

Chapter Nineteen
Breastfeeding Education and Support

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Overview

Introduction

The Arizona WIC Program is committed to the goal of improving the nutritional status of infants, unless medically contraindicated, in which case, further evaluation of feeding needs is warranted. All WIC staff must provide anticipatory guidance, education, promotion and support for breastfeeding to pregnant and postpartum women and breastfeeding infant-mother relationships.

In This Chapter

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

DRAFT

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 shall designate:

- A Breastfeeding Promotion Coordinator
- A Breast Pump Coordinator
- If applicable, a Peer Counselor Program Manager
- Sufficient staff to provide an efficient and effective breastfeeding promotion program
- At minimum, one International Board Certified Lactation Consultant (IBCLC) per agency, ideally one per clinic

Funding

The WIC 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 ideally spend \$24.61 and the State Agency will spend the remaining \$10.

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

WIC Breastfeeding Committee

The State and Local Breastfeeding Coordinators shall meet regularly. These meetings will be conducted in person, or via webinar or conference call format.

Discussions/activities may include incentives for breastfeeding promotion, training, policies and procedures, needs assessment, 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 (i.e., displaying breastfeeding posters and materials, not displaying formula or formula messages, not displaying bottles or artificial nipples, not displaying pacifiers, and providing an area for mothers to breastfeed or pump).

Breastfeeding Messages and Resources

The State Agency shall identify and/or develop resources and educational materials for use in Local Agencies. 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, “Keep It Simple” by Amy Spangler, and those materials found at www.gobreastmilk.org by the Arizona Department of Health Services

Allowable Breastfeeding Aids

Breastfeeding aids which are allowable and may be provided through the WIC Program include breast pumps, breast shells, nursing pads, sterilization kits for pump pieces, breast milk storage bags, and nursing bras.

Breast pumps purchased by the Local Agency shall be approved by the State WIC Breastfeeding Coordinator prior to purchase.

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

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 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.

Other allowable aids not for client distribution are breastfeeding or nursing pillows. These are available for use in clinic offices only.

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.

Note: Vitamins provided by Power Me A2Z can be distributed to WIC clients. These multivitamins are free of cost and help to improve women's health in Arizona.

Allowable Activities

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

Note: Food/beverages served at the activity are not an allowable WIC expense.

Management Evaluations

Local Agencies shall perform and document annual evaluations of breastfeeding education, promotion, and support activities using the Local Agency Self-Assessment (LASA) found in Chapter 15 or in the Local Agencies - Program Integrity section of the Arizona WIC Program website azwic.gov, and the breastfeeding-specific forms found on the WIC Staff – Staff Resources of the ADHS Breastfeeding website <https://azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/index.php>.

The State Agency shall 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.

The referral form shall be scanned into the client file in HANDS; after electronic storage, the original referral form may be destroyed.

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.

Breastfeeding Assessment

A complete breastfeeding assessment shall be conducted at the time of Certification for the breastfeeding dyad, and during subsequent appointments when necessary.

Examples of when a breastfeeding assessment is required are:

- Change in feeding
- Request for a breast pump
- Breastfeeding concern or complication
- Change in category

The breastfeeding assessment shall include information such as mom's feelings about breastfeeding, how breastfeeding is going, number of times mom breastfeeds or expresses milk, number of wet/dirty diapers an infant is producing and, if applicable, how much, if any, supplementation or complementary foods are offered. Other aspects of a breastfeeding assessment could include infant sleep patterns, infant weight gain, and mother's beliefs about normal baby behaviors.

The breastfeeding assessment shall be documented in the 'D' or Dietary screen of HANDS, and in the Notes screen using either the TGIF format or other approved documentation type (e.g., SOAP, ADIME, PIE). Documentation shall include:

- Reason for the change
- Education offered
- Amount of breastfeeding
- If applicable, number of cans of formula issued

Breastfeeding Category Change and/or 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 of the infant. The Local Agency is responsible for accurate food package assignment based on the WIC breastfeeding assessment, as well as complete documentation of the amount and type of feeding an infant is receiving.

A mostly breastfeeding infant (i.e. IPN) that is under one month old shall 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.

Note: See Chapter 3, Sections D, E, I and K, for more detailed information about food packages for infant categories as designated in HANDS.

Tailored Food Packages for Partially Nursing Infants

A breastfeeding woman is encouraged to breastfeed exclusively for the first six months and to continue to breastfeed with the introduction of solid foods for at least an additional six months of her infant's life, or until mutually desired, according to the American Academy of Pediatrics. The exclusively nursing and enhanced breastfeeding food packages, certain incentives, provision of anticipatory guidance and support, and not giving formula have each proven helpful for successful breastfeeding.

An infant who is receiving both breast milk and infant formula is considered a breastfed infant by the national WIC definition. However, knowing that formula decreases milk supply, WIC staff shall ensure that the provision of formula does not interfere with or undermine the breastfeeding mother's desire to maintain lactation. 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 two ounces of formula a day should only be issued one can of powdered formula per month. See Appendix A for additional guidance. 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.

Mid-Month Category Change

- If the mother of breastfeeding infant returns to the clinic with a change in the feeding situation that results in a category change, the Local Agency staff shall conduct a breastfeeding assessment to determine the appropriate category, 1) void the future months' Benefits; and 2) select and tailor the current food package.

Note: If any Benefits have been redeemed for the current month, only future month Benefits may be tailored.

Note: Efforts should be made to ensure that Food Benefits are not over-issued.

The eligibility status of a current WIC infant is not affected by a change in the infant's mother's eligibility status. If the infant is no longer being breastfed, the appropriate infant food package containing formula should be assigned. Document the food package issuance in the Notes screen using the TGIF format. If she has not redeemed any of that month's Food Benefits, void the current Food Benefits, conduct a breastfeeding assessment to determine the appropriate category, change category of both mom and baby, and issue Food Benefits. Document the food package issuance in the Notes screen using the TGIF format.

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.

Section B Breastfeeding Education and Support Training – Staff

Purpose

Local Agency Breastfeeding Designations

WIC staff is a multifaceted group of breastfeeding supporters, all of whom are key elements in encouraging and educating WIC participants. The Level designations are established so that pregnant and breastfeeding women are provided services most efficiently. Local Agency staff shall be well-trained on normal and abnormal breastfeeding situations to provide evidence-based support services to improve breastfeeding initiation and duration of WIC participants.

To best support the pregnant and breastfeeding women enrolled in the Arizona WIC Program, specific designations for Level of Breastfeeding Services shall be followed. These levels range from 1-3; upon successful completion of specified education and training, staff shall then be eligible to counsel women deemed a higher level designation.

New Staff – Orientation

All new employees shall meet with the Local Agency Breastfeeding Coordinator or designee to get an overview of the Local Agency's breastfeeding program.

Topics to be included, but are 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 the Peer Counselor Program (if applicable)
- Role of WIC Staff in breastfeeding

New Staff – Level 1 Training: Prerequisite: Introduction to Breastfeeding Course

All new employees are required to complete the Introduction to Breastfeeding LMS course in TRAIN. 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 who will conduct Certifications shall have a two-day WIC Basic Breastfeeding training provided to them by a Local Agency Breastfeeding Coordinator, or IBCLC, or a State Agency IBCLC. This shall be completed within eight weeks of hire and/or when the employee begins to certify pregnant or breastfeeding participants. Upon successful completion of the training and post-knowledge assessment, staff shall be eligible to provide Level 1 Breastfeeding Services, which include assessments and issuance of breast pumps to breastfeeding women without risk or breastfeeding concerns or complications.

Level 1 Breastfeeding Services Defined For Certifying Staff:

- Pregnancy education (any trimester)
- General breastfeeding education and follow-up
- Pump issuance to a mom returning to work or school
- Breastfeeding assessments and determination of appropriate food packages for breastfeeding mothers without breastfeeding concerns/complications/trauma

Note: If, at any time during the breastfeeding assessment, a concern is presented, Level 1 staff shall defer to a Level 2 or 3 WIC Breastfeeding Services provider for education and support.

Level 1 Breastfeeding Services Defined For Non-Certifying Staff:

For staff that does not conduct Certifications, the Local Agency may choose to develop a modified WIC Basic Breastfeeding training. This can include, but not be limited to, inclusion of those staff members during specified points of the two-day training or a facilitated condensed training specific to those staff roles.

The agency shall submit a policy for the training of those staff as well as verify that they intend to ensure scope of practice is maintained for the desired breastfeeding service being provided by the non-certifying staff. Please contact the State WIC Breastfeeding Coordinator for policy submission and clarification.

New Staff: Level 2 Training: Prerequisite: Introduction to Breastfeeding and WIC Breastfeeding Basic Courses

Within six months of the completion of the probationary period, staff shall complete a week-long intensive breastfeeding course that provides at least 30 hours of continuing education credit. These courses are typically five to six days in length. After the completion of the course, staff shall be deemed a Designated Breastfeeding Expert (DBE) and will have met Level 2 requirements. Best practice is having staff attend the five-day WIC Breastfeeding Boot Camp. The DBE designation allows staff to counsel and provide Level 2 Breastfeeding Services to include those listed below in addition to Level 1 services.

The State Agency shall offer WIC Breastfeeding Boot Camp or training comparable to Breastfeeding Boot Camp courses to Local Agency WIC staff annually.

Note: 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.

Level 2 Breastfeeding Services Defined:

- Breastfeeding issues and minor concerns
- Identification of breastfeeding complications with a referral (i.e., 602/603 WIC Codes)
- Follow-up after 602/603
- Emergency pump services (i.e., NICU)
- Breastfeeding assessments and determination of appropriate category and food package for breastfeeding mothers with concerns

Note: If a complication is noted during the assessment and an intervention is deemed necessary, staff shall defer to a Level 3 Breastfeeding Services provider for additional education and support.

Designated Breastfeeding Expert Skills Application

One week post-training, all Level 2 trained staff shall meet with the Local Agency Breastfeeding Coordinator or designee to reinforce and apply skills learned during the training via the Breastfeeding Boot Camp Competency Guide. (Appendix A)

Optional Follow-up: A Post-Boot Camp Competency Checklist is to be completed within six months of attending WIC Breastfeeding Boot Camp. Each competency shall be observed and signed off by a supervisor, trainer, registered dietitian nutritionist, IBCLC, or other designated breastfeeding authority. (Appendix A)

Level 3 Breastfeeding Services: Suggested Prerequisite: Breastfeeding Course, WIC Breastfeeding Basic, WIC Breastfeeding Boot Camp

Staff who have the designation of a High-Risk Dietitian, High-Risk Nutritionist, or IBCLC are eligible to counsel and provide Level 3 Breastfeeding Services to include those listed below, in addition to Level 1 and Level 2 services. Level 3 staff are considered DBEs.

Optional Training: WIC Special Ops Training

Level 3 Breastfeeding Services Defined:

- 602/603 WIC Codes are complications or potential complications such as:
 - Severe breast engorgement
 - Recurrent plugged ducts
 - Mastitis
 - Flat or inverted nipples
 - Crack, bleeding, or severely sore nipples
 - Age ≥40 years
 - Failure of milk to come in by four days postpartum
 - Tandem nursing (breastfeeding two siblings who are not twins)
 - Jaundice in infant
 - Difficulty latching onto the mother's breast
 - Infant with a weak or ineffective suck
 - Inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than six wet diapers per day

Staff – Annual Continuing Education

Staff shall also receive eight hours of continuing education per fiscal year on breastfeeding. This is part of the 24-hour overall annual training requirement. This requirement can be fulfilled through a number of training opportunities, including, but not limited to, TRAIN courses, LATCH-AZ meetings, Local Agency staff trainings, webinars and/or online training courses.

Staff – Level 2 Breastfeeding Services

All staff shall complete a week-long breastfeeding course that provides at least 30 hours of continuing education credit every five years. Local Agencies can choose to send staff to another appropriate course with the State Breastfeeding Coordinator's approval. This process is designed to ensure that the alternate course is of similar rigor and depth to the State-sponsored course.

The State Agency shall offer a five-day WIC Breastfeeding Boot Camp at least annually.

Documentation of Staff Breastfeeding Education

All breastfeeding training, post-training competency documentation, including the Introduction to Breastfeeding LMS 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. TRAIN is able to provide and track both online (e-learning) and instructor-led training by the State Agency. The system can be accessed 24 hours a day, 7 days a week.

Section C Breastfeeding Education/Support – Participant

Purpose

Studies show that participant-centered breastfeeding education and support is the single most important indicator to breastfeeding initiation and duration up to six months. Education sessions may be either in individual or group settings.

Documentation: Individual Participant Breastfeeding Education

Local Agencies shall document the contact type in the Nutrition Discussion tab of the Care Plan and the breastfeeding education and support that was offered during the appointment in the Notes screen of HANDS using a TGIF format for every pregnant or breastfeeding participant and their breastfed infant(s).

Breastfeeding Education

Suggested topics of discussion to offer:

First Trimester:

Breast milk as the ideal nutrition for infants
Benefits of breastfeeding (health and others)

Second Trimester:

Anatomy and physiology
Breastfeeding positioning and latch-on technique
Equipment (including clothing, pumps, and storage)

Third Trimester:

Common fears, barriers, problems, and myths
Anticipatory guidance for Maternity Care Practices
What to expect in the first two weeks
Baby behavior messages

Postpartum:

Support personalized to individual needs

Documentation: Group Breastfeeding Classes

Breastfeeding classes shall follow the Together We Can (Refer to Chapter 7, page 8) model and be based on competencies developed from the Breastfeeding Education section above. A breastfeeding class may count as the second nutrition education contact if it occurs on a subsequent and separate visit than the Certification. Local Agencies will include standardized competencies for each group and methods for evaluation in the group class education plans/classes. Individual TGIF notes are not required for group nutrition education if the class title in HANDS reflects the nutrition education topic.

Breastfeeding – “Keep It Simple” Book

Every pregnant and breastfeeding woman shall be offered at least one copy of the book “Breastfeeding – Keep It Simple” for discussion based on participant interest.

Breastfeeding Bookmarks

The State Agency shall periodically develop and distribute bookmarks on various topics to accompany the “Keep It Simple” book. These bookmarks are developed based on 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 other developed breastfeeding materials and identify situations when appropriate to distribute.

Developed materials are available as PDFs for all audiences on the website.

Bookmarks are available to order from the ADHS Warehouse using the online AZ Health Zone ordering system or a PDF version is available at <http://azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/index.php#wic-staff-resources>.

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 the current “Medications and Mother’s Milk” resource to share the researched information. It is strongly recommended that staff copy the information directly from the reference material and give to the participant for review.

Emergency Breastfeeding Services: General

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.

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

- Breastfeeding assistance to include, but not limited to, latch and position
- Breast pump issuance
- Document the visit in the Notes screen with a TGIF format

Chapter 19 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 “Breastfeeding Promotion.” Applicable costs may include:

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

Breast Pump Coordinator

Local Agencies shall designate one contact person as the Breast Pump Coordinator whose responsibilities shall include:

- Acting as the primary contact for breast pump orders; and
- Overseeing the management of the breast pump inventory or reconciliation of the inventory.

Managing Pump Inventory

The Breast Pump Coordinator or designee shall run and reconcile the HANDS breast pump report at least monthly to ensure adequate breast pump tracking. Reconciliation shall include accounting for, but not be limited to,

- Available inventory
- Reviewing dates of current contracts
- Issuing letters for past-due pumps
- Tracking pumps referred to the State
- Chart reviews

The breast pump report in HANDS may be used to help maintain adequate inventory for both agency and participant needs.

Ordering Process and Available Breastfeeding Supplies

Local Agencies can order breast pumps and accessories from the ADHS Warehouse using the AZ Health Zone website. Click on the Collaborators tab, then click Order Materials Now; you must have an approved user login to be able to order.

Standard supplies are:

- Multiple user double electric breast pumps
- Single user breast pumps
- Additional flanges for the multiple user double electric breast pumps (soft 24mm, XL 31mm)
- Personal accessory systems or breast pump kits
- Breast milk storage bags
- Replacement cases/clips
- Vacuum gauges

Note: With State Agency approval, manual pumps, single user breast pumps, and breast pump kits, along with additional accessories, may be purchased by the Local Agencies using NSA funds.

Inventory Documentation

The State Breast Pump Logistics Coordinator shall document all initial pump inventories for the Local Agency in HANDS. It is the responsibility of the Local Agency Breast Pump Coordinator to manage the inventory at the clinic level in HANDS. After the receipt of new multiple user breast pumps and single user breast pumps, the Local Agency shall contact the WIC Service Desk with the pump serial numbers to have them added to the current inventory. This inventory shall also be reconciled monthly by the State Breast Pump Logistics Coordinator.

State ID Tag

When multiple user breast pumps arrive from the ADHS Warehouse, an Arizona State ID tag shall be placed on the bottom. If a Local Agency needs additional tags, contact the State Breast Pump Logistics Coordinator immediately.

Note: The multiple user breast pump is not eligible for loan without a State ID tag. The State ID tag is only required on the multiple user breast pump.

Issuer

WIC staff can assess need and issue breast pumps. Upon successful completion of WIC Basic Training, staff who certify are designated as Level 1 and are eligible to assess and issue a multiple user pump; however, if a concern or complication is present, the Level 1 WIC staff must elevate the client to the next designated level for breastfeeding support services.

Active Certification

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

Pregnancy

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

*The 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 as well as when the mother shall be recertified at a future appointment. (Refer to Chapter 2 Documentation of Exceptions)

Breastfeeding Assessment - Pumps

Breast pumps can be provided to participants by staff that have completed WIC Basic Training and only after a thorough and complete assessment of the breastfeeding relationship has been conducted to ensure that a breast pump is the appropriate intervention and/or resource.

The breastfeeding assessment shall be documented in the Notes screen using TGIF or other approved note format (e.g., SOAP, ADIME, PIE) and include:

- The reason for the request
- Education given
- Type of pump given (multiple, single, or manual pump)

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 who gave birth to multiple babies
- Mother who is separated from her infant(s) due to, but not limited to:
 - hospitalization of mother or infant
 - return to school or work and/or
 - prolonged separation due to family circumstances

Note: If a pump is warranted based on the breastfeeding assessment and the child is older than one year of age, it is then at the discretion of the Local Agency to continue reissuing or encouraging the use of the manual pump. If the multiple user pump is determined to be the best support, the child (C1) must continue to maintain a current Certification period, thorough documentation shall be done in the HANDS Notes screen, and current Breast Pump Loan Agreements shall be on file in the C1's record.

Multiple User Electric Breast Pump

Multiple user breast pumps are the preferred choice for the most mothers. A multiple user double electric breast pump may be loaned to a WIC **participant** when:

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

Process of Issuance: Multiple User Breast Pump

These steps shall be followed when issuing a multiple user breast pump:

1. Retrieve the breast pump and kit from inventory.
2. Verify that the breast pump serial number is in the HANDS inventory, and that the State ID tag is adhered to the pump.
3. Verify that the pump is in working order.
4. Demonstrate how to assemble the breast pump.
5. Discuss how to maintain an adequate milk supply.
6. Review breastmilk storage guidelines.
7. Discuss how to clean the breast pump.
8. Print the Pump Release Form from the client file. Review the “Multiple User Breast Pump Release Form” (Appendix B).
9. Obtain a signature and initials from the participant and scan the document to be saved in the participant’s HANDS file.
10. Mark the pump as ‘Issued’ in the participant’s file and select the appropriate ‘Return Date.’
11. Document in the Notes screen of HANDS in TGIF format; documentation shall include the reason for the request, education given, and type of pump.
12. Verify that 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.

Note: The best practice is to follow up with participants who have received a multiple user breast pump from WIC within a 24-hour period. This follow-up contact is to assure that the pump is operating correctly and that the mother is using it properly without concerns.

Length of Issuance: Multiple User Breast Pump

Length of issuance, as identified on the Multiple User Breast Pump Release Form, shall match the dates entered in HANDS and shall not exceed three months or 90 days.

The participant may keep the breast pump after the Date of Return if desired; a new Multiple User Breast Pump Release Form shall be completed with a signature. The new document shall 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.

Note: If the client is certifying and has forgotten documentation at the time of pump issuance, the WIC staff shall only issue the multiple user pump for a one-month period to coincide with the 30-day 'forgot documentation' grace period.

Process of Return: Multiple User Pump

These steps shall be followed when a participant returns a loaned multiple user pump.

1. In the participant file, update the status in the Breast Pump Issuance and Return Screen to Returned.
2. Verify that the pump icon in the active record is deactivated.
3. Fill out the Breast Pump Receipt for Return of Multiple User Double Electric Breast Pump. Remove the white copy (top), scan it, and save it in the client's file in HANDS; the participant receives the pink copy (second copy), and leave the remaining yellow copy (third 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.

Single User Breast Pump

Single user breast pumps are intended for an individual user and are a resource to help those participants with an established milk supply. A single user breast pump may be issued to a WIC participant every two years if the following criteria are met:

- Dyad is in active categories of EN/PN and IEN/IPN
- Has an infant older than 4 weeks of age
- Has no breastfeeding concerns or complications
- A complete breastfeeding assessment has identified the single user pump is an appropriate resource for the participant.

Note: Special circumstances occasionally arise when issuing a multiple and/or single user breast pump. Please contact the Local Agency Breastfeeding Coordinator or the State Agency Breastfeeding Coordinator for further information and guidance.

Issuance: Single User Breast Pump

After a breastfeeding assessment is completed and a single user breast pump is indicated as appropriate, the WIC participant is then eligible to receive the single user pump. The participant shall complete the Single User Breast Pump Release Form. Once signed, this form shall be scanned into the participant's HANDS file. Staff shall document the breastfeeding assessment and issuance of the single user pump in the "I" portion of the TGIF note on the Notes screen in HANDS.

Note: Each single user pump contains a warranty card to protect the single user pump for a two-year period after receipt of the pump. Staff shall encourage the participant to complete the warranty card and keep the card for future reference.

The warranty card is found within each single user breast pump package and will need to be submitted to the manufacturer in order to begin the warranty period for the participant.

Process of Issuance: Single User Breast Pump

These steps shall be followed when issuing a single user breast pump:

1. Retrieve the single user breast pump from inventory.
2. Verify that the breast pump serial number is in the HANDS inventory.
3. Verify that the pump has all necessary parts and collection kit.
4. Demonstrate how to assemble the breast pump.
5. Discuss how to maintain an adequate milk supply.
6. Review breastmilk storage guidelines.
7. Discuss how to clean the breast pump and collection kit.
8. Print the Pump Release Form from the client file. Review the "Single User Breast Pump Release Form" (Appendix B).
9. Obtain a signature and initials from the participant and scan the document to be saved in the participant's HANDS file.
10. Mark the pump as 'Issued' in the participant's file.
11. Document in the Notes screen of HANDS in TGIF format; documentation shall include the reason for the request, education given, and type of pump.
12. Verify that the 'pump issued' icon is now displayed in the active record.

Note: The best practice is to follow up with participants who have received a single user breast pump from WIC within a 24-hour period. This follow-up contact is to assure that the pump is operating correctly and that the mother is using it properly without concerns.

Pump Denial

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.

Prizes, Gifts, Incentives

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

Nominal Deposits

Local Agencies **shall not** require a monetary deposit for a breast pump.

Waiting Lists

Prior to starting 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 an estimated timeline for an established waitlist. The State Agency shall be notified within five 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.

Multiple User Breast Pump Cleaning Procedures

Always wear protective gear, as recommended by the cleaning agent label. At a 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.

Directions: Cleaning

1. Remove the pump from the case.
2. Wet paper towels until saturated with the cleaning solution or use sanitation wipes. 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 that the pump stays wet for the recommended length of time so that germs are killed. Note: The method for the most biocidal, virucidal, and fungicidal effectiveness is to allow the surface to remain wet for up to ten minutes contact time.
4. Allow the pump and case to air dry.
5. Verify that the State ID tag is still intact and adhered to the pump.
6. Place the pump back in the case.

Commercial Disinfectant

A multipurpose non-acid 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 most important.

Examples of appropriate disinfectant products include, but are not limited to, Cavicide, Citrace, Lysol I.C., bleach solutions, wipes specific to a manufacturer's recommendation (e.g., Medela Quick Clean Wipes).

For specific cleaning agent product approval, contact the State WIC Breastfeeding Coordinator for manufacturer guidance.

The Material Safety Data Sheet (MSDS), or the link to this information online, for the commercial disinfectants must be posted in the clinic and all employees must be aware of its location.

Quality Assurance – Breast Pumps

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

Directions: Efficiency Testing for all Breast Pumps

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 the following:
 - a. Multiple User Breast Pump
 - i. LOW/MIN and read the value, approx. 50mmHg.
 - ii. HIGH/MAX and read the value, approx. 270 mmHg (250 mmHg is acceptable)
 - b. Single User Breast Pump
 - i. LOW/MIN: 50 mmHg (letdown mode/expression mode)
 - ii. HIGH/MAX: 200 mmHg (letdown mode) and 235-250 mmHg (expression mode)

Note: For quality assurance of a participant's single user pump, the ranges will vary. Turn the suction to the desired setting and read the value to ensure the pump is effective.

Malfunctioning or Broken Multiple User Breast Pumps

Local Agency staff shall test any reported malfunctioning breast pump and document the current status in HANDS prior to sending a pump back for repair.

Local Agency staff shall:

1. In the active record, select the client. Use the Navigation Pick List and select Pump Issuance and Return. Document the problem with the pump in the Comments section of the Pump screen. Examples include arm not moving, cord frayed, and not maintaining suction. Change the status to Returned. Complete a Receipt for a Hospital Grade Breast Pump and exit the client file.
2. From the WIC Services screen, use the Navigation Pick List and select Pump Issuance and Return. Enter the pump serial number and search. Use the Change Status button to update the pump status in HANDS to Broken/Infested.
3. Contact the State Breast Pump Logistics Coordinator or the State Breastfeeding Coordinator for information regarding pick-up, shipping, or hand-delivery of the pump to any ADHS-sponsored event.
4. Along with the pump, the Local Agency shall provide the Multiple User Breast Pump Request for Repair Form (see Appendix B) and include:
 - a. Contact person's name
 - b. Agency name
 - c. Address
 - d. Phone number
 - e. Email
 - f. Reason for the return

Malfunctioning or Broken Single User Breast Pumps

The participant shall contact the vendor for malfunctioning and/or broken single user breast pumps. The contact information is located on the single user breast pump warranty card.

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 active record, select the client. Use the Navigation Pick List and select Pump Issuance and Return. Make note of the suspected pump in the Comments section on the Pump screen and save. Change the status to Returned. Complete a Receipt for a Hospital Grade Breast Pump. Exit the client file.
2. From the WIC Services screen, use the Navigation Pick List and select Pump Issuance and Return. Enter the pump serial number and search.
3. Use the Change Status button to update the pump status in HANDS to Broken/Infested.
4. Place the suspect pump into a bag and seal it.
5. Place the sealed pump into a second bag.
6. Seal the second bag.

7. Along with the pump, the Local Agency shall provide the Multiple User Breast Pump Request for Repair form (see Appendix B) and include:
 - a. Contact person's name
 - b. Agency name
 - c. Address
 - d. Phone number
 - e. Email
 - f. Reason for the warehouse return

Emergency Breastfeeding Services: Breast Pump

In order to maintain the continuum of care, when staff provides a breast pump to another program's client, the staff shall transfer the client into the Local Agency and follow the same procedure for issuance as previously outlined under Process of Issuance: Multiple User Breast Pump.

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 multiple user 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
- Document the pump's return in the Breast Pump Issuance and Return Screen
- Issue a Receipt for a Hospital Grade Breast Pump
- Retain the pump for their Local Agency's use

Transfer of Breast Pumps Only Between Local Agencies

If a WIC participant who has a multiple user breast pump loaned to her by her Local Agency returns the pump but does not wish to continue WIC services or transfer WIC services to 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 only the pump into the current Local Agency inventory.

Retrieval of Unreturned Multiple User Breast Pumps

If a participant fails to return a pump by the due date specified on the Multiple User Breast Pump Release Form, the Local Agency shall attempt to contact the participant (or alternate contact, if necessary) by phone within 30 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 shall change the participant to monthly food benefit issuance. 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.

The pump icon display in the active record will remain after the status of 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 shall continue to pursue the return of the breast pump at each visit. Upon the pump's return, the participant may resume a 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 Multiple User Breast Pump Release Form to the State Breast 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.

Note: Food Benefits may not be withheld in order to retrieve a pump.

Lost or Stolen Multiple User Breast Pumps

Upon receiving notification about a lost/stolen breast pump from a participant and/or failed attempts to establish contact with a participant, Local Agencies shall immediately report cases of lost/stolen multiple user 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 from the participant, an investigation shall be initiated to determine the status for continued program participation.

In the event that a participant reports a multiple user breast pump as **lost**, a statement from the participant (e.g., 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 multiple user 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 Arizona WIC Program in a timely manner, explaining the circumstances surrounding the loss of equipment.

Local Agencies shall notify the State Breast Pump Logistics Coordinator and immediately scan the documents into the participant's active record. Detailed notes documenting this incident shall 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 Agency.

Note: The status on the multiple user Breast Pump Issuance and Return screen shall be changed to Stolen/Lost.

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 multiple user 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 by the State Agency.

Sale of Breast Pumps

Participants found to be selling WIC-issued breast pumps for any reason or purpose shall be investigated to the fullest extent by the State Agency.

Upon confirming the sale of benefits (e.g., breast pump, breast milk bags) for the purpose of personal gain/profit, a participant shall be required to pay restitution. The participant shall be, at a minimum, held responsible for restitution in the amount that the breast pump was sold for (e.g., a participant posted an advertisement and successfully sold 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 shall contact the State Agency for further direction on handling the disposal of the pump and/or any pump accessories.

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 shall provide electronic copies of such documents to the Local Agency WIC Director for informational purposes only.

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

Disposal of Single User Breast Pumps

Single user pumps may not be loaned or sold to others due to sanitation concerns. These cannot be cleaned to the extent that would prevent cross-contamination from person to person. When the participant has finished using the single user 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. In the event that a participant returns a single user breast pump to the Local Agency for disposal, the Local Agency shall label it “broken” or disassemble the pump prior to discarding to discourage pilfering from the trash.

Community Partners

Local Agency programs may distribute multiple user electric breast pumps to participants through a third party (e.g., hospital, community clinic, community health nurse, school nurse, or counselor). 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 HANDS

Note: It is recommended that the Local Agency follow up with the participant/community partner within one week of breast pump distribution. This follow-up contact is to assure the pump is operating correctly and that the mother is using it properly without concerns.

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.

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 and goal of the USDA/FNS is to institutionalize peer counseling as a core service in WIC and assure that breastfeeding peer counselors are available in as many WIC clinics as possible.

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 percent of women initiating breastfeeding upon the birth of their babies;

Increase the duration of breastfeeding to 50 percent of women for the first six months of their baby’s life and 25 percent 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.

Allowable Costs

Allowable cost determinations for a particular Local Agency shall 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
- Indirect costs

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

State Peer Counselor Program Coordinator

ADHS BNPA shall employ the Peer Counseling Coordinator who shall oversee the implementation of the State Peer Counselor plan and projects. The Coordinator shall be someone with formal breastfeeding training, program management experience, personal breastfeeding experience, and experience working with the WIC population. This position shall 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 shall 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 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
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.

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 is 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 three 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 shall 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.

Accounting for Staff Time Funded By Two or More Programs

2.CFR 200 OMB Uniform Guidance, Parts 220, 225, and 215, effective Dec 26, 2014, require that employees funded by two or more 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 “Personnel Activity Report” (PAR) 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 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 percent of their time for the Breastfeeding Peer Counselor Program.

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 in order to support normal breastfeeding. This Scope of Practice encompasses the activities for which a peer counselor is trained and in which she is authorized by the Arizona WIC Program to engage:

- Offer breastfeeding encouragement
- Provide information on the advantages of breastfeeding
- Help women identify their common concerns and barriers around breastfeeding
- Recognize signs of normal breastfeeding
- Provide basic education, problem solving and support for breastfeeding
- Teach mothers basic techniques that help ensure a successful start in breastfeeding
- Provide suggestions to help mothers solve common breastfeeding problems
- Help mothers plan to return to work and/or school that supports the continuation of breastfeeding
- Shall be allowed to issue a breast pump after the DBE WIC staff has completed and documented the breastfeeding assessment
- Refer families to appropriate resources
- Identify situations out of their scope of practice (refer to Appendix E Peer Counselor Program – When to Yield) and make appropriate referrals in a timely manner

The peer counselor shall not:

- Diagnose conditions
- Provide medical advice
- Prescribe or recommend medications
- Attempt to remedy potentially serious complications

Limitations

So as not to supplant WIC services, peer counselors shall not:

- Conduct or assist in the Certification of WIC participants
- Issue Food Benefits
- Conduct anthropometric or hematologic assessments
- Provide the second nutrition education contact
- Schedule appointments for WIC services
- Conduct a formal WIC breastfeeding assessment
- Develop or implement breastfeeding training for WIC staff
- Have sole or primary responsibility for breast pump distribution and retrieval

Note: For clients that are receiving WIC services and peer counselor services on the same day due to the need for extra time/support, a follow-up contact attempt will be made within five business days.

For more information, refer to Appendix F When to Yield.

Peer Counselor Job Parameters

Job parameters include, but are not limited to:

- Telephone contacts from the peer counselor's home and clinic
- Clinic, home, and hospital visits Note: Cannot be counted as a second nutrition education contact
- Availability to support participants outside usual clinic hours
- Prenatal/breastfeeding classes
- Support groups

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

Peer Counselor Call Protocol

The peer counselor shall follow the general call protocol for each participating woman on at least a monthly contact basis.

Training

Trainings for peer counselors shall include:

- The *Loving Support Through Peer Counseling*. WIC clinic staff in peer counseling programs shall 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.
- All new and existing WIC peer counselors are required to take the Perinatal Mood and Anxiety Disorder (PMAD) e-learning course Module 1.

Annual Fiscal Year trainings shall include

- Civil Rights and/or Culturally and Linguistically Appropriate Services (CLAS) (each training is to be done every other year).

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

Program Participation

A WIC participant must agree to participate in the Peer Counselor Program. This is done through the completion of the “Referral to Peer Counselor” form by WIC staff. The form shall be scanned into the client’s record in HANDS (Appendix F) and the referral shall be documented within the TGIF note.

Documentation

In order to ensure consistency for client services in both the WIC Program and WIC Peer Counseling Program, the peer counselor shall document in HANDS. Documentation shall take place on the screens listed below.

- Contact type and duration in the Peer Counselor screen
- Specifics of the discussion shall be written in a TGIF format as the Peer Counselor note type on the Notes screen

Confidentiality

Peer counselors shall sign a confidentiality agreement before providing services.

Quality Assurance Protocol

The Local Agency Peer Counseling Manager shall evaluate the individual peer counselor and Peer Counseling Program by:

1. Utilizing the Breastfeeding Peer Chart Review in conjunction with the [Rubric for AZ WIC Appointments](#), the Peer Counseling Manager shall review a minimum of one client file for a participating pregnant client and one client file for a breastfeeding client monthly. (Breastfeeding Peer Chart Review, Appendix F).
2. The Peer Counseling Manager shall conduct a minimum of one observation for a participating pregnant client and one observation for a participating breastfeeding client every quarter, utilizing the Breastfeeding Peer Counseling (BFPC) Observation Tool (Appendix F).
3. *Optional: the Peer Counseling Manager may conduct annual assessments of the Peer Counseling Program by utilizing the Annual Self Evaluations (Appendix F).

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. Include the HANDS Peer Counselor reports with the quarterly submission (Appendix G).

Management Evaluations

The Arizona WIC Peer Counselor Program shall 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 years, five months, including the contract year.

Appendix A
Breastfeeding Education and Support – Forms

DRAFT

Job Aid: Formula Tailoring Chart

The formula tailoring chart is for those breastfeeding moms also utilizing formula. The amount of formula issuance is determined after a complete breastfeeding assessment has been conducted. Use this chart to better determine how to tailor the infants food package to best meet individual needs.

		Amount of formula (fl oz) infant is currently consuming per day (24 hours)																																								
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30											
Formula Name	Can Yield (fl oz)	Cans of powdered formula to issue																																								
Similac Advance	90	<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>																														1	2	3	4	5	6	7	8	9	10	
1	2																															3	4	5	6	7	8	9	10			
Gerber Good Start Soy	91																																									
Similac Sensitive	90																																									
Similac for Spit-up	90																																									
Similac Total Comfort	90																																									
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Similac Neosure	87																																									
Enfamil Nutramigen	87	<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>																														1	2	3	4	5	6	7	8	9	10	
1	2																															3	4	5	6	7	8	9	10			
Gerber Extensive HA	96																																									
Enfamil Enfacare	82																																									
		Infant Partially Nursing (IPN)					IPN or IPN+					Infant Partially Nursing Plus (IPN+)																														

IPN or IPN+

The formula tailoring chart is split up into different sections to show the maximum number of cans that may be issued to participants assigned the IPN and IPN+ categories respectively from 1 to 11 months (Infants 0-1 months may only receive 1 can of formula maximum as part of the IPN category.) For the "IPN or IPN+" section, use the chart on the right as well as the calculation below to help determine the appropriate category.

Category Based on Fluid Ounces and Age		
Age	IPN	IPN+
1-3 Months	1-435	436-870
4-5 Months	1-522	523-960
6-11 Months	1-384	385-696

Calculation:

$$\begin{matrix} \text{Number of Cans Needed per Month} \\ \text{(Use Chart Above)} \end{matrix} \times \begin{matrix} \text{Can Yield} \\ \text{(Use Chart Above)} \end{matrix} = \begin{matrix} \text{Number of Fluid Ounces Per} \\ \text{Month} \end{matrix}$$

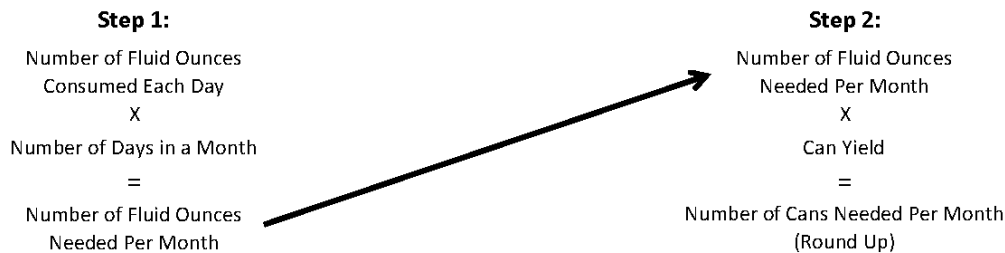
Example:

$$\begin{matrix} 5 \text{ Cans of Alimentum for 3 month old infant} \\ \text{consuming 12 fl oz per day} \end{matrix} \times \begin{matrix} 87 \text{ fl oz Per Can of} \\ \text{Alimentum} \end{matrix} = \begin{matrix} 435 \text{ oz Per Month} \\ \text{(IPN Category)} \end{matrix}$$

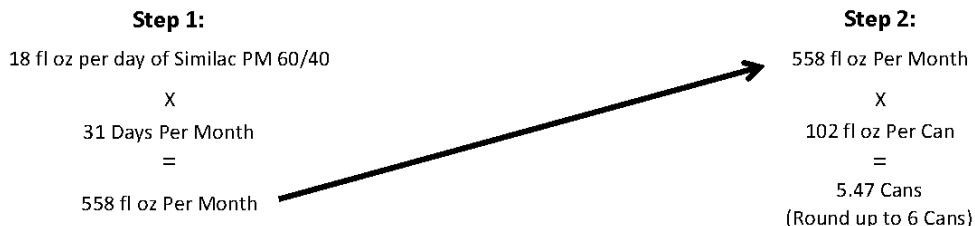
Formula Tailoring for Formulas not Listed on Formula Tailoring Chart

For any formula not listed on the chart above, search the manufacturer's website for the can yield (fl oz) to use in the following calculation.

Calculation:



Example:



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?

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 to 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?

Post-Breastfeeding Boot Camp Competency Checklist

***Optional:** All competencies are to be completed within six months of WIC Breastfeeding Boot Camp. Each competency shall be observed and signed off by a supervisor, trainer, registered dietitian (RD), IBCLC or other designated breastfeeding authority (DBE).

Competency	Example activity/experience	Description of activity/experience	Date(s)	Observer Initials
1. Demonstrate an understanding of the relationship between pumping and milk supply.	Assist mother in creating a pumping plan for returning to work or school.			
2. Demonstrate appropriate assessment and referral of high-risk breastfeeding complications to IBCLC/RD.	Appropriately assess high-risk breastfeeding complications and make appropriate referral to IBCLC.			
3. Demonstrate ability to identify and educate on baby behaviors 3.1. Infant hunger and satiety cues 3.2. Knowing baby is getting enough 3.3. Calming baby and responding to cues	Appropriately help a mom to identify and respond appropriately to her infant's cues.			
4. Demonstrate ability to assist with minor breastfeeding challenges 4.1. Sore Nipples 4.2. Latch 4.3. Engorgement 4.4. Plugged Duct(s)	Talk mom through steps of adjusting her body and hand position, position of the baby, and position of the breast using breastfeeding doll.			
5. Demonstrate the ability to appropriately assess and assist a mother wanting to increase her milk supply.	Support and provide appropriate education for pumping schedule, hands-on pumping, hand expression, normal infant feeding patterns, etc.			
6. Demonstrate ability to teach normal infant feeding patterns.	Provide appropriate education related to normal infant feeding patterns.			

Staff Name:

Supervisor Name:

Staff Signature:

Supervisor Signature:

Date:

Date:

Arizona WIC Breastfeeding Program: Local Agency Self Evaluation Forms *Optional

Desk Review Form: Breast Pump Chart Reviews

Evaluator:
Agency:
Clinic:

Desk Review Form: Breast Pump

Identification		Notes/TGIF		System Documentation				Evaluator
Pump #	Client ID	Reason For Request	Education Given	Scanned Contract	Dates Match on Contract/HANDS	Length of Issuance	Scanned Returned Receipt	Comments

Arizona WIC Breastfeeding Program – Breastfeeding Observation/Certification

Date: _____

Local Agency: _____

Clinic: _____

Assessor: _____

	1	Comments	2	Comments
Staff name (list)				
Participant name/ID (list)				
Category				
Greeted client/introduced self				
Opened the session in an engaging way and let the client know what to expect from the visit.	0 1 2 3		0 1 2 3	
Tailored the session to what the client wants to discuss about breastfeeding.	0 1 2 3		0 1 2 3	
Asked open-ended questions regarding the client’s knowledge and/or experience with breastfeeding.	0 1 2 3		0 1 2 3	
Allowed for silence during the session, giving the client time to think and respond.				
Used positive affirmations and reflective listening/summarizing during discussion.	0 1 2 3		0 1 2 3	
Used probing questions to clarify information and gain a better understanding of the client’s needs.	0 1 2 3		0 1 2 3	
Asked permission to offer breastfeeding education individualized to client’s concern.	0 1 2 3		0 1 2 3	
Educated in accordance to with Keep It Simple and Breastfeeding Answers Made Simple.				

✓ = Complete, done correctly ∅ = incorrectly done or not done N/A = Not applicable
 0-Not attempted 1-Beginning 2-Intermediate 3-Advanced

	1	Comments	2	Comments
Stayed within Scope of Practice.				
If applicable, facilitated interaction with IBCLC. (in person or by phone)				
Closed the appointment by summarizing the discussion, thanking the client for their sharing, and setting the stage for the next visit.				
Plan for next contact was addressed.				
Appropriate referrals were made.				
Length of appointment (minutes)				
Staff focused on the client and not the computer.				
Was the appointment appropriately documented?				

✓ = Complete, done correctly Ø = incorrectly done or not done N/A = Not applicable
 0-Not attempted 1-Beginning 2-Intermediate 3-Advanced

Notes

Arizona WIC Program Clinic Site Breastfeeding Review

REVIEWER: _____ DATE: _____

AGENCY: _____ SITE: _____

Environment	Comments
Breastfeeding Coordinator name and credentials	
Breast Pump Coordinator name and credentials	
Peer Counseling Program Manager name and credentials	
Names of WIC staff	
Names of IBCLCs	
Breastfeeding-friendly environment, such as breastfeeding promotional materials visible, videos, lactation room (No formula, samples, posters, handouts or promotional items on display or in sight of clients)	
Required resources: <ul style="list-style-type: none"> ✓ Medications and Mothers' Milk ✓ Breastfeeding Answers Made Simple 	
Procedures for breastfeeding assessments	
Referral to peer counselor	
Group education	
Peer Counselor Contact Log	
Multiple User Pump Release Form (obtain copy)	
Multiple User Pumps have ADHS ID tag (on pump, not case)	
Personal Use Pump Log (correctly completed)	
Personal Use Pump Release Form (obtain copy)	

✓ = Complete, done correctly, done N/A = Not applicable Ø = Incorrectly done or not

Arizona WIC Program Clinic Site Breastfeeding Review

Pumps are only issued by WIC staff		
Breast pump issuance procedures followed		
Breast pump cleaning procedures followed		
Breast pump quality assurance testing performed		
Procedures for reporting lost or stolen breast pumps		
Annual evaluations of breastfeeding education, promotion, and support activities performed and documented		

COMMENTS

✓ = Complete, done correctly, done N/A = Not applicable Ø = incorrectly done or not

Appendix B
Breast Pump Distribution and Return – Forms

DRAFT

Arizona WIC Program Multiple User 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, 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: _____

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.

Recibí instrucciones sobre cómo ensamblar, usar, desarmar y cómo limpiar la bomba extractora de leche, así como la forma de almacenar y manejar la leche materna que saque con la bomba.

Entiendo que el Departamento de Servicios de Salud de Arizona, el Programa WIC de Arizona y sus empleados no son responsables por el daño personal causado por el uso de esta bomba extractora. Yo soy la única responsable.

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 remplacen 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 indicado pagar al Programa WIC por el costa 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
Receipt for Return of Multiple User
Double Electric Breast Pump**

Participant's Name: _____

Family ID Number: _____

Breast Pump Serial Number: _____

Received By: _____

Date of Return:

White Copy-WIC Clinic Copy
WIC-261 (REV. 05/14)

Local Agency:

Pink Copy-Participant Copy

Clinic:

Yellow Copy –WIC Clinic Copy



**Programa WIC de Arizona
Recibo por Devolución de la Bomba Doble Eléctrica de Extracción
de Leche Nivel Hospital**

Nombre de la Participante: _____

Número de Ident. Familiar: _____

Número de Serie de la Bomba: _____

Recibida por: _____

Fecha de Devolución:

White Copy-WIC Clinic Copy
WIC-261 (REV. 05/14)

Agencia Local:

Pink Copy-Participant Copy

Clínica:

Yellow Copy –WIC Clinic Copy

<input type="checkbox"/>	Broken
<input type="checkbox"/>	Infested

**Arizona Department of Health Services
Multiple User Breast Pump Request for Repair**

Local Agency: _____

Clinic: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Serial Number: _____

Pump Issue: _____

Within Warranty: **Yes** **No** **Unknown**

Attach to pump before returning pump to ADHS Warehouse.

Arizona WIC Program Single-User Double Electric Breast Pump Release Form

Participant Name: _____

Family ID: _____

Pump Serial Number: _____

Initial below:

_____ 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 damage to person or property caused by the use of the 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: _____

Programa WIC de Arizona
Forma de Entrega de la Bomba Extractora de Leche Materna,
Doble y Eléctrica, para una usuaria

Nombre del Participante: _____

Identificación Familiar: _____

Número de Serie de la bomba extractora: _____

Anote sus iniciales abajo:

_____ Recibí instrucciones sobre cómo ensamblar, usar, desarmar y cómo limpiar la bomba extractora de leche, así como la forma de almacenar y manejar la leche materna que extraiga con la bomba.

_____ Entiendo que el Departamento de Servicios de Salud de Arizona, el Programa WIC de Arizona y sus empleados no son responsables de algún daño personal o a la propiedad causado por el uso de esta bomba extractora. Yo soy la única responsable.

_____ Entiendo que es mi responsabilidad proteger la bomba extractora de robo y pérdida. Manejaré la bomba extractora con cuidado. Guardaré la bomba con llave en mi auto cuando viaje, ya sea en la cajuela o donde no se pueda ver. Mantendré la bomba extractora en un área segura de mi casa.

_____ Entiendo que esta bomba extractora de leche es solo para mi uso. No voy a prestar o vender esta bomba a nadie. Entiendo que prestar o vender esta bomba es un delito y dará como resultado que tendré que reembolsar el costo de la bomba extractora y/o podría haber una medida legal en mi contra.

Firma del Participante de WIC: _____ Fecha: _____

Encargado del Préstamo (Personal de WIC): _____

Título: _____

Fecha del Préstamo: _____

Appendix C
Breast Pump Distribution –
Request for Return of Multiple User Electric Breast Pump
English and Spanish

DRAFT

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 multiple user 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

Appendix D
Peer Counselor Program – Sample Job Descriptions

DRAFT

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 of experience counseling breastfeeding women.

Training:

- Receives State-approved training in breastfeeding management.
- Participates in continuing education about breastfeeding annually.
- Receives “Loving Support© Through Peer Counseling: A Journey Together – For Peer Counselors” training.
- Receives “Loving Support© Through Peer Counseling: A Journey Together – For WIC Managers” training.

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.
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.
14. Holds monthly meetings with peer counselors.
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.

DRAFT

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.
- Receives “Loving Support© Through Peer Counseling: A Journey Together – For Peer Counselors” training.
- Receives “Loving Support© Through Peer Counseling: A Journey Together – For WIC Managers” training.

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.
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:
- Interviews potential peer counselors in alignment with program policies and standards.
 - Mentors new peer counselors during the first six months, providing routine follow-up and guidance in the early days of the job.
 - Provides ongoing supervision.
 - Conducts spot checks of peer counselor contacts.
 - Holds monthly meetings with peer counselors.
 - Provides training of peer counselors and local staff.
 - Monitors the program.
 - Promotes the Peer Counseling Program with local health care providers and WIC participants.

DRAFT

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 women.
- 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 _____

Duties

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 women by telephone, home visits, and/or hospital visits at scheduled intervals as 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 a.m. to 5 p.m. work schedule for 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.
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

DRAFT

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 health care 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.
 - Is available outside the usual 8 a.m. to 5 p.m. 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 women, or mentor peer counselors leading group meetings.
3. Mentors and supervises peer counselors:
 - 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 conduct? 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. Performs 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

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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 shall continue to provide support while the designated expert or health care provider is addressing the issue, unless the supervisor or peer counselor determines that it is best to discontinue peer support.

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 health care provider
- Mother finds a lump in her breast

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 HIV/AIDS

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 is food insecure

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's "Yield List"

Appendix F
Peer Counselor Program – Forms

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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: _____

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?
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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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

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									

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

Arizona WIC Breastfeeding Peer Counselor: Local Agency Evaluation Form
***Optional**

Agency: _____

Date: _____

Program Components	Yes	No	Comments
Program Management			
Standardized Breastfeeding Peer Counseling Program policies are in place as part of nutrition education plans.			
The program is managed at the State and/or Local Agency level by designated Breastfeeding Peer Counseling Program Managers and/or Coordinators.			
State and/or local WIC managers have been trained in how to manage a successful peer counseling program.			
Local WIC clinic staff are trained on supporting the peer counseling program.			
A WIC designated breastfeeding expert has been identified at each WIC clinic to provide support to the BFPC.			
Community partnerships have been established with the local hospital, providers, and other community groups to enhance the program’s effectiveness.			
The BFPC Program Manager conducts an internal/external assessment to determine gaps in breastfeeding services within WIC and the community that can be addressed through peer counseling, e.g., early contacts after delivery, prenatal contacts.			
The BFPC Program Manager examines program policies and practices that ensure program success, including social media policies and clinic environment logistics.			

Peer counselors are provided space for counseling WIC mothers in the clinic.			
The peer counselor’s tasks in the clinic take into account the job limitations defined in Chapter 19 of the AZ WIC Policy and Procedure Manual as to not supplant WIC services.			
Program expenses are consistent with the allowable costs set by USDA and the AZ WIC Program.			
Peer Counselor Staffing			
Peer counselor documentation is written in the TGIF note format.			
Program successes are tracked to determine effectiveness and improvements needed.			
Agency follows defined job parameters and job descriptions for peer counselors.			
Peer counselors are recruited and hired from the target population group served by WIC.			
Peer counselors are, primarily, paraprofessionals.			
Peer counselors are available to WIC clients outside usual clinic hours and outside the WIC clinic environment.			
Peer counselors are not volunteers but are given compensation and reimbursement.			
A recognition program is in place to acknowledge peer counselor accomplishments.			
A career path program exists for upward mobility of peer counselors.			

Peer Counselor Training			
Peer counselors are trained with a standardized curriculum based on the FNS <i>“Loving Support© Through Peer Counseling: A Journey Together.”</i>			
All staff of the Breastfeeding Peer Counselor Program has completed either a civil rights or CLAS course this fiscal year.			
Ongoing continuing education is provided through regularly-scheduled staff meetings and other educational opportunities.			
Peer counselors have timely access to breastfeeding coordinators and other lactation experts for assistance with problems outside their scope of practice.			
Peer counselors observe and shadow experienced lactation experts and experienced peer counselors.			
Annually, WIC staff views <i>“Peer Counseling: Making a Difference for WIC Families.”</i>			
Peer Counselor Supervision			
Adequate supervision of peer counselors is provided through designated supervisors.			
Peer counselors have regular, systematic contact with their supervisor.			
Supervisors conduct regular staff meetings with peer counselors.			
Peer counselors participate in WIC clinic staff meetings and breastfeeding in-services as part of the WIC team.			
A systematic supervisory program is in place to mentor and guide new peer counselors in the early weeks of their job.			
The work of peer counselors is monitored			

(observations, chart reviews, etc.).			
Supervisors regularly review the peer counselor contact forms and provide opportunities to discuss case studies.			
Peer Counselor Practice			
Peer counselors attempt to make monthly contacts with new mothers following established contact guidelines.			
Peer counselors give basic education and support within their defined scope of practice and yield to the WIC designated breastfeeding expert for situations beyond their scope.			
Peer counselors document all contacts with WIC participants, and complete weekly or monthly activity logs.			
Peer counselors are taught and practice professional etiquette (such as coming to the clinic on time, returning phone calls promptly, etc.)			
Peer counselors who exit the program are encouraged to provide feedback that can improve the program.			
The WIC Program, including the Breastfeeding Peer Counselor Program, has access (either through employment or contract) to an IBCLC so that they do not go beyond their scope of practice.			

Successes in the year in review:
Challenges in the year of review:
Area of focus/goals for the upcoming year:

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Arizona WIC Breastfeeding Peer Counselor Observation Form

REVIEWER: _____

DATE: _____

AGENCY: _____

CLINIC: _____

	1	Comments	2	Comments
BFPC Staff				
ID Number/Category				
Invest in the Interaction	0 1 2 3		0 1 2 3	
<ul style="list-style-type: none"> • Reviews previous notes before calling the participant • Staff introduces self • Greets participant by name • Sets the agenda in the spirit of PCS • Affirms participant 				
Assessment	0 1 2 3		0 1 2 3	
<ul style="list-style-type: none"> • Affirms the participant's breastfeeding knowledge and experiences • Asks the participant open-ended, relevant and probing questions to get complete information • Reflects what participant is saying 				
Breastfeeding Counseling and Education	0 1 2 3		0 1 2 3	
<ul style="list-style-type: none"> • Offers education at appropriate times • Tailors messages based on assessment and interest • Offers anticipatory guidance • Tailors discussion around participant's needs and interests in the spirit of PCS <ul style="list-style-type: none"> ○ Uses OARS ○ Asks permission ○ Uses consensus ○ Explores and offers ideas ○ Explores participant's feelings • Session is interactive • Brainstorms 'how to' ideas with participant • Breastfeeding education is appropriate for participants needs, risks, and interest 				

Support Breastfeeding Outcomes	0 1 2 3	0 1 2 3
<ul style="list-style-type: none"> • Facilitates goal setting • Asks and discusses the next steps with participant • Summarizes discussion in more detail • Affirms the participant • Sets up topic(s) for next contact for follow up • Uses positive affirmations, reflective listening, and summarizing during discussion • Stays within scope of practice and appropriate referrals were made, if applicable 		
Documentation	0 1 2 3	0 1 2 3
<ul style="list-style-type: none"> • Appropriately documents the appointment using TGIF format • Uses TGIF note structure appropriately <ul style="list-style-type: none"> T: Tool <ul style="list-style-type: none"> ○ GHTM tool used, if applicable G: Goals <ul style="list-style-type: none"> ○ Personal goals or areas identified by participant that they plan to work on I: Information <ul style="list-style-type: none"> ○ Knowledge, feelings, and beliefs about breastfeeding for pregnant and breastfeeding women categories (if applicable) ○ Caregiver knowledge, feelings, beliefs of infant feeding for infant category (if applicable) ○ Relevant information you would want the next person seeing this client to know ○ Any information pertinent to the interaction during the visit ○ Further detail on breastfeeding education provided as needed to clarify F: Follow-up <ul style="list-style-type: none"> ○ Any information the staff person has identified as areas to follow-up with at subsequent visits 		

Customer Service				
Breastfeeding education is appropriate to the participant's cultural preferences and considers household situation and educational background?	Y/N		Y/N	
Staff focuses on the participant and not the computer.	Y/N		Y/N	
Allows for silence during the session, giving the client time to think and respond.	Y/N		Y/N	

Y = Complete, done correctly

N = Incorrectly done or not done

N/A = Not applicable

0* 1* 2* 3*

*See [Scale Rubric for Arizona WIC appointments](#)

Notes—1st appointment	DRAFT
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Notes—2nd appointment

Notes area for the 2nd appointment. The area is currently blank, overlaid with a large, light gray "DRAFT" watermark.

Arizona WIC Breastfeeding Peer Counselor Chart Review

Reviewer: _____

Peer Counselor: _____

Month: _____

	Chart #1	Chart #2
Clinic		
Client ID#		
Category		
WIC Referral Date		
BFPC Initial Contact Date/ Type		
Subsequent Contact Dates/Types		
Appropriate Timing of Contact e.g., monthly: Y/N		
Contact Date and Note Date Match: Y/N		
Topics Discussed and Note Match Y/N		
TGIF: 0, 1, 2, or 3.*		
Stayed Within Scope of Practice: Y/N		
Comments		

*See [Scale Rubric for Arizona WIC Appointments](#): Documentation

WIC Breastfeeding Peer Counselor Quarterly Report:

Agency: _____
 FFY: _____
 Quarter: _____

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Enrollment: Total					
Enrollment: Pregnant					
Enrollment: Breastfeeding					
Contacts: Total					
Contacts: Pregnant					
Contacts: Breastfeeding					

During the last quarter:

Please list all staff that are currently working for the BFPC Program and any changes in personnel that have occurred during the quarter?

Please describe any training that has been provided to or by the BFPC Program staff?

While conducting observations and chart reviews, in what area(s) is the staff excelling? What do you attribute the success(es) too? In what area(s) is staff struggling with? What is the plan to alleviate the struggle(s)?

What outreach activities have been conducted by the BFPC Program? (hospitals, community support groups, physician’s offices)
What has been done to enhance the collaboration with WIC staff? (Examples: joint staff meetings, clinic visits, workgroups, outreach events)
In addition to salaries and ERE, what other expenses has your WIC Breastfeeding Peer Counselor Program incurred?
Based on the goals that you set last quarter, what progress have you made? What are the goals for next quarter?

What else would you like to share or would like us to know about your program?

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Breast Pump Distribution and Recovery, 19-12,
19-18

Lost or Stolen Multiple User Breast Pumps, 19-
28
sale of a WIC-issued breast pump, 19-29

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