding problems.
8. Respects each client by keeping her information strictly confidential.
9. Keeps accurate records of all contacts made with WIC clients.
10. Refers mothers, according to clinic-established protocols, to the:
 - WIC nutritionist or breastfeeding coordinator.
 - Lactation consultant.
 - The mother's physician or nurse.
 - Public health programs in the community.
 - Social service agencies.
11. Teaches prenatal classes and leads breastfeeding support groups.
12. Mentors new peer counselors through ongoing guidance, accepting referrals of mothers who need follow-up care, and reporting program information to supervisors.
13. Attends monthly staff meetings and breastfeeding conferences/workshops, as appropriate.
14. Reads assigned books and materials on breastfeeding provided by the supervisor.
15. 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 Senior Breastfeeding Peer Counselor

Date

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Breastfeeding Education and Support

Appendix D

Peer Counselor Program – Sample Forms

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Breastfeeding Education and Support

SAMPLE REFERRAL TO BREASTFEEDING PEER COUNSELOR

Name of Client: _____

Address: _____

Phone: () _____ Age: _____

Due Date or Baby's DOB: _____

_____ Client is interested in receiving breastfeeding information.

_____ Client is currently breastfeeding.

_____ Client needs follow-up help with breastfeeding.

Explain: _____

_____ Other: _____

Referred by: _____ Date: _____

SAMPLE REFERRAL TO BREASTFEEDING PEER COUNSELING

Name of Client: _____

Address: _____

Phone: () _____ Age: _____

Due Date or Baby's DOB: _____

_____ Client is interested in receiving breastfeeding information.

_____ Client is currently breastfeeding.

_____ Client needs follow-up help with breastfeeding.

Explain: _____

_____ Other: _____

Referred by: _____ Date: _____

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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?

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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?

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Breastfeeding Education and Support

SAMPLE PEER 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

	1	2	3	4	5	6	7	8	9
Date									
Type of Contact									
Content (check areas discussed)									
Breastfeeding barriers									
Breastfeeding benefits									
Basic breastfeeding technique									
Breastfeeding management									
Return to work or school									
Class or group invitation									

Type of contact: 1=phone 2=home visit 3=group class 4=mail 5=clinic visit 6=hospital visit 7=other

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Breastfeeding Education and Support

SAMPLE PEER COUNSELOR CLIENT CONTACT LOG (CONTINUED)

Postpartum Contacts

	1	2	3	4	5	6	7	8	9
Date									
Type of Contact									
Content (check areas discussed)									
Baby's bowel movements									
Baby fussy/colicky									
Baby sick									
Breastfeeding barriers									
Basic breastfeeding technique (position/latch)									
Breast infection									
Class or group invitation									
Diet									
Engorgement									
Family Planning									
Growth Spurt									
Milk Supply Issues									
Medical situation/medication use									
Nursing schedule									
Premature infant									
Pumping/hand expression									
Referral to Lactation Consultant									
Relactation									
Return to work or school									
Sore nipples									
Teething									
Twins									
Weaning									
WIC referral									

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Breastfeeding Education and Support

Appendix E

Peer Counselor Program – Quarterly Report Format

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Breastfeeding Education and Support

Arizona WIC Breastfeeding Peer Counseling Program Quarterly 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.